

Infection Control Readiness Checklist - Ebola

Survey

The ISC Infection Control Working Group has been convened recently. In response to global concerns about Ebola virus infections and the risk of healthcare associated transmission, we created an Ebola Infection Control Readiness Checklist that could be used to compare the preparedness of institutions around the globe.

Core team creating this checklist consisted of members of the Infection Control Association (Singapore): Dr Moi Lin LING, Ms Lai Chee LEE, Ms Lily LANG, Dr Paul Anantharajah TAMBYAH, Dr Brenda ANG

In addition, Shaheen Methar (Infection Control Network Africa and Stellenbosch University, Cape Town), Benedetta Allegranzi (WHO, Geneva), Joost Hopman and Andreas Voss (Radboud University Nijmegen) gave comments and suggestions towards the development of the final checklist. The electronic version was created by Ermira Tatari (Mater Dei Hospital, Malta)

In order to refine the checklist and better understand the infection control needs and responses of ISC members globally, we have devised this questionnaire. We would ask you to share the link to the on-line survey and encourage as many of your colleagues as possible to fill the questionnaire. The persons who answer this questionnaire should be involved in the Ebola preparedness activities for their institution or know the guidelines and structure of their institutions with regard to Ebola preparedness.

Thank you for your participation!

Infection Control Readiness Checklist - Ebola

1. Please fill in your demographic data.

Name (first/surname)	<input type="text"/>
Institution/hospital	<input type="text"/>
Department	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Email:	<input type="text"/>

2. What is your profession? (choose the best fitting)

If other please describe

3. Are you involved in the Ebola preparedness activities of your institution or within your region?

- Yes
- No

4. What type of care with regard to Ebola would your hospital/institution supply?

- My hospital/institution would need to handle suspected and proven Ebola cases
- Exclusively "suspected" Ebola cases, that consequently get transferred to a specialized center
- None of the above (no patient care)
- Other

If "other" please describe

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Questions with regard to Administrative/Operational support

5. Infection Prevention and Control (IPC) is represented in the Hospital Operations Team preparing for Ebola/other emerging viruses

- Not applicable
- In place
- In progress
- Action needed

6. There is a notification system to alert the hospital Operations and Infection Control of suspect cases of Ebola/other emerging viruses

- Not applicable
- In place
- In progress
- Action needed

7. Daily surveillance reports are circulated on unexpected deaths in hospital

- Not applicable
- In place
- In progress
- Action needed

8. Daily surveillance reports are circulated on unexplained illness in travelers

- Not applicable
- In place
- In progress
- Action needed

9. "Frontline" staff are aware of the surveillance systems and know how to notify suspect cases of Ebola and other emerging viruses

- Not applicable
- In place
- In progress
- Action needed

10. There are plans in place to conduct regular in-house exercises to test systems put in place

- Not applicable
- In place
- In progress
- Action needed

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Administrative/Operational support (2)

11. A policy is in place to implement appropriate measures upon the notification of the first suspect case in the institution

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

12. A system is in place to monitor clusters of patients and staff with unexplained fever

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Communication

13. 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

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

14. PPE teaching posters, slides and/or video are available in appropriate languages and disseminated

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

15. Drafts on public messaging with respect to screening, ward shutdown, etc are in readiness

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

16. A draft press release for the first case of EVD identified in the hospital is prepared

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

17. Internal communication mechanism is in place to provide regular updates to staff

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Education and Audit (1)

18. There is evidence of training to ensure all healthcare workers (HCWs) know about standard precautions and isolation precautions

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

19. HCWs are aware of cough etiquette and hand hygiene

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

20. Patients are aware of cough etiquette and hand hygiene

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

21. Visitors are aware of cough etiquette and hand hygiene

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

22. There are training teams in place who can rapidly train all staff in hospital on infection control

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Education and Audit (2)

23. There are audit teams who can audit infection control independent of the IPC teams

- Not applicable
- In progress
- In place
- Action needed

24. Training and competency assessment are done for the designated teams at the high risk areas on use of PPE and its removal sequence

- Not applicable
- In progress
- In place
- Action needed

25. Training and exercises are conducted periodically to ensure staff competency and safety in use of PPE

- Not applicable
- In progress
- In place
- Action needed

26. Where applicable, training and competency assessment is planned for staff handling human waste management e.g. the use of the autoclave machine

- Not applicable
- In progress
- In place
- Action needed

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Human Resource (1)

27. All frontline healthcare workers with contact with patients have completed the mask fit test with a N95 respirator

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

28. Policy is in place for HCWs who are not well or exposed to infectious agents to be given sick leave without penalty

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

29. A sick-leave policy for staff who have sick family members/dependents is in place

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

30. 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

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

31. A plan is in place to meet needs of staff for temporary accommodation for purpose of quarantine during an outbreak

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

32. A plan is in place to provide post-exposure prophylaxis or vaccination if this is available for the emerging infectious disease

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

33. 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

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Supplies

34. Personal protective equipment (PPE) (i.e. medical/surgical masks, gloves, gowns, eye protection) is easily accessible to staff especially in frontline areas

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

35. Where the supply of PPE is limited, prioritization is done for staff caring for cases

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

36. Stockpiling is done for essential supplies and chemoprophylaxis agents according to national guidelines

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

37. A process is in place for checks on PPE and other stockpile items to keep items current i.e. not expired by date

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Essential support services

38. 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

- Not applicable In progress
 In place Action needed

39. Methods of cleaning and disinfecting the respective areas in the health-care facilities are in accordance with the national guidelines and standards

- Not applicable In progress
 In place Action needed

40. Methods for the disposal of medical and non-medical solid waste are in accordance with the national guidelines and standards.

