V1.4 Self-assessment check list for Infection Prevention and Control (IPC) and related measures to manage the risk of spread of COVID-19 in the Acute Hospital setting 27.08.2021

Note: If you have any queries on this checklist please contact the AMRIC team at hcai.amrteam@hse.ie.

It is acknowledged that many of the measures outlined are already well established in many hospitals based on data previously returned in January 2021 however, they are included in the following for completeness.

This is intended for use as a self-assessment tool to support a hospital group and hospital in reviewing their processes and assuring themselves and others that key measures are in place. Hospitals may also have additional control measures in place to manage the risk and may wish to record those measures by adding rows to Section 2 of this checklist. Hospitals are not required to return Section 2.

Section 1 These are particularly critical issues and should be reviewed regularly.

Please complete and return as above.

Critical measures to control the risk of introduction and spread of SARS-CoV-2 /COVID-19 virus in the acute hospital setting			
	Yes	No	Comment
1. To help manage the risk of crowding, processes to manage service demand, including access to alternative pathways of care are in place and regularly reviewed			
2. Patients for scheduled care are checked for symptoms of viral respiratory tract infection before they attend and again when they attend.			
3. Patients in unscheduled care pathways are assessed for clinical features of COVID-19 at or as soon as possible after presentation, with streaming to specific pathways			
4. Vaccination status is checked and recorded for all in-patients prior to attendance on or as soon as practical after attendance/admission			
5. Where practical, unvaccinated and partially vaccinated patients admitted to single patient rooms for protective isolation			
6. Vaccination is offered to all unvaccinated and partially vaccinated patients admitted to hospital as soon as is practical after they are clinically well enough for vaccination			
7. Testing of adult patients on the scheduled care pathway for SARS-COV-2 in the 3 days prior to a planned procedure for overnight stays and major procedures in line with guidance is in place (taking account of scope to exempt from the requirement for testing based on vaccination and previous COVID-19 infection in past 9 months)			

Critical measures to control the risk of introduction and spread of SARS-CoV-2 /COVID-19 virus in the acute hospital setting			
	Yes	No	Comment
8. Testing is in place of adult unscheduled patients at or as soon as possible after admission to identify patients with infection not recognised by clinical assessment (taking account of scope to exempt from the requirement for testing based on vaccination and previous COVID19 infection in past 9 months).			
9. All patients with suspected or confirmed infectious COVID-19 are placed in single rooms that are grouped together (for example same ward) or placed in designated cohort areas if single rooms are not available is in place. Any exceptions should be based on a compelling clinical need for the patient to be in another location to receive appropriate care			
10. A defined process for assessment of staff for symptoms before starting a shift is implemented consistently across all sections of the hospital and for all staff			
11. Robust processes are in place to support staff in maintaining physical distancing and adhering to hand hygiene practice and mask use outside of the clinical space			
12 There is a process to promote and ensure access to COVID-19 vaccination for staff who have not yet availed of vaccination in accordance with HSE National Vaccination Policy			
13. A process is in place to carry out risk assessments on unvaccinated workers who work in high risk areas or who carry out high risk tasks in accordance with this guidance https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/risk-assessment-for-covid-19-vaccination-for-hcp.pdf			
14 There are contingency plans in place to manage an outbreak including the communications required with patients, staff and the public			
15 Testing Response to Hospital Acquired COVID-19 The response to hospital acquired COVID-19 includes the elements outlined below. Note people with COVID-19 diagnosed in the previous 9 month may be managed as for fully vaccinated people. a) **Single case of hospital acquired COVID-19** – Patient contacts who are not fully vaccinated are isolated/cohorted and monitored for symptoms Patient contacts who are not fully vaccinated are tested at day 0 and day 10 and, if they remain in-patients, at intervals between day 0 and day 10 as appropriate as per guidance. Patient contacts who are fully vaccinated are monitored and managed and tested based on risk assessment Staff contacts self-monitor for symptoms. Staff contacts who are not fully vaccinated restrict movements at home and are tested at day 0 and 10			

