

COVID 19 - Medical Ax –Return to in Person

Operations (RIPO)

Legend: Examinee = E | Staff = S | Visitor = V | General = G general facility set-up

RIPO Checklist

Site:												
COVID 19 Safety Measures												
1. Engineered Source Control Safety Measures							Approximate Months in Place					
							3	6	9	12	18	24
Reviewed			Person(s)	Item								
YES	NO	N/A										
			E,S,V	Sneeze Guards/Barriers <ul style="list-style-type: none"> ➤ Front reception desks ➤ Assessment Offices 	X	X	X	X	X	X		
			G	Items available Upon Arrival: <ul style="list-style-type: none"> ➤ PPE Pack for Examinee (mask, gloves, shoe covers) ➤ PPE Pack for Assessor (mask, gloves, shoe covers, face shield) ➤ Hand sanitizer ➤ Garbage can ➤ Signage providing direction of usage 	X	X	X	X	X	X		
2. Administrative Control Safety Measures - Screening Protocol							Approximate Months in Place					
							3	6	9	12	18	24
Reviewed			Person(s)	Item								
YES	NO	N/A										
			E,S	Screening Strategy <ul style="list-style-type: none"> ➤ Phone screening 3-5 days in advance of assessment date ➤ Onsite Nurse Active Screening & fever check 	X	X	X	X	X	X		
			E,S	Active Screening Tool COVID-19 Questionnaire for Examinee Protocol and Staff/Assessor Protocol <ul style="list-style-type: none"> ➤ Completed on each visit by each person admitted to the facility ➤ Compliance Requirement for examinee reviewed with staff and completed questionnaires uploaded to Examinee file ➤ Compliance Requirement reviewed with staff and record document for staff to complete daily prior to start time. 	X	X	X	X	X	X		
			E,S,V	Infrared thermometers. <ul style="list-style-type: none"> ➤ 2 per site with additional supply at regional offices ➤ Document available for staff on HOW TO 	X	X	X	X	X	X		

COVID 19 - Medical Ax –Return to in Person

Operations (RIPO) Legend: Examinee = E | Staff = S | Visitor = V | General = G general facility set-up

			G	Passive Screening Tool ➤ COVID Screening Door Bulletin	X	X	X	X	X	X					
3. Administrative Control Safety Measures - Physical Distancing -2 meter										Approximate Months in Place					
										3	6	9	12	18	24
Reviewed			Person(s)	Item											
YES	NO	N/A													
			G	➤ COVID Social Distancing Posters Posted	X	X	X	X	X	X					
			G	➤ Social distancing stickers and directional arrows throughout location	X	X	X	X	X	X					
			G	Waiting Room Furniture Set-up ➤ Social distancing stickers and directional arrows ➤ Adjustment of chairs and/or furniture ➤ Removal of magazine and anything that cannot be wiped down efficiently	X	X	X	X	X	X					
			G	Assessment Room Furniture Set-up ➤ Reconfiguring clinical spaces to increase separation ➤ Full barrier screens installed at each desk ➤ Hand sanitizer at each desk	X	X	X	X	X	X					
			G	Staff Offices ➤ Reconfiguring spaces to increase the separation between staff members ➤ Rotating work from home to limit onsite staff	X	X	X	X	X	X					
			G, S	Kitchen/Staff Lunchroom Area ➤ Remove all shared items ➤ No eating in lunchroom ➤ Coordinate/Schedule alternate break times to ensure decrease # in one area at one time	X	X	X	X	X	X					
4. Administrative Control Safety Measures – Operational Practices										Approximate Months in Place					
										3	6	9	12	18	24
Reviewed			Person(s)	Item											
YES	NO	N/A													
			S	Operational Practice Guidelines ➤ ppt reviewed by site management with all staff	X	X	X	X	X	X					
			S	HR Practice Guidelines ➤ Reviewed with facility management	X	X	X	X	X	X					

COVID 19 - Medical Ax –Return to in Person

Operations (RIPO) Legend: Examinee = E | Staff = S | Visitor = V | General = G general facility set-up

