

**COVID-19 Health Care Institutions/ Nursing Homes/ Infirmaries
Daily Self-Assessment and Compliance Report**

Health Care Institutions and Nursing Homes/ Infirmaries are considered high risk facilities for the spread of pathogens due to the nature of their operations and the category of clients/ residents/ patients that are served (that is, older adults and persons who often present with underlying chronic medical conditions). These institutions pose the high risk of being affected by the SARS-CoV-2 virus (COVID-19). Visitors and Health Care Providers, continue to be sources of introduction of COVID-19 into health care institutions.

To protect the vulnerable population, concerted efforts must be made towards ensuring Infection Prevention and Control Measures are in place. These measures include but are not limited to: visitor restrictions, self-assessment of staff, social distancing and health monitoring of residents.

The following Daily Self-Assessment and Compliance report is a requirement of the Ministry of Health and Wellness, as one of the measures to control the introduction and spread of COVID-19 infection.

| | |
|----------------------------------|---|
| Facility Name: | |
| Facility Address: | |
| Managing Director/CEO/President: | |
| Branch (If applicable): | Opening Hours: |
| Telephone No: | Representative Name: |
| Report Date: | Time of self-assessment conducted: |
| Total # of employees: | Do you have a current address and contact for all your employees: Y/N |
| Total # of residents/ patients: | |
| Number of Shifts: | Number of employees per shift: |

| Section | Description | Yes | No | Notes/Comments |
|---|--|--------------------------|--------------------------|----------------|
| This section should be updated weekly and submitted with the relevant log with proof of action | | | | |
| 1. General Information | | | | |
| 1.1 | Are all relevant policies and documentation in place (and adhered to) as per the MOHW guidelines | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are written job descriptions available for all staff members | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Have all employees been briefed on the health and safety guidelines in relation to COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are work schedules posted and up-to-date? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is your disaster preparedness plan up-to-date and available? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Did any employee report any flu-like illness or positive COVID-19 results? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are any members of staff in self-quarantine or isolation | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.2 | Is there a COVID-19 Crisis Management Committee in your workplace and has it been updated weekly based on the public health announcements? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.3 | Have you released internal communications on staff noticeboard(s) for all relevant COVID-19 updates? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.4 | Do you have reliable systems for real-time public health communication with employees? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.5 | Have your Supervisors been trained on the implications of COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.6 | Have you given employees accurate information about ways to prevent the spread of infection COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1.7 | Are your employees aware of the symptoms of COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Welfare Provision | | | | |
| 2.1 | Did any employee report flu-like symptoms over the past 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.2 | Number of employees absent from work (reason for absence e.g., leave, curfew, closure, etc.)? | | | |
| 2.3 | Number of employees reporting sick | | | |
| 2.4 | What are the types of symptoms that were reported? | | | |
| 2.5 | Has anyone been confirmed positive for COVID-19 within the past 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.6 | Was there any report of flu-like illness reported during any of the operational shift? | <input type="checkbox"/> | <input type="checkbox"/> | |

| Section | Description | Yes | No | Notes/Comments |
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| 2.7 | Did you ensure that all employees and visitors use the hand washing station prior to entering the building? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.8 | Are residents placed in the facility based on their need for ambulatory assistance? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.9 | Are all staffing requirements met as per MOHW guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.10 | Are all residents/ clients/ patients receiving medications and dietary services as prescribed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Hygiene and Sanitation | | | | |
| 3.1 | Was the facility cleaned and disinfected between each shift as per MOHW guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.2 | Have you alerted all staff members to the hand washing protocols within your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.2.1 | Do you have adequate number of hand washing stations in place (<i>at minimum at the entrance to the facility, each nurses' station, recreational/ dining room, kitchen and toilet facilities</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.2.2 | Are hand washing stations equipped at all times as per the MOHW guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.3 | Are hand sanitizers strategically placed throughout facility? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.3.1 | Are all sanitization stations restocked? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.3.3 | Does the hand sanitizer being used contain at least 62 percent alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.4 | Are all sanitation and hygiene measures adhered to as per the MOHW guidelines (<i>as it relates to solid waste management, sewage disposal and treatment, water quality, vector control measures, food safety and general cleanliness</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.5 | Is general cleaning and sanitization services outsourced? (<i>If not, go to Item 3.6</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.5.1 | If yes, provide name of company: | | | |
| 3.5.2 | Are the outsourced company cleaning records in place and meeting the MOHW guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.6 | In-house cleaning support staff: | | | |
| 3.6.1 | Are the cleaning and disinfection schedule in place and up-to-date? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.6.2 | Are the cleaning and disinfection measures in line with the facility's established cleaning and disinfection schedule? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.6.3 | Have cleaning measures been instituted based on the MOHW guidelines for high risk contact areas and touch points? (You should ensure that public | <input type="checkbox"/> | <input type="checkbox"/> | |

