

**PANDEMIC PLAN FRAMEWORK**

**Checklists for Day Supports**

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**Checklist 1: Managers and Supervisors**

**Reopening Day Supports**

* Has the organization taken steps advised by public health authorities to protect staff and participants/clients as it plans for re-opening or providing more face-to-face contacts?
* Has the organization created a safety or re-opening plan?
* Does the safety/re-opening plan include the following areas: *Education and training for staff, screening, controlling risk of transmission, suspected cases or exposure to COVID-19 in workplace, mitigating risks, review of plan?*
* Has the safety/re-opening plan been communicated to staff, participants/clients, families and stakeholders?
* Was input sought from all stakeholders for thesafety/re-opening plan?
* Has the organization reviewed all the cleaning protocols?
* Is there signage and floor markings to identify direction and flow of traffic?
* Has the organization installed plexiglass partitions if appropriate?
* Are PPE and sanitizer available for all staff and participants/clients?
* Has the organization created a COVID-19 screening tool for use with staff and participants/clients?
* Does the organization have a system for tracking who is in the building every day for contact tracing if needed?

**Physical and Mental wellness**

* Do I know where to go for support for staff during the pandemic, internally and externally?
* Do I know where to go for support for myself during the pandemic, internally and externally?
* Do I know where to go for support for families during the pandemic, internally and externally?
* Has the organization developed ways to keep those vulnerable individuals we support safe?
* Does the organization have a plan to minimize anxiety and safety concerns for participants/clients and their families?

**Information and Training on Infection prevention and Control (IPAC)**

* Do I know the difference between self-monitoring, self-isolation and isolation for COVID-19?
* Have I had adequate training in proper handwashing?
* Have I received up-to-date information and training on how to clean and disinfect and the difference between the two?
* Is the information and guidance presented in the different languages that our participants, families and staff speak and understand best?
* Is the information and guidance available in a visual format to guide me through the necessary training procedures?

**Checklist 1: Managers and Supervisors (cont.)**

* Have participants/client, families, staff and volunteers been provided with pertinent information concerning:
  + Handwashing education and why this is so important?
  + How to cough and sneeze safely?
  + What it means to maintain an appropriate physical distance?
  + How to put on and take off PPE?

**Mitigating High risk Activities**

* Is my organization following the most current evidence-based guidance to decrease the spread of COVID 19?
* Do I know where to find the evidence-based guidelines on decreasing the spread of COVID-19?
* Have I identified the high-risk activities in my organization during the pandemic?
* Have the staff been trained on how to perform those high-risk activities safely?
* Have the staff been trained on how to safely handle, and dispose of waste i.e. such as used PPE?
* Do our workplace health and safety policies follow the guidance tools of Public Health Agency of Canada and WHO for the COVID- 19 pandemic?
* Does the organization have a plan in place to promptly identify and respond to participants and staff with COVID-19 symptoms in the work environment?
* Are the staff trained in ensuring client privacy and confidentiality at this time?

**Physical Space**

* Has the physical space been re-organized to make sure people can distance themselves physically?
* Is there a designated isolation space for any staff or participant/client who is displaying symptoms of COVID-19?
* Do you feel there are optimal conditions practiced and maintained in the physical environment? *For example: cleaning and disinfecting, keeping the space uncluttered, using laminated paperwork to help with IPAC*
* Are areas of the physical environment categorized based on risk of infection to determine frequency or cleaning and level of disinfection*? For example: level of traffic (staff break areas, elevators, mobile equipment, eating areas, washrooms), type of activity performed (clinical or administrative); type of participant/client served (those with an infectious disease or compromised immune system)?*
* Are you ensuring high-touch surfaces are being disinfected according to Public Health guidelines? *For example: telephones, light switches, keyboards, doorknobs.*

**ADAPTED FROM THE COVID-19 TOOLKIT\* CHECKLIST FOR GROUP HOMES**

*\*COVID-19 Toolkit: Community and Home-Based Services V:1.0 (Accreditation Canada and Health Standards Organization)*

**Checklist 2: For Staff (self-administered)**

**For Staff (self-administered)**

**Physical and Mental well being**

* Am I able to access resources for my physical health and mental health during the pandemic?
* Am I engaging in activities that promote my self-care? *(e.g. healthy eating, getting enough sleep, exercise or other physical activity or non-physical activity such as meditation)?*
* Am I able to access mental health supports or counselling if I require it?
* Do I have people I can speak with when I have encountered difficult situations during the pandemic?

**Hand Hygiene**

* Have we been given the resources, knowledge and training about the most up-to-date handwashing and hand sanitizingpractices?
* Am I able to access hand hygiene educational materials?
* Are there enough hand washing or hand sanitizing stations with adequate supplies in the building?
* Am I able to access adequate hand sanitizer to cover all situations where I am not able to use soap and water?

