

# Infection Control Readiness Checklist

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Ebola Virus Disease

11/09/2014

	<b>Item</b>	<b>In place</b>	<b>In progress</b>	<b>Action needed</b>
<b>A</b>	<b>Administrative/Operational support</b>			
1	Infection Prevention and Control (IPC) is represented in the Hospital Operations Team preparing for Ebola/other emerging viruses			
2	There is a notification system to alert the hospital operations and infection control of suspect cases of Ebola/other emerging viruses			
3	Daily surveillance reports are circulated on unexpected deaths in hospital			
4	Daily surveillance reports are circulated on unexplained illness in travelers			
5	“Frontline” staff are aware of the surveillance systems and know how to notify suspect cases of Ebola and other emerging viruses			
6	There are plans in place to conduct regular in-house exercises to test systems put in place			
7	A policy is in place to implement appropriate measures upon the notification of the first suspect case in the institution			
8	A system is in place to monitor clusters of patients and staffs with unexplained fever			
<b>B</b>	<b>Communication</b>			
1	FAQs on infectious diseases of interest e.g. Ebola virus disease (EVD) are disseminated to all staff in the healthcare facility in particular to frontline staff			
2	PPE teaching posters, slides and/or video are available and disseminated			
3	Drafts on public messaging with respect to screening, ward shutdown, etc are in readiness			
4	A draft press release for the first case of Ebola virus disease identified in the hospital is prepared			
5	Internal communication mechanism is in place to provide regular updates to staffs			
<b>C</b>	<b>Education and Audit</b>			
1	Healthcare workers (HCWs) all know about standard precautions and isolation precautions			
	Health care workers, patients and visitors are aware of cough etiquette and respiratory and hand hygiene			
2	There are training teams in place who can rapidly train all staff in hospital on infection control			
3	There are audit teams who can audit infection control independent of the IPC teams			
4	Training and competency assessment is done for the designated teams at the high risk areas on use of PPE and its removal sequence			
5	Training and exercises are conducted periodically to ensure staff competency and safety in use of PPE			
6	Where applicable, training and competency assessment is planned for staffs handling the autoclave machine (for processing human waste)			
<b>D</b>	<b>Human Resource</b>			
1	All frontline healthcare workers with contact with patients are to be N95 mask fitted			
2	Policy is in place for health-care workers who are not well or exposed to infectious agents to			

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	be furloughed without penalty			
3	A sick-leave policy for staffs who have sick family members/dependents is in place			
4	Designated teams are appointed to high-demand/risk services (e.g. infectious disease wards, emergency and intensive care units) to ensure that all the necessary clinical services are covered in the event of restriction of some HCWs from clinical service due to isolation, treatment and/or quarantine			
5	Plan is in place to meet needs of staffs for temporary accommodation for purpose of quarantine during an outbreak			
6	Plan is in place to provide post-exposure prophylaxis or vaccination if this is available for the emerging infectious disease			
7	Plan is in place for providing psychological support (professional counseling) to staff who were exposed, who were suspects or have loved ones who were EVD patients			
<b>D</b>	<b>Supplies</b>			
1	Personal protective equipment (PPE) (i.e. medical/surgical masks, gloves, gowns, eye protection) is easily accessible to staff especially in frontline areas.			
2	Where the supply of PPE is limited, prioritization is done for staff caring for cases.			
3	Stockpiling is done for essential supplies and chemoprophylaxis agents according to national guidelines.			
4	Process is in place for checks on PPE and other stockpile items to keep items current i.e. not expired by date			
<b>E</b>	<b>Essential support services</b>			
1	Estimation is done for additional medical and other supplies and plan is in place to introduce a mechanism to ensure the continuous availability of these supplies			
2	Methods of cleaning and disinfecting the respective areas in the health-care facilities are in accordance with the national guidelines and standards			
3	Methods for the disposal of medical and non-medical solid waste are in accordance with the national guidelines and standards.			
4	Cleaning and disinfection is done for reusable equipment between patient use in accordance with current national IPC guidelines			
5	For highly infectious pathogens (e.g. Level 4 pathogens causing viral haemorrhagic fever [VHF]), trained cleaning personnel are appointed for the high risk areas e.g. emergency department and isolation ward			
6	For highly infectious pathogens (e.g. Level 4 pathogens causing VHF), plans exist for safe disposal of human body waste (urine and faeces) into public system – disinfection with appropriate concentration of disinfectants OR autoclaving on-site before normal disposal process			
<b>F</b>	<b>Infection Prevention and Control practices</b>			
1	The IPC Department or Unit is responsible for			

