

Facility Name & Address

Surveyor(s)

Survey Date(s)

## **FLIS COVID-19 Vaccination Facility Staff Checklist**

### **Survey Process**

Compliance will be assessed through observation, interview, and record review as part of the survey process.

#### **1. Entrance Conference**

Surveyors will ask the facility to provide vaccination policies and procedures. At a minimum, the policy and procedures must provide:

A process for ensuring all required staff have received, at a minimum, the first dose of a multi-dose COVID-19 vaccine, or a one-dose COVID-19 vaccine, before staff provide any care, treatment, or other services for the facility and/or its patients/residents;

A process for ensuring that all required staff are fully vaccinated;

A process for ensuring that the facility continues to follow all standards of infection prevention and control practice, for reducing the transmission and spread of COVID-19 in the facility, especially by those staff who are unvaccinated or who are not yet fully vaccinated;

A process for tracking and securely documenting the COVID-19 vaccination status for all required staff;

A process for ensuring all staff obtain any recommended booster doses, and any recommended additional doses for individuals who are immunocompromised, in accordance with the recommended timing of such doses;

A process by which staff may request a vaccine exemption from the COVID-19 vaccination requirements based on recognized clinical contraindications or applicable Federal laws, such as religious beliefs or other accommodations;

A process for tracking and securely documenting information confirming recognized clinical contraindications to COVID-19 vaccines provided by those staff who have requested and have been granted a medical exemption to vaccination;

A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:

all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

a statement by the authenticating practitioner recommending that the staff member be exempted from the hospital's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;

## **1. Entrance Conference (cont.)**

A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

Contingency plans for staff that are not yet vaccinated for COVID-19 (and without an exemption for medical contraindications or without a temporary delay in vaccination due to clinical considerations as recommended by the CDC and as specified in paragraph (g)(3)(x)), including deadlines for staff to be vaccinated.

The facility will provide a list of all staff and their vaccine status:

Including the percentage of unvaccinated staff, excluding those staff that have approved exemptions

If any concerns are identified with the staff vaccine status list, surveyors should verify the percentage of vaccinated staff.

The provider or supplier must identify any staff member remaining unvaccinated because it's medically contraindicated or has a religious exemption.

The facility must also identify newly hired staff (hired in the last 60 days).

The facility must indicate the position or role of each staff member

## **2. Record Review, interview, and observations:**

Surveyors will review the policy and procedure to ensure all components are present.

Surveyors will review any contingency plan developed to mitigate the spread of COVID-19 infections by the facility that may include:

Requiring unvaccinated staff to follow additional, CDC-recommended precautions, such as adhering to universal source control and physical distancing measures in areas that are restricted from patient access (e.g., staff meeting rooms, kitchen), even if the facility or service site is located in a county with low to moderate community transmission.

Reassigning unvaccinated staff to non-patient care areas, to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk (e.g., assign to patients who are not immunocompromised, unvaccinated);

Requiring at least weekly testing for unvaccinated staff, regardless of whether the facility or service site is located in a county with low to moderate community transmission

Requiring unvaccinated staff to use a NIOSH-approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with patients.

Surveyors will select a sample of staff based on current staff sample selection guidelines. Surveyors should also examine the documentation of each staff identified as unvaccinated due to medical contraindications. The sample should include (as applicable):

Direct care staff (vaccinated and unvaccinated)

Contracted staff

Direct care staff with an exemption

For each individual identified by the facility as vaccinated, surveyors will:

1. Review facility records to verify vaccination status. Examples of acceptable forms of proof of vaccination include:
  - a. CDC COVID-19 vaccination record card (or a legible photo of the card)
  - b. Documentation of vaccination from a health care provider or electronic health record
  - c. State immunization information system record
2. Conduct follow-up interviews with staff and administration if any discrepancies are identified. If applicable, determine if any additional doses were provided.

For each individual identified by the facility as unvaccinated, surveyors will:

1. Review facility records
2. Determine, if they have been educated and offered vaccination
3. Interview staff and ask if they plan to get vaccinated, if they have declined to get vaccinated and if they have a medical contraindication or religious exemption.
  - a. Request and review documentation of the medical contraindication
  - b. request to see employee record of the staff education on the facility policy and procedure regarding unvaccinated individuals
  - c. Observe staff providing care to determine compliance with current standards of practice with infection control and prevention.

For each individual identified by the facility as unvaccinated due to a medical contraindication:

1. Review and verify that all required documentation is:
  - a. Signed and dated by a physician or advanced practice provider
  - b. States the specific vaccine that is contraindicated and the recognized clinical reason for the contraindication with a statement recommending exemption.

## Surveyor Notes