COVID-19 Supplemental App

Required for all new and renewal business

Legal Entity Name: ______________________________

General Questions – All Healthcare Risks

1. Do you have dedicated staff to monitor COVID-19 recommendations? ☐ Yes ☐ No
   a) Is current information & training being provided to staff & patients? ☐ Yes ☐ No

2. Have you treated or are you treating any patients with a diagnosis of COVID-19? ☐ Yes ☐ No

   a) If yes, what number? __________

   b) Are they isolated? ☐ Yes ☐ No

   c) Do you have dedicated staff to care for them? ☐ Yes ☐ No

3. Have you had an employee suspected of having or tested positive for COVID-19? ☐ Yes ☐ No

   If yes, what guidelines are you following? ______________________________

4. When did you impose travel restrictions for foreign travel *or* to areas of higher incidence? ______________

5. Screenings:

   a) What is your process for screening employees, including when screening is conducted (before, during, after shift?) ______________________________
   ____
   ____

   b) What is your protocol if any symptoms are present? ______________________________
   ____
   ____

   c) Are you retaining a record of your screening efforts & results? ☐ Yes ☐ No

   d) Are you screening for the following symptoms? ☐ Sore throat ☐ Diarrhea ☐ Cough
   ☐ Oral temperature ☐ Shortness of breath

6. What Personal Protective Equipment do you have? ☐ Gloves ☐ Hand Sanitizer ☐ Gowns
   ☐ Face masks ☐ Eye Shields ☐ N-95 masks - Have your staff been fit tested? ☐ Yes ☐ No

   a) What are your supply levels? ______________________________

   b) How many days will it last with current patient load? ______________________

c) Have you had to use other materials not classified as PPE? Bandanas, homemade masks etc.

☐ Yes ☐ No

7. What screening tools are you using prior to admission? ______________________

a) Has staff been trained on it? ☐ Yes ☐ No

b) Is it done consistently? ☐ Yes ☐ No

8. What screening process is in place prior to each patient visit? ______________________

9. What is your contingency plan regarding staffing shortages? ______________________

____

Additional Questions for facilities that provide Residential/Inpatient services

1. How are you monitoring existing patients not currently exhibiting signs or symptoms of COVID-19?

____

____

2. What changes have been made to your environmental cleaning processes? ______________________

____

____

3. What changes have been made to your hand washing stations/hand sanitizer at or near patient rooms?

____

4. What changes have been made to visitor/vendor policies? ______________________

____

5. How are you communicating with Resident's families regarding procedures and visitation? How often are these communications? ______________________

6. Have you restricted visitors? ☐ Yes ☐ No

a. If no, how do you screen visitors? ______________________

____

b. If no, do you have signage regarding those who are restricted to visit? ☐ Yes ☐ No

7. Do you have Increased availability of tissues, hand sanitizer, and masks for visitors? ☐ Yes ☐ No

Applicant Signature: ______________________

Print Name/Title: ______________________

Date: ______________________