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| **Agency Name:**  Click or tap here to enter text. | **Agency ID:**  Click or tap here to enter text. | | **Date of Review:**  Click or tap to enter a date. | |
| **Program Address/Location:**  Click or tap here to enter text. | | | **Start Time AM/PM**  Click or tap here to enter text. | **End Time AM/PM**  Click or tap here to enter text. |
| **Program Type:**  Click or tap here to enter text. | | **OC#:**  Click or tap here to enter text. | **Full or Partial Facility Review:** if partial identify location(s)  Click or tap here to enter text. | |
| **Capacity:**  Click or tap here to enter text. | | **Census:**  Click or tap here to enter text. | **Reviewer(s):**  Click or tap here to enter text. | |

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| **Name of Individuals in Home** | **Positive-Infected** | **Presumed** | **Unaffected or Negative** | **Recovered** | **Currently Showing Symptoms**  **Y/N** | **Quarantine or Isolation Level** | | | | | **Quarantine/Isolation Competently Implemented**  **Yes, No or NA**, and notes |
| **MI** | **MQ** | **PQ** | **NA** | **NK** |
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| **TOTALS** |  |  |  |  |  |  |  |  |  |  |  |

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| **Staff on Site** | | **Is staff working more than one shift today?** | **Scheduled at Other Sites in Past 7 days? Y/N** | **Infected** | **Presumed** | **Recovered** | **Currently on quarantine? Y/N** | **Correctly Explains What Quarantine Requires: Y/N** | **Cleared for Work: Y/N** |
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| **Total Working** |  |  |  |  |  |  |  |  |  |
| **Total staff working on the premises in each category:** | | |  |  |  |  |  |  |  |

**PART 1- OFF-SITE – Mandatory**

***Some information and Yes/No responses must be verified/finalized during site visit.***

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| 1. **Written Procedures & Training – DQI: *May be completed 1x for Agency if appropriate.*** | |
| **Agency written procedures or training materials submitted to DQI are sufficient to address the procedural area.** | |
| 1. **24- Hour Nursing Coverage Procedures sufficiently address:** | |
| 1. Assignment of RNs for Coverage | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Communication Procedures: e.g. contacting the RN, RN response expectations | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Required documentation | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Staff Training | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. **COVID-19 Infection Control Procedures Address:** | |
| 1. Staff behaviors and expectations | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Staff Screening | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Staff Return to Work | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Individual Screening | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Visitor Screening | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Guidance regarding individuals’ activities | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Cleaning Practices and Frequency | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. PPE tracking and requests | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Staff Training | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. **Training material on COVID Signs and Symptoms and staff actions in response to observations is adequate** | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. **Training materials on donning, doffing and disposal of Personal Protection Equipment (PPE) are adequate.**   (gloves, masks, gowns, face shields or goggles, as applicable) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **Individual Status and Management - DQI: During Phone conversation, discuss the following -** | | |
| 1. **Discuss Individuals, their COVID-19 status, quarantines/isolations, medical status (e.g. non-symptomatic, ill at home, ill at hospital).**   Get the current status of individuals. Validate that the information in IRMA is current/accurate. Update Page 1 information if needed. | | |
| 1. Based on conversation, information in IRMA is up to date. If IRMA does not reflect current status, instruct facility administration to enter the information in IRMA. | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | |
| 1. **Discuss how the residence in addressing individuals’ activities and daily life (e.g. Dining, leisure, medical appts.). Do facility responses seem appropriate given individuals’ status and the OPWDD and DOH guidance.** | | |
| 1. How meals are provided | **Comments:** Click or tap here to enter text. | |
| 1. How medical appointments are managed | **Comments:** Click or tap here to enter text. | |
| 1. Family Encounters | **Comments:** Click or tap here to enter text. | |
| 1. Leisure | **Comments:** Click or tap here to enter text. | |

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| 1. **Staffing – DQI: During Phone conversation, discuss the following regarding staffing -** | | | |
| 1. Is the agency able to maintain staffing levels to meet the needs of individuals on all shifts? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If no, is this due to COVID-19 affecting staff or staff’s ability to work? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. How is this being addressed/managed? | |  | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Do staff that work at the house also work at other houses? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Has this occurred in the past seven (7) days? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Are any staff working that are working, under quarantine? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, discuss how they are used and how their status is managed while working. Does the descriptions sound appropriate per OPWDD and DOH guidelines? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Have staff who tested COVID-19 positive been permitted to return to work in less than 14 days from the test result or onset of symptoms. (if yes, ask the following) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, how many staff returned to work in less than 14 days? | **#:** Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |
| 1. The agency/facility described criteria for early return to work and the necessary safeguards per OPWDD guidance. | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |

