



COVID-19 Readiness Assessment: Nursing Stations and Health Centers

Date: _____

Name of Person Completing Form: _____

	DONE (y/n/na)	Initials	Comments
1. Who is the Communicable Disease Emergency (CDE) Health Response Lead ⁱ at the site? Name: _____)			
2. Are there signs at entrances to the clinic providing directions for people with respiratory symptoms (coughing, fever, or trouble breathing)?			
3. Are there procedure masks available at the entrance for symptomatic 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 symptomatic clients?			
6. Do you have an isolation room for suspected COVID-19 cases?			
7. Does your site have alcohol-based (minimum 60% 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 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 Transport c) 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 hand sanitizing equipment present in every client room?			



13. Is alcohol-based hand sanitizer present in staff areas (i.e. desks, stations)?			
14. Is liquid soap present at each sink/hand washing station?			
15. Are there 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: Point of Care Risk Assessment and Routine and Additional Precautions ?			
22. Are staff that perform AGMPs fit-tested for N-95 masks?			
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*			

ⁱ It is the responsibility of the COVID-19 Lead/Designate to complete and review this [Readiness Assessment](#) each shift or more often as needed.

ⁱⁱ Please see [Personal Protective Equipment Inventory Calculation](#) excel file

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

^{iv} See footnote above.