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 (1200.50.10011-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. |