##### SDHB - Infection Prevention and Control Service

##### ARC Preparedness Review

|  |  |  |
| --- | --- | --- |
| Name of Reviewer/s: |  |  |
| Facility:Bed numbers: Dementia Hospital level care Rest home |  |  |
| Nurse Manager: |  |  |
| Date of Review: |  |  |
| Date of Feedback: **General Comments:** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Review Action Plan  Priority/Risk Key:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | High | | Medium | | Low | | Priority level/timeframe | Criteria Number | | Action Recommended | | | Person responsible | Action taken and date | Further follow-up needed | Date action completed | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  |  |

#### section 1: GENERAL eNVIRONMENT

**Standard: Clinical areas are visibly clean, uncluttered and maintained appropriately to minimise**

|  |  | **C** | **NC** | | **P** | | | | **NA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HAND HYGIENE FACILITIES** | | | | | | | | | |
|  | Hand washing facilities are clean, available and access is clear |  |  | | |  | |  | |
|  | ABHR is available (minimum 60% alcohol) |  |  | |  | | | |  |
|  | | | | | | | | | |
|  | Detergent or detergent wipes are available for general environmental cleaning of surfaces |  |  | |  | | | |  |
|  | Approved disinfectant (bleach product or other hospital grade disinfectant active against viruses) is available |  |  | |  | | | |  |
|  | Correct dilution/refreshing of disinfectant every 24 hours |  |  | |  | | | |  |
|  | Alcohol impregnated wipes are available for sensitive equipment |  |  | |  | | | |  |
|  | Designated housekeeping staff |  |  | |  | | | |  |
|  | There is a documented cleaning checklist |  |  | |  | | | |  |
| **DIRTY UTILITY/SLUICE ROOM** | | | | | | | | | |
|  | The dirty utility or sluice area is visibly clean and tidy |  |  |  | | |  | | |
|  | There is a designated hand wash basin in this room, with soap and paper towels present |  |  |  | | |  | | |
|  | There is a facility to safely sanitize equipment e.g. bedpans/urinals /bowls |  |  |  | | |  | | |
|  | There is PPE available and used in this room |  |  |  | | |  | | |
| **WASTE MANAGEMENT** | | | | | | | | | |
|  | There is correct segregation of waste including a hazardous waste stream provision and yellow bags |  |  |  | | |  | | |
|  | Infectious/medical waste bins with foot-controlled lids are available |  |  |  | | |  | | |
|  | Waste bags awaiting collection are stored in a non-public area |  |  |  | | |  | | |
|  | ABHR/HWB is available for use after handling waste |  |  |  | | |  | | |
| **SOILED LINEN** | | | | | | | | | |
|  | Linen bags are secured and stored in a secure area for collection |  |  |  | | |  | | |
|  | Soiled linen from isolation rooms is handled/laundered separately |  |  |  | | |  | | |
|  | Staff working in laundry do not provide resident care |  |  |  | | |  | | |
|  | Dirty and clean linen is segregated |  |  |  | | |  | | |
|  | Personal clothing is laundered separately for each resident |  |  |  | | |  | | |
|  | Laundry wash cycles use the hot wash option consistently |  |  |  | | |  | | |
|  | Hand hygiene and personal protective equipment is available |  |  |  | | |  | | |

**Comments:**

**Section 2: Residents ROOMS**

**Standard: Facilities and appropriate products are available to ensure effective hand hygiene and standard precautions are undertaken.**

|  |  | C | NC | P | NA |
| --- | --- | --- | --- | --- | --- |
|  | ABHR is available in each resident’s room |  |  |  |  |
|  | Disposable gloves in a range of sizes are available |  |  |  |  |

**Comments:**

#### SECTION 3: PATIENT CARE EQUIPMENT

**Standard: Patient care equipment will be cleaned/decontaminated and stored safely, and appropriate resources made available to minimise the risk of cross infection**

|  |  | **C** | **NC** | **P** | **NA** |
| --- | --- | --- | --- | --- | --- |
|  | Manual handling sheets, hoist slings and slides are cleaned between residents |  |  |  |  |
|  | Commodes/shower chairs are individually assigned **or** disinfected between residents |  |  |  |  |

