

Infection Control Readiness Checklist

Ebola Virus Disease

	Item	In place	In progress	Action needed
A	Administrative/Operational support			
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	Communication			
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 in appropriate languages 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 EVD identified in the hospital is prepared			
5	Internal communication mechanism is in place to provide regular updates to staffs			
C	Education and Audit			
1	There is evidence of training to ensure all healthcare workers (HCWs) know about standard precautions and isolation precautions			
2	HCWs are aware of cough etiquette and hand hygiene			
3	Patients are aware of cough etiquette and hand hygiene			
4	Visitors are aware of cough etiquette and hand hygiene			
5	There are training teams in place who can rapidly train all staff in hospital on infection control			
6	There are audit teams who can audit infection control independent of the IPC teams			
7	Training and competency assessment are done for the designated teams at the high risk areas on use of PPE and its removal sequence			
8	Training and exercises are conducted periodically to ensure staff competency and safety in use of PPE			
9	Where applicable, training and competency assessment is planned for staffs handling human waste management e.g. the use of the autoclave machine			
D	Human Resource			

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1	All frontline healthcare workers with contact with patients have completed the mask fit test with a surgical N95 respirator			
2	Policy is in place for HCWs who are not well or exposed to infectious agents to be given sick leave 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	A plan is in place to meet needs of staffs for temporary accommodation for purpose of quarantine during an outbreak			
6	A plan is in place to provide post-exposure prophylaxis or vaccination if this is available for the emerging infectious disease			
7	A 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			
D	Supplies			
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	A process is in place for checks on PPE and other stockpile items to keep items current i.e. not expired by date			
E	Essential support services			
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	Trained cleaning personnel are appointed for the high risk areas e.g. emergency department and isolation ward			
6	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			

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F	Infection Prevention and Control practices			
1	The IPC Department or Unit is responsible for 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 ≥ 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 EVD			
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/aspilate, 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 is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken			
13	Compliance to IPC guidelines related to food preparation is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken			
14	Compliance to IPC guidelines related to laundry and cleaning services is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken			
15	Compliance to IPC guidelines related to waste management is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken			
16	The sequence in putting on and removal of PPE is developed			

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187	Adequate alcohol hand rub agents are provided at point of care areas for use of healthcare workers			
18	Hand moisturizer is freely accessible for use of healthcare workers to help maintain skin integrity on hands			
19	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			
20	Healthcare workers are familiar with steps for management of spills and competent in safe execution of these steps			
21	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			
22	Where applicable, 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			
23	Contact tracing teams are trained and competent in contact tracing methodology			
24	Policy is in place for exposure management of staffs and this includes investigations, ,quarantine/sick leave			
25	Healthcare workers are familiar with steps in reporting of exposures			
26	Policy is in place for safe after death management viz. use of body bag, cleaning of corpse at clinical area			
G	Clinical management of patients			
1	Clinicians especially frontline clinicians in the ICU and EMDs are trained in recognizing the characteristics of patients with EVD			
2	Clinicians are aware of the basic principles of supportive clinical care for patients with EVD			
3	Laboratories have protocols in place for the detection of EVD			
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 EVD to receive the best supportive care			
6	Renal replacement therapy is available for patients with renal failure due to EVD			
7	A process is in place for fast tracking access to any new therapeutics which might become available for treatment or chemo-prophylaxis of EVD			