

# COVID-19: Organizational Assessment Checklist

## DEALING WITH A COVID-19 OUTBREAK

The following information is required to assess how effectively your organization is addressing the unprecedented challenges facing your operations, residents and staff as a result of the COVID-19 pandemic.

				COMMENTS
<b>1</b>	Does the facility have a preparedness plan for a COVID-19 outbreak?	Y	N	
<b>2</b>	Does the facility have an Active Screening protocol for all staff and essential visitors including twice daily symptom screening and temperature checks?	Y	N	
<b>2a</b>	Is this screening formally recorded and documented?	Y	N	
<b>3</b>	Does the facility have an Active Screening protocol for all residents twice daily for symptoms of COVID-19?	Y	N	
<b>3a</b>	Is this screening formally recorded and documented?	Y	N	
<b>4</b>	Does the facility have a policy to screen new resident admissions and re-admissions for symptoms and potential exposure to COVID-19?	Y	N	
<b>5</b>	Does the facility have an Outbreak Assessment or Operational Plan to manage residents and/or staff who return a positive test for COVID-19?	Y	N	
<b>6</b>	Are residents permitted to leave the facility for short-stay absences to visit family and friends?	Y	N	
<b>7</b>	Does the facility have the necessary Personal Protective Equipment (PPE) including gloves, gowns, masks, eye shields, and screens readily available to all staff?	Y	N	
<b>7a</b>	Can the suppliers of PPE sustain deliveries for the duration of the outbreak?	Y	N	

**COMMENTS**

<b>8</b>	Are all staff and essential visitors to the facility required to wear the face protection as required by your Provincial Public Health Authority?	Y	N	
<b>9</b>	Is the facility sufficiently staffed to maintain the required staff to resident ratios as per the existing licensing agreement, or as subsequently modified by the Public Health Dept?	Y	N	
<b>10</b>	To minimize the risk of exposure to COVID-19 is there a facility specific, or provincially mandated policy to limit the number of locations employees can work at?	Y	N	
<b>11</b>	Does the facility have a communications plan to inform staff, residents, and families about COVID-19?	Y	N	
<b>12</b>	Have any staff at the facility tested positive for COVID-19 and are numbers available?	Y	N	
<b>12a</b>	Are staff who test positive required to self isolate for 14 days, or more?	Y	N	
<b>13</b>	Have any residents at the facility tested positive for COVID-19, and are numbers available?	Y	N	
<b>13a</b>	Are COVID-19-positive residents isolated or corralled together in the facility?	Y	N	
<b>14</b>	Have there been any fatalities of staff or residents linked to COVID-19 at the facility, and are numbers available?	Y	N	

Any other comments:

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Policy #		Insured Name	
Signature			
Name		Title	Date



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