California Department of Public Health
Hospital Surge Monitoring Survey

Directions: Use the checklist below to assess your hospital’s surge preparedness and state infection control requirements.

Disaster Plan – **22 CCR 70741(a)**
- Surge plan includes strategies to increase hospital bed capacity and maximize the number of staff available for direct patient care.
- Surge plan includes strategies to use in the Emergency Department to mitigate surge and accommodate additional patients.
- Hospital has a written COVID-19 plan.

Resources:
- [CDPH Mitigation Playbook](#) (PDF)
- [CDC Hospital Preparedness Checklist for COVID-19](#) (PDF)

Usable Surge Space – **22 CCR 70741(b)(4)**
- Surge plan includes converting overflow space for screening, triage, patient observation, isolation, transfer/discharge, and immediate care.
- Surge plan includes converting outpatient for inpatient use and use non-patient areas for patient care.

Resources:
- [CDPH Mitigation Playbook](#) (PDF)
- [AFL 20-26.3 - Suspension of Regulatory Enforcement of Hospital Requirements](#)

Supplies – **22 CCR 70741(b)(1)**
- Hospital has estimates of essential patient care materials/equipment and personal protective equipment (PPE) quantities that would be needed during at least an eight-week outbreak. Supplies include:
  - Ventilators
  - Pharmaceuticals
  - Intravenous pumps
  - Respirators
  - Facemasks
  - Gowns
  - Face shields and eye protection
  - Gloves
  - Hand hygiene products
- Hospital has plan to address likely supply shortages.
- Hospital has a plan in the event there is a need to allocate limited patient care equipment, pharmaceuticals, and other resources.
Resources:
- AFL 20-39 - Optimizing the Use of PPE
- AFL 20-36.3 - Guidance for Decontamination and Reuse of N95 Filtering Facepiece Respirators
- CDC Optimizing Supply of PPE and Other Equipment during Shortages

Staffing Plan – 22 CCR 70217(c)
- Hospital has a written staffing plan and is complying with the plan.
- Hospital has a plan for surge staffing.
- Hospital has contingency plans for increased absenteeism caused by employee illness or illness in employees’ family members that would require them to stay home.

Resources:
- AFL 20-26.3 – Suspension of Regulatory Enforcement of Hospital Requirements
- CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages
- AFL 20-46.1 Requests for Urgent Staffing Resources for COVID-19

Patient Transfer and Discharge – 22 CCR 70741(b)(7)
- Surge plan includes procedures for the prompt discharge and transfer of patients.
- Hospital has transfer agreements with area hospitals and long-term care facilities to accept or receive patients who need continued inpatient care.

Resources:
- AFL 20-48.1 – Transfers to Low Acuity Alternate Care Sites During the COVID-19 Pandemic
- AFL 20-33.2 – Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)

Infection Control Program – 22 CCR 70739
- Hospital has screening areas to screen individuals for COVID-19 symptoms before they enter. This includes:
  - Actively taking temperatures and documenting absence of symptoms consistent with COVID-19
  - Asking if they have been advised to self-quarantine because of exposure to someone with COVID-19 infection
- Hospital is adhering to universal source control measures (e.g. facemasks) and hand hygiene practices.
- Hospital is implementing social distancing.
- Hospital has work restrictions for exposed healthcare personnel (HCP) or HCP with symptoms of COVID-19.
- Morgue, autopsy room(s), and pathology laboratory are restricted from unauthorized personnel.
Hospital has procedures for storage, disposal, and transportation of clinical and related waste, including needles/sharps.

Hospital has procedures for placing patients suspected/confirmed with COVID-19.

Hospital has procedures to reduce the risk of transmission of airborne infectious etiologic agents (e.g. aerosol generating procedures).

All HCP have received infection control training.

Hospital developed COVID-19 training material.

Hospital has a plan for COVID-19 surveillance and exposure.

Hospital has a system is in place to monitor for and internally review healthcare-associated transmission of COVID-19 among patients and staff in the facility.

Hospital has a protocol for evaluation and diagnosis of hospitalized patients, volunteers, and staff with symptoms of COVID-19

Environmental infection control procedures define the equipment, instruments, utensils, and disposable materials that are to be identified as biohazardous.

Hospital has a committee responsible for the provision of current, updated information on infection control policy and procedures for the facility.

Hospital has an infection control employee who coordinates the activities of the program.

Resources:

- CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic
- CDC Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19
- CDC Interim Clinical Guidance for Management of Patients with Confirmed COVID-19
- AFL 20-14 – Environmental Infection Control for COVID-19
- AFL 20-24 – Guidance for Procedures and Transfer of Deceased Persons with Confirmed or Suspected COVID-19