



Public Health Inspection Checklist- Healthcare Institutions/Nursing Homes/Infirmaries

Public Health Inspection Checklist for Healthcare Institutions/ Nursing Homes/Infirmaries in light of COVID-19

Name of Institution: _____ Parent Company (if applicable): _____
 Address: _____ Email Address: _____
 Contact Numbers: _____ Name of Manager/CEO: _____
 Number of Shifts Operated: _____ Number of Staff /Shift: _____
 Number of Staff reported absent: _____ Number absent due to illness: _____
 Number of Residents/Clients/Patients _____ Average number of clients/patients seen Daily _____
 Residents/Clients/Patients Record Seen: Yes _____ No _____
 Date of inspection: _____ Time of inspection: _____
 Name of Person(s) conducting inspection: _____
 Status of Institution: __ Satisfactory __ Unsatisfactory Action taken: __ Recommend Closure __ Additional time given to correct breach __ N/A

	Areas	Observed/Yes	Not present/ not observed	Corrective Action to be taken/Timeline	Remarks
I.	<i>Sanitary and Hygiene Practices</i>				
a.	Sanitary Conveniences <ul style="list-style-type: none"> Adequate Clean condition 				
b.	Handwashing Facility				

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	<ul style="list-style-type: none"> Adequate (at minimum - entrance to the building; nurse's station(s); toilet facilities; kitchen; recreational and dining area) Equipped Strategically placed 				
c.	Hand Sanitizers strategically placed (<i>equipped with sanitizer having at least 62% alcohol base, and adequate</i>)				
d.	Water safe and adequate quantity available				
e.	Water Quality records (if trucked) and trucking information in place				
II.	<i>Social Distancing and COVID-19 Risk Reduction Measures</i>				
a.	Temperature checks on entering the building (<i>related records updated</i>)				
b.	Implementation (and documentation) of Stay at Home if sick Policy for staff (<i>they should remain at home and call to notify the HR department and the MOHW</i>)				
c.	Residents/clients/patients subjected to daily temperature checks and same recorded				
d.	Multi-use devices properly cleaned and disinfected after use on each patient/client/resident and prior to use by staff. (<i>example manual sphygmomanometer (blood pressure monitors), stethoscope, thermometers</i>)				
e.	Established regulatory provision in place (<i>6 feet distance between beds observed</i>)				

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f.	Social distancing provisions observed in recreational, common and dining areas.				
g.	Absence of congregating of staff and residents/clients/patients throughout the facility or on the compound (evidence of such systems in place to include scheduled dining and recreation)				
h.	The requisite signs for stair use or two persons per elevator erected (where applicable)				
i.	Separate entrance and exits in place <u>or</u> evidence of controlled entry and assigned routes observed				
j.	Evidence of staggered dining and recreational assignment per group				
III.	General Cleaning and Sanitation				
a.	Waste Storage and Disposal (<i>Medical and General</i>) <ul style="list-style-type: none"> Waste separation using established MOHW coding system in place Proper waste storage facilities Document in place regarding disposal of waste 				
b.	Garbage Bins <ul style="list-style-type: none"> Frequently Emptied (no more than $\frac{3}{4}$ full) Hands Free or foot operated receptacle Lined Sufficient and strategically placed throughout the health care facility				
c.	Furnishing, fixture and equipment designed to allow for easy cleaning and disinfection				

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d.	Cleaning and disinfection guidelines in place for the facility, appropriate and accessible <ul style="list-style-type: none"> Guidelines posted at appropriate locations 				
e.	Cleaning and Disinfection schedule (<i>posted and updated</i>)				
f.	Recommended cleaning and disinfection agents observed and properly stored (MSDS present for chemicals used)				
g.	Linen properly cleaned, stored and handled				
h.	Dirty linen properly handled (<i>segregated and transported</i>)				
i.	No carpeted floor in building				
j.	All designated support staff provided with appropriate PPE for cleaning and disinfection (<i>gloves, masks, face shields, water-proof coverall</i>)				
k.	Compound and facility maintained in a clean and sanitary manner				
IV.	Handling of Sick Persons				
a.	Suitable isolation area designated <ul style="list-style-type: none"> Proper handwashing station Bed(s) has/have impervious and cleanable covering 				
b.	All applicable MOHW Infection Prevention Control (IPC) measures observed				

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c.	Up-to-date and well-maintained records of all workers who present with or complain of symptoms				
d.	Ministry of Health and Wellness contact information on record and posted				
e.	Personal protective equipment available for use by health care personnel, other staff members, residents/clients/patients at the facility				
V.	Transportation				
a.	Register of all contracted drivers and their vehicles well maintained and available (to include ambulance service)				
b.	Log of all staff members transported on staff bus for each trip				
c.	Log of all residents/clients/patients or staff transported or transferred to a healthcare facility or another health care facility (as the case may be)				
d.	Procedures and guidelines for cleaning and sanitization of vehicles observed (or described)				
VI.	Personal Protective Equipment (PPE) Use and Disposal				
a.	Types of PPE observed in use (list)				
b.	Appropriateness of the PPE used				
c.	Guidelines for PPE use and disposal in place and practiced (<i>appropriate notice/ signs posted, proper use and disposal signs noted</i>)				
VII.	Communication				

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a.	Evidence of training for staff in place as it relates to COVID-19 based on MOHW guidelines (staff meeting or training schedule, meeting agenda and attendance register seen)				
b.	Relevant health education pamphlets/ posters strategically placed throughout the center				
VIII. Ventilation System					
a.	Use of natural ventilation observed				
b.	Preventative maintenance programme in place				
c.	Where applicable, the cleaning and maintenance schedule for all air handling units available, up-to-date				

General Comments:

N.B. Non critical items are shaded. Additional time may be required for their completion, and this should not cause the facility to be deemed unsatisfactory. Arrangements should be made for these to be addressed within the shortest possible time and a work plan should be developed with stated (preferably agreed) deadlines.



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MOHW Guidance Documents for Checklist

- MOH Infection Prevention Control Protocol
- MOHW Environmental Health Cleaning and Sanitation Guidelines for Healthcare Facilities/Nursing Homes/Infirmaries
- MOH Guidelines for Community and Private Health Facilities (Standards and Regulation Division)
- MOHW GUIDELINES:
 - Important things to know about wearing mask
 - Infection Prevention and Control Recommendations for Employers
 - Interim Guidance for COVID- 19
 - Interim Guidance for Cleaning and Disinfection of Public Transportation Facilities for COVID-19.