

COVID-19 Readiness Assessment: Nursing Stations and Health Centers

Date:	Name of Person Completing Form:		
	DONE	Initials	Comments
	(y/n/na)		
1. Who is the Communicable Disease			
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		(y/n/na)	meiais	Comments
1.	Who is the Communicable Disease			
	Emergency (CDE) Health Response			
	Lead ⁱ at the site? Name:			
)			
2.	Are there <u>signs at entrances</u> to the			
	clinic providing directions for			
	individuals who are sick (coughing,			
	fever, or trouble breathing)?			
3.	Are there procedure masks available			
	at the entrance for symptomatic			
1	clients?			
4.	Are reception staff aware of and using the document: Reducing risk			
	of COVID-19 transmission: Case			
	Identification and Client Flow in			
	Health Centres and Nursing			
	Stations?			
5.	Is there a designated separate			
	waiting area for individuals with			
	symptoms?			
6.	Do you have an isolation room for			
	suspected COVID-19 cases?			
7.	Does your site have alcohol-based			
	(minimum 70% alcohol) hand			
	sanitizers at all entrances?			
8.	Are staff regularly checking email			
	inboxes for COVID-19 updates from FNHA CDC (CDPPH team) daily?			
9	Are staff up-to-date with the most			
٥.	current procedures and guidelines?			
10	Are all current COVID-19 resource			
	documents located in an accessible,			
	well-marked location for staff to			
	access?			
11	. Are current key contact numbers for			
	your site posted/ accessible?			
	Numbers may include:			
	a) Regional Medical Health Officer			
	number(s)-during office hours			
	and on call			
	b) Medical Transportc) Toll Free Number for FNHA CD			
	•			
	Management Team (1-844-364- 2232 option #3)			
	d) Health Director			
	e) FNHA Nursing Services/Regional			
	Nursing Team			
	f) Other:			
12	. Is alcohol-based (minimum 70%			
	alcohol) hand sanitizers present in			
	every client room?			



13. Is alcohol-based (minimum 70%		
alcohol) hand sanitizer present in		
staff areas (i.e. desks, stations)?		
14. Is liquid hand soap present at each		
sink/hand washing station?		
15. Are there single use paper		
towels/disposable towels present at		
each sink/handwashing station?		
16. Do you have an adequate amount of		
PPE for health care team members ⁱⁱ ?		
17. Is there a team member responsible		
for tracking staff supply of PPE at		
the site? Is the date and time that		
the PPE supply is checked recorded		
daily?		
18. Are staff regularly cleaning medical		
equipment with appropriate		
disinfectant ⁱⁱⁱ after use with clients?		
19. Is there sufficient inventory and		
availability on site of appropriate		
disinfectant wipes? ^{iv}		
20. Are cleaned medical		
devices/equipment stored in a		
designated 'clean storage' area?		
21. Are staff utilizing Infection		
Prevention and Control practices		
such as: <u>Point of Care Risk</u>		
Assessment and Routine and		
Additional Precautions?		
22. Are staff that perform <u>AGMPs</u> fit-		
tested for N-95 respirator?		
23. Are PPE donning and doffing		
instructions posted? Is there a		
Doffing Instruction Poster posted		
above the waste receptacle?		
24. Are staff taking personal		
precautions to minimize risk to		
others i.e. staying home when sick?		
25. Is there a plan for surge capacity in		
the event of an outbreak?	 	
26. Does the Community have an up-to-	 	
date Communicable Disease		
Emergency Response Plan (formerly		
known as Pandemic Plan)? *Please		
contact cdmgmt@fnha.ca for an		
updated planning template if		
needed*		

¹ It is the responsibility of the COVID-19 Lead/Designate to complete and review this <u>Readiness Assessment</u> each shift or more often as needed.

[&]quot; Please see <u>Personal Protective Equipment Inventory Calculation</u> excel file

iii Virucidal disinfectant is to be used for COVID-19. Please ensure compatibility between disinfectant and medical equipment.

i^v See footnote above.