**This worksheet has been developed as a supplement to the AAAASF Surveyor Handbook utilizing the evolving guidance from the CDC** [**https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html)

| **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; and - Recent exposure questions | Ask to see this policy and the documentation of the screenings that have taken place. Observe for implementation of screenings with individuals entering facility. | 500.010.0501300.010.0051300.010.010 | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| Facility must have a policy or protocol to minimize in-facility visitors.  | Policy/Protocol review. | 500.010.050 | [ ]  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 | 500.010.0501300.010.010 | [ ]  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. | 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 | 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. This policy must address:-Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; 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 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. | 1300.010.010 1300.010.0151200.010.0701200.010.085500.010.0501300.010.005 | [ ]  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.-Returning to work after exposure.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. | 500.010.045 | [ ]  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.Audits must include:-Use of PPE-Adherence to hand hygiene; and-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. | 1500.010.005 | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| **DOCUMENTED STAFF TRAINING** |
| The facility must maintain documentation of all staff training provided. | Review personnel files for evidence of training on emergency procedures and policies/protocols related to COVID-19. | 1600.010.0341600.010.0351600.010.036 | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| **SCHEDULING & PATIENT INTERACTIONS** |
| The facility must institute changes in:-Scheduling;-Patient screening;-Deferring non-urgent/emergent care as appropriate;-Patient flow through facility; and-Reducing patient volume in facility at any one time to limit interactions with others in the facility. | Policy / protocol review.Observation for compliance.Staff Interview. | 500.010.050 | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| The facility must increase the use of telehealth for screening, consultation and follow up visits, as appropriate. | Policy / protocol review.Staff interview.Clinical record review. | 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. | 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. | 1300.010.0101300.010.015 | [ ]  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). | 1300.010.0151300.010.025 | [ ]  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.  | 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; and-Disable any water fountains. | Observe waiting areas and other common areas for high-touch / shared items. | 1200.010.0701300.010.025 | [ ]  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 | 1300.010.0101300.010.025 | [ ]  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. | 1300.010.0101300.010.025 | [ ]  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. | 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 terminal cleaning of common areas and high-touch surfaces (counters, door handles, arms of chairs, elevator buttons, etc.); and -Ensure staff don appropriate PPE during cleaning activities | Observations.Policy review.Staff Interview.Cleaning log(s) review. | 1300.010.0101300.010.025 | [ ]  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. | 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. | 1600.010.040 | [ ]  YES [ ]  NO | Click or tap here to enter text. |