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| 1. **Personal Protection Equipment (PPE) Status: During Phone conversation, discuss the following -** | |
| 1. Is the home on conservation for PPE for the following items? (interview) | |
| 1. Gowns (I) Choose an item.   **Comments:** Click or tap here to enter text. | 3. Eye Protection (I) Choose an item.  **Comments:** Click or tap here to enter text. |
| 1. Gloves (I) Choose an item.   **Comments:** Click or tap here to enter text. | 4. Masks Choose an item.  **Comments:** Click or tap here to enter text. |

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| 1. **Physical Plant Characteristics - Discuss the following and verify during site visit.** | | | |
| 1. Does the residence have any single bedrooms? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, how many single bedrooms? | **#**: Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |
| 1. If yes, is there a single bedroom for each individual? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Does the physical plant have a non-bedroom space, with a door that can be designated/used as isolation spaces if needed? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, how many such spaces? | **#**: Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |
| 1. Does the physical plant allow for separation of one section of the house from the other, and able to meet the sleeping and hygiene needs of individuals in that space? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Are there a sufficient number of bathrooms (including accessible if needed) to allow for one to be designated for use ONLY by individuals impacted by the COVID-19 virus? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, how many bathrooms are in the residence? | **#**: Click or tap here to enter text. | | **Comments or N/A:** Click or tap here to enter text. |

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| 1. **Communications with Advocates on Family Member and Residence COVID Status**   You should have information on COVID-19 status for individuals as a starting point and can verify through IRMA information. If necessary, f/u during phone conversation. | |
| 1. Are legal guardians/advocates contacted when the Individual is exposed to COVID-19? | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Are legal guardians/advocates contacted when the Individual is tested for COVID-19? | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Are legal guardians/advocates contacted when a program is placed on isolation or quarantine? | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **Contact Tracing: During phone conversation, discuss the following -** | | |
| 1. Is the agency responsible to complete and Contact Tracing for the facility cases? | | Choose an item. |
| **Describe:** Click or tap here to enter text. | | |
| 1. Request the Agency Provides Documentation | **Comments:** Click or tap here to enter text. | |
| 1. Has the agency been told that the Local Health Department (LHD) is completing Contact Tracing for facility cases? | | Choose an item. |
| **Describe:** Click or tap here to enter text. | | |
| 1. Request LHD contact name, if known. | **Comments:** Click or tap here to enter text. | |

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| 1. **Sites with New Positives** | |
| 1. Do staff at the site report that the site (whole site) is on a quarantine level. (NA permissible only if site has no COVID status) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Can staff at the site explain precautions implemented in the site to prevent the spread of COVID. (NA permissible only if site has no COVID status) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **ICFs Only: request and review the site’s Emergency Preparedness plan** | |
| 1. Does the ICF’s Emergency Preparedness Plan address their response to COVID Pandemic? | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

**PART 2 - ON-SITE – Mandatory**

**Observation and Interview**

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| 1. **Visitor (Surveyor) Health Checks** (i.e. is the surveyor appropriately assessed upon arrival to site) | |
| 1. Was the surveyor asked all of the COVID symptom screen questions? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Was the surveyor’s temperature taken? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Did staff person who performed the health check wear a facemask? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Did the staff person who performed the health check wear gloves? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Is there a written and observably used and up-to-date log of completed COVID symptom screen questions and temperature checks? (O/I) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **Visitor/Program Restrictions** | |
| 1. Has the program posted signs at the entrances advising that no visitors may enter the Program? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. If visitors (other than surveyor) arrived during site visit, did program staff require those essential visitors to wear facemasks while in the program? If no visitors, then check NA. (O/I) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **Residential Observations – Report what is observed during the first 10-minutes of the site visit** | | | | |
| 1. Which care activity(ies) are you observing (choose all that apply)? | Dining | Med Admin | Oral Care | Other face to face ADL or service (e.g transfer) - Document |
|  |  |  | Click or tap here to enter text. |

