**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. | 100.10.32  600.10.30 | YES  NO | Click or tap here to enter text. |
| Facility must have a policy or protocol to minimize in-facility visitors. | Policy/Protocol review. | 100.10.32 | 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 | 100.10.32  200.40.35  200.40.45 | 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. | 100.10.32  200.40.40  200.40.45 | 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 | 100.10.32  200.40.45  400.10.25 | 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. | 100.10.32  200.40.45  200.40.35  800.60.20  400.10.25  200.20.5  200.20.10  100.10.10  100.10.85  300.50.20  200.20.35  200.40.30  200.50.10  200.50.20 | 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. | 100.10.32  800.40.20 | 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. | 700.10.15  800.30.15 | 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. | 800.41.20 | 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. | 100.10.10  300.50.20 | 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. | 100.10.10  300.50.20 | 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. | 200.40.35  800.60.20 | 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. | 800.60.20 | 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). | 200.40.30  200.40.40 | 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. | 100.10.32 | 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. | 200.20.5 | 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 | 200.50.20 | 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. | 200.20.5  200.40.45 | 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. | 200.40.40  200.40.45 | 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. | 200.20.5  200.40.35  200.50.20 | 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. | 100.10.32 | 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. | 100.10.32 | YES  NO | Click or tap here to enter text. |