

NYS DEPARTMENT OF HEALTH
Influenza Vaccination / Flu Mask Requirement Surveyor Worksheet
(Updated June 2017)

Hospice: _____ Survey Date: _____

Surveyor: _____

1. Does the agency have a policy regarding Influenza vaccination and the Flu mask requirement? Yes No Notes: _____

Does the policy (10 NYCRR Section 2.59):

2. Identify which staff the regulation applies to, where and when masks must be worn? Yes No Notes: _____
3. Address the use of masks for unvaccinated staff during flu season as determined by the Commissioner? Yes No Notes: _____
4. Document the manner/frequency staff are to be educated regarding regulation requirements and the use of masks? Yes No Notes: _____
5. Document the manner in which the agency will monitor for compliance of the regulation? Yes No Notes: _____
6. Does the agency have a roster of all staff not vaccinated? Yes No
If not, interview the administrator - How does the agency keep track of those who have not been vaccinated? Notes: _____
7. During home visit(s), were staff vaccinated, and if not, were staff compliant with Flu mask requirement if influenza is prevalent as determined by the Commissioner? Yes No N/A Notes: _____

Notes: _____
