# COVID-19 Healthcare Questions Applicable to GL and WC Exposures

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| **Health Security Program Section** |
| **1. Do you have a person on staff that is accountable for your COVID-19 health security program?** | Yes/No |
| **Please explain.** Explain |
| **2. Are you following current federal, state, and local guidance regarding COVID-19?** | Yes/No |
| **Please explain.** Explain |
| **3. Is there signage at each entrance of the facility to inform all employees, customers and visitors that they should:** |
| 1. avoid entering the facility if they have COVID-19 symptoms;
 | 1. maintain a minimum six-foot distance from one another;
 | 1. sneeze and cough into a cloth or tissue or, if not available, into one’s elbow;
 | 1. wear face coverings, as appropriate;
 | 1. not to shake hands or engage in any unnecessary physical contact.
 |
| Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| **4. Do you mandate that all employees be vaccinated unless an accommodation has been approved?** | Yes/No |
| **5. Have all employees who can carry out their work duties from home been directed to do so?** | Yes/No |
| **Please explain.** Explain |
| **6. Have all employees been told not to come to work if they are sick?** | Yes/No |
| **Please explain.** Explain |
| **7. Are all employees required to wear face masks, as appropriate?** | Yes/No |
| **Please explain.** Explain |
| **8. Are all workstations at least six feet apart?** | Yes/No |
| **Please explain.** Explain |
| **9. Do you perform daily screening of employees before they are allowed into facility?** | Yes/No |
| **If yes, please explain your screening protocol in detail.** Explain |
| **10. Do you allow visitors on site?** | Yes/No |
| 1. **Are they screened prior to admittance into the facility?**
 | Yes/No |
| **If yes, please explain your screening protocol in detail.** Explain |
| **11. Is alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol available in every patient/resident room and as you enter the facility?** | Yes/No |
| **12. Are disinfecting supplies available to all employees?** | Yes/No |
| **13. Are there cleaning/disinfecting policies that include handling of equipment shared among residents/patients (ie: blood pressure cuffs, rehab therapy equipment, etc.)** | Yes/No |
| **Please explain.** Explain |
| **14. Describe physical distancing controls in breakrooms, restrooms, elevators, and other common areas where employees / visitors congregate.** |
| **Please explain.** Explain |
| 1. **How frequently are these common areas disinfected? Please explain in detail.** Please explain in detail.
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| **15. Has environmental cleaning of your facility increased or changed?** | Yes/No |
| **Please elaborate.** Please elaborate. |
| **16. Are you involving the local public health department if you suspect you have a patient or resident with COVID-19?** | Yes/No |

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| **Patient Care – Residential Exposures** |
| **1. Are you now treating or providing services to, or have you treated or provided services to any patients or residents with COVID-19?** | Yes/No |
| 1. **If yes, number of patients or residents:**  #
 |
| **2. Is there dedicated staff to care for suspected/known COVID-19 patients/residents?** | Yes/No |
| **3. Please describe how suspected COVID-19 patients/residents are being assessed and isolated.**  Explain |
| **4. Are you communicating with resident’s families regarding procedures around visitation & care?** | Yes/No |
| **Please elaborate.**  Please elaborate. |
| **5. Do you facilitate any group activities and communal dining?** | Yes/No |

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| **Please explain what is being done to properly social distance those involved in these activities or dining.** Explain |
| **6. Are all linens and towels are replaced when a resident is discharged?** | Yes/No |
| **Patient Care – Outpatient Exposures** |
| 1. **Are staff members checking in with patients prior to seeing them in person to determine if they have symptoms consistent with COVID-19?**
 | Yes/No |
| **How do they handle patients who are exhibiting symptoms?** Explain |
| 1. **Are you now treating or providing services to, or have you treated or provided services to any patients with COVID-19?**
 | Yes/No |
| **If yes, is there dedicated staff to care for those suspected/known COVID-19 patients? Please explain.**  Explain |
| **Please describe how these patients are separated from other patients within your office.**  Explain |  |
| 1. **Are you providing any telehealth services to patients/clients to provide care?**
 | Yes/No |
| **Please elaborate.** Please elaborate. |
| 1. **Are day program/outpatients screened each day that they visit your facility?**
 | Yes/No |
| **If they show signs of COVID, how is this handled? Please explain.** Explain |

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| **Employees** |
| 1. **Do you have a contingency plan in the event of staffing shortages?**
 | Yes/No |
| **Please explain.**  Explain |
| 1. **What training is provided to staff as to how to detect COVID-19 symptoms themselves, other staff members or patients?**
 | Yes/No |
| **Please explain.** Explain |
| 1. **If an employee tests positive for COVID-19, what procedures are in place for allowing the individual to return to work**
 | Yes/No |
| **Please explain.** Explain |

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| **Reopening to the Public** |
| 1. **Have any of the applicant’s states of operation reopened and lifted lockdown requirements that has allowed the applicant to return to normal operations?**
 | Yes/No |
| **If so, which states?** List states |
| **If yes, has outside counsel been utilized to review employee call-back and return-to-work procedures?** | Yes/No |
| **If yes, what procedures has the applicant implemented or will it implement to return to work, including how employees will be called back if they were furloughed, following OSHA & CDC guidelines and ensuring workplace safety?** |
| **Please explain.** Explain |