
 Organization Name

Keeping Healthy Checklist

	Yes	Needs Attention
1. Do you encourage employees and volunteers to stay home when they are sick, have a fever, or have flu-like symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you encourage your employees and volunteers to wash hands frequently and thoroughly?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your employees and volunteers have ready access to alcohol-based hand sanitizer that contains at least 60% alcohol in areas where soap and water are not available?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you educate your employees and volunteers to avoid touching their eyes, nose, and mouth to decrease spreading germs from their hands?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your ministry have set guidelines for how to address children who become ill while in your care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your ministry have set guidelines for how to clean and disinfect surfaces in nurseries, restrooms, and even office settings to prevent the spread of illness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you encourage your employees to practice good health habits, like getting plenty of rest, being physically active, drinking plenty of fluids, and eating nutritious foods?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization have a disaster plan that could be implemented in the event of a public health emergency, like an outbreak or pandemic for Coronavirus, flu or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have written, job-specific safety training guides that encourage healthy practices in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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