

Auditing for LTCH/RH/CLS - RVH IPAC Hub

Jessie Must – March 21, 2024



WHAT IS AUDITING?

IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes

Public Health Ontario

Santé publique Ontario

Published: September 2023

Instructions

Purpose:

This self-assessment audit is designed to help Infection Prevention and Control (IPAC) leads at long-term care homes and retirement homes assess how their IPAC practices meet minimum IPAC requirements under applicable legislation and regulations. Completing this audit can assist when discussing the need for IPAC support from IPAC Hubs, public health units, Public Health Ontario, or other supporting agencies or Ministries. Staff performing this audit should ensure they are up-to-date with the most current IPAC protocols in their facility.

When to use:

This tool can be used to monitor the implementation and ongoing adherence to IPAC practices. Some areas will likely require more indepth auditing (e.g., hand hygiene, PPE, environmental cleaning) if there is a change of policy / practice or there is an identified gap in adherence to best practice. Please refer to the Infection Prevention and Control (IPAC) Checklist for Long-Term Care and Retirement Homes to perform a more comprehensive assessment of IPAC practices.

How to use:

- Set aside time to tour your home and complete this audit.
- Consider bringing another staff person with you. You may each notice different areas for improvement. Certain items may require checking in with your administrator or charge nurse.
- Provide specific location(s) and gaps identified under "Notes for Improvement" column.
- Complete the action item section at the end for prioritizing and addressing items where response was "no". Share these action items with the senior management to support improvement plans within a defined time.
- The results of this audit may compared to previous audit results to assess if areas for improvement have been addressed.



IMPORTANCE OF AUDITING

- Auditing is important for immediate and long-term improvement of IPAC best practices.
- Can help with planning and evaluating training and education programs in your setting.
- Should be integrated as a regular part of your homes IPAC program.
- Should be a collaborative and non-punitive process.





WHO CAN CONDUCT AUDITS?

- Trained staff can conduct audits which may include:
 - Mangers, supervisors, leaders
 - Charge staff
 - IPAC professionals
 - IPAC Champions
 - Peers





WHEN SHOULD AUDITS BE PERFORMED?

- On a regular basis established by the organization or team
- After training has been provided
- When problems or gaps are identified
- Any changes to guidelines or practices
- When transmission has occurred (ex. suspect or confirmed outbreaks)
- New process or training has been put in place



AUDITING STEPS



Image from Public Health Ontario



HOW TO GET STARTED

- Set aside time to complete the audit.
- Consider having another staff join you as an extra set of eyes.
- Fill in Assessor information portion on audit form.

Assessor Information	
Date (yyyy-mm-dd):	Auditor's name:
Time (24hr - HH:MM):	Auditor's signature:
	2nd auditor's name:
	2nd auditor's signature:



FRONT ENTRANCE

1 - Front Entrance		
1.1 There is a process for passive screening of all staff and visitors for signs / symptoms of an infectious illness (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash) at the beginning of their shift / visit	Yes	No
1.2 Passive screening signage for symptoms of illness is posted	Yes	No
1.3 Alcohol based hand rub (ABHR) with 70-90% alcohol is available	Yes	O No
1.4 Medical masks are available with instructions for use posted	Yes	O No
1.5 All individuals clean hands with ABHR and may choose to wear a medical mask to enter	Yes	O No
Notes for improvement:		



LOBBY/ELEVATORS

- Lobby and/or Elevators (Skip to section 3 if no lobby or elevators)							
2.1 There is minimal furniture with surfaces that can be easily cleaned and disinfected	Yes	No					
2.2 All surfaces are cleaned/disinfected at least daily and when visibly soiled	Yes	O No					
2.3 ABHR is available on the outside wall adjacent to elevators and doors	Yes	O No					
2.4 Visible signage with instructions on how to wear a mask and perform hand hygiene is posted	Yes	O No					
Notes for improvement:							



STAFF BREAK AREAS

3 - Staff break rooms / locker rooms		
3.1 ABHR accessible at entrance and inside the room	Yes	No
3.2 Staff clean hands before entering / exiting	Yes	O No
3.3 Cleaning/disinfecting supplies are accessible to clean surfaces after use	Yes	O No
3.4 The room is cleaned / disinfected at least once daily	Yes	O No
Notes for improvement:		