- Not applicable In progress
 In place Action needed

41. Cleaning and disinfection is done for reusable equipment between patient use in accordance with current national IPC guidelines

- Not applicable In progress
 In place Action needed

42. Trained cleaning personnel are appointed for the high risk areas e.g. emergency department and isolation ward

- Not applicable In progress
 In place Action needed

43. 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

- Not applicable In progress
 In place Action needed

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Kopie van pagina: Kopie van pagina: Infection Prevention and Control practi...

44. 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

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

45. Isolation areas/rooms for examination of suspect cases are identified in clinical areas (inpatient and outpatient)

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

46. Staff are aware of the process for safe movement of suspect patient from point of identification to examination area/room for review

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

47. Isolation rooms/ward is available for use at all times in case of a suspect or probable case

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

48. Isolation rooms should ideally be adequately ventilated single rooms (optimally ≥ 12 air changes per hour) and negative pressure for aerosol-generating procedures, with anteroom.

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

49. Process is in place for regular monitoring of the pressure and ventilation of the isolation rooms to ensure good maintenance ready for use

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Kopie van pagina: Infection Prevention and Control practices (2)

50. 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

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

51. Number of visitors is limited to those essential for patient support and they take the same IPC precautions as the health-care workers

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

52. Medical/surgical masks are provided to all suspected and confirmed cases during transport

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

53. A particulate respirator is used during aerosol-generating procedures (e.g. aspiration of respiratory tract, intubation, resuscitation, collection of nasopharyngeal swab/aspirate, bronchoscopy, autopsy).

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

54. 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

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

55. Compliance to IPC guidelines related to handling laboratory specimens is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Infection Prevention and Control practices (3)

56. Compliance to IPC guidelines related to food preparation is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken

- Not applicable
- In place
- In progress
- Action needed

57. 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

- Not applicable
- In place
- In progress
- Action needed

58. Compliance to IPC guidelines related to waste management is audited regularly with timely feedback to stakeholders for prompt correction actions to be taken

- Not applicable
- In place
- In progress
- Action needed

59. The sequence in putting on and removal of PPE is developed

- Not applicable
- In place
- In progress
- Action needed

60. Adequate alcohol hand rub agents are provided at point of care areas for use of healthcare workers

- Not applicable
- In place
- In progress
- Action needed

61. Hand moisturizer is freely accessible for use of healthcare workers to help maintain skin integrity on hands

- Not applicable
- In place
- In progress
- Action needed

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Infection Prevention and Control practices (4)

62. 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

- Not applicable In progress
 In place Action needed

63. Healthcare workers are familiar with steps for management of spills and competent in safe execution of these steps

- Not applicable In progress
 In place Action needed

64. 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

- Not applicable In progress
 In place Action needed

65. 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

- Not applicable In progress
 In place Action needed

66. Contact tracing teams are trained and competent in contact tracing methodology

- Not applicable In progress
 In place Action needed

67. Policy is in place for exposure management of staff and this includes investigations, quarantine/sick leave

- Not applicable In progress
 In place Action needed

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Infection Prevention and Control practices (5)

68. Healthcare workers are familiar with steps in reporting of exposures

- Not applicable
- In progress
- In place
- Action needed

69. Policy is in place for safe after-death management viz. use of body bag, cleaning of corpse at clinical area

- Not applicable
- In progress
- In place
- Action needed

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Clinical management of patients

70. Clinicians especially frontline clinicians in the ICU and EMDs are trained in recognizing the characteristics of patients with EVD

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

71. Clinicians are aware of the basic principles of supportive clinical care for patients with EVD

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

72. Laboratories have protocols in place for the detection of EVD

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

73. Laboratories have protocols for the diagnosis of fever in travelers returning from West Africa in particular ruling out malaria and typhoid promptly

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

74. ICU facilities are available for patients with suspected and probable EVD to receive the best supportive care

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

75. Renal replacement therapy is available for patients with renal failure due to EVD

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

76. A process is in place for fast tracking access to any new therapeutics which might become available for treatment or chemo-prophylaxis of EVD

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Not applicable | <input type="radio"/> In progress |
| <input type="radio"/> In place | <input type="radio"/> Action needed |

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Thank you !

This is the end of the checklist survey. Thank you so much for your participation.
Please feel free to give any comments you want in the text field below.

77. Comments