

COVID Safety Checklist and Agreement

NAME: _____ Date: _____

I understand the importance of appropriate PPE use and following Public Health, Ministry of Health and IPAC recommendations to keep myself, patients, residents, families and colleagues safe. I demonstrate this by the following practices:

<input type="checkbox"/>	I have attended a PPE education session since the COVID Pandemic was announced
<input type="checkbox"/>	I know that if I am feeling unwell I need to stay home and self-monitor or seek medical attention (as appropriate)
<input type="checkbox"/>	I will wear a mask for the full duration of my shift, except for when eating and drinking in a designated break space
<input type="checkbox"/>	I use point of care risk assessments at each patient/resident interaction and use additional PPE when indicated
<input type="checkbox"/>	I understand that in certain circumstances an N95 mask is recommended - It is my responsibility to attend a fit testing clinic annually
<input type="checkbox"/>	I wear my street clothes outside of the hospital and use one dedicated pair of shoes just for work
<input type="checkbox"/>	I practice excellent hand hygiene before and after patient/resident contact, after contact with the patient/resident environment, after body fluid exposure risk and as part of the process of donning/doffing PPE (per guideline)
<input type="checkbox"/>	I keep my work space tidy and free of clutter to allow for regular cleaning and disinfection
<input type="checkbox"/>	I ensure all the equipment I use is cleaned as per IPAC guidelines on SHOP
<input type="checkbox"/>	I watch colleagues when they use PPE and help them if they are missing a step
<input type="checkbox"/>	I know where to look and who to ask if I have questions about being COVID safe
<input type="checkbox"/>	I understand the importance of maintaining 2 metres (6 feet) distance from my colleagues when on break or at lunch together
<input type="checkbox"/>	I understand that open shared food facilitates the spread of pathogens including COVID, and is not allowed at work, and will be thrown out
<input type="checkbox"/>	
<input type="checkbox"/>	

Signature: _____

October 21, 2021

INFECTION PREVENTION AND CONTROL