NURSING STATION

4 - Resident care floor - nursing station			
4.1 No food or drink at the station	Yes	No	
4.2 ABHR is accessible	Yes	O No	
4.3 Cleaning / disinfecting wipes and gloves are accessible to clean surfaces after use (e.g. keyboard)	Yes	O No	
4.4 All high touch surfaces are cleaned at least daily and when visibly soiled	Yes	O No	
Notes for improvement:			



RESIDENT ROOMS

6 -	Resident care floor - resident rooms			
6.1	ABHR accessible at entrance and at point of care	Yes	O No	
6.2	Staff clean hands as per four moments of hand hygiene (if observed during this audit)	Yes	O No	O N/A
6.3	For Routine Practices staff have access to personal protective equipment (PPE) as per their point of care risk assessment (PCRA)	Yes	O No	
6.4	For residents placed on Additional Precautions, there is appropriate signage and access to PPE supplies	Yes	O No	
6.5	Staff and visitors have received education and training on how to safely use PPE	Yes	O No	
6.6	Staff are wearing PPE based on their PCRA as per Routine Practices and Additional Precautions	Yes	O No	
6.7	Residents are assessed at least once daily for signs and symptoms of acute respiratory infection (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash)	Yes	O No	
6.8	The room is cleaned / disinfected at least once daily and when visibly soiled	Yes	O No	
6.9	Equipment that cannot be dedicated to a single resident is cleaned and disinfected between residents	Yes	O No	
6.10	O Waste receptacles are positioned near the exit inside of the resident room to support easy disposal of PPE and laundry bins when reusable gowns are used	Yes	O No	
No	tes for improvement:			
1				



ADDITIONAL IPAC CONSIDERATIONS

7 -	Check with charge nurse or administrator that:			
7.1	Staffing is sufficient and there is a contingency plan that identifies staffing needs and prioritizes critical and non-essential services based on resident needs	Yes	O No	
7.2	PPE stockpile is sufficient	Yes	O No	
7.3	Isolation rooms are identified as per Ministry of Long-Term Care guidance	Yes	O No	O N/A
7.4	Indoor spaces are well-ventilated (i.e., through properly functioning and maintained HVAC systems, natural ventilation)	Yes	O No	
7.5	Staff have been informed about the most recent guidance (e.g., updated communication boards, interviewing staff, email blasts)	Yes	O No	
Not	es for improvement:			



ADDITIONAL IPAC CONCERNS

8 - List any	3 - List any additional IPAC concerns (e.g., ABHR dispenser is empty or broken, masks are not available):							



NEXT STEPS

- Any action items identified should be addressed.
- Share action items with senior management to support improvement plans within a defined time.





ADDITIONAL AUDITS

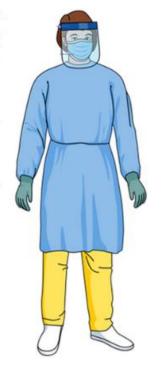
Hand hygiene

PPE use and donning and doffing

Environmental cleaning









HAND HYGIENE AUDITING

- Auditing is important to ensure staff are following the 4 moments of hand hygiene.
- Can be used to identify gaps in hand hygiene practices.
- On-the-spot feedback should be provided when gaps are identified.
- Just Clean Your Hands (JCYH) program for LTCH was developed to support hand hygiene in long term care homes.





