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. | 7-A-2  (600.10.10)  11-B-8 (1200.20.50) | YES  NO | Click or tap here to enter text. |
| Facility must have a policy or protocol to minimize in-facility visitors. | Policy/Protocol review. | 7-A-2  (600.10.10)  11-B-8 (1200.20.50) | 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 | 3-G-3 (200.20.20)  7-A-2  (600.10.10) | 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. | 7-A-2 (600.10.10)  7-B-2 (600.10.30)  11-B-8  (1200.20.50) | 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 | 3-B-5 (200.10.50)  7-A-2 (600.10.10)  11-B-8 (1200.20.50) | 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. | 7-A-2 (600.010.010)  11-B-8 (1200.20.50)  3-G-3 (200.20.20)  7-A-4 (200.20.30)  7-F-1 (400.40.10)  7-F-2 (400.40.30) | 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. | 7-A-2 (600.10.10)  11-B-8 (1200.20.50)  3-B-5 (200.10.50) | 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. | 10-B-2 (1300.10.30) | 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. | 11-I-1 (1200.50.100  11-I-3 (1200.50.120) | 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. | 11-B-8  (1200.20.50) | 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. | 11-B-8  (1200.20.50)  8-B-24 (800.10.110) | 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. | 3-G-3 (200.20.20)  7-A-4 (200.20.30) | 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. | 3-G-3 (200.20.20)  11-B-8 (1200.20.50) | 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). | 7-F-2 (400.40.30)  7-B-2 (600.10.30) | 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. | 11-B-8 (1200.20.50) | 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. | 2-B-3 (400.10.10) | 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 | 2-B-3 (400.10.10)  11-B-8 (1200.20.50) | 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. | 2-B-3 (400.10.10) | 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. | 7-B-2 (600.10.30) | 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. | 3-G-3 (200.20.20)  2-B-3 (400.10.10)  7-F-1 (400.40.10) | YES  NO | Click or tap here to enter text. |