**FACILITY NAME:**

**POINT OF CONTACT:**

**POINT OF CONTACT EMAIL/PHONE NUMBER:**

*Instructions:*

* *Please read the following actionable items for each of the elements and indicate if the actionable item has been addressed (Y/N). Note- there are some elements that will require more information that will be discussed under the element. It can be attached below the document or in a separate file. Make a note in column 4 of any additional documents that correspond to the element.*
* *In column 5, self-reflection, score yourself on compliance and understandability of each element within your facility. NOTE- This score does not affect the reaccreditation process. This score is to help you internally with continuous improvement and identifying training needs.*

| **Element Number** | **Actionable Item(s)**  ***Description of what is needed to be reviewed per each element.*** | ***Has the actionable item been addressed per the description?***  ***YES/NO*** | | ***Additional Documents Submitted***  ***Note if you have submitted an additional document for an element and how it is named.*** | ***Self-Reflection***  ***How easy has it been to understand and comply with this element for your facility. Rate 1-5 with 1 being difficult and 5 being easy.*** | | **Comments**  *if applicable* |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Organizational roles, responsibilities, and authorities** | | |  |  | |  |
| *Have there been any changes in the facility’s leadership team or the responsibilities they have?* |  | |
|  | *If yes, identify, list, and describe the roles and responsibilities of staff members who will establish, implement, maintain, and improve your companies GBAC STAR Facility Accreditation Program requirements* |  | |  |  | |  |
|  |
| 2 | **Facility commitment statement** | | |  |  | |  |
| *Have there been any changes in the facility’s commitment statement?* |  | |
| *If yes, Include the updated version* |  | |  |  | |  |
| 3 | **Sustainability and continuous improvement** | | |  |  | |  |
| *Provide evidence on how your continuous improvement plan has benefited your facility and helped to identify gaps in procedures.* |  | |
| *In utilizing the Plan-Do-Check-Act (PDCA) principle, found in the section below, describe in detail how your company will continue to improve the GBAC STAR Facility Reaccreditation Program throughout the next year:* |  | |  |  | |  |
|  | |
| 4 | **Conformity and Compliance** | | |  |  | |  |
| *Has the facility updated the guidelines and regulation associated with local, national, statutes, regulations, and/or codes of practice?* |  | |
| *Has this been accomplished like previously outlined?* |  | |  |  | |  |
| *Provide documentation showing the updated documentation that reflects any changes to the guidelines/ mandates being followed.* |  | |  |  | |  |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| 5 | **Goals, objectives, and targets** | | |  |  | |  |
| *Review the goals set by the 2020 GBAC STAR Facility Accreditation Program.* |  | |
|  | *Have the goals been met?* |  | |  |  | |  |
|  | *If no, what were the difficulties in achieving these goals?* |  | |  |  | |  |
|  | *How have these goals benefited the GBAC STAR Facility Accreditation Program?* |  | |  |  | |  |
|  | *Utilizing the “SMART” methodology, please set at least three (3) goals and objectives for your GBAC STAR Facility Accreditation Program for the next year in regard to the implementation, maintenance, and targets for cleaning, disinfection, and infectious disease prevention program.* |  | |  |  | |  |
| 6 | **Program controls and monitoring** | | |  |  | |  |
| *Have you met the program controls that were outlined in the GBAC STAR Facility Accreditation Program?* |  | |
|  | *If not, please explain the obstacles that kept the program controls from being met.* |  | |  |  | |  |
|  | *Please attach an updated version of the program controls and monitoring template if changes have been made. You can find an additional copy here: https://gbac.issa.com/additional-accreditation-resources/* |  | |
| 7 | **Risk assessment and risk mitigation strategies** | | |  |  | |  |
| *Provide a new risk assessment following the format of the template below.* |  | |
| *Describe how your perception on risk and the mitigation strategies that have been implemented throughout the past year have evolved.* |  | |  |  | |  |
| *Have other members of the staff been trained to do risk assessments as part of their daily tasks? How has this been accomplished?* |  | |  |  | |  |
| 8 | **Standard Operating Procedures (SOP)** | | |  |  | |  |
| *Have any of the facility’s standard operating procedures changed?* |  | |
| *Was there an annual review done on these procedures?* |  | |  |  | |  |
|  | *Provide a copy of the updated procedures if they have been changed.* |  | |  |  | |  |
