

Home-related – Mandatory

Home Name:

Inspection Number:

(hard copy use only)

Date:

Inspector ID:

Definition / Description**Infection:**

This is the entry and multiplication of an infectious agent in the tissues of the host. There are two types of infection: asymptomatic and symptomatic.

- Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms.
- Symptomatic or clinical infection is one resulting in clinical signs and symptoms i.e. disease.

(Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices for Infection Control and Prevention (IPAC) in All Health Care Settings)

Outbreak:

This is an increase in the number of cases (colonization or infections) above the number normally occurring in a particular health care setting over a defined period of time.

(PIDAC Best Practices for IPAC in All Health Care Settings, Canadian Oxford Dictionary 2002)

Use

This IP is a mandatory task used to review the home's Infection Prevention and Control program during the annual inspection of the LTC home.

The inspector may also select and complete this IP when concerns related to infection prevention and control and related practices are raised while conducting any type of inspection.

The inspection focuses on the licensee's obligation to meet requirements related to:

- Infection control practices
- Infection Prevention and Control Program
- TB screening and immunization protocols established in the home.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collecting of information during an inspection and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains three (3) parts:

Part A – Infection Control Practices (Mandatory)

Part B – Infection Prevention and Control Program
Part C – TB Screening and Immunization Protocols and Practices (Mandatory)
During the Annual Inspection:

1. All team members complete the Part A Mandatory Observation task with focus on the infection control practices of staff and services in the home, and on how the home monitors symptoms of infections in the home.
2. Each Inspector will open one (1) Infection Prevention and Control IP to complete the mandatory component.
3. Inspector(s) will make observations from the onset of entry to the home, including during the initial tour, dining observations, etc., and document any concerns in the ‘Information Gathering’ Notes section of the IP. All applicable questions must be answered in this section, documenting findings for any non-compliance identified.
4. Where non-compliance in Part A is identified, the findings will be communicated during team meetings.
5. The assigned inspector will further inspect areas of concern by answering applicable questions in Part B.
6. The assigned inspector will also complete the mandatory component of Part C related to the home’s immunization policies and procedures and TB screening protocols as follows:
 - For inspections conducted during influenza season (October 1 – March 31), the inspector will select five (5) residents from the Census Sample Report, or
 - For inspections conducted outside influenza season, select five (5) Census Sample Report residents who resided in the home during the previous influenza season,
 - Review the implementation of the home’s immunization policies and procedures,
 - Review the implementation of the home’s TB screening protocols for residents and staff in the home.
7. The inspector must document evidence to support non-compliance in the ‘Notes’ section when answering ‘No’.

Note: This mandatory task will be initiated upon entry to the home and completed throughout Stage 1 and Stage 2 of the inspection.

PART A: Mandatory

Infection Control Practices			
Through observation, interview and record review, determine:			
<ul style="list-style-type: none"> • Measures to prevent and monitor the transmission of infections in the home • How staff on every shift record symptoms of infection in residents • Handling of supplies and isolation precautions • The provision of resident care throughout the home. 			
If any questions in Part A are answered NO, the <u>assigned inspector will complete Part B questions</u> .			
			Information Gathering
			Mandatory Observations

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff participate in the implementation of the infection prevention and control program?	r. 229 (4)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff monitor symptoms of infection in residents on every shift in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices?	r. 229 (5) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff on every shift record symptoms of infection in residents and take immediate action as required?	r. 229 (5) (b)
Notes					

Part B:
(ONLY completed if non-compliance is identified in Part A.)