Click for JCYH resources



Observation Tool for Long-Term Care Homes



Observer-ID:			Form-No.:	Ш	Ш	Facility-ID:		ШШ	
Date:	m m . d d	- <u> </u>				Care Unit:			
Day of Week:									
Start Time:	h h : m m	: AM/PM							
End Time:	<u> h h : [m m</u>	I							
Category:									
1 = Physician		5 = Social Worker		09	= Housekeeping/Lau	indry Staff	13	= Dietary Staff	
2 = Nurse		6 = Pastoral Care		10	= Volunteer		14	= Other*	
3 = HCA/PSW		7 = Blood Collection/I	Lab/X-ray	11	= Recreation Staff		15	= Personal Services*	.
4 = Student		8 = Therapy Staff (OT/	Physio)	12	= Sitter/Private Care	giver			
Category:		Category:			Category:			Category:	
□ BEF-PAT/ENV	AFT-PAT/ENV		AFT-PAT/ENV	1		AFT-PAT/ENV	1	□ BEF-PAT/ENV	□ AFT-PAT/ENV
T: □ BEF-ASP	T: □ AFT-BFL	••	T: □AFT-BFL		T: □ BEF-ASP	T:		T: □ BEF-ASP	T: □ AFT-BFL
Rub	○Missed	Rub	○Missed		Rub	OMissed		Rub	○Missed
□Wash		□Wash			Wash	- N-II-		□Wash	
☐ Gloves ☐ Bracelets	□ Nails □ Rings		□ Nails □ Rings		☐ Gloves ☐ Bracelets	□ Nails □ Rings		☐ Gloves ☐ Bracelets	□ Nails □ Rings
BEF-PAT/ENV	AFT-PAT/ENV	2 BEF-PAT/ENV	AFT-PAT/ENV	2	☐ BEF-PAT/ENV	AFT-PAT/ENV	2	☐ BEF-PAT/ENV	AFT-PAT/ENV
T:	T:		T:		T:	T:		T:	T:
□ BEF-ASP □ Rub	☐ AFT-BFL ○ Missed	□ BEF-ASP □ Rub	☐ AFT-BFL ○ Missed		□ BEF-ASP □ Rub	☐ AFT-BFL ○ Missed		□ BEF-ASP □ Rub	☐ AFT-BFL ○ Missed
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□ Gloves		□Gloves			□ Gloves			□Gloves	
BEF-PAT/ENV	□ AFT-PAT/ENV	3 □BEF-PAT/ENV	□ AFT-PAT/ENV	3	□ BEF-PAT/ENV	□ AFT-PAT/ENV	3	□ BEF-PAT/ENV	□ AFT-PAT/ENV
T:	T:		T:	-	T:	T:	-	T:	T:
□ BEF-ASP	□ AFT-BFL		□ AFT-BFL		☐ BEF-ASP	☐ AFT-BFL		□ BEF-ASP	□ AFT-BFL
□ Rub □ Wash	O Missed	□ Rub □ Wash	○ Missed		□ Rub □ Wash	O Missed		□ Rub □ Wash	○Missed
Gloves		Gloves			Gloves			Gloves	
BEF-PAT/ENV	□ AFT-PAT/ENV	4 □BEF-PAT/ENV	□AFT-PAT/ENV	4	□ BEF-PAT/ENV	☐ AFT-PAT/ENV	4	□ BEF-PAT/ENV	□ AFT-PAT/ENV
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□ BEF-ASP □ Rub	□ AFT-BFL ○ Missed	□ BEF-ASP □ Rub	□ AFT-BFL ○ Missed		□ BEF-ASP □ Rub	☐ AFT-BFL ○ Missed		□ BEF-ASP □ Rub	□ AFT-BFL ○ Missed
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Notes:									

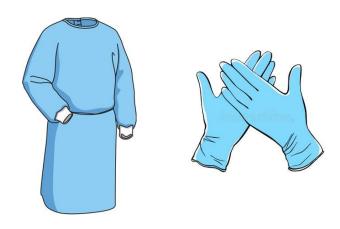
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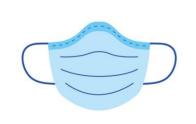
If resident is on additional precautions/isolation indicate "Category number" and "Opportunity number" here:

*Other Providers: (e.g., chiropodist, dental, ophthalmologist, optician, speech pathologist, pharmacist, audiologist, respiratory therapist, oxygen provider, massage therapist, home care nurse) **Personal Services: (e.g., hairdresser/barber, wheelchair providers)

PPE AUDITING

- PPE auditing is an important tool for verifying that your PPE standards and procedures are being followed.
- Can help to identify and correct any gaps or barriers to compliance with PPE usage.
- Provides opportunities for feedback to be shared to staff.











PPE AUDITING CONSIDERATIONS

- Provide staff with education and resources to support knowledge and understanding of PPE use (including PCRA).
- Practice donning and doffing with staff while providing support and feedback.
- Place correct sequence of donning and doffing signage where appropriate to support staff.