**Personal Protective Equipment (PPE)**

* Do I complete a COVID-19 self-screening tool prior to entering the workplace?
* Do I know what PPE means and which items are considered PPE?
* Do I feel I have been adequately trained in how to use PPE including how to put on and take off the PPE?
* Do I know which PPE items to use for day-to-day activities during COVID-19?
* Do I know which PPE items to use when we have a suspected case of COVID-19 at the program?
* Do I have access to the appropriate PPE to clean and disinfect the program space?
* Do I know where to find information and instructions on how to put on and take off PPE safely?
* Do I know where to safely dispose of used (non-reusable) PPE?
* Are there adequate quantities of PPE for all staff?
* Is PPE accessible to staff as required?
* Do we have the PPE materials to keep the participants/clients with symptoms and staff safe until they can be picked up?
* If I have questions about PPE, do I know who to ask?

**Checklist 2: For Staff (cont.)**

**Physical Environment**

* Has the program space been set up in a way to allow for physical distancing?
* Does the designated staff break area allow for physical distancing?
* Is the entrance/exit or drop off/pick up area maintained safely?
* Do I know who is responsible for cleaning and disinfecting the physical environment?
* Are there guidelines and advice in place when supporting someone who is showing symptoms of COVID- 19?
* Do I know where the designated isolation area is for someone who is showing symptoms?
* Do I know what to do when someone is **not able to follow the guidelines** (such as wearing a mask)?
* Do I know where to go for support when someone is **not following the guidelines**?

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**Checklist 3: For Individuals Attending Day Supports Who Live with Their Families (interview format)**

These questions are intended to be asked by the day support staff as an audit and to assist in goal setting for the individuals

**Day support prevention and testing**

* Do you know what COVID-19 is?
* Do you know how COVID-19 could affect you and others if you don’t protect yourself?
* Do you feel safe from COVID-19 at (insert day support name)?
* Do you know what you can do to protect yourself from COVID-19?
* Do you feel supported to protect yourself from COVID-19 at (insert day support name)?
* Do you understand how to keep a safe distance?
* Do you know how to cough or sneeze into your sleeve or into a tissue?
* Do you know what a COVID- 19 test is?
* Do you know how to get a COVID-19 test?
* If you need a COVID-19 test, will your family support you to get one?
* Do you know what happens during a COVID-19 test?

**Hand hygiene: Hand washing and sanitizing**

**Hand washing**

* Do you know **how** to wash your hands?
* Do you know **when** you should wash your hands?
* If you need help washing your hands, do the staff help you?
* Are there **posters** to show you how to wash your hands?
* Do you know **where** the posters are?
* Are there **enough paper towels and soap**for you to wash your hands?

**Hand sanitizing**

* Do you know **how** to sanitize your hands?
* Do you know **when** you should sanitize your hands?
* If you need help sanitizing your hands, do the staff help you?
* Are there **posters** to show you how to sanitize your hands?
* Do you know **where** the posters are?
* Do you know **where** to find the hand sanitizer at (insert day support name)
* Do you carry hand sanitizer with you?

**Checklist 3: For Individuals Attending Day Supports (cont.)**

**Personal Protective Equipment (PPE): Masks/Face Shields**

**\* The mask is assumed to be worn for all travel and taken off when seated. Travel includes to and from method of transportation, to and from bathroom, etc.). Gloves are not included in this checklist as their use is not encouraged for individuals attending day supports.**

* Do you understand **why** you are encouraged to wear a mask/face shield?
* Do you know **when** you need to wear a mask/face shield?
* **If you are not sure when to wear a mask/face shield**, do the staff tell you or show you?
* Do you know **howto put on** a mask/face shield?
* If you **need help putting on the mask/face shield**, do the staff help you?
* Do you know **when** you can **take off the mask/face shield off?**
* Do you know **how to take off** your mask/face shield safely?
* Do you know **how to safely store your mask and face shield** when you are not wearing it?

**Health and Wellness**

* Are the activities provided for you at (insert day support name) making you happy?
* Are you able to choose the activities you do at(insert day support name)?
* Do you have someone you can talk to about how you are feeling?

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**Guidelines:**

Public Health Ontario for care of individuals with suspect or confirmed COVID-19)

PHAC (Public Health Agency of Canada) and Public Health Ontario

*Ontario.ca How to develop your COVID-19 safety plan- Guide for Workplace*

**Educational materials for both staff and residents:**

[Wearing a mask: dos and don’ts](https://www.toronto.ca/wp-content/uploads/2020/06/96ac-038_COVID19_sign_safe-mask-wear_letter.pdf)

[Hand washing](https://www.toronto.ca/wp-content/uploads/2017/11/9975-tph-handwashing_poster_eng_Dec_2012_aoda.pdf)

[Hand sanitizing](https://www.toronto.ca/wp-content/uploads/2017/11/9984-tph-handsanitizing_poster_eng_Dec_2012_aoda.pdf)

[Cover Your Cough](https://www.toronto.ca/wp-content/uploads/2017/11/9929-tph-coveryourcough_poster_eng_Dec-2012_aoda.pdf)

[Wearing gloves](https://paautism.org/resource/wearing-gloves-social-story/)

**Social stories created by SPPI**

[If I become sick with Coronavirus](https://connectability.ca/wp-content/uploads/2020/04/COVID-19-If-I-Become-Sick-Social-Story.pdf)

[What I need to know about COVID-19 and the COVID-19 vaccine](https://realxchange.communitylivingessex.org/communications-plain-language/)

[Coronavirus Social Story](https://connectability.ca/wp-content/uploads/2020/12/Coronavirus-Social-Story-PDF.pdf)