



MINISTRY OF
**HEALTH &
WELLNESS**

RKA BUILDING, 10-16 GRENADA WAY 45-47 BARBADOS AVENUE 24-26 GRENADA CRESCENT 10^A CHELSEA AVENUE
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NOVEL CORONAVIRUS (2019nCoV) PREPAREDNESS AND RESPONSE PLAN FOR OUTBREAK CONTROL

EVALUATION CHECKLIST FOR HOME QUARANTINE

DEMOGRAPHICS

Name of quarantined person	LAST		First & Other	
Age	CAREGIVER		REQUIRES ASSISTANCE WITH ADL	
Address	STREET		LANDMARK	
	TOWN		PARISH	
Telephone	MAIN		Other	
NOK	Name	Telephone	Address	Relation
Other household members	Name, age& relation	Name, age& relation	Name, age& relation	Name, age& relation

EPIDEMIOLOGY and INSPECTION DATA

Country of interest	Dates in country of interest	Date landed in Jamaica	Date to Quarantine Facility(if applicable)
Date of inspection	Personnel inspecting	Personnel inspecting	Date Quarantine Period Ends

EXTERNAL

Item	Description	Suitable	Correction needed/Comment
<i>e.g. Dwelling</i>	<i>e.g. Townhouse, gated comm</i>	<i>Yes, No, Partial</i>	<i>Narrative</i>
Dwelling			
Dwelling material			
Water source			
Electricity source			
Sewage system			
Garbage disposal			

INFRASTRUCTURE

Item	Description	Suitable	Correction needed/Comment
Number of bedrooms			
Separate bedroom for POI			
Number of bathrooms			
Separate bathroom for POI			
Running water to bathroom			
Electricity to room			
Functioning phone or outlet for charging of mobile			

ROOM & HOME DETAILS

Item	Description	Suitable	Correction needed/Comment
Ventilation details of bedroom			
Ventilation details for house			
Connection to other rooms			
Bedroom			
Stocked with Tissue			
Mask (for use if POI becomes symptomatic)			
Hand sanitizer (70%)			
Cleaning agents: bleach or pine sol			
Dedicated bucket, mop, cleaning cloths			
Linen (change weekly)			
Social diversion*			
Thermometer	Digital	Y	Nil. Provided by MOHW
Laundry facilities			
Kitchen: separate eating units or disposables			

* Reading material or television or radio or internet

GENERAL DWELLING LOCATION

Item	Description	Comment
Nearest Hospital		
Ambulance accessibility to dwelling		

MISCELLANEOUS

COMMENT ON SUITABILITY FOR HOME QUARANTINE *(At completion, sign and date)*

	RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO
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Adapted – Original Designed by KSAHD 2020 v1