

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-10 pandemic.

				COMMENTS
1	Does the facility have a preparedness plan for a COVID-19 outbreak?	Y	N	
2	Does the facility have an Active Screening protocol for all staff and essential visitors including twice daily symptom screening and temperature checks?	Y	N	
2a	Is this screening formally recorded and documented?	Y	N	
3	Does the facility have an Active Screening protocol for all residents twice daily for symptoms of COVID-19	Y	N	
3a	Is this screening formally recorded and documented?	Y	N	
4	Does the facility have a policy to screen new resident admissions and re-admissions for symptoms and potential exposure to COVID-19?	Y	N	
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?	Y	N	
6	Are residents permitted to leave the facility for short-stay absences to visit family and friends?	Y	N	
7	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	
7a	Can the suppliers of PPE sustain deliveries for the duration of the outbreak?	Y	N	

COMMENTS

8	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	
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.	Y	N	
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?	Y	N	
11	Does the facility have a communications plan to inform staff, residents, and families about COVID-19?	Y	N	
12	Have any staff at the facility tested positive for COVID-19 and are numbers available?	Y	N	
12a	Are staff who test positive required to self isolate for 14 days, or more?	Y	N	
13	Have any residents at the facility tested positive for COVID-19, and are numbers available?	Y	N	
13a	Are COVID-19-positive residents isolated or corralled together in the facility?	Y	N	
14	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:

Policy #		Insured Name	
Signature			
Name		Title	
		Date	


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