5. Administrative Control Safety Measures - Hand Hygiene				Approximate Months in Place						
				3	6	9	12	18	24	
Reviewed			Person(s)	Item						
YES	NO	N/A								
			E,S,V	New gloves used for each assessment	X	X	X	X	X	X
			G	Hand Washing signage <ul style="list-style-type: none"> ➤ Posted in Waiting Room/Front Reception ➤ Posted in Treatment/Assessment Room ➤ Posted in Staff Offices ➤ Posted in Kitchen ➤ Site OHS Board 	X	X	X	X	X	X
			G	Hand Sanitizer Signage <ul style="list-style-type: none"> ➤ Posted in Waiting Room/Front Reception ➤ Posted in Assessment Rooms ➤ Posted in Staff Offices ➤ Posted in Kitchen ➤ Site OHS Board 	X	X	X	X	X	X
			G	Hand Washing Station <ul style="list-style-type: none"> ➤ All sites have sufficient means for the staff, Assessors and examinees to perform frequent hand hygiene. 	X	X	X	X	X	X
			S	Hand Hygiene Policy and Procedure <ul style="list-style-type: none"> ➤ Must be reviewed with staff ➤ Posted on OHS Board 	X	X	X	X	X	X
6. Administrative Control Safety Measures - Respiratory Hygiene				Approximate Months in Place						
				3	6	9	12	18	24	
Reviewed			Person(s)	Item						
YES	NO	N/A								
			G	Respiratory Hygiene/Coughing Etiquette <ul style="list-style-type: none"> ➤ Posted in Waiting Room/Front Reception ➤ Posted in Assessment Room ➤ Posted in Staff Offices ➤ Posted in Kitchen ➤ Site OHS Board 	X	X	X	X	X	X
7. PPE Safety Measures				Approximate Months in Place						
				3	6	9	12	18	24	
Reviewed			Person(s)	Item						
YES	NO	N/A								

COVID 19 - Medical Ax –Return to in Person

Operations (RIPO) Legend: Examinee = E | Staff = S | Visitor = V | General = G general facility set-up

			S,G	Policy – Routine Practices (Point of Care Risk Assessment - PCRA) ➤ Post on OHS Board	X	X	X	X	X	X		
			S, P, V	Determine PPE Inventory Requirement for a 4-week period ➤ Gloves – sizes as appropriate ➤ Shoe covers ➤ surgical/medical masks for examinee and staff ➤ surgical/medical masks for Assessors, face shields for physical examinations	X	X	X	X	X	X		
			S	Submit requirement to Clinical Supplies through designated regional supplies coordinator to ensure adequate amount of inventory.	X	X	X	X	X	X		
			G	PPE accessible in each Assessment area	X	X	X	X	X	X		
			G	Posted in each Assessment area. ➤ PPE Donning and Doffing Posters	X	X	X	X	X	X		
8. Administrative Control Safety Measures – Cleaning & Disinfecting							Approximate Months in Place					
							3	6	9	12	18	24
Reviewed			Person(s)	Item								
YES	NO	N/A										
			S	Cleaning and Disinfecting Protocol reviewed with all staff	X	X	X	X	X	X		
			S, G	Determine Inventory Requirements and submit to Clinical Supplies to ensure adequate amounts. ➤ Maintain 2- 4 week of site cleaning/disinfecting supplies ➤ Cleaning and disinfecting product (disinfecting wipes or disinfecting spray and/or bleach solution) ➤ antibacterial soap ➤ laundry soap ➤ paper towel, tissues ➤ disposable gloves	X	X	X	X	X	X		
			S	Submit Requirement to Clinical Supplies through designated regional supplies coordinator to ensure adequate amount of inventory.	X	X	X	X	X	X		
			G	Cleaning/Disinfectant Type ➤ Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim.	X	X	X	X	X	X		

COVID 19 - Medical Ax –Return to in Person

Operations (RIPO) Legend: Examinee = E | Staff = S | Visitor = V | General = G general facility set-up