| 9 | **Tools and equipment** | | |  |  | |  |
| *Has there been a change in the facility’s tools and equipment?* |  | |  | |  |
|  | *If yes, list the changes.* |  | |  |  | |  |
| 10 | **Cleaning and disinfection chemicals** | | |  |  | |  |
| *Has there been a change in the facility’s cleaning and disinfection chemicals?* |  | |
| *If yes, list the changes.* |  | |  |  | |  |
| 11 | **Inventory control and management** | | |  |  | |  |
| *Have there been any changes in the facility's inventory control program for supplies, tools, equipment, and chemicals associated with the cleaning, disinfecting, and infectious disease prevention program?* |  | |
| *If yes, explain the new inventory control plan.* |  | |  |  | |  |
| 12 | **Personal protective equipment (PPE)** | | |  |  | |  |
| *Have there been any changes in the facility’s Personal Protective Equipment?* |  | |
| *If yes, List any changes to Personal Protective Equipment used within the facility.* |  | |
| 13 | **Waste management** | | |  |  | |  |
| *Have there been changes in the facility’s waste management plan?* |  | |
|  | *If yes, list any changes to the waste management plan.* |  | |  |  | |  |
| 14 | **Personnel training and competency** | | |  |  | |  |
| *Did different employees receive different training based on their position?*  *What was included in this training?* |  | |
| *How have employees been retrained? How has this been documented?* |  | |  |  | |  |
| *Have employees been trained on the use of PPE?* |  | |  |  | |  |
| *How have you identified additional training needs within your facility?* |  | |
| *Have employees completed the online fundamentals course for reaccreditation? What job positions/ how many employees have taken this course?* |  | |  |  | |  |
| 15 | **Emergency preparedness and response** | | |  |  | |  |
| *Has the Emergency Preparedness and Response plan been reviewed as part of the annual review process?* |  | |
|  | *Have any changes been made to your Emergency Response Plan specific to infectious disease?* |  | |  |  | |  |
|  | *List any changes that were made to the Emergency Response Plan.* |  | |  |  | |  |
| 16 | **Infection Prevention Practices including Individuals, the Environment, and Indoor Air Quality** | | |  |  | |  |
| *Explain how the facility’s infectious disease prevention plan has evolved over the past year. This can include improvements to the program, additions/removals from the program, or staff/consumer feedback on the measures in place.* |  | |
|  |  | |  |
| *What engineering or administrative controls have been successful?* |  | |  |  | |  |
| *What engineering or administrative controls have not been successful?* |  | |  |  | |  |
|  | *How have measures been put in place to address indoor air quality? This can include things such as increased ventilation, improved filtration, occupancy limits, new technology, etc.* |  | |  |  | |  |
| *List any engineering or administrative controls that have been added or removed from the GBAC STAR Program.* |  | |  |  | |  |
| 17 | **Worker health program** | | |  |  | |  |
| *Has the worker health program changed throughout the year?* |  | |
| *If yes. Describe how your plan has changed.* |  | |  |  | |  |
| 18 | **Audits and inspections** | | |  |  | |  |
| *Has your audit and inspection program been successful? Provide evidence from your program on the data that has been collected.* |  | |
| *How have audits and inspections changed to help better improve your processes and training?* |  | |  |  | |  |
| *Have you incorporated new validation techniques into you audit and inspection process?* |  | |  |  | |  |
| 19 | **Control of suppliers** | | |  |  | |  |
| *Has the facility reviewed suppliers and contingency plans for services, chemicals, tools, and equipment?* |  | |
| *Have new supplies been chosen for the facility?* |  | |  |  | |  |
| *If yes, please list the new suppliers and why they were chosen.* |  | |  |  | |  |
| 20 | **Documentation Management** | | |  |  | |  |
| *Has the current documentation management process been effective in ensuring the documents stayed up to date, were available to the correct personnel, and were communicated accordingly?* |  | |
| *How will the facility ensure all controlled documents have been reviewed?* |  | |  |  | |  |
| *Explain any changes that have been made to improve the document management process or any obstacles faced.* |  | |  |  | |  |
| **SCORE** | **Note: You are not rated based on your Self-Reflection score. The score should be used as part of your continuous improvement program.** |  |  |  | /100 | |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **Additional Information** | How have you Promoted that you are a GBAC STAR Facility? |  |  |  |  | |  |
|  | What is your biggest concern going into the next year (Air, Surfaces, Signage, Budget, Etc.)? |  |  |  |  | |  |