Click for PHO's PPE Auditing Resources



Supporting the Use of Personal Protective Equ (PPE) Audit	uipment	Public Santé Health publique Ontario Ontario	Auditing of Personal Protective Equipment (PPE) Use Public Santé publique Ontario Ontario
Legend: NA = Not applicable.			*Note: Use one form per observed individual. Legend: NA = Not applicable. Not applicable can be marked if practices/ Clear all form fields
1 - GENERAL INFORMATION			techniques were not observed (e.g., auditor was not present during donning [putting on] or doffing [taking off] PFE). *Note: Please save file before clearing fields.
ASSESSOR INFORMATION			
IPAC Lead (or designate) / Assessor (print name): Signature:		Date (yyyy/mm/dd):	1 - GENERAL INFORMATION
TO NO.			OBSERVER INFORMATION Observer name: Room and/or area:
2 - FINDINGS			Observe name.
ADMINISTRATIVE			Location: Type of precautions (check box that applies):
 Policy and procedures on PPE are current (i.e. reviewed on an annual basis), including procurement 	training and	Yes No N/A	Date (yyyy/mm/dd): None (Routine Contact Droplet/Contact
 PPE requirements such as training and testing have been communicated/documented as well as contracted employees 	to the agency	Yes No N/A	Time (HH:MM): Droplet
Appropriate staff, including agency and contracted staff, have current fit test results for	N95 respirators	Yes No N/A	OBSERVED INDIVIDUAL
Audit results are communicated to staff and used to develop education refreshers and references.	messaging	Yes No N/A	(Select one individual and check box)
	Adminstrative	Number of Yes 0 🕌	RNRPN Radiology/Lab Technologist Physiotherapist Pharmacist
	Score:	responses Number of Yes	Personal Support Worker Food Services Dietitian Care Coordinator
TRAINING		and No responses	Physician Environmental Services Rehabilitation Assistant Agency Staff
 All new staff have received training at orientation including a demonstration/practical re (number for this month) 	view	Yes No N/A	Nurse Practitioner Support Worker Social Worker Other (e.g., Family): Student Occupational Therapist Volunteer
 All temporary/agency staff are oriented to PPE and IPAC practices and resources (number for this month) 		Yes No N/A	
All temporary/agency staff are assigned a "buddy" for the first few shifts to orient them of site-specific practices (number for this month).	on	Yes No N/A	ROOM SETUP If applicable, precaution signage visible before Yes No N/A Room Setup Number of Ves No N/A Room Setup Number of
All staff receive an annual refresher training and/or when a deficiency has been observed.	ed	Yes No N/A	entering the room or bed space. PPE Supplies available and accessible at the point Number of Yes Number of Yes
(number for this month) All visitors/caregivers receive PPE training (number for this month)		Yes No N/A	of use with clear separation between clean and dirty. Yes No N/A and No responses
IPAC leads or shift change leads provide PPE reminders and audit results at		Yes No N/A	2 - COMPLIANCE (SEQUENCE AND TECHNIQUE)
huddles / team meetings		Number of Yes	DONNING (PUTTING ON PPE) If individual entered a precautions room without donning appropriate PPE, provide feedback and mark relevant misses.
	Training Score:	responses Number of Yes	Otherwise, continue observation.
SUPPLIES		and No responses	Indicate the individual's order of donning by numbering the boxes 1 to 5 and confirm use of the correct technique.
ABHR is available in donning and doffing PPE areas and at point-of-care areas		Yes No N/A	Correct PPE Donning sequence Sequence observed Most commonly missed techniques (1) Hand hygiene Minimum duration 15 seconds Yes No N/A
PPE is accessible and available in different sizes, and also stored safely		Yes No N/A	(2) Gown (2) Gown tied at neck and back (2) Yes (2) No (2) N/A
Disinfectant wipes are available		Yes No N/A	(3a) Mask
Waste and laundry bins are available and are not overfilled (hands-free if possible)		Yes No N/A	(3b) N95 respirator
Isolation carts/PPE carts are not used to store patient supplies		Yes No N/A	(4) Eye protection ▼ Fits over brow Yes No N/A
Responsibility for restocking and cleaning carts, and emptying waste or laundry bins is	identified	Yes No N/A	(5) Gloves ✓ Gloves fit over cuff of gown Yes No N/A
	Supplies Score:	Number of Yes responses 0	Correct PPE donning sequence is performed Yes No N/A Donning Number of Score: Yes responses
Updated September 2021		Number of Yes and No responses	Updated September 2021 Number of Yes and No responses



ENVIRONMENTAL CLEANING AUDITS

- Ensures cleaning procedures are being followed and adequate resources are dedicated to environmental cleaning.
- Can increase efficacy of cleaning and assist supervisors in providing feedback to their staff.
- There are different types of audits for environmental cleaning.





