

APPLICABLE PROGRAM(S)			
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COVID-19 Recovery Preparation Assessment Checklist

The time to begin COVID-19 recovery preparation in the environment of care is when your organization is still in the response phase. Don't wait until the federal government lifts the national public health emergency or The Joint Commission schedules your next survey.

This checklist provides suggestions regarding the questions your organization should be asking itself to prepare for a return to nearly normal operations and compliance with Joint Commission and Centers for Medicare & Medicaid Services (CMS) requirements as well as recommendations from the Centers for Disease Control and Prevention (CDC). The checklist is not intended to be exhaustive, and its use is not a Joint Commission requirement. Moreover, most of the individual items in the checklist are suggested practices rather than Joint Commission requirements (which are indicated with the "TJC" abbreviation). Organizations should feel free to customize this checklist to their own needs and circumstances.

Answers to all yes/no questions should ideally be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to answer follow-up questions and note any to-do tasks identified by an **N** for **No** response.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	COMMENTS
<p>If your organization is taking advantage of Joint Commission/CMS waivers of inspection, testing, and maintenance (ITM) requirements during the COVID-19 public health emergency have you made plans to get "caught up" with deferred maintenance? TJC</p> <p><input type="checkbox"/> Have you scheduled any maintenance activities that are normally performed by vendors or outside contractors? If so, which ones have been scheduled and when? (Don't wait until the last minute before your survey-readiness date because vendors and contractors could have a backlog of similar work requests from other health care organizations.)</p> <p><input type="checkbox"/> Have you considered bringing any ITM activities in-house that were previously performed by vendors or outside contractors? If so, which activities have been brought in, who will perform them, and when will they be performed? With sufficient training and a detailed manual from the manufacturer, many maintenance tasks are not difficult to perform. Depending on the task, be sure to check the National Fire Protection Association (NFPA) <i>Life Safety Code</i>®,* your organization's <i>Comprehensive Accreditation Manual</i> or E-dition® counterpart, and other applicable codes and standards documents for any qualification or certification requirements for the person who performs the testing and maintenance.)</p>				

*Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

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QUESTIONS	Y	N	NA	COMMENTS
If your organization used The Joint Commission’s fire drill waiver, which allows a documented orientation/training activity on the facility’s fire response plan to fill in for a fire drill during the COVID-19 health emergency, do you know that you must resume conducting fire drills once your survey-readiness date is set? [TJC] Have you determined how the drills can be conducted without creating gatherings of 50 or more people, in accordance with CDC recommendations?				
If your organization modified spaces for the COVID-19 surge, have you decided the following? <input type="checkbox"/> Which will be converted back to their original state and by when? <input type="checkbox"/> Which modifications will kept in place in the event of additional waves of the pandemic? <input type="checkbox"/> Which modifications will become permanent?				
Specifically, if you’ve temporarily converted standard patient rooms and suites into negative-pressure areas, have you established a time frame or criteria for converting them back to normal and the procedures for doing so? (The steps will depend on how your organization created the negative-pressure zones.)				
If your organization has added negative-pressure anterooms to operating rooms for the intubation or extubation of COVID-19 patients, has a decision been made as to whether the anterooms will remain? And what is the decision?				
Has your organization assessed whether there has been damage to the built environment from alterations made for COVID-19, such as damage to ductwork from modifications to the heating, ventilation, and air-conditioning (HVAC) system? <input type="checkbox"/> If so, has your organization scheduled repairs?				
Has your organization established procedures for the comprehensive terminal cleaning and disinfection of rooms and suites that previously held COVID-19-infected patients to ready the spaces for patients who don’t have the coronavirus?				
If you’ve established separate emergency department entrances for COVID-positive versus other patients, have you decided whether they will remain in place during the recovery phase or permanently? (Permanent modifications will need to comply with applicable design codes and standards.)				

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QUESTIONS	Y	N	NA	COMMENTS
<p>If you erected tents for COVID-19 screening and have since taken them down, have you analyzed whether they were effective and placed in an optimal location?</p> <p><input type="checkbox"/> If the screening tents were well-positioned and effective, have you decided whether they will be put up again in case of another COVID-19 surge?</p> <p><input type="checkbox"/> If the screening tents were not in the best location, have you determined a better location for them to be erected in the event of another COVID surge?</p> <p><input type="checkbox"/> If your organization doesn't plan to set up screening tents again, do you have an alternative plan for screening large numbers of patients?</p>				
<p>If you've altered clinician/staff procedures during the COVID-19 pandemic, such as requiring supervised donning and doffing of personal protective equipment (PPE), have you determined how long these revised protocols will remain in place?</p>				
<p>Based on lessons learned during the first wave of the pandemic, does your organization have enough PPE in place to deal with future COVID-19 surges?</p> <p><input type="checkbox"/> If not, does your organization have the relationships needed (with suppliers, government entities, local health care networks, and so on) to source PPE rapidly?</p>				
<p>Based on lessons learned during the first wave of the pandemic, does your organization have enough ventilators in place in the event of additional COVID-19 surges?</p> <p><input type="checkbox"/> If not, does your organization have the relationships needed (with suppliers, manufacturers, government entities, health care coalitions, and so forth) to quickly acquire additional ventilators?</p> <p><input type="checkbox"/> And do you have the proper gas hookups to maintain these ventilators?</p>				
<p>Is your organization planning to reopen closed buildings or departments, as elective surgeries and other non-COVID medical appointments, diagnostic testing, and interventions resume? And if so, when and in what order?</p> <p><input type="checkbox"/> If so, have you answered the following questions?</p>				

