AAAASF developed this worksheet as a supplement to the AAAASF Surveyor Handbook utilizing the [evolving guidance from the CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fguidance-hcf.html). Surveyors and facility staff are to use this worksheet to validate that:

* The facility has implemented appropriate policies & protocols addressing the enhanced infection control concerns related to COVID-19 utilizing guidance from the CDC and the State/local Department of Health.
* That the facility has provided training for relevant staff, and that staff has implemented these protocols consistently.

That the facility management has ensured compliance with the written protocols using documented routine audits, as appropriate.

| **Facility Name: Facility Name.** | **Facility ID: Facility ID** | **Date: Date** | | **Surveyor: Surveyor Name** |
| --- | --- | --- | --- | --- |
| **Requirement** | **Surveyor Guidance** | **Standard** | **Compliant** | **Surveyor Comments/Notes** |
| **POLICIES & PROCEDURES** | | | | |
| The facility must have a policy/procedure for screening all staff, patients and visitors entering the facility. This policy must include:   * Health questions related to signs or symptoms of COVID. * Temperature. * Recent exposure questions. | Ask to see this policy and the documentation of the screenings that have taken place  Ask where/how are they documenting that screenings have taken place?  Observe for implementation of screenings with individuals entering facility. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| Facility must have a policy or protocol to minimize in-facility visitors. | Policy/Protocol review. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| Facility must have a policy related to personal protective equipment (PPE) and its use. This policy must include:   * Revisions made related to COVID-19, including the laundering of cloth masks, **if** **used**. * Require staff wear facemasks while in the healthcare facility. | Policy review.  Observe staff for compliance.  Interview Staff | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| Facility must have a policy and procedure related to hand hygiene and disinfection. The policy must include the preferred use of alcohol-based hand sanitizer based upon CDC guidelines. | Policy and procedure review.  Observe for staff compliance. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| The facility must have a written policy/procedure for Infection Transmission-Based Precautions, highlighting any revisions made related to COVID-19. According to the CDC, infection transmission-based precautions for COVID-19 include:   * Social Distancing. * Wearing a face covering. * Hand Hygiene. * Cough Etiquette. * Equipment cleaning / disinfection according to manufacturer instructions prior to use on another patient. | Policy review.  Observe for staff compliance.  Interview Staff | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| The facility must develop and implement a policy related to aerosol-generating procedures (if any) performed in the facility. (*The CDC defines AGP’s as procedures that are “more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing.”*) This policy must address:   * Appropriate PPE (mouth & nose (e.g., appropriate masks, N95 or higher-level respirator, if available), clothing, gloves, and eye protection; gowns, face shield) is worn for performing AGPs and /or any procedures that are likely to generate splashes or sprays of blood or body fluids and when COVID-19 is suspected; * Limit the number of staff in room to only those essential for care and procedure support. * Perform AGP in an airborne infection isolation room, if available. If unavailable, then should occur in private room with door closed. * Procedure should be medically necessary. * Procedure room surfaces must be cleaned and disinfected promptly with EPA-registered disinfectant for healthcare settings. | Policy and procedure review.  Observe staff for compliance.  Interview staff. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| The facility must develop and implement a policy or protocol to address required actions when staff encounter persons with suspected or confirmed COVID-19. The policy/protocol must include:   * List of local COVID-19 testing sites. * Reporting suspected or confirmed COVID-19 diagnosis to DoH, ministries, appropriate health entities and AAAASF. * Requirements for returning to work after exposure/positive diagnosis.   The facility is required to implement the policy/protocol, including staff education. | Policy review.  Personnel records/training records review.  Review staff schedules.  Review list of COVID-19 testing sites.  Staff interview.  Documentation of reporting suspected or confirmed diagnosis of COVID-19 to Department of Health and AAAASF. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| **COMPLIANCE SURVEILLANCE** | | | | |
