California Department of Public Health
Hospital Surge Monitoring Survey

Directions: Use the checklist below to assess your hospital's surge preparedness and state infection control requirements.

Disaster Plan – 22 CCR 70741(a)

☐ Surge plan includes strategies to increase hospital bed capacity and maximize the number of staff available for direct patient care.

☐ Surge plan includes strategies to use in the Emergency Department to mitigate surge and accommodate additional patients.

☐ Hospital has a written COVID-19 plan.

Resources:
- CDPH Mitigation Playbook (PDF)
- CDC Hospital Preparedness Checklist for COVID-19 (PDF)

Usable Surge Space – 22 CCR 70741(b)(4)

☐ Surge plan includes converting overflow space for screening, triage, patient observation, isolation, transfer/discharge, and immediate care.

☐ Surge plan includes converting outpatient for inpatient use and use non-patient areas for patient care.

Resources:
- CDPH Mitigation Playbook (PDF)
- AFL 20-26.3 - Suspension of Regulatory Enforcement of Hospital Requirements

Supplies – 22 CCR 70741(b)(1)

☐ Hospital has estimates of essential patient care materials/equipment and personal protective equipment (PPE) quantities that would be needed during at least an eight-week outbreak. Supplies include:

    ☐ Ventilators
    ☐ Pharmaceuticals
    ☐ Intravenous pumps
    ☐ Respirators
    ☐ Facemasks
    ☐ Gowns
    ☐ Face shields and eye protection
    ☐ Gloves
    ☐ Hand hygiene products

☐ Hospital has plan to address likely supply shortages.

☐ Hospital has a plan in the event there is a need to allocate limited patient care equipment, pharmaceuticals, and other resources.

Resources:
- [AFL 20-39 - Optimizing the Use of PPE](#)
- [AFL 20-36.3 - Guidance for Decontamination and Reuse of N95 Filtering Facepiece Respirators](#)
- [CDC Optimizing Supply of PPE and Other Equipment during Shortages](#)

Staffing Plan – [22 CCR 70217(c)](#)

- ☐ Hospital has a written staffing plan and is complying with the plan.
- ☐ Hospital has a plan for surge staffing.
- ☐ Hospital has contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home.

Resources:
- [AFL 20-26.3 – Suspension of Regulatory Enforcement of Hospital Requirements](#)
- [CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- [AFL 20-46.1 Requests for Urgent Staffing Resources for COVID-19](#)

Patient Transfer and Discharge – [22 CCR 70741(b)(7)](#)

- ☐ Surge plan includes procedures for the prompt discharge and transfer of patients.
- ☐ Hospital has transfer agreements with area hospitals and long-term care facilities to accept or receive patients who need continued inpatient care.

Resources:
- [AFL 20-48.1 – Transfers to Low Acuity Alternate Care Sites During the COVID-19 Pandemic](#)
- [AFL 20-33.2 – Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)](#)

Infection Control Program – [22 CCR 70739](#)

- ☐ Hospital has screening areas to screen individuals for COVID-19 symptoms before they enter. This includes:
    - ☐ Actively taking temperatures and documenting absence of symptoms consistent with COVID-19
    - ☐ Asking if they have been advised to self-quarantine because of exposure to someone with COVID-19 infection
- ☐ Hospital is adhering to universal source control measures (e.g. facemasks) and hand hygiene practices.
- ☐ Hospital is implementing social distancing.
- ☐ Hospital has work restrictions for exposed healthcare personnel (HCP) or HCP with symptoms of COVID-19.
- ☐ Morgue, autopsy room(s), and pathology laboratory are restricted from unauthorized personnel.

- ☐ Hospital has procedures for storage, disposal, and transportation of clinical and related waste, including needles/sharps.
- ☐ Hospital has procedures for placing patients suspected/confirmed with COVID-19.
- ☐ Hospital has procedures to reduce the risk of transmission of airborne infectious etiologic agents (e.g. aerosol generating procedures).
- ☐ All HCP have received infection control training.
- ☐ Hospital developed COVID-19 training material.
- ☐ Hospital has a plan for COVID-19 surveillance and exposure.
- ☐ Hospital has a system is in place to monitor for and internally review healthcare-associated transmission of COVID-19 among patients and staff in the facility.
- ☐ Hospital has a protocol for evaluation and diagnosis of hospitalized patients, volunteers, and staff with symptoms of COVID-19
- ☐ Environmental infection control procedures define the equipment, instruments, utensils, and disposable materials that are to be identified as biohazardous.
- ☐ Hospital has a committee responsible for the provision of current, updated information on infection control policy and procedures for the facility.
- ☐ Hospital has an infection control employee who coordinates the activities of the program.

Resources:
- [CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#)
- [CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)
- [CDC Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19](#)
- [CDC Interim Clinical Guidance for Management of Patients with Confirmed COVID-19](#)
- [AFL 20-15.1 – Infection Control Recommendations for Facilities with Suspect Coronavirus 2019 (COVID-19) Patients](#)
- [AFL 20-14 – Environmental Infection Control for COVID-19](#)
- [AFL 20-24 – Guidance for Procedures and Transfer of Deceased Persons with Confirmed or Suspected COVID-19](#)