ENVIRONMENTAL CLEANING AUDIT TYPES

Observational Methods:

- Visual assessment
- Performance observation
- Satisfaction surveys

Post Cleaning Testing of Surfaces:

- Environmental Marking
- Adenosine Triphosphate (ATP) bioluminescence
- Environmental Culture



Public Santé publique Ontario Ontario



AT A GLANCE

Implementing Environmental Marking Audits for Environmental Cleaning in Five Steps

Published: August 2023

3

Background

Environmental marking audits help identify if staff are following best practice. It is one of three types of audits used to measure, evaluate and improve the effectiveness of a setting's environmental cleaning practices. This document is part of The Environmental Cleaning Auditing series and its companion products. The steps in this document are a continuation of Introduction to Implementing Environmental Cleaning Auditing.

Objectives

The purpose of this document is to provide considerations for health care settings to develop or improve the auditing portion of their environmental services department's quality control program. It provides:

- an overview of the implementation steps of an environmental cleaning audit process to support infection prevention and control (IPAC) best practices,
- · environmental cleaning best practices, and improvement initiatives;
- guidance on how to use a 5 step approach to implement visual assessment environmental cleaning audits within an organization.

Step 1	Step 2	Step 3	Step 4	Step 5	
Plan	Audit	Analyze and Strategize	Implement strategies	Improve and Sustain	

Step 1: Plan

Prior to using this guide ensure you have completed Step 1 in <u>Introduction to Implementing Environmental Cleaning Auditing.</u>

Step 2: Audit

To start auditing, use the <u>Environmental Cleaning Environmental Marking Audit Tool</u> or your organization's own form(s).

Implementing Environmental Marking Audits for Environmental Cleaning in Five Steps

Environmental Cleaning Environmental Marking Audit

Pub**l**ic Health Ontario anté publique

This tool can be used to assist with environmental marking. A predetermined number of surfaces are marked prior to cleaning and the room is then assessed after a worker has cleaned the area.

For more information, please see At A Glance: Implementing Environmental Marking Audits for Environmental Cleaning in Five Steps

	Date (yyyy-mm-dd):	Time (H	H:MM):	Unit:	Room:
	Room cleaned by: First name: Last name:				
1	1 - Room Surfaces				
	1.1 Door Handle	Cleaned	Not Cleaned	○ N/A	
	1.2 Light Switch	Cleaned	Not Cleaned	○ N/A	
	1.3 Chair Arm	Cleaned	Not Cleaned	○ N/A	
	1.4 Bed Rail	Cleaned	Not Cleaned	○ N/A	
	1.5 Bedside Table	Cleaned	Not Cleaned	○ N/A	
	1.6 Call Bell	Cleaned	Not Cleaned	○ N/A	
	1.7 Telephone	Cleaned	Not Cleaned	○ N/A	
	1.8 Room Sink Faucet	Cleaned	Not Cleaned	○ N/A	
	1.9 Room Sink Basin	Cleaned	Not Cleaned	○ N/A	
	2 - Bathroom Surfaces				
	2.1 Door Handle	Cleaned	Not Cleaned	○ N/A	
	2.2 Light Switch	Cleaned	Not Cleaned	○ N/A	
	2.3 Bathroom Sink Faucet	Cleaned	Not Cleaned	○ N/A	
	2.4 Bathroom Sink Basin	Cleaned	Not Cleaned	○ N/A	
	2.5 Handrails	Cleaned	Not Cleaned	○ N/A	
	2.6 Toilet Seat	Cleaned	Not Cleaned	○ N/A	
	2.7 Toilet Flush Handle	Cleaned	Not Cleaned	○ N/A	
	Page 1 of 2			Additional question	ons on the next page



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QUESTIONS?

Please contact your RVH IPAC Hub liaison.

Ashley Allan

email: allana@rvh.on.ca

Mustansir Diwan

email: diwanm@rvh.on.ca

Jessie Must

email: mustj@rvh.on.ca