				<ul style="list-style-type: none"> ➤ https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html ➤ Inventory kept of all chemicals on site ➤ SDS is available and staff are aware of the SDS 						
			G,S	<p>ICP Daily Cleaning Checklist</p> <ul style="list-style-type: none"> ➤ Increase daily cleaning and disinfection of common areas and surfaces. Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces. ➤ Designate individual to complete ➤ Checklist available and completed daily 	X	X	X	X	X	X
			G,S	<p>Assessment Room/Bed and Equipment</p> <ul style="list-style-type: none"> ➤ Staff required to wipe down room/bed and high touch surfaces before and after usage. ➤ Cleaning Supplies/PPE – Disinfecting spray and/or wipes easily accessible in area 	X	X	X	X	X	X
			G,S	<p>Kitchen Area</p> <ul style="list-style-type: none"> ➤ Staff required to wipe down area before and after usage or as needed throughout work day. ➤ Antibacterial Soap and paper towel ➤ Cleaning Supplies – Disinfecting spray and/or wipes easily accessible in area ➤ Limited supply of kitchen products (removal of all dishes and utensils). ➤ Staff must bring/take home own dishes/utensils 	X	X	X	X	X	X
			G,S	<p>Staff Offices</p> <ul style="list-style-type: none"> ➤ Staff required to wipe down workstation before and after usage or as needed throughout the day. ➤ Cleaning Supplies – Disinfecting spray and/or wipes easily accessible in area 	X	X	X	X	X	X
			G	<p>Standard 3rd Party Cleaning Protocol</p> <ul style="list-style-type: none"> ➤ Checklist and expectation of contract guideline 	X	X	X	X	X	X

COVID 19 - Medical Ax –Return to in Person

Operations (RIPO) Legend: Examinee = E | Staff = S | Visitor = V | General = G general facility set-up

				Laundry Area <ul style="list-style-type: none"> ➤ Ensure dirty laundry separated from Clean – DO NOT store clean laundry in this area ➤ Use complete wash, rinse and dry cycles at warm temperatures ➤ Cleaning Schedule posted ➤ SDS available for chemicals used in this area 	X	X	X	X	X	X
--	--	--	--	--	---	---	---	---	---	---

9. Administrative Control Safety Measures - Staff Training	Approximate Months in Place					
	3	6	9	12	18	24

Reviewed			Person(s)	Item						
YES	NO	N/A								
			S	Staff Hazard Training COVID-19 Document <ul style="list-style-type: none"> ➤ COVID -19 Safety Measures ➤ PPE Donning and Doffing Training ➤ Post on OHS Board 	X	X	X	X	X	X
			S	➤ Review Hand Hygiene Policy with all staff	X	X	X	X	X	X
			S	➤ Review IPC Routine Practices – PCRA with all staff	X	X	X	X	X	X
			S	Exposure Protocol Reviewed <ul style="list-style-type: none"> ➤ Site Registry(Binder) for Potential Contact Tracing completed daily (sign in an out logs) 	X	X	X	X	X	X
			S	Review Staff Guidance Regarding Media <ul style="list-style-type: none"> ➤ If approached by media all staff are asked to decline comment and provide the contact information for Shari Cohen. 	X	X	X	X	X	X
			S	Sick Leave Policy <ul style="list-style-type: none"> ➤ Reviewed with Staff 	X	X	X	X	X	X

Action Required	
Once reviewed the Regional Director/Facility Lead will be required to attest to all safety measure being implemented and followed as outlined below. Failure to follow these measures may result in disciplinary action for the individual involved.	
I, _____ (Regional Director/Facility Lead Name) the Attester named below, hereby certify that I have met with _____ (?) on _____, 2020,	
<input type="checkbox"/> onsite at _____ (site location name/address) or	
<input type="checkbox"/> virtually to verify that the above RIPO Requirements have been implemented and being followed by site management.	
Attested to by me at _____, on _____, 2020.	
Signature of Regional Director/Facility Lead:	Signature of Regional Director/Facility Lead: