



Infection Control Assessment Tool for Shelters

Shelter demographics

Facility name: _____

Address: _____

Date of Assessment: _____

Surveyor name: _____

Local Public Health/County partner: _____

Number of staff in the facility: _____

Number of guests at a time in the facility (avg): _____

Number of beds: _____ Number of bathrooms: _____

Personal/individual rooms for guests/staff: _____

Any healthcare staff: Yes No Specific population if any: _____

Notes:

Signage and screening:

1. Signage present at the entrance regarding hand hygiene and symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea) and throughout facility. Yes No

2. Screening of staff for the above symptoms and temperature at start of shift. Yes No

3. Screening of new guests on arrival and daily for guests who stay for longer than 24 hours for the above symptoms and temperature. Yes No

4. There is a separate area where screened guests who are ill can go upon entering the facility to avoid possible exposures to others who are not ill. Yes No

5. There are educational materials available at the facility in various languages about COVID-19. Yes No

6. Inform staff to stay home if they are symptomatic until their COVID-19 laboratory test comes back negative or they are asymptomatic until at least 24 hours. Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection. Yes No

7. All staff and guests are masked while inside the facility except when eating, bathing and sleeping. Yes No

Physical distancing:

1. All staff and guests are masked while inside the facility except when eating, bathing and sleeping. Yes No

2. Please list all practices used to maintain physical distancing (Example: Floor markings, furniture arranged 6 feet apart):

3. Practices in place in common areas like shared bathrooms and showers:

4. Process in place if COVID-19 positive guest in facility: Yes No N/A

Please describe the process for shared spaces like bathrooms, showers, bedrooms and dining:

5. Head to toe sleeping arrangements for guests to provide 6 feet physical distancing Yes No

Hand Hygiene and Environmental Cleaning:

1. Hand hygiene stations (sinks with antibacterial soap and/or alcohol-based hand sanitizers) are readily available throughout the facility, including at the entrances of the facility. Yes No

2. Staff clean their hands according to [CDC guidelines](#) including before and after contact with guests, after contact with contaminated surfaces or equipment, and after removing items such as masks, face shield/goggles, gloves and gowns. Yes No

3. Facility is following increased frequency of environmental cleaning being done with EPA-approved healthcare disinfectant consistent with recommended wet contact time. Yes No

Please see link for approved disinfectant.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>

4. Each staff and guest have individual utensils, cups and linen. Yes No

5. Foot-step trash cans are present in multiple locations for easy access near the exit, inside any guest rooms to make it easy for employees to discard items such as gloves, masks and gowns. Yes No

Personal Protective Equipment (masks, face cover, gloves and gown):

1. All staff and guests are masked while inside the facility. Yes No

2. The shelter routinely audits (monitors and documents) donning and doffing PPE. (<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>) Yes No

3. The shelter provides feedback to staff and guests regarding their PPE use. Yes No

4. Supplies necessary for adherence to proper PPE use; gloves, gowns, face cover and masks are readily accessible. Yes No

5. The facility has adequate supply of PPE (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>) Yes No

Facility with suspected symptomatic guests or COVID-19 positive guests:

1. Facility has space for symptomatic guests or COVID-19 positive guests to be confined to their room or a separate area at least 6 feet away from others. Yes No

2. Facility has space to safely quarantine close contacts: Yes No

- Close contact is defined as within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period
- Starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection)

3. Facility has a plan in place to tests all guests and staff in the facility with the help of their local public health/county contact if a COVID-19 positive guest or staff is identified. Yes No

4. Staff has information and access to health care services and understands the process to notify EMS that the guest has a severe undiagnosed respiratory infection. Yes No

Staff education for Infection Control Processes and COVID-19

1. Staff receives job-specific training for cleaning and disinfection and can demonstrate understanding of the process. Yes No

2. Staff receives COVID-19 specific education at the start of employment. Yes No

3. Staff understands the importance of cohorting staff (same staff consistently) to treat symptomatic and COVID-19 positive guests. Yes No

4. Facility administration/employer and staff have sick leave policies that allow employees to stay home if symptomatic of respiratory infection. Yes No

https://www.oregon.gov/dcbs/covid-pl/pages/index.aspx?utm_source=DCBS&u

5. Facility staff have information about their local public health/ county partners for testing and PPE needs. Yes No

Contact name: _____

Notes:

If you would like a consult with Oregon Health Authority Epidemiologists, please submit a request here: <https://app.smartsheet.com/b/form/a3bb7e03fba6431988ce1d77cd306229>.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA and ODHS can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Response and Recovery Unit at 503-979-3377, 711 TTY or CRRU@dhsoha.state.or.us.