COVID-19 Supplemental Application for Healthcare

Employer Name:
Employer Address:

1. Do you have an individual assigned to manage your Infection Control Program?   Y   N
   If **yes**, what is their name and title?

2. Do you have written policies and procedures in place that would trigger the implementation of protective measures for the employees?   Y   N
   If **yes**, when were they implemented?

3. Do you have patients currently testing positive for COVID-19?   Y   N
   If **yes**, how many cases?   Deaths?

4. When testing patients and healthcare personnel for COVID-19, what is your average turnaround time for results?

5. Do you have a non-punitive sick leave policy to prohibit potentially contagious staff from working?   Y   N

6. Do you provide additional training to staff on hand washing and personal protective equipment (PPE) related to the COVID-19 pandemic?   Y   N

7. Do you have health screening measures for personnel at the beginning of their shift during the pandemic?   Y   N

8. Are all employees required to wear isolation / surgical masks at all times?   Y   N

9. Are all employees tested for COVID-19?   Y   N
   If **yes**, how often?

10. Do you have N-95 masks available for use when providing high risk care such as trachea / respiratory treatments?
    Y   N

11. Have you experienced a shortage of PPE during the pandemic?   Y   N

12. How many weeks of PPE (masks / gloves / face protection / gowns) do you maintain on your premises?

13. What is your protocol for employees who have known or suspected COVID-19 exposure or infection?

14. Is there currently a "no visitor" policy in place?   Y   N
    If **yes**, when was this policy enacted?

15. If Home Health Agency, please answer the following:
    Do employees screen clients for COVID-19 symptoms?   Y   N
    If **yes**, please explain the process:

NAME:

TITLE:

DATE:

SIGNATURE: