

COVID-19 PREPAREDNESS CHECKLIST

A Weekly Review for Supervisors, Health & Safety Representatives, and JHSC members



FOR THE WEEK OF: **January 14th – January 20th** PROGRAM LOCATION: _____

Required documents and updates are attached below the checklist (also at covid19.chconnect.org).

ORANGE/GREY items have been updated and **STRIKETHROUGH** items are to be taken down and discarded.

This checklist is transitioning to the ODB. Please enter the following items in the ODB by Nov. 26th at 12:00 pm (noon).

PERSONAL PROTECTIVE EQUIPMENT	
<input type="checkbox"/> Current employees have completed the LMS “PPE Procedures Training” (confirm through Dashboard records).	
<input type="checkbox"/> Three days’ supply of emergency PPE is available (e.g. gowns, masks, eye protection, gloves, sanitizer, cleaning supplies, etc.).	
<input type="checkbox"/> Ensure eye protection (goggles or face shield) and at least one mask is available for each employee. Employees must wear a commercial mask while working. Locations in communities under Yellow-Protect Level or above must wear commercial medical masks and eye protection for the duration of the shift.	
<input type="checkbox"/> Ensure that hand sanitizers (recently purchased or existing stock) at this location have not been recalled. Check against the <u>Hand Sanitizer Recall List</u> on the <u>U: drive</u> (last updated November 25, 2020).	
<input type="checkbox"/> Required to Post:	<input type="checkbox"/> Help Reduce the Spread of COVID-19 <input type="checkbox"/> Quick Guide: PPE Donning and Doffing Instructions <input type="checkbox"/> Proper Glove Use <input type="checkbox"/> Hand Wash <input type="checkbox"/> What Mask to Wear, When <input type="checkbox"/> PPE FAQ <input type="checkbox"/> Covid-19 Cleaning Protocols for Locations Poster <input type="checkbox"/> Enhanced Cleaning Poster <input type="checkbox"/> December 26th Lock Down – No Visitors Poster
EXPOSURE FLOWCHARTS	
<input type="checkbox"/> Latest “ Guidance on COVID-19 Exposure ” flowcharts are posted	<input type="checkbox"/> <u>People Who Use our Services:</u> ✓ Step 1: Supporting People Possibly Exposed ✓ Step 2: Supporting People Suspected to Have ✓ Step 3: Supporting People with a Confirmed Case
<input type="checkbox"/> Most recent flowcharts have been reviewed with all employees in the location	<input type="checkbox"/> <u>Employees:</u> ✓ Step 1: Employee Exposure Scenarios ✓ Step 2: Employee Self-Isolation Scenarios
EMPLOYEE SCREENING PROTOCOLS	
Posting requirements: <input type="checkbox"/> “ COVID-19 Screening Protocol ” <input type="checkbox"/> “ COVID-19 Symptom Self-Check ”	✓ Ensure active screening location is set up and employees are designated to conduct screening. ✓ Active screening of visitors, employees, and people who use services when entering the support location, including temperature and symptom checking. ✓ Employees must also complete a symptom and temperature check screening at the end of their shift.

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	<ul style="list-style-type: none"> ✓ Employees administrating active screening are equipped with a commercial/surgical mask and goggles/face shields during the screening process. The employee or visitor being screened should also be wearing a mask while being screened. ✓ Ensure employees and visitors are aware they must monitor symptoms while working/visiting. ✓ Ensure employees are aware they must report any positive COVID-19 test results to supervisor.
HEALTH AND SAFETY BOARD POSTING	
<input type="checkbox"/> Health and Safety Board includes: <ul style="list-style-type: none"> ✓ Local Public Health unit and ON Telehealth number (811 for SASK) ✓ COVID-19 CPR Protocol poster (and employees are aware) ✓ Cleaning and Disinfection for Public Settings ✓ (ONTARIO ONLY) Emergency Management & Civil Protection Act – Congregate Care Settings Single Employer Order – available only on the U:\ drive in the “Human Resources Tools Folder” 	
EXPOSURE AND SYMPTOM MONITORING	
<input type="checkbox"/> “Daily Symptom Monitoring”	✓ Daily Symptom Monitoring charts are updated to reflect latest guidelines.
<input type="checkbox"/> “Where I’ve Been” Timeline Tracking Tool	✓ Tracking tool is being completed when people go out into the community.
CLEANING AND DISINFECTION	
<input type="checkbox"/> Ensure a cleaning schedule is implemented and used daily. A Cleaning Checklist Template is available (at covid19.chconnect.org) or locations can create their own, but needs to include: <ul style="list-style-type: none"> ✓ Cleaning must be done at least twice a day ✓ Cleaning for frequently touched surfaces ✓ Shared equipment must be cleaned and disinfected after each use ✓ The time the cleaning task was completed 	
ONTARIO ACTIVITIES AND VISITS	
<input type="checkbox"/> Supervisor has reviewed the COVID-19 Current Activity Restrictions document and the team is familiar with the visiting protocols for their community. (Suspended During Lock Down Period) <input type="checkbox"/> Complete the COVID-19 Visiting Record for all visits in the ODB. For re-occurring visits, only complete once at initial visit. <input type="checkbox"/> Review the COVID-19 Visiting Guide for Locations (at covid19.chconnect.org) and ensure that visits are being planned and hosted in accordance with MCCSS and Christian Horizons visitation guidelines. (Suspended During Lock Down Period) <input type="checkbox"/> Employees are familiar with the COVID-19 Visiting Guide for Families and Friends and know where to find it (www.christian-horizons.org/coronavirus) to direct potential visitors for review. (Suspended During Lock Down Period) <input type="checkbox"/> Supervisor has reviewed the Province Wide Shut Down – Interim Direction (Ontario) . This highlights the required changes from MCCSS related to hosting visitors in Ontario. <input type="checkbox"/>	
EMERGENCY RESPONSE PLAN OR QUARANTINE PLAN	

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Emergency Response Plan – Site Specific Pandemic Addendum

ADDITIONAL CONSIDERATIONS:

Determine if there are any procedures carried out or used for a person supported that can induce the production of aerosols (e.g. nebulizers, suctioning, CPAP machines). If so, ensure an appropriate stock of N95 respirators is secured and complete the fit testing on all employees at the location.

Name of person completing the checklist: _____ Date Completed: _____

Supervisor (signature): _____
Health and Safety Representative (signature): _____