

Infection Control Regional Tool Kit #2 Screening and Site Access Audit Tool

Name of Site		Date of Audit	
Access Supervisor	Employed: _____ Contracted: _____	Site Administrator	_____
Screening Staff	Employed Staff: _____ Contracted Staff: _____	Name of Auditor(s)	_____
<input type="checkbox"/> Acute <input type="checkbox"/> LTC/AL <input type="checkbox"/> Ambulatory <input type="checkbox"/> MHSU <input type="checkbox"/> Community			

This document is intended to assist facilities in the ongoing assessment of best practices for Screening and Access to the site and care areas.

	Screening & Site Access Controls	Status				Comments
		Yes	Partial	No	N/A	Required for "Partial" and "No" selections
1.0	General Requirements					
1.1	VCH Screening forms and process in place and VCH visitor log is in use					
1.2	Screeners are trained, competent, and controlling access 24 hrs./day					
1.2	Screeners have authority from management to exclude those who fail screening					
1.3	Screeners know to notify DOC or Charge Nurse if & when staff fail screening					
1.4	Screeners have info. & locations of external testing sites for those who fail screening					
1.5	Measures to prevent anyone from avoiding screening are in place					
1.6	Visitor & staff logs have been maintained for contact tracing purposes					
1.7	Masks are required before entering the facility (and provided if needed: ___)					
1.8	Hand Hygiene (HH) with ABHR required before entry and is being enforced by screeners					
1.9	Resident movement in and out of the facility is tracked and recorded					
1.10	Screeners are responsible & clearly understand their role in controlling facility access					
1.11	Screeners understand and can clearly explain the screening process & steps for access					
1.12	Screeners have a trained counterpart that can provide access control during breaks					
1.13	Screening staff are trained in and can demonstrate proper donning/doffing of PPE					

Total "Yes"		Total "Partial"		Total "No"	
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Immediate Action Recommended (*Add to Outbreak Management Action List with timeline for completion*)

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Other Action Recommended (*timeline for discussion at EOC*)

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Additional Comments

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