

COVID-19 INFECTION PREVENTION DAILY AUDIT TOOL

Facility and Unit/Neighborhood of Audit: _____

Employees observed:

ENTRANCE:

- | | | |
|-----|----|--|
| YES | NO | Front door locked |
| YES | NO | Phone number to request access to facility by front entrance and functional |
| YES | NO | Only one entrance to facility utilized (all other entrances secured) |
| YES | NO | COVID-19 Education material available and stocked (for entrance and exit) |
| YES | NO | Visitor and Employee sign in books are complete (no empty spaces) |
| YES | NO | Staff are observed giving monitoring instructions and notification instructions for signs and symptoms of COVID-19 on exit from the facility |
| YES | NO | There is a closed receptacle for used/contaminated PPE at the front exit |

PPE:

- | | | |
|-----|----|--|
| YES | NO | Staff are wearing correct mask per policy |
| YES | NO | Staff are wearing face shields or goggles |
| YES | NO | Correct container is be used for PPE storage |
| YES | NO | Gloves are being used per facility policy |
| YES | NO | Gowns are being used per facility policy |
| YES | NO | Employee is observed to DON and DOFF PPE correctly |
| YES | NO | Employees know where to obtain PPE as needed |
| YES | NO | Hand hygiene is being completed per policy |
| YES | NO | Soap/Water/Sanitizer stations are available for use and stocked |
| YES | NO | Surfaces are sanitized with approved sanitizer following sanitizer recommended saturation time (med/tx carts, computers, counters, etc.) |
| YES | NO | Rooms are clean, organized, and resident's belongings put away |
| YES | NO | Residents have masks in place when in common areas/during care |

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DINING:

- | | | |
|-----|----|--|
| YES | NO | Staff assisting resident during dining is in correct PPE |
| YES | NO | Staff are not touching their face, hair or clothing during dining without handwashing or hand sanitizing |
| YES | NO | Staff are not touching surfaces that are touched by residents mouth |
| YES | NO | Completed dining trays are removed and stored appropriately prior to dishwashing |
| YES | NO | Dishes are washed/rinsed at appropriate temperature |
| YES | NO | Dishwasher temperatures are checked per facility policy and are in the appropriate temperature range while dishes are processing through cycle |

STAFF BREAK AREA:

- | | | |
|-----|----|--|
| YES | NO | There are social distancing signs and PPE signs posted in the break area |
| YES | NO | There is enough space for staff to be able to be 6 feet apart |
| YES | NO | There are handwashing/sanitizing area and or supplies available |

FOR ANY "NO" ANSWERS ON THE SPOT INSERVICING SHOULD TAKE PLACE IN ANY AREAS NOT IN COMPLIANCE

Opportunities for improvement:

Policies reviewed with staff:

Name of Auditor: _____ Date: _____