

## 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	n should be updated weekly and submitted with the r	releva	nt log	with proof of action
1. Ge	eneral Information			
1.1	Are all relevant policies and documentation in			
	place (and adhered to) as per the MOHW			
	guidelines			
	Are written job descriptions available for all staff			
	members			
	Have all employees been briefed on the health and			
	safety guidelines in relation to COVID-19?			
	Are work schedules posted and up-to-date?			
	Is your disaster preparedness plan up-to-date and			
	available?			
	Did any employee report any flu-like illness or			
	positive COVID-19 results?			
	Are any members of staff in self-quarantine or			
	isolation			
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?			
1.3	Have you released internal communications on			
	staff noticeboard(s) for all relevant COVID-19			
1.4	updates?			
1.4	Do you have reliable systems for real-time public health communication with employees?			
1.5	Have your Supervisors been trained on the			
	implications of COVID-19?			
1.6	Have you given employees accurate information			
_	about ways to prevent the spread of infection			
	COVID-19?			
1.7	Are your employees aware of the symptoms of			
	COVID-19?			
	elfare Provision	_		l
2.1	Did any employee report flu-like symptoms over			
	the past 24 hours?			
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?			
2.6	Was there any report of flu-like illness reported			
	during any of the operational shift?			



Section	Description	Yes	No	Notes/Comments
2.7	Did you ensure that all employees and visitors use			
	the hand washing station prior to entering the			
	building?			
2.8	Are residents placed in the facility based on their			
	need for ambulatory assistance?			
2.9	Are all staffing requirements met as per MOHW			
	guidelines?			
2.10	Are all residents/ clients/ patients receiving			
	medications and dietary services as prescribed?			
3. Hy	giene and Sanitation			
3.1	Was the facility cleaned and disinfected between			
	each shift as per MOHW guidelines?			
3.2	Have you alerted all staff members to the hand			
	washing protocols within your workplace?			
3.2.1	Do you have adequate number of hand washing			
5.2.1	stations in place (at minimum at the entrance to			
	the facility, each nurses' station, recreational/			
	dining room, kitchen and toilet facilities)			
3.2.2	Are hand washing stations equipped at all times as			
	per the MOHW guidelines?			
3.3	Are hand sanitizers strategically placed throughout			
2.2.4	facility?	_		
3.3.1	Are all sanitization stations restocked?			
3.3.3	Does the hand sanitizer being used contain at least			
5.5.5	62 percent alcohol?			
3.4	Are all sanitation and hygiene measures adhered			
	to as per the MOHW guidelines (as it relates to solid			
	waste management, sewage disposal and treatment,			
	water quality, vector control measures, food safety and			
3.5	general cleanliness)			
3.5	Is general cleaning and sanitization services outsourced? ( <i>If not, go to Item 3.6</i> )			
3.5.1	If yes, provide name of company:			
3.5.2	Are the outsourced company cleaning records in			
5.5.2	place and meeting the MOHW guidelines?			
3.6	In-house cleaning support staff:			
3.6.1	Are the cleaning and disinfection schedule in place			
	and up-to-date?			
3.6.2	Are the cleaning and disinfection measures in line			
	with the facility's established cleaning and			
	disinfection schedule?			
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			



surfaces such as desks, counters, doorknobs, are regularly disinfected) <ul> <li>3.7 Does your cleaning staff have the appropriate PPE's including gloves and masks?</li> <li>3.7.1 Are there adequate supplies of the necessary PPE  </li> <li>for staff and patients/residents/clients in stock?</li> <li>3.8.1 Have you provided all employees, residents/clients with masks?</li> <li>if yes, describe the type of mask and the change frequency practices in place</li> <li>3.9.1 <i>Have</i> you maintained the single-user policy regarding the use of personalized medical equipment?</li> <li>3.9.1 <i>Hore to tem 3.9 is no:</i> is there a documented policy in place, regarding the cleaning and disinfection of multi-use medical equipment as per MOHW guidelines (for example: stethoscope, monual sphygmomanometer (blood pressure machine), thermometer)</li> </ul> <li>4.2 Are all applicable areas (living room / recreational, beds within bedrooms or any other general seating) so configured to allow for social distancing elastication grave to allow for social distancing elasticity families (Jeness?)</li> <li>4.3 Do bedrooms have at least 5.57 sq.m (60 sq.ft) of usable space per resident?</li> <li>5.1 Are garbage bins been:         <ul> <li>Frequently Emptied</li> <li>Intra SFree or foot operated receptacle</li> <li>Under Store and Disposal)</li> <li>5.1 Are garbage bins been:</li> <li>Frequently Emptied</li> <li>Gor area of the workspace</li> <li>Sufficient and strategically placed based on the single storage as per MOHW guidelines?</li> <li>So by ous sparate garbage as per MOHW guidelines?</li> <li>So all was be space per resident?</li> </ul> </li>	Section	Description	Yes	No	Notes/Comments
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<ul> <li>5.3 Are external garbage storage areas maintained in a sanitary manner?</li> <li>5.2 Is garbage collected according to the established frequency?</li> </ul>	5.2				
sanitary manner?	E 2				
5.2 Is garbage collected according to the established frequency?	5.5				
frequency?	5.2				
	5.2				
6 Temperature Checks					
6. Temperature Checks         6.1       Have all members of staff and visitors been					
subjected to temperature checks on entering and	0.1				
leaving the facility?					



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