

**HOME CARE AND HOSPICE WORKPLACE SAFETY CHECKLIST  
(OSHA ETS)**

ACTION	YES	NO	N/A	COMPLETION DATE	COMMENTS
<b>1. Hazard Vulnerability Analysis</b>					
<b>a. High risk areas List:</b>					
<b>b. Congregation areas List:</b>					
<b>c. Entry areas</b>					
<b>d. Staff classification Categories I,II,III from OSHA Bloodborne Pathogen Standard</b>					
<b>e. Physical distancing</b>					
<b>f. Walk through office for distancing</b>					
<b>g. Walk through office for appropriate mask/shield wearing (second walk through)</b>					
<b>h. In home patient screening</b>					
<b>i. Barriers</b>					
<b>j. Office diagram</b>					
<b>2. Infection Prevention Policies on Standard/Transmission Precautions includes use of:</b>					

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ACTION	YES	NO	N/A	COMPLETION DATE	COMMENTS
<b>a. Masks</b>					
<b>b. Faceshields</b>					
<b>c. Respirators</b>					
<b>d. Gloves</b>					
<b>e. Gowns</b>					
<b>f. Goggles</b>					
<b>g. Bag technique</b>					
<b>h. Reasonable accommodation for mask/shield wearing</b>					
<b>i. In home patient screening</b>					
<b>j. Other: _____</b>					
<b>3. COVID-19 Plan</b>					
<b>a. Non-management staff involved</b>					
<b>b. Name of Safety Coordinator: _____</b>					
<b>c. Share plan with all staff</b>					
<b>d. Review P&amp;P for updating</b>					
<b>4. Office Handwashing Stations</b>					
<b>a. Alcohol-based waterless solutions (60% alcohol or greater)</b>					
<b>b. Locations:</b>					

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<b>5. Specific Policies:</b>					
<b>a. Multi-employer situations</b>					
<b>b. Employee removal from workplace</b>					
<b>c. Return to work criteria</b>					
<b>d. Employee benefits</b>					
<b>6. Notice to Patients explaining COVID-19 safety protocols for both patients and employees</b>					
<b>7. Checklist for monitoring employee symptomatology for COVID-19</b>					
<b>8. COVID-19 Log</b>					
<b>9. Notice to Employees concerning occupational exposure occurrence</b>					
<b>10. COVID-19 Training Program</b>					
<b>a. Disease transmission</b>					
<b>b. Use of PPE</b>					
<b>c. Handwashing</b>					
<b>d. Symptomatology of COVID-19</b>					
<b>e. Vaccination</b>					
<b>f. Self-screening</b>					
<b>g. Reporting exposures to agency</b>					

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<b>11. Respiratory Protection Program</b>					
<b>a. Medical Evaluation and Questionnaire</b>					
<b>b. Initial Fit testing</b>					
<b>c. Annual Fit Testing</b>					
<b>12. Cleaning and Disinfection</b>					
<b>a. Routine office schedule documentation</b>					
<b>b. Nursing bag cleaning</b>					
<b>c. Names of cleaning agents (FDA approved agents only)</b>					
<b>d. MDS Sheets</b>					
<b>e. Exposure Cleaning and Disinfection</b>					
<b>f. STOP THE SPREAD poster displayed</b>					
<b>13. Ventilation</b>					
<b>a. Inspecting and maintaining HVAC system</b>					
<b>b. Portable air filters</b>					
<b>c. Open doors and windows</b>					
<b>14. Physical Distancing</b>					
<b>a. Designated drop off site for deliveries</b>					

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<b>b. Wear masks</b>					
<b>c. Schedule staggered breaks and meal times to promote distancing</b>					
<b>ADDITIONAL SPECIFIC AGENCY ACTIONS</b>					
<b>15.</b>					
<b>16.</b>					
<b>17.</b>					
<b>18.</b>					
<b>19.</b>					
<b>20.</b>					
<b>Name and Signature:</b>					