**COVID-19 Infection Prevention and Control Checklist to support preparations for return to in-person programming**

**When to use this checklist?**

The purpose of this checklist is to help organize and guide congregate living settings as they begin to prepare for re-starting on-site group programming during the current COVID-19 pandemic.

Monitoring to see how your site is coping through the recovery stages will help you find the best solutions for your unique situation and adapt to any changes.

This checklist is to be used in addition to—but does not replace—the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities.

This checklist is based on the following: Ministry of Ontario, Develop your COVID-19 Workplace Safety Plan; Government of Canada, Canadian Centre for Occupational Health and Safety; Ministry of Health, COVID-19 Guidance Workplace Outbreaks; Ministry of Health, COVID-19 Guidance for Congregate Living Settings, and Government of Ontario, COVID-19 (coronavirus) and workplace health and safety.

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| **WORKPLACE INFORMATION** |
| Name of Workplace:  |  |
| Address:  |  |
| Program:  |  |
| Person Completing the Checklist |  |
| Date: |  |

**Introduction:**

Individuals who spend time close together and for longer periods are at greater risk.

**Person-to-person transmission** of COVID-19 increases the closer individuals are and the more time they spend together.

**Surface transmission** increases when many people contact the same surface (doorknobs, light-switches, elevator buttons, toys etc.).

**Step 1: Assess for Risk**

Think about the program you are planning for:

[ ]  Consider who are you planning to engage through this program

* Who will be participating? (staff, clients, visitors)
* How many people will be together?
* How long will the participants be together for?
* Is the vaccination status of each participant known?

[ ]  Consider the space you are planning to host the program in

* How large is the space?
* Can social distancing be maintained?
* Are there doors/windows that can be opened to increase air circulation?
* Is there a sink in the space, or nearby, for handwashing?
* Identify the high-touch surfaces in the space like light switches, doorknobs, elevator buttons etc.

[ ]  Consider the activities the program will involve

* Are there tasks or activities that will require staff, participants to be in closer than 2m/6ft?
* Are there any materials that participants will need to share?
* Do all participants need to be in-person? Could some attend virtually?

**Step 2: Getting Prepared**

[ ]  Review appropriate resources and guidelines, such as those found at IPACready.ca; Ministry of Health, Ontario Health, Public Health Ontario, Toronto Public Health Unit, and any applicable governing bodies (e.g., College of Social Work, etc.).

[ ]  Involve front-line workers, supervisors, and joint health and safety committee or representative in planning and preparation strategies.

[ ]  Consider creating a “COVID-19 Re-opening Team” which will aid with required communication, policies, and procedures. Consider including management, health and safety representative and environment/ janitorial staffing.

[ ]  If social distancing cannot be maintained, consider using a larger room, moving the program outside or having some participants attend virtually

[ ]  If planning for multiple group programs, consider creating cohorts or teams of staff members who work together for specific programs. These cohorts should not interact with other cohorts. This will assist in reducing transmission throughout the workplace in the event that a staff member becomes ill.

[ ]  Tables and chairs should be set up as far apart as possible, at least 2 metres apart. Chairs should be set up in a zig-zag pattern, so individuals are not directly facing each other, every other seat is blocked off or removed.

[ ]  Similarly, consider creating cohorts of participants for each program. These cohorts should not interact with other cohorts. This will assist in reducing transmission between program cohorts in the event that a staff member or participant becomes ill.

[ ]  Stagger start and end times if crowding at entry and exit locations means the physical distancing requirement of at least 2 meters cannot be maintained. Alternatively, consider designating doors for entry and exit to prevent workers and participants from coming into proximity with one another.

[ ]  Consider pre-screening participants 24 hours prior to program start and discourage those with symptoms or feeling generally unwell from attending in-person. Passive screening at arrival should be completed for all participants routinely

[ ]  Allow communal doors to remain open throughout the workday and during programs to reduce contact with door handles and improve airflow

[ ]  Establish and post the occupancy limit for the premise, as well as common areas, elevators, breakrooms, meeting rooms and washrooms with multiple stalls. A sensible approach to determining maximum capacity is to look at available usable area in the facility - remove clutter, rearrange furniture for larger walkways, etc.

[ ]  Ensure access to adequate supplies of liquid hand soap, paper towels (or automatic hand dryers) and alcohol-based hand-rub (ABHR). Ensure ABHR remains wall-mounted and out of children’s reach.

[ ]  To the extent possible try and ensure each participant has their own program materials (e.g., pens, paper, handouts). Where materials must be shared, ensure participants adhere to hand washing routine practices (before and after sharing materials).

[ ]  Refrain from providing and consuming communal foods where participants will be unmasked

**Step 3: Develop Policies and Implement Protocols**

[ ]  Develop policies and procedures targeting infection control strategies, such as:

* Respiratory Etiquette
* Hand hygiene
* Mask use
* Enhanced cleaning and disinfecting
* Physical distancing (≥ 2 meters/ 6 feet)
* Cohorting and staffing
* Visitor restrictions and screening procedures
* Plans to manage sick/ symptomatic individuals
* Recommendations and management for isolation area

**Step 4: Develop Communication Plans and Training**

[ ]  Ensure staff, clients and visitors are aware to not attend group programming when they are sick.

[ ]  Ensure supervisors are trained on monitoring workers and the workplace to ensure policies and procedures are being followed at all times.

[ ]  Implement infection control strategies listed above, such as;

* Respiratory etiquette: coughing and sneezing into a tissue or into your elbow or sleeve, followed by hand hygiene.
* Hand hygiene: proper and frequent hand hygiene practices are followed, review and encourage hand hygiene practices with staff.
* Cleaning and disinfecting guidelines: who is responsible and when tasks are to be completed.
* Proper mask use and storage: mask must be stored in a paper bag or plastic container with cover.
* Develop procedure for symptomatic individuals (i.e., Practice hand hygiene, wear a mask, isolate in an appropriate space. Clean and disinfect any surfaces the ill worker or participant has come into contact with).

[ ]  Post signage in the program space to inform participants of the IPAC measures and requirements in place

**Step 5: Cleaning and Disinfecting**

[ ]  Review organization policies and relevant Public Health Ontario documentation.

* Frequently touched surfaces are cleaned and disinfected at least twice daily and as needed
* Appropriate cleaning products are used for the appropriate length of time (contact time).
* Only use cleaners and disinfectants with a drug identification number (DIN).
* Ensure adequate amount of supplies are onhand and accessible.
* Workers who are cleaning have adequate training and materials as per Occupational Health and Safety.
* Appropriate PPE must be worn when utilizing disinfectants.
* Ensure each disinfectant (wipes or spray bottle) has gloves which are accessible for surfaces and equipment to be wiped down.
* A schedule and log for cleaning all surfaces is maintained.
* Shared items that are difficult to clean and disinfect should be removed from the program space.
* Shared equipment should be cleaned and disinfected after each use.

[ ]  Ensure that there are foot activated trash bins at the exit for participants to dispose of garbage, masks etc.

**Step 6: Monitor and Update as Necessary**

[ ]  Things will continue to change as programs get underway and the community situation evolves

[ ]  Be flexible with adapting policies and procedures based on new requirements and trends.

[ ]  Ensure workers and participants know where to go and who to speak with for concerns.

[ ]  When resolving safety issues, involve joint health and safety committees or representative.

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