

## Mystery Patient Drill Project (Phase II) - Screening and Isolation Protocol Checklist

The following items reflect challenges experienced by multiple participating sites in the initial Mystery Patient Drill Project (March-June 2015). Please complete this checklist to ensure that all of these topics are addressed in your primary care center's protocols and training strategies. If you need technical assistance related to the update/revision of your protocols, please contact PCEPN at <a href="mailto:info@PCEPN.org">info@PCEPN.org</a>.

Does	your protocol include the following recommendations:	Yes	No
1.0	Patients are screened by first point of contact.		
Does	your protocol address the following considerations?		
1.1	Patient Flow/Facility layout		
1.2	Security Concerns		
1.3	Patient Privacy		
1.4	Staff Training - frequency, type (drills, meeting, etc)		
1.5	Script/questionnaire development		
1.6	Available reminder systems		
1.7	When to provide masks to patients (specific symptoms, scenarios)		
1.8	Providing patient instructions, including how to wear a mask and not to remove it		
2.0	Common Areas are monitored for patients displaying symptoms.		
Does	your protocol address the following considerations?		
2.1	Staff training - frequency, type (drills, meeting, etc)		
2.2	Cross departmental communication (front desk/reception & clinical)		
2.3	Staff assignments and minimum number of staff/rounds required		
3.0	Staff Members are trained on infection control precautions.		
Does	your protocol address the following considerations?		
3.1	Appropriate training for front desk/reception staff		
3.2	Appropriate training for clinical staff		
3.3	Informing patient of isolation procedures		
3.4	Isolation room signage indicating precautions to be used		
3.5	Ensure availability of PPE at front desk and outside isolation room.		



Does y	our protocol include the following recommendations:	Yes	No
4.0	Emphasis on hand hygiene is maintained throughout the screening and isolation process.		
Does y	our protocol address the following considerations?		
4.1	Availability of hand hygiene products and signage at front desk and inside/outside isolation room.		
4.2	Staff training to instruct patients to perform hand hygiene		
4.3	Inclusion of isolation process in regular hand hygiene surveillance		
5.0	Appropriate patient information is collected during initial entry to isolation room.		
Does y	our protocol address the following considerations?		
5.1	Designated staff to provide care for patients in isolation		
5.2	Staff Training - frequency, type (drills, meeting, etc)		
5.3	Standard information to be collected from patients in isolation		
5.4	Minimizing number of entries to isolation room and number of persons entering		
5.5	Communication with designated medical provider/infection control consult		
5.6	DOHMH Notification- who should call, when to call		