**Additional Templates:**

**Element 3- Sustainability and Continuous Improvement**

*In utilizing the Plan-Do-Check-Act (PDCA) principle, please describe in detail how your company will accomplish this approach to ensuring sustainable and continual improvement for your GBAC STAR™ Program: Use the score given in the self-reflection section to help identify areas that could benefit from a continuous improvement plan.*

|  |  |
| --- | --- |
| **Plan** |  |
| **Do** |  |
| **Check** |  |
| **Act** |  |

**For example:**

|  |  |
| --- | --- |
| **Plan** | By conducting a gap analysis/ self-reflection we identified the need for training focused on the gaps we have discovered in our audit and inspection reports. |
| **Do** | Create training in depth training materials and a training plan to help identify and address these gaps. Ensure staff has the proper knowledge, tools, and chemistry to complete the assigned tasks. |
| **Check** | Check training logs to ensure employees are being trained, make sure employees understand how to correctly follow procedures through inspection of activities |
| **Act** | Retrain employees if management finds the employees do not understand the new procedures in place through identification in the audit and inspection process. |

**Element 5- Goals, Objectives, and Targets**

*Utilizing the “SMART” methodology, please identify at least three (3) initial goals and objectives for your GBAC STAR™ Program in regards to the implementation, maintenance, and targets for your companies cleaning, disinfection, and infectious disease prevention program.*

|  |  |
| --- | --- |
| Goal 1: | |
| **S**pecific |  |
| **M**easurable |  |
| **A**chievable |  |
| **R**ealistic |  |
| **T**imely |  |
| Goal 2: | |
| **S**pecific |  |
| **M**easurable |  |
| **A**chievable |  |
| **R**ealistic |  |
| **T**imely |  |
| Goal 3: | |
| **S**pecific |  |
| **M**easurable |  |
| **A**chievable |  |
| **R**ealistic |  |
| **T**imely |  |
| **Example Goal:** | |
| **S**pecific | Using the SOPs that have been developed, gain consumption data on the amount of chemicals used for specific cleaning and disinfection procedures to collect metrics and audit the cleaning/ disinfection process. |
| **M**easurable | Teach employees to read and record the amount of chemical used after preforming the identified tasks. |
| **A**chievable | Employees have been trained on how to perform the SOPs, use the chemicals, properly use tools and equipment, and record the amount of chemicals that have been used. |
| **R**ealistic | Beta testing was done on a small group of employees to ensure the process was feasible for the rest of the team to complete after each set task. |
| **T**imely | Consumption data will be collected daily. Analysis on the consumption data will be completed quarterly beginning 8/01/2021 |

**Element 7- Risk Assessment and Risk Mitigation Strategies**

*Please list examples of your company's plans to integrate risk assessment procedures into your GBAC STAR™ Program. Take into mind employees, guests, and your facilities. Identify methodologies for assessing and prioritizing risks and relevant hazards. How will your company implement, maintain, and document these practices?*

Hazard identification.

Identify any biological, physical, chemical, and electrical hazards in the area that is to be cleaned and disinfected for COVID-19. Known hazards are for example, the biological agent (COVID-19), residual body fluids, sharp objects, the chemicals used for cleaning and disinfecting, any electrical equipment still plugged in, animals, etc. These hazards can be identified through visual observance, questioning the owner/operator of the area and staff, looking at SDS for chemicals, etc. Also, do procedures and practices involve hazards like for example lifting heavy equipment, furniture, operating near moving equipment, and noise? Identify and document these hazards

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard # | Hazard *(Examples:*  *biological,*  *chemical, physical, electrical, others…)* | Potential Consequence  *(Examples: infection, chemical burn, puncture, electrocution, sleep & trip, others…)* | Likelihood  *(low,*  *medium high)* | Notes  *(procedure, process, tools, etc.)* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Risk Rating. Rate your risks from high to low (colored risk matrix).

After you determined the risks, prioritize them. These are the ones you will need to mitigate. Other risks with no or minimal likelihood and consequence might not be addressed based on the task at hand since the overall risk is acceptable.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Hazard # |  | |  |  |  |  | Hazard # |  | |  |  |  |
| *Likelihood* | High |  |  |  | *Likelihood* | High |  |  |  |
| Medium |  |  |  | Medium |  |  |  |
| Low |  |  |  | Low |  |  |  |
|  | Low | Medium | High |  | Low | Medium | High |
|  | *Consequence* | |  |  |  | *Consequence* | |  |  |
|  | Hazard # |  | |  |  |  |  | Hazard # |  | |  |  |  |
| *Likelihood* | High |  |  |  | *Likelihood* | High |  |  |  |
| Medium |  |  |  | Medium |  |  |  |
| Low |  |  |  | Low |  |  |  |
|  | Low | Medium | High |  | Low | Medium | High |
|  | *Consequence* | |  |  |  | *Consequence* | |  |  |
|  | Hazard # |  | |  |  |  |  | Hazard # |  | |  |  |  |
| *Likelihood* | High |  |  |  | *Likelihood* | High |  |  |  |
| Medium |  |  |  | Medium |  |  |  |
| Low |  |  |  | Low |  |  |  |
|  | Low | Medium | High |  | Low | Medium | High |
|  | *Consequence* | |  |  |  | *Consequence* | |  |  |

Determine your risk mitigation approach.

This process allows you to select the most appropriate tools, processes, procedures and PPE for the risks identified. For example, if the highest risk is posed by the chemicals you are using, select the PPE based on that risk, as well as the procedures and tools you will be using for the chemical. The overall objective is to protect personnel, occupants and others from any of the hazards, prevent any damage to the area, room, equipment and successfully complete the cleaning and disinfecting work safe and efficient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard# | Process | Equipment | PPE | Other |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |