

CHECKLIST

Infection Prevention and Control Assessment for Primary Care, Specialty and Walk-in Clinics during COVID-19

October 20, 2020

When to use this checklist?

This infection prevention and control (IPAC) checklist for primary care, specialty and walk-in clinics addresses specific items that are pertinent during this COVID-19 pandemic and:

- Can support these settings in examining, evaluating (e.g., self-assessment) and re-evaluating their current IPAC practices using provincial recommendations (e.g., Ministry of Health, Public Health Ontario) as required.
- Can help guide public health units (PHUs), regulatory colleges and professional associations in conducting assessments/inspections related to IPAC practices.
- Can support plans and preparation for the resumption of services during this COVID-19 pandemic.

From this point forward, the term primary care will represent primary care, specialty and walk-in clinics.

It is to be used in addition to, but does not replace the advice, guidance, recommendations, directives or other direction of provincial Ministries and local public health units. See the [Ministry of Health's COVID-19 Orders, Directives, Memorandums and Other Resources](#). Additional resources specific to COVID-19 are also available on [Public Health Ontario's website](#).

COVID-19 specific IPAC elements found in this checklist are to be followed in addition to IPAC best practices found in the Provincial Infectious Diseases Advisory Committee (PIDAC)'s [Infection Prevention and Control for Clinical Office Practice](#) document, the [IPAC Checklist for Clinical Office Practice: Core Elements](#) and the [IPAC Checklist For Clinical Office Practice: Reprocessing of Medical Equipment/Devices](#).

Print and sign

Primary care facility name:

Primary care facility address:

Self-Assessment:

Assessment:

Date:

Time:

Name(s) and designation of person completing the assessment/self-assessment:

Setting contact name(s) and phone number(s):

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1. Restart planning and preparation

1	Restart planning and preparation	Yes	No	N/A
1.1	Prior to restarting or continuing services, the primary care facility has completed an organizational risk assessment (ORA) that assessed the efficacy of control measures that are in place to mitigate the transmission of infections.			
1.2	The primary care facility has up-to-date contact information for: <ul style="list-style-type: none"> • all facility staff • local Public Health Unit¹ • other staff working/supporting/providing service(s) at the facility (e.g., contractors, volunteers) • local COVID-19 Assessment Centre² 			
1.3	Resources and guidance (e.g., from Ministry of Health, Public Health Ontario, regulatory colleges, and local public health unit) for primary care have been reviewed.			

Notes:

2. Reception and waiting area(s)

2	Reception and waiting area(s)	Yes	No	N/A
2.1	Signage is posted at the entrance to the primary care facility and at reception areas requiring all patients and any visitors to: <ul style="list-style-type: none"> • wear a face covering/non-medical mask (if available and tolerated) • perform hand hygiene³ • maintain respiratory etiquette⁴ • report to reception to self-identify 			

2	Reception and waiting area(s)	Yes	No	N/A
2.2	Signage ⁵ is accessible and accommodating to patients and visitors (e.g., plain language, pictures, symbols, languages other than English and French).			
2.3	There is access to alcohol based hand rub (ABHR)/hand sanitizer with 60% – 90% alcohol.			
2.4	All health care providers (HCPs), other staff, patients and visitors perform hand hygiene upon entering the primary care facility.			
2.5	Face covering is provided when physical distancing is not possible, and if the patient and visitor are not wearing their own face covering.			
2.6	The need for patients to wait in the waiting room is minimized (e.g. spreading out appointments, spacing out chairs in the waiting room, having each patient staying outside the primary care facility until the examination/procedure room is ready for them and then calling in, by phone preferably).			
2.7	The number of individuals in the office/clinic at one time is minimized; for example, limit the number of non-essential individuals that may accompany a patient for their appointment.			
2.8	Tissue boxes and lined waste receptacles are available for appropriate disposal; hands-free waste receptacles are preferred.			
2.9	Non-essential items (e.g., magazines and toys) are removed.			

Notes:

3. Screening staff, patients and visitors

3	Screening staff, patients and visitors	Yes	No	N/A
3.1	All staff are aware of the symptoms of COVID-19 ⁶ and self-monitor ; ⁷ they have been instructed to remain at home, or return home from work, if symptoms develop.			
3.2	All staff are screened daily at the beginning of the day or shift.			
3.3	All staff responsible for screening have access to ABHR/hand sanitizer.			
3.4	<p>Active screening of patients prior to appointment:</p> <p>Using the latest COVID-19 Patient Screening Guidance,⁸ patients are screened over the phone for symptoms of COVID-19 before coming for their appointments.</p> <p>If a patient screens positive over the phone, the appointment is deferred if possible; the patient is instructed to self-isolate immediately and referred to a local testing location or emergency department; patients with severe symptoms are directed to the emergency department.</p>			
3.5	<p>Active screening of visitor that will be accompanying a patient, prior to appointment:</p> <p>If a visitor is to accompany a patient to an appointment, the visitor is also screened prior to the appointment.</p>			
3.6	<ul style="list-style-type: none"> • Staff conducting screening of patients and visitors on site are ideally behind a barrier to protect from contact/droplet spread. • If a Plexiglas barrier is not available, staff maintain a 2-metre distance from the patient. • Screeners who do not have a barrier and cannot maintain a 2-metre distance use Droplet and Contact Precautions; this includes the following personal protective equipment (PPE): gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield). 			

3	Screening staff, patients and visitors	Yes	No	N/A
3.7	<p>Active screening of patients and visitors (who are accompanying a patient) on site:</p> <ul style="list-style-type: none"> Patients and visitors are screened (temperature check – optional), using the latest COVID-19 Patient Screening Guidance⁸ If a patient screens positive, the appointment is deferred if possible and the patient is referred for testing. In the event a visitor screens positive, the visitor is referred for further assessment and testing.⁹ 			
3.8	There is a process to record/log the name and contact information of those who has entered and exited the primary care facility that includes all staff, patients, visitors accompanying patients and other essential visitors (e.g., courier, laboratory pick-up personnel, delivery personnel, mail delivery and suppliers).			

Notes:

4. Positive screening: Providing care

4	Positive screening: Providing care	Yes	No	N/A
4.1	A patient who screens positive for symptoms of COVID-19 over the phone are instructed to self-isolate immediately and referred to a local testing location ⁹ or emergency department; patients with severe symptoms are directed to the emergency department.			
4.2	Symptomatic patients requiring procedures that cannot be postponed are scheduled at end of day, where possible.			
4.3	A patient who screens positive at the primary care facility wears a surgical/procedure mask and is advised to perform hand hygiene . ³			

4	Positive screening: Providing care	Yes	No	N/A
4.4	Patients who screen positive are immediately placed in a room with the door closed (not cohorted with other patients), where possible, to avoid contact with other patients in common areas of the primary care facility (e.g., waiting rooms).			
4.5	Where it is not possible to move a patient who screens positive from the waiting room to an available examination/procedure room, the patient is instructed to return outside (e.g., vehicle or parking lot, if available and appropriate) and informed that they will be contacted when a room becomes available.			
4.6	Patients are instructed to take their surgical/procedure mask home with them and are provided instructions for doffing masks.			
4.7	<p>Clinical assessment and examination of patients who screen positive is provided if:</p> <ul style="list-style-type: none"> • Droplet and Contact Precautions are maintained and health care providers are knowledgeable on how to properly don and doff PPE (i.e., gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield); AND • the patient is isolated in a single room/area away from others; AND • cleaning and disinfection best practices¹⁰ are followed. 			
4.8	If the primary care facility is equipped to conduct in-office assessments and specimen collection, they follow Public Health Ontario's testing procedures ¹¹ to safely collect the specimen; specimens should be sent to a PHO Laboratory, or another suitable laboratory with testing capacity.			

Notes:

5. Personal protective equipment (PPE)

5	Personal protective equipment (PPE)	Yes	No	N/A
5.1	A point of care risk assessment (PCRA) is conducted before every patient interaction to determine the level of precautions required.			
5.2	PPE , ¹² appropriate for the task to be performed, is available and easily accessible; PPE includes gloves, gowns, surgical/procedure masks (including N95 respirators if aerosol-generating medical procedures (AGMPs) are performed in the primary care facility), and/or eye protection (including safety glasses, face shields, goggles, or masks with visor attachments).			
5.3	Primary care staff who are required to wear PPE are trained in the use, care, and limitations of PPE, including the proper sequence of donning and doffing PPE . ¹³			
5.4	Primary care staff who are required to wear N95 respirators (if AGMPs are performed) are fit-tested at least every two years and whenever there is a change in respirator face piece or the user's physical condition, which could affect the respirator fit and seal-check.			
5.5	Surgical/procedure mask is worn for the full duration of the shift for primary care staff working in direct patient care areas.			
5.6	Surgical/procedure mask is worn by all staff working outside of direct patient care areas when interacting with other primary care staff when physical distancing cannot be maintained. Note: Eye protection (e.g., goggles or a face shield) for the duration of shifts should be strongly considered.			
5.7	For patients who screen negative and who are coming to the office/clinic for vaccine/medication administration, gloves should be worn in addition to a surgical/procedure mask with consideration for eye protection, as above.			
5.8	Primary care staff, when interacting with and within 2 metres of patients who screen negative: <ul style="list-style-type: none"> • Wear surgical/procedure mask • Consider using eye protection (goggles or a face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE. 			

5	Personal protective equipment (PPE)	Yes	No	N/A
5.9	<p>Primary care staff, when interacting with and within 2 metres of patients who screen positive use Droplet and Contact Precautions:</p> <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE 			
5.10	PPE is removed and hand hygiene is performed just at the exit of the examination/procedure room.			

Notes:

6. Hazard controls

6	Hazard controls	Yes	No	N/A
6.1	<p>The primary care facility has implemented a system for virtual and/or telephone consultations as a preferred option, when and where possible; an initial consultation is conducted over the phone, video, or secure messaging to determine if a virtual/telephone consultation is appropriate or whether an in-person appointment is necessary.</p> <p>Resources: COVID-19: Tips for Family Doctors-Screen by Phone. Virtual Visits. Guides for Referral and Testing. In-person Considerations.¹⁴</p>			
6.2	<p>Strategies to ensure physical distancing (remaining at least 2 metres apart) have been implemented, and may include:</p> <ul style="list-style-type: none"> • Moving furniture two metres apart • Marking the floor with tape as a visual cue • Avoiding in-person group meetings. 			

6	Hazard controls	Yes	No	N/A
6.3	If AGMPs are performed in the primary care facility, AGMPs for patients screening/testing positive for COVID-19 are postponed until the illness is resolved.			
6.4	There are written policies and procedures for staff, patient and visitor safety including for infection prevention and control; these are easily accessible to all primary care staff.			
6.5	Primary care staff are provided opportunities/resources for education and training (e.g., Routine Practices and environmental cleaning).			

Notes:

7. Physical capacity/environment

7	Physical capacity/environment	Yes	No	N/A
7.1	There is sufficient space to follow physical distancing guidelines of maintaining at least 2 meters from other people.			
7.2	Traffic flow for common spaces is minimized (e.g., physical markings on floor, signage to limit number of riders is noted in/by elevator).			
7.3	Breaks and lunches are staggered to help ensure physical distancing of staff.			
7.4	ABHR/hand sanitizer is available both outside and inside the examination/procedure rooms.			
7.5	Each examination/procedure room has a tissue box and waste receptacle (hands-free is preferred).			
7.6	ABHR/hand sanitizer is located throughout the primary care facility.			

7	Physical capacity/environment	Yes	No	N/A
7.7	Signage is posted throughout the primary care facility reminding staff and patients of the signs and symptoms of COVID-19 , ⁶ and the importance of proper hand hygiene, physical distancing, and respiratory etiquette.			

Notes:

8. Critical supplies and equipment

8	Critical supplies and equipment	Yes	No	N/A
8.1	A stable supply of PPE for patient care and other essential supplies (e.g., ABHR/hand sanitizer, liquid soap, and paper towels) are ensured and the supply in place is reviewed considering local and regional sector inter-dependencies. Refer to the PPE Burn Rate Calculator ¹⁵ to estimate PPE use.			
8.2	Employer sources and provides PPE to staff in accordance with their responsibilities to ensure workplace safety under the Occupational Health and Safety Act . ¹⁶			

Notes:

9. Human resources/occupational health and safety

9	Critical supplies and equipment	Yes	No	N/A
9.1	The number of staff working on site in the primary care facility is minimized; tasks that can be done from home or outside of regular hours will minimize staff interactions with each other and patients.			
9.2	Primary care providers who are asymptomatic and: <ul style="list-style-type: none"> • have returned from travel outside of the province, in the last 14 days and/or • have had unprotected exposure to a person with COVID-19 and have been identified critical to operations in their organization • have been instructed to refer to the How to self-isolate while working fact sheet and the Quick Reference Sheet Public Health Guidance on Testing and Clearance¹⁸ 			
9.3	There is a process/policy in place for follow up of any exposures/infections stemming from the workplace that includes notification to the Ministry of Labour, Training and Skills Development for occupational illnesses.			
9.4	All staff who test positive for COVID-19 report their illness to their manager/supervisor or to Employee Health/Occupational Health and Safety as per usual practice.			
9.5	Employer provides written notice within four days of being advised that a staff has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of, the worker with respect to an occupational illness or infection, to the: <ul style="list-style-type: none"> • Ministry of Labour, Training and Skills Development • Joint Health and Safety Committee (or health and safety representative) • Trade union (if any) 			
9.6	Primary care staff report to their manager/supervisor or to Employee Health/Occupational Health and Safety before returning to work.			

