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Detailed Hospital Checklist for Ebola Preparedness

C=Completed; IP=In Progress; NS=Not Started

PREPARE TO DETECT	С	IP	NS
Review risks and signs and symptoms of Ebola, and train all front-line clinical staff on			Τ
how to identify signs and symptoms of Ebola.			
Review CDC Ebola case definition for guidance on who meets the criteria for a person			
under investigation for Ebola and proper specimen collection and shipment guidelines			
for testing.			
Ensure EMS Crews at hospitals and other agencies are aware of current guidance.			
Review Emergency Department (ED) triage procedures, including patient placement, and develop or adopt screening criteria (e.g. relevant questions: exposure to case, travel within 21 days from affected West African country) for use by healthcare personnel in the ED to ask patients during the triage process for patients arriving with compatible illnesses.			
Post screening criteria in conspicuous placements at ED triage stations, clinics, and other acute care locations (see suggested screening criteria in (Attachment A).			
Designate points of contact within your hospital responsible for communicating with state and local public health officials. Remember: Ebola is a nationally notifiable disease and must be reported to local, state, and federal public health authorities.			
Ensure that all triage staff, nursing leadership, and clinical leaders are familiar with the protocols and procedures for notifying the designated points of contacts to inform 1) hospital leadership (infection prevention and control, infectious disease, administration, laboratory, others as applicable), and 2) state and local public health authorities regarding a person under investigation (PUI).			
Conduct spot checks and inspections of triage staff to determine if they are incorporating screening procedures and are able to initiate notification, isolation, and PPE procedures for your hospital.			
Communicate with state and/or local health department on procedures for notification and consultation for Ebola testing requests.			
Ensure that laboratory personnel are aware of current guidelines for specimen collection, transport, testing, and submission for PUI.			

PREPARE TO PROTECT	С	IP	NS
Review and distribute the Guidelines for Environmental Infection Control in Health-Care			
Facilities.			
Treat all symptomatic travelers returning from affected West African countries as potential cases and obtain additional history.			
 Conduct a detailed inventory of available supply of PPE suitable for standard, contact and droplet precautions. Ensure an adequate supply, for all healthcare personnel, of: Impermeable gowns (fluid resistant or impermeable), Gloves, Shoe covers, boots, and booties, and Appropriate combination of the following: Eye protection (face shield or goggles), Facemasks (goggles or face shield must be worn with facemasks), N95 respirators (for use during aerosol-generating procedures) Other infection control supplies (e.g. hand hygiene supplies). 			

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Ensure that PPE meets nationally recognized standards as defined by the Occupational		
Safety & Health Administration (OSHA), CDC, Food and Drug Administration (FDA), or		
Interagency Board for Equipment Standardization and Interoperability.		
Review plans, protocols, and PPE purchasing, with your community/coalition partners,		
that promote interoperability and inter-facility sharing if necessary.		
Ensure Ebola PPE supplies are maintained in triage, ED, and all patient care areas.		
Verify that all of your healthcare personnel:		
 Meet all training requirements in PPE and infection control, 		
Are able to use PPE correctly,		
Have proper medical clearance,		
Have been properly fit-tested on their respirator for use in aerosol-generating		
procedures or more broadly as desired, and		
 Are trained on management and exposure precautions for suspected or 		
confirmed Ebola cases.		
Encourage healthcare personnel to use a "buddy system" when caring for patients and		
when putting on and removing PPE.		
Spot-check frequently to be sure standard, contact and droplet infection control and		
isolation guidelines are being followed, including safe putting on and removing PPE.		
Ensure all healthcare personnel entering the patient room should wear at least: gloves,		
gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a		
facemask.		
Ensure that non-clinical persons have limited access to PUI or confirmed Ebola		
patients' rooms.		
Review and update, as necessary, hospital infection control protocols/procedures.		
Review policies and procedures for screening, minimizing healthcare personnel		
exposure, isolation, medical consultation appropriate for Ebola exposure and/or illness,		
and monitoring and management of potentially exposed healthcare personnel.		
Review and update, as necessary, all hospital protocols and procedures for isolation of		
PUI or confirmed infectious diseases.		
Review your hospital's infection control procedures to ensure adequate implementation		
for preventing the spread of Ebola.		
Review protocols for sharps injuries and educate healthcare personnel about safe		
sharps practices to prevent sharps injuries.		
Emphasize the importance of proper hand hygiene to healthcare personnel.		
Post appropriate signage alerting healthcare personnel to isolation status, PPE		
required, proper hygiene, and handling/management of infected patients and		
contaminated supplies.		
Develop contingency plans for staffing, logistics, budget, procurement, security, and		
treatment.		
Review plans for special handling of linens, supplies, and equipment from PUI or		
confirmed Ebola patients.		
Review environmental cleaning procedures and provide education/refresher training for		
healthcare personnel responsible for cleaning.		
Distribute guidelines concerning laboratory diagnostics and specimen handling to all		
laboratory personnel, and post the guidelines conspicuously in your hospital laboratory.		