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| | surfaces such as desks, counters, doorknobs, are regularly disinfected) | | | |
| 3.7 | Does your cleaning staff have the appropriate PPE's including gloves and masks? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.7.1 | Are there adequate supplies of the necessary PPE for staff and patients/residents/clients in stock? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.8 | Have you provided all employees, residents/clients/patients with masks? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.8.1 | If yes, describe the type of mask and the change frequency practices in place | | | |
| 3.9 | Have you maintained the single-user policy regarding the use of personalized medical equipment? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.9.1 | If answer to Item 3.9 is no: Is there a documented policy in place, regarding the cleaning and disinfection of multi-use medical equipment as per MOHW guidelines (for example: stethoscope, manual sphygmomanometer (blood pressure machine), thermometer) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Social Distancing and COVID-19 Risk Reduction Measures | | | | |
| 4.1 | Have social distancing requirements been met as per MOHW guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.2 | Are all applicable areas (living room / recreational, beds within bedrooms or any other general seating) so configured to allow for social distancing between residents/ patients/ clients? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.3 | Do bedrooms have at least 5.57 sq.m (60 sq.ft) of usable space per resident? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.3.1 | Do bedrooms have no more than the maximum of three persons per bedroom? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Solid Waste (Storage and Disposal) | | | | |
| 5.1 | Are garbage bins been: | | | |
| | Frequently Emptied | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Hands Free or foot operated receptacle | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Lined | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Sufficient and strategically placed based on the floor area of the workspace | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5.2 | Do you separate garbage as per MOHW guidelines? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5.3 | Are external garbage storage areas maintained in a sanitary manner? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5.2 | Is garbage collected according to the established frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6. Temperature Checks | | | | |
| 6.1 | Have all members of staff and visitors been subjected to temperature checks on entering and leaving the facility? | <input type="checkbox"/> | <input type="checkbox"/> | |

| Section | Description | Yes | No | Notes/Comments |
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| 6.2 | Did you log all employee's and visitor's temperature? (ensure all visitors provide their contact number) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.3 | Have all residents/patient/client been subjected to daily temperature checks? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.4 | Are these logs up-to-date for all residents/ patient/client? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.5 | Is the temperature log updated and reviewed on a daily basis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.5.1 | Was there any report of elevated temperature (>37.3 C) on anyone entering the facility? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.5.2 | Was there any report of elevated temperature (>37.3 C) on residents/clients/patients? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.6 | Are there provisions in place to treat with individual(s) who present with an elevated temperature? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.6.1 | Are these provisions documented and in keeping with MOHW guidelines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.6.2 | Was there anyone reported with elevated temperature (>37.3 C) today? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Handling of Sick Persons | | | | |
| 7.1 | Is a suitable isolation area designated and outfitted with: | | | |
| | Equipped hand-washing stations | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Bed(s) has(have) impervious and cleanable covering | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.2 | Are all applicable MOHW Infection Prevention Control (IPC) measures observed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.3 | Is there up-to-date and well-maintained records of all workers who present with or complain of COVID-19 related symptoms? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.4 | Is the Ministry of Health and Wellness contact information on record and posted? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.5 | Are personal protective equipment available for use by health care personnel, other staff members, residents/clients/patients at the facility? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Ventilation Considerations | | | | |
| 8.1 | Is natural ventilation in keeping with MOHW requirements? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.2 | Is there a preventative maintenance programme in place that is adhered to? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.3 | Where mechanical ventilation systems are in place. Do you have a cleaning and maintenance schedule for all air handling units available and up-to-date? | <input type="checkbox"/> | <input type="checkbox"/> | |