**Comments**

**SECTION 4: COMMUNAL RESIDENT AREAS**

**Standard:** **Communal resident areas** **shall be maintained appropriately to minimise the risk of cross infection.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **C** | **NC** | **P** | **NA** |
| **TOILETS & BATHROOMS** | | | | | |
|  | Are bathrooms/toilets shared between residents? **Comment:** |  |  |  |  |
|  | How are residents in isolation showered/toileted |  |  |  |  |
|  | Toilets are visibly clean |  |  |  |  |
|  | Bathroom areas are free from communal items which may be contaminated e.g. creams, talc |  |  |  |  |
|  | Showers are clean, intact and free from mould |  |  |  |  |
|  | Linen is not stored in open shelves in bathroom areas |  |  |  |  |
|  | Staff have a separate toilet from residents |  |  |  |  |
|  | There is a shower available for staff use |  |  |  |  |

**Comments**

Section 5: STANDARD AND TRANSMISSION-BASED PRECAUTIONS

**Standard: Care will be planned for individual residents using precautions necessary to prevent the spread of infection, considering the needs of the resident and other residents**

|  |  | **C** | **NC** | **P** | **NA** |
| --- | --- | --- | --- | --- | --- |
|  | Sufficient PPE stock on hand |  |  |  |  |
|  | PPE Donning/doffing areas are identified |  |  |  |  |
|  | Staff have received training in donning/doffing PPE |  |  |  |  |
|  | Disposable gloves, aprons and gowns are available/worn |  |  |  |  |
|  | Surgical/N95 masks are available/worn |  |  |  |  |
|  | Safety glasses/protective eyewear is available/worn |  |  |  |  |
|  | The correct transmission-based precautions signage is available and used appropriately |  |  |  |  |
|  | Eye protection is cleaned and disinfected after use |  |  |  |  |
|  | Clinical staff have been fit tested for N95 masks |  |  |  |  |

**Comments**

Section 6: KITCHEN AND FOOD / BEVERAGE FACILITIES

**Standard: Kitchen and food handling areas conform to Food Safety Authority guidelines**

|  |  | **C** | **NC** | **P** | **NA** |
| --- | --- | --- | --- | --- | --- |
|  | Kitchen staff are not involved in resident cares or laundry |  |  |  |  |
|  | There are hand hygiene facilities available |  |  |  |  |
|  | Are there any filtered water units available in facility? |  |  |  |  |
|  | Is the filtered water unit serviced 6 monthly & cleaned daily? |  |  |  |  |

**Comments**

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Section 7: COVID-19 Outbreak management

|  |  | **C** | **NC** | **P** | **NA** |
| --- | --- | --- | --- | --- | --- |
|  | The facility has identified an IPC representative: **name:** |  |  |  |  |
|  | This person has received IPC education. **Comment:** |  |  |  |  |
|  | Do staff have uniforms |  |  |  |  |
|  | Are sufficient uniforms/scrubs available during an outbreak? |  |  |  |  |
|  | Are uniforms laundered commercially? **Comment:** |  |  |  |  |
|  | Staff know how to launder their uniforms/clothing safely at home |  |  |  |  |
|  | There is sufficient IT capacity including access to Microsoft teams or Zoom? |  |  |  |  |
|  | Internet WIFI is functioning and of good quality |  |  |  |  |
|  | What % of staff are fully vaccinated against Covid-19? |  |  |  |  |
|  | What % of residents are fully vaccinated against Covid-19? |  |  |  |  |

**Comments:**

**SECTION 8: OUTBREAK DOCUMENTATION**

|  |  | **C** | **NC** | **P** | **NA** |
| --- | --- | --- | --- | --- | --- |
|  | COVID-19 Outbreak management plan is available |  |  |  |  |
|  | There is a comprehensive facility information package for re-deployed staff |  |  |  |  |
|  | There is a communication plan |  |  |  |  |
|  | SDHB Planning and Funding liaison person identified |  |  |  |  |
|  | Staffing contingency plan available |  |  |  |  |
|  | Can areas be broken into independent work ‘bubbles’? |  |  |  |  |
|  | Public Health contact details known |  |  |  |  |
|  | A floor plan of the facility can be provided electronically |  |  |  |  |

**Comments:**

**References:**

Infection Prevention & Control Service CDHB, Environmental Audit tool

NZS 8134.3:2008 Health and Disability Services (Infection Prevention and Control) Standards

AS/NZS 4146:2000 Laundry Practice

AS/NZS 4187:2014 Reprocessing of Reusable Medical devices in health service organisations

[CDC Guidelines for Environmental Infection Control in Health-Care Facilities (2003)](https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html)