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| 1. **General/Routine Infection Control Practices** | | | |
| 1. At any time during the visit, were any staff observed not wearing masks while on duty? (O) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, how many staff were not wearing facemasks? (O)   *Do not count a staff person twice. Include clinical or management staff on site.* | **#**: Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |
| 1. Are Gloves being worn? **If yes, complete 1-4 below as able.** | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, were gloves changed after contact with each individual? (O) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If gloves were not changed, are they being re-used as part of a conservation measure due to a lack of access to gloves? (I/O) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If gloves were worn, did the staff person wash hands before donning and after removing gloves? (O) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If gloves were worn, did staff person remove gloves properly to prevent contaminating their hands. (O) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Did staff refrain from touching their faces during your observation? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If No, how many staff did you observe touching their face? (during the 10-minute observation) | **#**: Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |
| 1. Did staff use hand sanitizer appropriately per guidance? (e.g. after touching their face, after removing PPE, after working with individual) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If No, How many times were staff observed not using hand sanitizer when they should have? (O) | **#**: Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |

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| 1. **Environmental Infection Control Supplies and Organization: (O/I)**   *(note exceptions: when sanitizer is less visible due to clinical contradictions related to misuse of sanitizer when easily accessible)* | | | |
| 1. Is hand sanitizer readily available in:   (note exceptions when sanitizer is less visible due to clinical contradictions) | | | |
| 1. the common room/living room? | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. the kitchen? | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. near the front door to the facility? | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. at the bedroom of every individual? | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. readily at every bathroom? | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. Is soap present at every sink in the facility? | | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Are there paper towels next to every sink in the facility? | | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Are trash disposal bins positioned to support the immediate disposal of used PPE? If no, provide comment for reasons (e.g. clinical contraindications, physical plant limitations, etc.) (O/I) | | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | | |

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| 1. **Cleaning Practices** | |
| 1. Were staff observed to be cleaning environmental surfaces (doorknobs, counter tops, etc.)? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Are EPA-registered hospital-grade disinfectants available for immediate use in the program? (O/I) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. When staff are asked, can staff describe where and how the disinfectants are used for cleaning? (i.e. do they attest that these disinfectants are being used for frequent cleaning of high touch/high use surfaces including electronics, countertops, doorknobs, and shared resident care equipment? (If no then use comment box to describe response). (I) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Can staff identify where these products are located? If no, use comment box (I) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. When asked, does the staff person accurately respond to the question “what is the minimum cleaning requirement” | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. If answer above is ‘yes’, is there a log that confirms this practice? (O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **Identification and Management of Individuals in Facilities with and without Confirmed Cases of COVID-19** | | |
| **Using open-ended interview questions, talk to staff about the following:**   * How Individuals are screened/ screened for health status/ screened for COVID-19? * How often individuals are screened? Do not offer or cue correct responses to the question. * Determine if the information coincides with information gathered prior to site visit. | | |
| 1. Is it evident that all individuals are screened for the following? | | |
| 1. Symptoms (cough, sore throat, runny nose) every shift (I) | Choose an item. | **Comments:** Click or tap here to enter text. |
| 1. Temperatures taken every shift (I) | Choose an item. | **Comments:** Click or tap here to enter text. |
| 1. Is it evident that all Individuals are screened for COVID-19 once every shift? | Choose an item. | **Comments:** Click or tap here to enter text. |
| 1. If not every shift, how often? | **Frequency:** | **Comments:** Click or tap here to enter text. |
| 1. Is there a log which confirms these practices? (O/I) | Choose an item. | **Comments:** Click or tap here to enter text. |

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| 1. **Occupational Health – Identification of Staff Health and Management of Staff Working at the residence.**   Discuss with staff to validate/verify the information discussed and procedures reviewed prior to onsite visit. | | | |
| 1. Have any of the Staff working at the site worked at other houses or delivered other services within the past 7 days? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, indicate the number of staff who have worked at other programs in this 7-day period. (I) | **#**: Click or tap here to enter text. | | **Comments:** Click or tap here to enter text. |
| 1. Are staff temperatures taken immediately upon arriving to work? (O/I) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. Are the temperature readings ever repeated in a shift? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If Yes, what prompts repeat temperature checks? (O/I) | **Comments:** Click or tap here to enter text. | | |
| 1. Is there a log which confirms these practices? (O/I) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. When asked “what happens if you or a coworker starts to have symptoms (cough, sore throat, runny nose) at work?”, are they minimally aware of the need to notify a supervisor and expect further instruction regarding their work status?   If staff state this has not occurred, ask “what should happen if you or a coworker have symptoms?” | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |

**Move on to the next page**

**Section 3 in**

**Sites with one or more Individuals or Staff Members with a COVID-19 status**

**Part 3 - REVIEW ONLY IF THERE IS A POSITIVE/PRESUMED INDIVIDUAL IN SITE**

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| 1. **Staff Use of Personal Protective Equipment (PPE) (includes Healthcare Personnel)** | | | |
| a. When one or more individuals on-site have a COVID-19 diagnosis or are presumed positive per the LHD or Health Care Provider: | | | |
| 1. Are any of the following: masks, gowns, gloves, face shield/goggles used **by staff during care activities** (such as dining, bathing, medication pours, or other activities requiring close proximity/contact)? (O)   (PPE used for droplet precautions) | | | Choose an item. |
| **Comments (note if based on observation or interview):** Click or tap here to enter text. | | | |
| 1. Are any of the following: N95 mask, gowns, gloves, face shield/goggles **used by staff during aerosolized treatments?** (O)   (PPE used for aerosolized precautions**)** | | | Choose an item. |
| **Comments (note if based on observation or interview):** Click or tap here to enter text. | | | |
| b. Specifically, what PPE is being worn consistently when providing care to/working directly with an individual confirmed or suspected of having COVID-19? *(Observation preferred, interview if not possible.)* | | | |
| 1. Masks | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. N95 Masks | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. Gowns | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. Gloves | Choose an item. | **Comments:** Click or tap here to enter text. | |
| 1. Eye Protection | Choose an item. | **Comments:** Click or tap here to enter text. | |
| c. Were gloves changed after contact with each individual? | | | Choose an item. |
| 1. If no, were gloves being re-used as part of a conservation measure due to a lack of access to gloves? | | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | | |
| d. Did the staff person wash hands before donning and after removing gloves? (O) | | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | | |
| e. Did the staff person contaminate their hands when removing gloves? (O) | | | Choose an item. |
| **Comments:** Click or tap here to enter text. | | | |

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| 1. **Management of COVID-19 Confirmed or Presumed Individual and Activities in Residence with COVID-19** | |
| a. When one or more individuals on-site have a COVID-19 diagnosis or are presumed positive per the LHD or Health Care Provider: | |
| 1. Is the Individual wearing a facemask when HCP or other care providers enter their bedroom? | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. If the individual cannot medically tolerate wearing one, is that individual quarantined in their bedroom? (O/I) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. If that individual cannot wear a mask and cannot be quarantined in their bedroom, are all other Individuals wearing a facemask? | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| b. Have all group activities been suspended? (I)(O) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| c. Has communal dining for those diagnosed or presumed positive been suspended? (based on observation) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |
| 1. Based on interview, over the past 7 days, has ALL communal dining for those diagnosed or presumed positive, been suspended? (based on interview) | Choose an item. |
| **Comments:** Click or tap here to enter text. | |

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| 1. **Staff Understanding and Management of COVID-19 Signs/Symptoms or Confirmed Illness** | | | |
| a. When one or more individuals on-site have a COVID-19 diagnosis or are presumed positive per the LHD or Health Care Provider: | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If yes, indicate the number of staff who have worked at other programs in this 7-day period. (I) | **#**: Click or tap here to enter text. | | **Comment or N/A:** Click or tap here to enter text. |
| b. When staff are asked about procedures that they are expected to follow if they are sent home due to positive diagnosis or symptoms, do they indicate that they are instructed by their supervisors to contact their physician? (I) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| c. Do staff responses indicate that they are instructed to have a test for COVID-19 (when available) after being sent home? (I) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| d. Do staff responses indicate that they are sent home and instructed to self-quarantine? (I) | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |
| 1. If so, for how long? (surveyor should list length of time responses, they received, e.g. 12 days, 2 weeks, etc.) (I) | **List of Responses:** Click or tap here to enter text. | | |
| e. If on directed Quarantine Level by LHD or Health care provider, but working, do staff understand what this means (what they can/cannot do? | | Choose an item. | |
| **Comments:** Click or tap here to enter text. | | | |

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| **18. Do you have any other comments regarding Infection Prevention and Control Challenges or Individual-specific exceptions or requests?** |
|  |