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QUESTIONS	Y	N	NA	COMMENTS
<p>Has your organization prioritized the workplace safety and health controls that will need to be implemented, guided by the following National Institute for Occupational Safety and Health (NIOSH) hierarchy?</p> <ol style="list-style-type: none"> 1. Elimination/substitution: Eliminates the exposure before it can occur. 2. Engineering controls: Requires a physical change to the workplace. 3. Administrative and work practice controls: Requires the employer or the worker to do something. 4. Personal protective equipment: Requires the worker to wear something. 				
<p>If your organization is using telehealth now, are you planning to extend its use after the coronavirus pandemic subsides? If so, do you plan to use telehealth for any of the following activities?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient screening <input type="checkbox"/> Registration <input type="checkbox"/> History-taking <input type="checkbox"/> Follow-up visits <input type="checkbox"/> Other (Specify in the “Comments” section.) <p>(Telehealth can help reduce the need for large waiting rooms and direct contact between individual patients and their family members and clinicians.)</p>				
<p>Will the reopened facility/space require the screening of patients and visitors with COVID-19 symptoms? If so, which of the following practices will be implemented?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will temperature checks be implemented? <input type="checkbox"/> Will the rapid COVID-19 saliva test be used? <input type="checkbox"/> Will staff ask everyone who enters the building about having any common COVID-19 symptoms? 				
<p>Will visitors who test positive for COVID-19 or have symptoms of the disease be barred from entering the building/space?</p>				
<p>Will patients who test positive for COVID-19 or have symptoms of the disease be isolated from noninfectious patients? How?</p>				
<p>Will visitors/caregivers be limited to one per patient? Or no visitors at all? What is your policy?</p>				
<p>Will everyone who enters the building/space (except for children under age 2 and patients with respiratory or behavioral health conditions) be required to wear a face mask?</p>				
<p>If enough PPE is available, will disposable face masks be provided to patients and visitors who don’t have or didn’t bring their own masks?</p>				

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<p>In planning to reopen waiting rooms or waiting areas, has your organization decided how to arrange the seating to ensure that everyone sits at least 6 feet apart?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will magazines and other print publications be removed from waiting areas? <input type="checkbox"/> Will alcohol-based hand rub (ABHR) dispensers be installed for patients and visitors to use? <input type="checkbox"/> Will handwashing stations (to encourage the use of soap and water) be installed? <input type="checkbox"/> Will decals be placed on the floor where people tend to line up or congregate (by receptionist desks, for example) to encourage people to stand at least 6 feet apart? <input type="checkbox"/> Will clear acrylic plastic sneeze guards be installed between reception areas and patients or visitors? <input type="checkbox"/> Will all touch surfaces (such as doorknobs and counters/desks in the reception area) be cleaned, sanitized, and disinfected frequently? <input type="checkbox"/> Will no-touch technologies be implemented such as motion-detector light switches, washroom faucets, and paper towel dispensers? 				
<p>Has your organization determined and prioritized what needs to be done to the building's mechanical systems, including the plumbing and HVAC systems, to get the closed building or space ready for occupancy?</p> <ul style="list-style-type: none"> <input type="checkbox"/> For example, is your organization planning to implement its water management program to address <i>Legionella</i> and other waterborne pathogens? <input type="checkbox"/> Will an interdisciplinary team—including the facilities director/manager, infection preventionist, safety officer, security officer, and clinical leadership—assess the risks and determine the measures that need to be implemented to ensure optimal infection prevention and control? 				
<p>Has your organization considered whether older air-handling units in the closed building/space should be upgraded? Or should they be cleaned before use again, especially if the HVAC was turned off for some time?</p>				
<p>Is your organization planning to conduct a building assessment of any facilities to be reopened in order to determine what must be done to bring them back into compliance with Joint Commission Life Safety (LS) and Environment of Care (EC) standards? TJC</p>				

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<p>If some office staff in your organization have been working from home or furloughed during the national health emergency, has leadership discussed whether, how, and when to bring them back to the health care setting?</p> <p><input type="checkbox"/> For example, has your organization discussed modifying office space, such as spacing cubicles farther apart or placing acrylic plastic sneeze-guard-type dividers between desks in open areas?</p> <p><input type="checkbox"/> Has your organization considered other physical environment modifications in spaces such as break rooms and staff cooking areas (with microwaves, coffeemakers, and so on)?</p> <p><input type="checkbox"/> Or will your organization continue allowing many people to work remotely?</p>				
<p>Has your organization discussed ways to limit capacity in common areas such as cafeterias and conference rooms?</p>				
<p>Are staff who report to work screened for COVID-19? And how often? (Some organizations require daily attestations, temperature checks, and so on.)</p> <p><input type="checkbox"/> Does your organization emphasize that clinicians and staff should not report to work if they feel ill?</p>				