|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Example: Availability of PPE and Other Supplies* | *YES* [x] *NO* [ ]  | *Implement a protocol for extended use of face mask for staff; Use of cloth mask for non-resident care staff (business office, medical records); Contact LHD/EM to request additional facemasks* | *Director of Nursing**Infection Preventionist**Emergency Preparedness Liaison*  | *May 25th*  |
| **Visitor Restrictions** | YES [ ] NO [ ]  |  |  |  |
| **Education, monitoring and screening of healthcare personnel (HCP)** | YES [ ] NO [ ]  |  |  |  |
| **Education, monitoring and screening of residents**  | YES [ ] NO [ ]  |  |  |  |
| **Availability of PPE and Other Supplies** | YES [ ] NO [ ]  |  |  |  |
| **Infection Prevention and Control Practices** | YES [ ] NO [ ]  |  |  |  |
| **Communication** | YES [ ] NO [ ]  |  |  |  |

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_

***SUBMIT WITH SUBJECT LINE “COVID” TO (EVELYN\_COOK@MED.UNC.EDU) WITHIN 30 DAYS FOLLOWING COMPLETION OF COVID-19 INFECTION CONTROL ASSESSMENT AND RESPONSE SELF-ASSESSMENT***