Critical measures to control the risk of introduction and spread of SARS-CoV-2 /COVID-19 virus in the acute hospital setting			
	Yes	**No**	**Comment**
Staff contacts who are fully vaccinated are managed and tested based on risk assessment . **b) Two or more linked cases of hospital acquired COVID-19 on a ward or unit** In addition to a) All patients on the ward (not just contacts) who are not fully vaccinated and remain as inpatients are tested at intervals between day 0 and day 10 as per guidance All staff (not just contacts) who were based on the ward in the previous 14 days who are not fully vaccinated are tested on day 0 and day 10 c) **Outbreaks on multiple wards in one hospital** – In addition to a) and b) above All patients on all wards (not just contacts) who are not fully vaccinated and remain as inpatients are tested at least once between day 0 and day 10 All staff in the hospital (not just contacts) who are not fully vaccinated are tested at least once between day 0 and day 10 per guidance (typically this would apply when 2 or more wards are affected at one time in a model 3 hospital and 3 or more wards in a level 4 hospital). Note testing of fully vaccinated patients and staff may also be appropriate if there is a specific indication to do so; examples include if the case acquired on the ward is known or suspected to be associated with a variant against which vaccines may be less effective, if there is extensive or persistent transmission on the ward or if a significant number of cases of symptomatic infection of healthcare workers associated with the case/outbreak are observed. Where there are multiple wards affected in this way, the ability to achieve this mass testing may be limited by capacity to collect the recommended number and frequency of swabs or to process the samples. Where this occurs, priority should be given for testing those staff and patients who are not fully vaccinated. Testing of patients is prioritised. Testing of staff should prioritise patient facing staff and in the first instance patient facing staff on wards with outbreaks and other areas identified as of specific concern based on risk assessment by the IPC and outbreak control team. If support from the community test and trace service for mass testing is required the request for support should be made to acute operations.			

Section 2 The following checklist should be completed and retained at the hospital level

Additional measures to reduce the risk of virus introduction and spread in acute hospital setting			
	Yes	No	Comment
1. Healthcare workers who live in congregated settings, who share accommodation where they are at increased risk of getting or spreading COVID-19, or who live with vulnerable persons have been informed that they are eligible for accommodation under the Healthcare Worker Accommodation National Guidance Document for Temporary Staff Accommodation during Covid-19 https://healthservice.hse.ie/staff/coronavirus/policies-procedures-guidelines/temporary-accommodation-for-healthcare-workers.html			
2. Where appropriate, staff are encouraged to work from home			
3 All HCWs have been advised to download the COVID-19 Tracker app (which has a new feature which now allows HCWs to pause contact tracing for a period of time when in contact with known positive cases).			
4 Staff are encouraged to adhere to public health guidance outside of the workplace setting including reducing the number of contacts they have outside the healthcare setting.			
5 All HCWs are advised to self-assess in advance of attending for work and to absent themselves if symptomatic or close contacts as per HPSC and Occupational Health guidance. https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/.			
6 There is a process to remind staff that those with any symptoms of viral respiratory tract infection should not attend for work until 48 hours after acute symptoms have resolved (even if assessed as unlikely to have COVID-19). This continues to apply after completion of vaccination.			
7 There is a process to remind healthcare workers who develop new symptoms of viral respiratory tract infection while at work that they must leave work. This continues to apply after completion of vaccination.			
8 There is a process to ensure that healthcare workers with symptoms of viral respiratory tract infection have access to rapid assessment and testing as appropriate. This continues to apply after completion of vaccination.			
9 Influenza vaccine will be actively promoted to all healthcare workers			
10 All HCWs have access to appropriate online induction and training in relation to Infection Prevention and Control Guidance (IPC) and local processes. (Note ELearning programs are available on HSELanD).			
11 Detailed COVID-19 related infection prevention and control guidance is provided and promoted to HCWs			

Additional measures to reduce the risk of virus introduction and spread in acute hospital setting			
	Yes	No	Comment
12 There has been extensive in-hospital training in hand hygiene and donning and doffing of PPE, awareness of ventilation as well as in the clinical management of COVID-19.			
13 There is access to appropriate supplies to support good IPC practice including alcohol based hand rub and appropriate PPE.			
14 There has been significant in-hospital training of medical and nursing staff to support surge, particularly in ICU			
15 Extended working hours and split shifts are implemented when consistent with service needs, to reduce number of people present in a certain areas			
16 Staff including agency staff have been informed of the processes to ensure that they are aware that they will not be subject to financial penalty if they are unable to attend work because of suspected or confirmed COVID-19.			
17 External contractors have been asked to confirm that they have process in places to ensure that health and safety and infection prevention and control requirements that apply to HSE staff (above) are also applied to their staff			
18 Defined maximum number of people at one time in any break room or meeting room, posts on the door of the room and periodic unannounced checks on adherence in place			
19 Hospital has a process of unannounced spot checks to designated staff break rooms to ensure the capacity of the room is appropriate for the numbers and has provided additional space if capacity exceeds the threshold.			
20 The hospital has processes in place including clear signage and floor markings to support people in maintaining physical distance and appropriate direction of flow			
20 Where practical to do so staff work in consistent "pods" of staff that care for the same group of patients as consistently as is practical. Staff should have minimal contact with staff outside of their pod. Note this may be very challenging in relation to staffing and may require additional staffing. Risk is reduced when staff vaccination uptake is high and this measure becomes proportionately less important in that context			
21 There is a process to monitor movement of agency staff from ward to ward to ensure that this is minimised			
22 Every practical effort has been made to ensure that staff assigned to work on wards caring for infectious COVID-19 patients or where there is a COVID-19 outbreak are not re-assigned between these areas and other wards. Risk is reduced when staff vaccination uptake is high and this measure becomes proportionately less important in that context			
23 For those who remain unvaccinated, and in circumstances where it is necessary to redeploy staff away from an outbreak ward they are offered testing at the time of redeployment and again on day 5			

Additional measures to reduce the risk of virus introduction and spread in acute hospital setting			
	Yes	**No**	**Comment**
24 In so far as practical non-consultant medical teams are ward based. Risk is reduced when staff vaccination uptake is high and this measure becomes proportionately less important in that context			
25 Ward rounds are limited to 3 people where practical and do not exceed 5 people, at any one time. Risk is reduced when staff vaccination uptake is high and this measure becomes proportionately less important in that context			
26 There is a process in place to record names, date and time of staff entering each ward to facilitate identification of potentially exposed people in the event of an outbreak			
27 There is a process in place to ensure that staff in the high risk or very high risk categories are assessed from both a workplace and medical perspective as required. https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/guidance-on-fitness-for-work-of-healthcare-workers-in-the-higher-risk-categories			
28 There is a process in place to advise HCW to self-assess for risk of COVID-19 infection if they are moving from one healthcare setting to another https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/occupational-health-interim-guidance.pdf Note the associated risk is much reduced if staff are vaccinated			
29 Where clinically appropriate, remote patient services (telemedicine) are in use			
30 Streaming/cohorting of all unscheduled admissions into suspected/confirmed COVID and other/non-COVID patients is in place with appropriate testing (taking account of scope to exempt from the requirement for testing based on vaccination and previous COVID19 infection in past 9 months).			
31 Patients are advised to avoid contact or sharing items with other patients and when mobilising to stay out of the bed space of other patients			
32 Patients who require high flow oxygen or similar respiratory support are accommodated in single rooms or the smallest multi bed area possible even if not suspected or confirmed of having COVID-19 infection			
33 Patients are asked to wear a mask whenever outside of their own bed space and facilitated in wearing mask in their own bed space when a healthcare worker is in the bed space and at any other time if they are comfortable doing so and it does not compromise their respiratory function or other aspect of their care [wearing a mask cannot become a condition of access to care]			
34 Internal transfers are limited to those essential to deliver clinical care. Patients should generally not move from the bed they are admitted to until they are discharged (unless there is an IPC requirement or a compelling clinical need)			
35 There is access to rapid access testing for COVID-19 24 /7 when required on clinical grounds			

Additional measures to reduce the risk of virus introduction and spread in acute hospital setting			
	Yes	No	Comment
36 Where rapid access to testing is provided this is linked to an accelerated process for identification of contacts			
37 When a confirmed case of hospital acquired COVID-19 is identified there is a process to identify the likely source of infection as well as to identify contacts			
38 Access for visitors, nominated support partners, parents, guardians and essential and important service providers is controlled in line with national guidance			
39 There are controlled access point for people accessing the hospital with a process for symptom and vaccination status check at entry (note refusal of entry to non-vaccinated people is not recommended but it is appropriate to be particularly careful about symptom checks and remind them of increase risk)			
40 Information exchange processes are in place to ensure that the hospital can determine a) number of new hospital acquired COVID-19 cases per week and b) number of staff per week with new diagnosis of COVID-19 at any time and c) During an outbreak the hospital can produce an epidemiological curve updated daily to show the number of newly diagnosed hospital acquired cases in patients per day and the number of newly diagnosed cases in the hospital staff per day.			
41 Managers and senior clinical staff make regular unannounced visits to clinical areas to remind and support staff in adherence to requirements including support for adherence to infection prevention and control practice including appropriate use of PPE [Note this function should not be assigned exclusively to the IPC team]			
42 Consideration has been given as to how to ensure adequate ventilation to the greatest extent practical within existing facilities and to any measures that can be implemented in the short to medium term to improve ventilation			
Additional Measures in Place to Manage the Risk of Transmission of COVID-19			
Add additional rows as required			

ENDS