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	development of evidence-based and practical IPC guidelines for the institution or publication and dissemination of the current national guidelines or international guidelines if local guidelines are not available			
2	Isolation areas/rooms for examination of suspect cases are identified in clinical areas (inpatient and outpatient)			
3	Staffs are aware of the process for safe movement of suspect patient from point of identification to examination area/room for review			
4	Isolation rooms/ward is available for use at all times in case of a suspect or probable case			
5	Isolation rooms should ideally be adequately ventilated single rooms (optimally $\geq 12$ air changes per hour) and negative pressure for aerosol-generating procedures, with anteroom.			
6	Process is in place for regular monitoring of the pressure and ventilation of the isolation rooms to ensure good maintenance ready for use			
7	There is clear identification of and restriction to the rooms, routes and buildings used in connection with patient care of patients with suspected and probable EID.			
8	Number of visitors is limited to those essential for patient support and they take the same IPC precautions as the health-care workers			
9	Medical/surgical masks are provided to all suspected and confirmed cases during transport;.			
10	A particulate respirator is used during aerosol-generating procedures (e.g. aspiration of respiratory tract, intubation, resuscitation, collection of nasopharyngeal swab/aspire, bronchoscopy, autopsy).			
11	PAPR is available when needed (as alternative to N95 mask for healthcare workers who fail to fit) and who have been adequately trained in their use, and decontamination			
12	Compliance to IPC guidelines related to handling laboratory specimens, food preparation, laundry and cleaning services and waste management is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken			
13	Sequence in putting on PPE is developed following understanding of its safe removal sequence (removal is done in reverse steps of putting on) e.g. <ul style="list-style-type: none"> <li>• The N95 mask is the last PPE to be removed in a safe area viz. outside the anteroom</li> <li>• The eye protection item (goggle/face shield) is the second last item to be removed to prevent contamination of the eye mucosa whilst removing other PPE items</li> </ul>			
14	Adequate alcohol hand rub agents are provided at point of care areas for use of healthcare workers			

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15	Hand moisturizer is freely accessible for use of healthcare workers to help maintain skin integrity on hands			
16	Spill kits complete with absorbent pads and disinfectants are freely accessible in the isolation rooms for timely and prompt use by healthcare workers when required			
17	Healthcare workers are familiar with steps for management of spills and competent in safe execution of these steps			
18	Staff working in high risk areas (Emergency Department, Isolation Wards) work as a team in looking out for each other on integrity of PPE during use, safe removal and compliance to IPC guidelines			
19	For patients discharged to home following recovery from an infectious disease, family members are instructed on the appropriate IPC measures to be taken at home			
20	Contact tracing teams are trained and competent in contact tracing methodology			
21	Policy is in place for exposure management of staffs and this includes investigations, prophylaxis, quarantine/sick leave			
22	Healthcare workers are familiar with steps in reporting of exposures			
23	Policy is in place for safe after death management viz. cleaning of corpse at clinical area			
<b>G</b>	<b>Clinical management of patients</b>			
1	Clinicians especially frontline clinicians in the ICU and EMDs are trained in recognizing the characteristics of patients with VHF and other EIDs			
2	Clinicians are aware of the basic principles of supportive clinical care for patients with VHF			
3	Laboratories have protocols in place for the detection of VHF			
4	Laboratories have protocols for the diagnosis of fever in travelers returning from West Africa in particular ruling out malaria and typhoid promptly			
5	ICU facilities are available for patients with suspected and probable VHF to receive the best supportive care			
6	Renal replacement therapy is available for patients with renal failure due to VHF			
7	A process is in place for fast tracking access to any new therapeutics which might become available for treatment or chemo-prophylaxis of VHF			