

1. Surveying Agency Data				
Agency/Organization doing the assessment	Group #	Surveyor name	Date of Assessment (dd/mm/yyyy)	
2. Facility Name & Spatial Data				
Location Name	Street Address	City	State	Zip
Location Description		Latitude/Longitude	Number of Employees	
Contact:	Phone (work)	Phone (cell)	Email	
Assessment Item		Yes	NO	Comment
	Names of Persons Interviewed:			Clinical Director
	Lead Admin:			Employee Health Director
				Facility Engineer
				Dietary Chief
01	Are staffing levels of health care workers (HCWs) adequate? <i>If no, describe in comments box</i>			
02	Are HCWs working unusual or extra shifts?			
03	Is a program in place to provide and monitor HCW health and safety, including mental health?			
04	Have more HCW illnesses/injuries than typically seen been observed since Katrina?			
05	Are HCW illness/injury data collected?			<i>List method</i>
06	Have any trends in illness/injury in patients been observed?			
07	Are personal protective equipment (non-latex gloves, N-95 respirators, faceshields) available to HCWs?			
08	What health and safety concerns are most important to workers?			<i>List:</i>
09	Is safety training provided to new HCWs and volunteers?			
10	Were PPE requirements included in the training?			
11	Were standard precautions included in the training?			
12	Are staff present who are trained in infection control?			
13	Are procedures in place for:			
	a. Infectious waste handling			
	b. Isolation of potentially infectious patients			
	c. Handling of laundry			
	d. Cleaning the facility			
14	Are there bargaining units or Unions for HCWs at the site?			
15	Is information or technical assistance needed for any specific occupational risks or exposures?			
16	Has facility management identified any critical operational needs?			
17	Is there adequate stored food supply for more than 15 days?			