



Organizational Assessment - 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.

	YES	NO	COMMENTS
1. Does the facility have a preparedness plan for a COVID-19 outbreak?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the facility have an Active Screening protocol for all staff and essential visitors including twice daily symptom screening and temperature checks?	<input type="checkbox"/>	<input type="checkbox"/>	
2a. Is this screening formally recorded and documented?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the facility have an Active Screening protocol for all residents twice daily for symptoms of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
3a. Is this screening formally recorded and documented?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
4. Does the facility have a policy to screen new resident admissions and re-admissions for symptoms and potential exposure to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the facility have an Outbreak Assessment or Operational Plan to manage residents and/or staff who return a positive test for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are residents permitted to leave the facility for short-stay absences to visit family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the facility have the necessary Personal Protective Equipment (PPE) including gloves, gowns, masks, eye shields, and screens readily available to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	
7a. Can the suppliers of PPE sustain deliveries for the duration of the outbreak?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are all staff and essential visitors to the facility required to wear the face protection as required by our Provincial Public Health Authority?	<input type="checkbox"/>	<input type="checkbox"/>	
9. 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?	<input type="checkbox"/>	<input type="checkbox"/>	
10. 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?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the facility have a communications plan to inform staff, residents, and families about COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have any staff at the facility tested positive for COVID-19 and are numbers available?	<input type="checkbox"/>	<input type="checkbox"/>	
12a. Are staff who test positive required to self isolate for 14 days, or more?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
13. Have any residents at the facility tested positive for COVID-19, and are numbers available?	<input type="checkbox"/>	<input type="checkbox"/>	
13a. Are COVID-19-positive residents isolated or corralled together in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have there been any fatalities of staff or residents linked to COVID-19 at the facility, and are numbers available?	<input type="checkbox"/>	<input type="checkbox"/>	

ANY OTHER COMMENTS

POLICY
NUMBER

INSURED
NAME

SIGNATURE

NAME

TITLE

DATE