V1.7 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 03.11.2022

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

This replaces V1.6 of this checklist. Removal of an item from the checklist does not imply that a hospital should cease application of that feature. The item may remain important for individual institutions. Of note, the requirements for testing have been revised.

This checklist is intended for use as a self-assessment tool to support a hospital group and hospitals 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 this checklist. Return of the completed checklist to Acute Hospitals Office is not required.

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 in unscheduled and scheduled care pathways are assessed for clinical features of COVID-19 or other communicable infectious disease (CID) at or as soon as possible after presentation. [Note temperature checking is NOT a substitute for a symptom check]			
3. Vaccination status is checked and recorded for all in-patients on or as soon as practical after attendance/admission			
4. Patients who have not completed primary vaccination are informed of the risk of COVID-19 in the healthcare setting and to the greatest extent practical are admitted to single patient rooms for protective isolation.			
5. Vaccination is offered to all patients admitted to hospital who are not up to date with primary vaccination or recommended boosters as soon as is practical after they are clinically well enough for vaccination			

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	Yes	**No**	**Comment**
6. Testing of **asymptomatic patients** is generally not required. Testing of asymptomatic patients may remain appropriate for those on: ➢ High flow oxygen support ➢ Other invasive or non-invasive respiratory support ➢ Admission to critical care areas ➢ Medical vulnerability Such testing of asymptomatic patients should be based on a local risk assessment to include the ward/ critical care unit layout/ availability of single rooms/infrastructure			
7. Contact testing Patients-testing of asymptomatic contacts generally not required, the focus is to monitor patients for signs and symptoms and only test if symptoms develop Local risk assessment ▪ Particular risk groups ▪ High flow oxygen support ▪ Other invasive or non-invasive respiratory support ▪ Admission to critical care areas If testing necessary-intervals informed by local data or days 0, 5 and 10. Staff- Routine testing of staff contacts is not required but may be recommended by an Outbreak Control Team in the context of managing an outbreak.			
8. All patients with suspected or confirmed infectious COVID-19 or other CID are placed in single rooms or placed in designated cohort areas if single-rooms are not available.			
9.Have the available COVID-19 therapeutics been considered. A link to the HSE Interim Guidance for the Pharmacological Management of Patients with COVID-19 is available on the COVID page on www.antibioticprescribing.ie			
10. All HCWs are advised to self-assess in advance of attending for work and to absent themselves if symptomatic for COVID-19 or other CID. This continues to apply even if up to date with all vaccination.			

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	Yes	**No**	**Comment**
11. 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.			
12. 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 to other areas. Risk is reduced when staff vaccination uptake is high. This measure becomes proportionately less important in that context.			
13. 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. This continues to apply even if up to date with all vaccination.			
14.There is a process to remind staff that those with symptoms of acute viral respiratory tract infection should not attend for work until 48 hours after acute symptoms have resolved even if SARS-CoV-2 is not detected. This continues to apply even if up to date with vaccination.			
15.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 even if up to date with vaccination.			
16.Healthcare workers with symptoms of viral respiratory tract infection follow the latest public health advice regarding testing.			
17. There is a process to promote access to COVID-19 vaccination for staff who have not yet availed of vaccination in accordance with HSE National Vaccination Policy			
18. Influenza vaccine has been promoted and staff are alerted to current status of influenza in the country			
19. Robust processes are in place to support staff in adhering to good infection prevention and control practice			
20. There are contingency plans in place to manage an outbreak including the communications required with patients, staff and the public			
21.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).			
22.Detailed infection prevention and control guidance is provided and promoted to HCWs			
23.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.			

24.There is access to appropriate supplies to support good IPC practice including alcohol based hand rub and appropriate PPE.			
25.Where clinically appropriate, remote patient services (telemedicine) are in use			
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**
26.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			
27.Patients who require high flow oxygen or similar respiratory support patients must be monitored for evidence of COVID-19, and if become symptomatic or are found to have COVID-19 should be accommodated in single rooms.			
28.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]			
29.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)			
30.There is access to rapid access testing for COVID-19 24 /7 when required on clinical grounds			
31. Access for visitors, nominated support partners, parents, guardians and essential and important service providers is provided in line with national guidance			
32.There are controlled access points for people accessing the hospital with a process for symptom check at entry			
33.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) 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			
34. 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