BC PATIENT SAFETY & QUALITY COUNCIL
Working Together. Accelerating Improvement.

Pandemic Preparedness and Response in British Columbia Long-Term Care and Assisted Living Facilities:

Self-Assessment

The BC Patient Safety & Quality Council (the Council) has partnered with the Canadian Foundation for Health Improvement (CFHI) to develop this self-assessment (non-exhaustive and non-validated) tool to help long-term care (LTC) and senior's assisted living facilities (AL) in BC assess pandemic preparedness, inform outbreak response planning and prepare for future waves of COVID-19.

The checklist contains specific measures recommended by the BC Centre for Disease Control (BCCDC) and the BC Ministry of Health through multiple sources:

- The CFHI-CPSI Pandemic Preparedness and Response in Long-Term Care: Self-Assessment
- The Interim Guidance: IPC Requirements for COVID-19 in Long-Term Care and Seniors' Assisted Living
- The continuously updated guidance for LTC and AL facilities by the BCCDC

Leaders, managers, direct health care workers and client/family partners are encouraged to familiarize themselves with the guidance from these sources and refer to them for clarification of further details.

This tool can help to identify strengths and areas for improvement to inform pandemic planning efforts ahead of future waves of COVID-19. It can be complementary to COVID-19-specific checklists that may be regionally or provincially available.

Leaders, managers, direct health care workers and a client/ family partner will need to complete the assessment together. We also encourage teams to share the completed assessment with their local infection prevention and control (IPAC) practitioner and occupational health and safety support.

A completed checklist must be submitted to CFHI in order to qualify for access to LTC + program coaching and seed funding.

First Name: _____

Last Name: _____

Email address: _____

Organization: _____

Indicate your type of facility (check box):

☐ Long-Term Care

☐ Assisted Living

☐ Other, please specify: _____

1. Preparation

Response Planning	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
A pandemic plan is established that is tailored to the needs of the facility while following BC guidelines. *Actionable pandemic plan measures include those identified within this self-assessment tool.*	☐	☐	☐	
Leadership roles have been identified that are specific to a pandemic response plan. *Roles may include a Site Director/ Manager, Infection Control Practitioner, Public Health liaison, or Occupational Health and Safety.*	☐	☐	☐	
Roles and responsibilities of health care workers and staff during the pandemic response are clearly stated and understood.	☐	☐	☐	
There is a surge capacity support plan to ensure a robust response. *Including identifying minimum staffing needs in the face of shortages, plans for increasing capacity through training and recruitment.*	☐	☐	☐	
All the clients have up-to-date, person-centred, integrated care plans, goals of care in place, and a plan to deliver this care.	☐	☐	☐	
All the clients have access to high quality primary health care that does not require them to leave the home during an outbreak.	☐	☐	☐	

2. Prevention

Personal Protective Equipment (PPE)

LTC and AL Staff	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
All staff wear a surgical/ procedure mask for the full duration of their shift.	☐	☐	☐	
All staff wear a fit-tested N95 respirator when performing medically necessary aerosol-generating medical procedures (AGMPs) on a person with suspected or confirmed COVID-19.	☐	☐	☐	
The employer has trained, tested, and monitored staff compliance of donning, wearing and doffing PPE.	☐	☐	☐	
PPE stock is monitored and safely secured to prevent theft, while ensuring staff can access PPE.	☐	☐	☐	
PPE is accessible and available at the point-of-care with each client wherever possible.	☐	☐	☐	
Use of PPE during the Pandemic	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Staff make efforts to extend the use of individual PPE in accordance with the stages within the BC PPE framework.	☐	☐	☐	

Visitors and Social Activities

Essential Visits (defined on pg. 7)	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Only one visitor per client is allowed within the facility for essential visits. *Exceptions include palliative and/ or end-of-life care, and children being accompanied by one guardian.*	☐	☐	☐	