Notes:

10. Environmental cleaning

10	Environmental cleaning	Yes	No	N/A
10.1	Primary care facility complies with best practices for environmental cleaning . ¹⁰			
10.2	Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no unfinished wood or cloth furnishings).			
10.3	Chemical products used for environmental cleaning are: <ul style="list-style-type: none"> • licensed for use in Canada; • prepared and used according to manufacturer’s instructions for use (MIFU) for dilution, temperature, water hardness, use, shelf life and storage conditions; • labelled with expiry date; and • stored in a manner that reduces the risk of contamination. 			
10.4	Contact time (surface remains wet for the required amount of time to achieve disinfection), as indicated on the MIFU, is adhered to.			
10.5	There are procedures for cleaning each area of the primary care facility; if cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the primary care facility.			
10.6	In multi-unit buildings (e.g., mixed use office/medical buildings), tenants engage with landlords to ensure that the building is following best practices of cleaning in common spaces (e.g., elevators).			
10.7	All common areas are regularly cleaned and disinfected (e.g., minimum daily).			
10.8	High-touch surfaces (e.g., doorknobs, elevator buttons, light switches) are cleaned and disinfected at least daily, more frequently if the risk of environmental contamination is higher, or if visibly soiled.			
10.9	After every patient visit, shared patient care equipment is cleaned and disinfected before use on another patient.			
10.10	Treatment areas (areas within 2 metres of the patient) including all horizontal surfaces and equipment used on the patient (e.g., exam table, thermometer, BP cuff) are cleaned and disinfected before another patient is brought into the treatment area or used on another patient.			

10	Environmental cleaning	Yes	No	N/A
10.11	Barriers/covers on equipment surfaces that can become contaminated are used (e.g., paper on exam table); barriers/covers are removed and discarded between patients and surface is cleaned and disinfected. Clean barrier(s) is/are placed prior to the next patient.			
10.12	Plexiglass barriers are included in routine cleaning (e.g. minimum daily) using a cleaning and disinfecting product that will not affect the integrity or function of the barrier.			
10.13	There is a regular schedule for environmental cleaning in the designated reprocessing area that includes a written policy and procedure and clearly defined responsibilities.			
10.14	Where on-site laundry is done, it is handled at the point of use in a manner that prevents contamination.			
10.15	Non-essential items (e.g., magazines and toys) are removed from patient care areas.			
10.16	Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.			

Notes:

11. Reprocessing of reusable medical equipment/devices

The following section contains highlights from the [IPAC Checklist for Clinical Office Practice: Reprocessing of Medical Equipment/Devices](#).¹⁹ Refer to this IPAC Checklist when completing a more comprehensive review of reprocessing of medical equipment/devices.

11	Reprocessing of reusable medical equipment/devices	Yes	No	N/A
11.1	Non-critical items (e.g., BP cuffs, stethoscopes, baby scales) are cleaned and low-level disinfected between patients and when soiled.			

11	Reprocessing of reusable medical equipment/devices	Yes	No	N/A
11.2	Semicritical medical equipment/devices receive, at a minimum, high-level disinfection (HLD); sterilization is preferred, as per equipment/device and disinfectant MIFU for time, temperature and concentration.			
11.3	Critical (and preferably semicritical) medical equipment/devices are either disposed of or sterilized using a recommended (as per MIFU) sterilization process.			
11.4	Semicritical and critical medical equipment/devices labelled as single-use are not reprocessed and/or reused.			

Notes:

12. Heating, ventilation and air conditioning (HVAC)

12	Heating, ventilation and air conditioning (HVAC)	Yes	No	N/A
12.1	The primary care facility has an HVAC system that is monitored by the property/building management.			
12.2	There is documentation to verify that the HVAC system has been reviewed by the property/building management and confirms that patient treatment areas meet CSA requirements.			
12.3	Ventilation meets the HVAC requirements of CAN/CSA-Z317.2. ²⁰			
12.4	As per the regulatory requirement, the mechanical ventilation system is inspected every six months to ensure it is in good condition.			

Notes:

Additional Notes

Sources

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