

H1N1 Hospital Surveillance Tool (rev 12/16/09 e)

Facility Name _____ Provider Number _____

Date _____ Number of Beds _____ District Office _____ County _____

When completed, e-mail to Dan Kotyk, Caryn White, and Ron Smith or FAX to Emergency preparedness Disaster Response Unit at 916-324-4820. Indicate Compliant or Deficient, and how the finding was verified. Document specifics on Surveyor Notes Worksheet.

Compliant	Deficient	Verified By				Request the following Documents for Review & Observe for Implementation
		Observation	Interview	Record/Doc Review		
					A	Policies and Procedures
					1	T22 70739(a) Hospital wide policies and procedures include patients and healthcare workers. Policies and Procedures are implemented and include:
					2	H&S 1255.8 (e)(2),(3), (4) Cleaning and disinfection of restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, storage units, all surfaces in common areas in the facility such as elevators, meeting rooms, and lounges, and all movable medical equipment, including point-of-care testing devices such as glucometers, and transportable medical devices
					3	T22 70739(a)(1) Methods for handling and disposing of items soiled with body fluids
					4	T22 70739(a)(1) Methods prescribed shall be designed to reduce the risk of transmission of potentially infectious etiologic agents from patient to patient and between patient and healthcare worker
					5	T22 70739(a)(1) Use of hand hygiene, gloves, other protective barriers (facility wide including critical and non critical areas) Can also use H&S 1279.9(a) for implementation of a <u>facility wide</u> hand hygiene program
					6	T22 70739(a)(2) Practices to reduce the risk of transmission of airborne infectious etiologic agents including tuberculosis and addressing the assignment of rooms and/or roommates.
					7	H&S 1288.7(b) Implement procedures for the isolation of patients with influenza
					8	T22 70739(a)(4) Plan for the surveillance and control of nosocomial infections including procedures for the investigation and management of outbreaks
					9	H&S 1288.7(b) Adopt a seasonal influenza plan
					10	H&S 1288.7(c) Revise an existing or develop a new disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.
					11	H&S 1288.7(c) Institute respiratory hygiene and cough etiquette protocols
					12	H&S 1288.7(a) The hospital annually offers no cost influenza vaccine to all HCWs
					13	H&S 1288.7(a) Requires vaccination or written declination of vaccination for all HCWs
					B	Training - Infection Control Training is provided for:
					14	T22 70739(a)(3) Infection control training for all HCWs
					15	T22 70739(a)(3)(A) Each new employee shall receive training appropriate to his/her job classification and work activities to acquaint him/her with infection control policies and procedures of the healthcare facility.

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Compliant	Deficient	Verified By			Request the following Documents for Review & Observe for Implementation
		Observation	Interview	Record/Doc Review	
					16 T22 70739(a)(3)(B) Training material shall be kept current and conform to new information pertaining to the prevention and control of infectious diseases. Revised training material shall be presented to all healthcare workers.
					17 H&S 1288.95(d) <u>Environmental services staff</u> shall be trained by the hospital and shall be observed for compliance with hospital sanitation measures. The training shall be given at the start of employment, when new prevention measures have been adopted, and annually thereafter.
Review after 1/1/2010	Review after 1/1/2010				18 H&S 1288.95(c) <u>AFTER JAN 1, 2010</u> All permanent and temporary hospital employees <u>and contractual staff, including students</u> , shall be trained in <u>hospital-specific</u> infection prevention and control policies, including, but not limited to, <u>hand hygiene, facility-specific isolation procedures, patient hygiene, and environmental sanitation</u> procedures. The training shall be given <u>annually</u> and when <u>new policies</u> have been adopted by the infection surveillance, prevention, and control committee.
					19 Initial N95 fit testing, the frequency of (such as annual), re-fit testing, including which HCW will be fit tested, and provision for HCWs that can't be fit tested (such as powered air purifying respirators (PAPR's))
Yes	No				D Other
		# of ED Visits for Last Full Month	# of ED Visits Same Month Last Year		20 Emergency Department Visits – Was the number of ED visits during the last full month higher than the number of visits during the same month last year (Y/N)?; Note both numbers in the columns to the left.
		# of Employed HCWs	# of Employed HCWs Absent		21 Has number of HCW absences exceeded the norm for this season (Y/N)? Note the current number of HCW employed and the total number of absent HCWs at the time of the visit in the columns to the left.
		# of Employed HCWs Vaccinated – Seasonal	# of Employed HCWs Vaccinated – H1N1		22 Number of HCW vaccinated for influenza (seasonal and H1N1). Document both numbers in the columns to the left.

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Surveillance tips:

1. Request an in-patient census and ask hospital staff to identify any current in-patients in transmission-based precautions for potential or confirmed H1N1. Select 1-2 patients for unit observations for implementation of transmission-based precautions per the hospital's policies and procedures.
- 2a. Request a list of HCW hired since July 2009 (This information is used to ascertain N95 fit testing).
- 2b. Request a list of HCW fit tested since July 2009 (Compare this to the list of HCWs hired since July 2009 above). Refer to # 1, 6, & 20
- 3a. Visit the emergency department, or another other outpatient service areas where patients with potential influenza like illness could present for care, and check for quantities of available personal protective equipment (PPE), such as N 95 respirators, gloves, and gowns. Refer to # 1, 4 & 16
- 3b. If there are current emergency department patients with potential cases of H1N1, observe emergency department staff for hand hygiene and use of PPE. Refer to # 1, 5 & 15
- 3c. Check to see if signage is posted indicating transmission-based precautions have been implemented. Refer to # 1, 6, 7, & 8
- 4a. Based on complexity of services offered by the hospital, select one or two in-patient areas such as intensive care units, women's health, and pediatric units, and check for quantities of available PPE. Refer to # 1, 4 & 16
- 4b. During visits to in-patient care areas observe HCW compliance with PPE and hand hygiene. Refer to # 1, 5 & 15
- 4c. Observe for posted signage indicating that transmission-based precautions have been implemented. Refer to # 1, 6, 7 & 8

Yes	No	N/A	Areas and Units Observed or Reviewed
			Emergency Room
			Out-Patient Clinic(s)
			Intensive Care Unit(s)
			Pediatric Unit(s)
			OB/GYN(s)
			Medical Unit(s)
			Surgical Unit(s)
			Admissions – specifically ER and after hours presentation
			Public Areas
			Staff Only areas

NOTE: Additional documentation should be captured in field notes.