| The facility must monitor compliance with infection control practices on a weekly basis, including those related to COVID-19 utilizing weekly audits.  Documented weekly audits must include at a minimum:   * Use of PPE. * Adherence to hand hygiene. * Environmental cleaning & disinfection. | Interview leadership about surveillance activities related to staff compliance with infection control policies.  Review documented audits related to staff compliance with infection control policies. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| **DOCUMENTED STAFF TRAINING** | | | | |
| The facility must maintain documentation of all staff training provided related to enhanced infection control protocols for COVID-19. | Review personnel files for evidence of training on emergency procedures and policies/protocols related to COVID-19. | 5-D-32  (1600.010.034) | YES  NO | Click or tap here to enter text. |
| **SCHEDULING & PATIENT INTERACTIONS** | | | | |
| The facility must institute changes in:   * Patient screening. * Deferring non-urgent/emergent care **as appropriate.** * Reducing patient volume in facility at any one time to limit interactions with others in the facility by:   + Adjusting the -Patient flow through facility.   Adjusting Scheduling. | Policy / protocol review.  Observation for compliance.  Staff Interview. | 15-C-8  (500.010.050) | YES  NO | Click or tap here to enter text. |
| The facility should increase the use of telehealth for screening, consultation and follow up visits, **as appropriate.** | Policy / protocol review.  Staff interview.  Clinical record review. | 15-C-8  (500.010.050) | YES  NO | Click or tap here to enter text. |
| **SUPPLIES & EQUIPMENT** | | | | |
| The facility must maintain an adequate supply of appropriate PPE, including gowns, gloves, masks, face shields, etc. | Observe staff & patient donning of PPE.  Policy review. | 15-L-3  (1300.010.015) | YES  NO | Click or tap here to enter text. |
| **If** the facility is utilizing supplies under a temporary approval (e.g., cloth masks), the relevant approval and any limitations must be documented. | Staff interview.  Documentation review. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| The facility must ensure there is an ample supply of soap, alcohol-based hand sanitizer, and approved hospital grade disinfectants effective against SARS-COV-2. | Observe for presence of these supplies throughout facility.  Interview Staff.  Look for documentation that disinfectant used is appropriate for healthcare facilities and effective against SARS-COV-2 (if not marked on the disinfectant label, then ask facility to show you documentation). | 15-L-4  (1300.010.025) | YES  NO | Click or tap here to enter text. |
| **ENVIRONMENT & DISINFECTION** | | | | |
| Facility must post signage announcing the facility’s required COVID screening, masking, and hand hygiene protocols upon entry of clinic. | Observe for posted signage addressing the required screenings and infection control protocols. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| Facilities must eliminate high-touch items, such as:   * Magazines. * Toys. * Coffee/Snack stations. * Disable any water fountains. | Observe waiting areas and other common areas for high-touch / shared items. | 15-K-13  (1200.010.070) | YES  NO | Click or tap here to enter text. |
| The facility should remove items and surfaces that cannot be easily cleaned (e.g., cloth or fabric covered surfaces).  **If** unable to remove, the facility must have a written process to effectively clean these items. | Observe facility for such items.  Policy review.  Staff Interview | 15-K-13  (1200.010.070)  15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| The facility must keep the waiting room as empty as possible and arranged in such a fashion as to encourage social distancing (e.g., arrange chairs to be 6 feet apart, etc.). | Observe facility for waiting room configuration. | 15-K-13  (1200.010.070) | YES  NO | Click or tap here to enter text. |
| The facility must require that all staff, patients and visitors perform hand hygiene upon entering the building. | Observations.  Policy review. | 15-L-2  (1300.010.010) | YES  NO | Click or tap here to enter text. |
| The facility must implement the following enhanced infection control measures:   * Routine scheduled cleaning & disinfection between each use of exam room, procedure & operating room, bathrooms, reception areas, nursing stations, and all high touch surfaces. * Ensure frequent cleaning and disinfecting of common areas and high-touch surfaces (counters, door handles, arms of chairs, elevator buttons, etc.). * Ensure staff don appropriate PPE during cleaning activities. | Observations.  Policy review.  Staff Interview.  Cleaning log(s) review. | 15-K-13  (1200.010.070)  15-L-2  (1300.010.010)  15-L-4  (1300.010.025) | YES  NO | Click or tap here to enter text. |
| **EMERGENCY PREPAREDNESS PLAN** | | | | |
| The facility must update the EPP to include emerging communicable diseases in their All Hazards Risk Assessment. | EPP documentation review. | 5-D-3  (1600.010.003) | YES  NO | Click or tap here to enter text. |
| The facility must include their COVID-19 response as part of their EPP and update as appropriate based on evolving guidance. | EPP documentation review. | 5-D-4  (1600.010.004) | YES  NO | Click or tap here to enter text. |