

- 13. Last date of updated hygiene training for staff:**
- 14. Personal protective equipment status currently (how long will current supplies last?):**
- 15. Occupational Health Unit (Y/N?):**
- 16. Infection Control Practitioner (Y/N?):**
- 17. Name of Director of Nursing:**
 - Cell phone number:
- 18. Name of ICP if applicable:**
 - Cell phone number:
- 19. Name of Medical Director:**
 - Cell phone number:
- 20. Hospital partner (if applicable):**
- 21. Mechanism for admitting patients to the hospital if needed (direct admit/ ER):**
- 22. Hospitals where patients are usually transported to:**
- 23. Transportation mode of EMS (Public vs Private):**
 - If private specify company:
- 24. Name of laboratory for COVID testing (patients):**
- 25. Turnaround time for COVID testing:**
- 26. Name of laboratory for COVID testing (staff):**
- 27. The number of current positive cases include date:**
 - **Patients:**
 - I. **Disposition- No. Admitted:** **No In-house:**
No. transferred/discharged in last 2 weeks:
 - **Staff:**
 - I. **No Home:** **Admitted:**