

Disease Containment Assessment Form

Facility and Situation Overview

How many individuals are currently living in the facility?

How many rooms/living spaces do you have?

Do residents share bathrooms? If so, how many people use each bathroom?

Do residents do their own laundry? If so, where are laundry machines located and how is access controlled?

Do you have the ability to create an isolation ward?

Does the facility have any open rooms?

How many entrances/exits are at the facility, and are they monitored?

Is there mandatory screening and handwashing for all staff and clients?

Where do residents store and prepare food?

Supplies

What supplies do you have at the facility? If not at the facility, are they on order through a vendor or via a Resource Request submitted to the [City of Boston](#), and what is the anticipated delivery?

Supply	Sufficient supply at facility	On order through vendor	Request pending with MIC	No supply or procurement
Soap				
Gloves				
Surgical masks				
Reusable masks / face coverings				
Hand sanitizer				
Cleaning Products				
Paper towels				
Facility dependent items				
Gowns				
Face shields				
Goggles				
N95s				
Are staff fit tested?				

Staff

Does the facility have mechanisms available for to support additional staffing needs?

Staffing	Adequate / NA	Surge Plan in Place	Severe shortage	None available
Operations/ Facility Management				
Cleaning				
Clinical Support				
Administrative				
Security				
Meals				
Essential Supportive Services				

Additional comments (**Provide additional details if necessary for the above**):

Environmental Resource Needs

Does the facility have an adequate supply of EPA-approved disinfectant to properly clean 2-3 times per day? If so, for how long is it estimated the supply will last?

Does the facility have adequate staff to properly disinfect resident rooms, common area floors, and high-touch surfaces properly at least 2-3 times per day? If no, what level of staffing up is needed?

Does the facility have touchless trash cans provided at all areas where hand washing and changing of PPE will take place?

Does the facility have adequate supply of proper PPE for cleaning personnel as well as for staff interacting with residents? If so, for how long is it estimated the supply will last?

Does the facility have training for staff and cleaning personnel on proper procedure for the donning, use, and doffing of PPE?

Does the facility have adequate space to maintain proper social distancing (at least 6ft) between residents?

Does the facility have adequate space to properly isolate COVID-19 positive patients?

Does the facility have adequate signage in all necessary languages to communicate proper protocol and procedure to staff, cleaning personnel, and residents? If no, what kind of signage and/or translation services are needed?

Does the facility have a policy that all residents, staff, service providers, and guests must wear face coverings or masks while in the building?

Additional Support Services

Are there additional needs at the facility?

Discuss:

Based on the above, identify additional needs and appropriate agencies to support

	Identified Individuals	Area of Support
Age Strong		
Boston Public Schools		
Boston Housing Authority		
Disability Commission		
Department of Neighborhood Development		
Mayor's Office of Language Access		
Mayor's Office of Immigrant Advancement		
Department of Public Works		
City of Boston Food Delivery Team		