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Provide education and refresher training for healthcare personnel on sick leave policies.		
Review policies and procedures for screening and work restrictions for exposed or ill healthcare personnel, and develop sick leave policies for healthcare personnel that are non-punitive, flexible and consistent with public health guidance.		
Ensure that healthcare personnel have ready access, including via telephone, to medical consultation.		
Conduct education and refresher training with healthcare personnel on Ebola for special pathogen handling in the laboratory.		
Ensure that all Airborne Infection Isolation Rooms (AIIR) are functioning correctly and are appropriately monitored for airflow and exhaust handling. Remember: CDC recommends an AIIR room be used if aerosol-producing procedures are absolutely necessary.		

PREPARE TO RESPOND	С	IP	NS
Review, implement, and frequently exercise the following elements with first-contact			
personnel, clinical providers, and ancillary staff:			
 Appropriate infectious disease procedures and protocols, including PPE 			
donning/removal,			
 Appropriate triage techniques and additional Ebola screening questions, 			
 Disease identification, testing, specimen collection and transport procedures, 			
 Isolation, quarantine and security procedures, 			
 Communications and reporting procedures, and 			
Cleaning and disinfection procedures.			
Review plans and protocols, and exercise/test the ability to share relevant health data			
between key stakeholders, coalition partners, public health, emergency management,			
etc.			
Review, develop, and implement plans to provide safe palliative care, adequate			
respiratory support, ventilator management, safe administration of medication, sharps			
procedures, and reinforce proper biohazard containment and disposal precautions.			
Review roles of the infection control practitioner to:			
 Ensure appropriate infection control procedures are being followed, including for 			
lab, food, environmental services, and other personnel, and			
 Maintain updated case definitions, management, surveillance and reporting 			
recommendations.			
 Properly train healthcare personnel in personal protection, isolation procedures, 			
and care of Ebola patients.			
Ensure that administrators are familiar with responsibilities during a public health			
emergency.			
Identify a communications/public information officer who:			
 Develops appropriate literature and signage for posting within the hospital 			
(topics may include definitions of low-risk, high-risk and explanatory literature for			
patient, family members and contacts),			
 Develops targeted public health risk communication messages for use in the 			
event of a highly-suspected or confirmed Ebola case in your hospital,			
 Develops internal messages for PUI and confirmed cases, and internal and 			



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external messages for confirmed Ebola cases,		
 Contacts local-and state-identified Ebola subject matter experts, 		
• Requests Ebola-appropriate literature for dissemination to healthcare personnel,		
patients, and contacts,		
• Prepares written and verbal messages ahead of time that have been approved,		
vetted, rehearsed and exercised,		
 Works with internal department heads and clinicians to prepare and vet internal communications to keep healthcare personnel and volunteers informed, and 		
• Trains subject-matter experts to become spokespersons and practice sound		
media relations.		
Plan for regular situational briefs for decision-makers, including:		
 PUI and confirmed Ebola patients who have been identified and reported to 		
public health authorities,		
 Isolation, quarantine and exposure reports, 		
 Supplies and logistical challenges, 		
Personnel status, and		
 Policy decisions on contingency plans and staffing. 		
Maintain situational awareness of reported Ebola case locations, travel restrictions and		
public health advisories, and update triage guidelines accordingly.		
Incorporate Ebola information into educational activities, including physician Grand		
Rounds, nursing educational meetings, and other healthcare system and coalition		
healthcare personnel and management training opportunities.		