Infection Prevention and Control Program					
Determine through interview and record review whether there is an infection control program in place that provides: <ul style="list-style-type: none"> • Measures to prevent the transmission of infections in the home • A system with daily monitoring to detect, record and manage the presence of infections in the home • A designated staff member to co-ordinate the program with appropriate education and experience in areas including infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocols, and outbreak management • Interdisciplinary Infection Prevention and Control team responsibilities and meetings • Staff training in infection prevention and control practices • A system to monitor staff adherence to protocols such as proper hand hygiene, isolation, screening and immunization • Monitoring of systems with evaluation and analysis of information for continuous quality improvement. 					
Information Gathering					
IPC Program					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the home have an infection prevention and control program?	s. 86 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an outbreak management system in place for detecting, managing, and controlling infectious disease outbreaks including: <ul style="list-style-type: none"> • defined staff responsibilities • reporting protocols based on requirements under the <i>Health Protection and Promotion Act</i> • communication plans, and • protocols for receiving and responding to health alerts? 	r. 229 (8) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a hand-hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents?	r. 229 (9)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control program include daily monitoring of infection in residents?	s. 86 (2) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there measures in place to prevent the transmission of infections?	s. 86 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an interdisciplinary team approach in the co-ordination and implementation of the Infection Prevention and Control program?	r. 229 (2) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control interdisciplinary team meet at least quarterly?	r. 229 (2) (b)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the local Medical Officer of Health invited to the Infection Prevention and Control team meetings?	r. 229 (2) (c)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Infection Prevention and Control program evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices?	r. 229 (2) (d)

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No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a written record of the annual Infection Prevention and Control program evaluation kept that includes the following: <ul style="list-style-type: none"> • the date of the evaluation • the names of the persons who participated • a summary of the changes made, and • the date those changes were implemented? 	r. 229 (2) (e)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the information, that was gathered on every shift about the residents' infections, analyzed daily to detect the presence of infection and reviewed at least monthly to detect trends for the purpose of reducing the incidence of infections and outbreaks?	r. 229 (6)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a designated staff member to co-ordinate the Infection Prevention and Control program?	r. 229 (3)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control co-ordinator have education and experience in infection prevention and control practices including infectious disease?	r. 229 (3) (a)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control co-ordinator have education and experience in infection prevention and control practices including cleaning and disinfection?	r. 229 (3) (b)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control co-ordinator have education and experience in infection prevention and control practices including data collection and trend analysis?	r. 229 (3) (c)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control co-ordinator have education and experience in infection prevention and control practices including reporting protocols?	r. 229 (3) (d)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Infection Prevention and Control co-ordinator have education and experience in infection prevention and control practices including outbreak management?	r. 229 (3) (e)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a written plan in place for responding to infectious disease outbreaks?	r. 229 (8) (b)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee implement any surveillance protocols given by the Director for a particular communicable disease?	r. 229 (7)

Notes	
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Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with?	r. 8 (1) (a) (b)

Notes	
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Part C: Mandatory
TB Screening and Immunization Protocols and Practices

Resident Record Review:

Review the immunization record of each resident selected from the Stage 1 Census Sample Report. Sampling and review can occur at any time during the annual inspection.

- For inspections conducted during influenza season (October 1 – March 31), select five (5) residents from the Census Sample Report, or
- For inspections conducted outside influenza season, select five (5) Census Sample Report residents who resided in the home during the previous influenza season.
- Review the implementation of the home's immunization policies and procedures.
- Review the implementation of the home's TB screening protocols for residents' and staff in the home.

				Information Gathering	
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				TB Screening and Immunization	
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Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is each resident admitted to the home screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee?	r. 229 (10) 1

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents offered immunization against influenza at the appropriate time each year?	r. 229 (10) 2

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents offered immunizations against pneumococcus, tetanus	r. 229 (10) 3

				and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website?	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices?	r. 229 (10) 5
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices?	r. 229 (10) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all pets living in the home or visiting as part of a pet visitation program have up-to-date immunizations?	r. 229 (12)
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Infection Prevention and Control, for example:

- Accommodation Services – Housekeeping
- Accommodation Services – Laundry
- Accommodation Services – Maintenance
- Continence Care and Bowel Management
- Critical Incident Response
- Dignity, Choice and Privacy
- Medication
- Nutrition and Hydration
- Personal Support Services
- Reporting and Complaints
- Safe and Secure Home
- Skin and Wound Care
- Training and Orientation