Family and Social Visits	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Monthly reviews of current visitor practices are completed at the site level to ensure compliance with evolving standards as new information emerges.	☐	☐	☐	
Current standards and proposed next steps are communicated to clients and their caregivers. *To ensure an ongoing shared approach to maintaining quality of life for clients while ensuring safety for clients, visitors and health workers.*	☐	☐	☐	
A single, designated family/ social visitor per client can visit for the emotional well-being of clients.	☐	☐	☐	
Family/ social visits must be booked in advance according to practice requirements outlined (pg. 8-9).	☐	☐	☐	
Social Activities and Outside Appointments	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
LTC clients are encouraged to only leave for medically-necessary appointments, and adhere to practice requirements outlined when doing so (pg. 9).	☐	☐	☐	
AL clients may engage in social and external activities that are aligned with general public health guidance and WorkSafe BC protocols (pg. 9).	☐	☐	☐	

Infection and Prevention Control Measures

Passive Screening	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Signs are posted throughout facilities in multiple languages, particularly at entrances, that outline visitor restrictions and remind people not to enter if sick or required to self-isolate.	☐	☐	☐	

Facility Entry Points	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
The number of entry points into the facility are limited.	☐	☐	☐	
An entrance screening tool based on BC guidelines (pg. 26) is active 7 days a week, 24 hours a day.	☐	☐	☐	
Maintain a list of all staff and facility visitors.	☐	☐	☐	
Staff Education, Screening and Testing	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Staff measure and record their temperature twice daily.	☐	☐	☐	
Staff are educated on actively self-monitoring symptoms related to COVID-19, and **do not come to work** if experiencing any of these symptoms when not related to seasonal allergies or a known pre-existing condition.	☐	☐	☐	
If a staff member develops symptoms related to COVID-19 while on duty, they must perform hand hygiene, continue to wear their surgical or procedure mask, inform their supervisor to arrange for replacement, safely transfer care as soon as possible and go directly home to self-isolate.	☐	☐	☐	
If symptoms develop, the staff member must self-isolate at home and must report their illness to those responsible for Workplace Health and Safety in their place of work.	☐	☐	☐	
Visitor Screening	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
All visitors are screened at entry prior to each visit and are not permitted to visit if they have signs or symptoms or are in self-isolation or quarantine.	☐	☐	☐	

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All visitors entering the facility sign-in.	☐	☐	☐	
Client Screening	**Completed**	**Priority**	**Gap for Future Action**	**Additional Comments/Improvement Objectives**
Clients with any associated signs and symptoms related to new-onset respiratory and/ or gastrointestinal symptoms are treated as suspected COVID-19 cases and are tested (pg. 11).	☐	☐	☐	
Clients are monitored for new-onset respiratory and/ or gastrointestinal symptoms daily.	☐	☐	☐	
Clients with suspected or known COVID-19 infection are managed according to BC guidelines, including: • Being monitored formally, twice daily • Implementing droplet and contact precautions when interacting with client, only discontinuing precautions when indicated by BC guidelines (pg. 20) • Testing the client for COVID-19 (pg. 12)	☐	☐	☐	
Hand and Respiratory Hygiene	**Completed**	**Priority**	**Gap for Future Action**	**Additional Comments/Improvement Objectives**
Signage is posted around the facility to promote and guide proper hand washing.	☐	☐	☐	
Alcohol-based hand rubs (≥70% alcohol content) are freely available to clients, staff and visitors at: • Facility entry and exit points • Common areas • Client units • Point-of-care (within client rooms)	☐	☐	☐	
Sinks are well stocked with plain soap and paper towels.	☐	☐	☐	
Staff, clients and visitors are aware of moments when they must diligently perform hand hygiene.	☐	☐	☐	

Staff, clients and visitors are aware of 'respiratory and coughing etiquette'. _Includes coughing into elbow, using tissues, disposing waste into lidded, non-touch waste baskets and performing hand hygiene immediately after._	☐	☐	☐	
Social Distancing	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
A minimum two metres of safe physical distance is maintained and enforced between staff, clients and visitors, including for all non-essential touching.	☐	☐	☐	
Source Control	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Single rooms with private toilets are available for patients with suspected or known COVID-19 infection.	☐	☐	☐	
Physical partitions are established to ensure a minimum of 2 metres of physical distance between clients.	☐	☐	☐	
Physical barriers, including clear partitions at desks and sneeze guards in food services areas, are installed.	☐	☐	☐	
Staff are assigned to one specific facility or residence, with movements restricted, as per BC law.	☐	☐	☐	

Point-of-Care Risk Assessments (PCRAs) (defined pg. 14)	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
A 5-question PCRA is performed before every client interaction to determine whether an individual is at risk of being exposed to COVID-19: • Is the hazard present in the situation? • What is the health status of the client? • What type of task am I doing? • Where am I doing my task? • What action do I need to take?	☐	☐	☐	
Cleaning and Disinfection	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Staff responsible for cleaning client care equipment are dedicated to that task and trained appropriately.	☐	☐	☐	
Reusable equipment and supplies are dedicated to individual clients with suspected or confirmed COVID-19 whenever possible.	☐	☐	☐	
Hospital grade disinfectant is used to clean any equipment shared between clients.	☐	☐	☐	
BC COVID-19 IPC guidelines for LTC and AL facilities are followed wherever possible when (pg. 17): • Cleaning and disinfecting environmental spaces • Doing client laundry • Managing facility waste • Managing food services, deliveries, and pick-ups • Dishwashing	☐	☐	☐	

Suspected or Known COVID-19 Positive Clients	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Clients having been exposed to COVID-19, or clients with new-onset respiratory or gastrointestinal signs and symptoms, are transferred to a single room with a private toilet and sink whenever possible. When not possible, physical separation, including physical barriers (e.g. privacy curtains), are installed between the client and roommates.	☐	☐	☐	
Contact and droplet precautions are adopted when interacting with suspected or confirmed COVID-19 clients. PPE stations and signage are posted outside of the client's room.	☐	☐	☐	
Specific units and/ or floors have identified trained personnel that would be dedicated exclusively to clients with confirmed COVID-19 where possible.	☐	☐	☐	
Notification and Reporting	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
There is an established notification system within the facility that includes protocols for: • Notifying an Infection Control Practitioner or a designated individual, of clients, care providers, staff, volunteers, or visitors who have symptoms related to COVID-19 • An infection control practitioner or a designated individual notifying Public Health of clients, care providers, staff, volunteers, or visitors who have symptoms related to COVID-19 • The Director of Care/ Site Manager to call the Communicable Disease Unit at their local Public Health unit regarding clients, care providers, staff, volunteers, or visitors who have symptoms related to COVID-19	☐	☐	☐	

Contact Tracing (defined pg. 19)	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Contact tracing measures are in place for all clients and staff potentially exposed to a person diagnosed with COVID-19.	☐	☐	☐	
Clients who share a room with ill clients are monitored for symptoms at least twice a day for 14 days since suspected exposure.	☐	☐	☐	
Outbreak Control (defined pg. 22)	Completed	Priority	Gap for Future Action	Additional Comments/Improvement Objectives
Outbreak surveillance forms (Appendices E and F) are used to maintain ongoing surveillance within facilities to facilitate rapid implementation of outbreak protocols if necessary.	☐	☐	☐	
Outbreak protocols are established and include rapid: • Reporting to the designated person or Medical Health Officer at your local Health Authority • COVID-19 lab testing • Isolation of symptomatic individuals	☐	☐	☐	
Facility outbreak restrictions are established and able to be promptly implemented and maintained until an outbreak is declared over by a Medical Health Officer at your local Health Authority.	☐	☐	☐	

Mental Health and Wellness

Psychosocial Supports	Completed	Priority	Gap for Future Action
The degree of communication, transparency and supports for both clients and health workers meet ethical standards to enhance psychosocial supports.	☐	☐	☐

Who is the BC Patient Safety & Quality Council?

The BC Patient Safety & Quality Council is a driving force for high-quality health care in British Columbia. We deliver the latest knowledge from home and abroad to champion and support the best care possible for every person in our province.

System-wide impact requires creativity and innovative thinking. Using evidence-informed strategies, we shift culture, improve clinical practice and advance person- and family-centred care.

We understand that meaningful change comes from working together. We are uniquely positioned to build strong relationships with patients, care providers, health leaders, policymakers, senior executives, academics and others. These connections enable us to nurture networks, recognize the needs of our health care system and build capacity where it is needed the most.

If you want to improve BC's health care system, visit BCPSQC.ca to access programs and resources that can help you start today.

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