EBOLA PREPAREDNESS CHECKLISTS













GNYHA has developed 11 checklists that provide an overview of the requirements of the New York State Department of Health (DOH) Acting Commissioner's October 16, 2014, Order on Ebola Virus Disease (EVD) Preparedness. The checklists are intended to be used as a guide to ensure your organization's compliance with the DOH Order. Changes to the Order's preparedness requirements will be posted at: **Specifications Required Under the Commissioner's Order**. Covered Entities will have additional time per the website update to achieve full implementation and compliance with any such changes (see **Definition of Terms**).



IMPLEMENTATION CHECKLIST #1:

Ensure Appropriate Personal Protective Equipment (PPE) is Available for Staff Who May Interact with a PUI for Ebola

Fulfills Section 2 on Page 2 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Provide all Covered Personnel with PPE that, at a minimum, meets the applicable Specifications Required under the Commissioner's Order.

IMPORTANT NOTE: PPE outlined in the CDC guidance is only needed for staff who may have direct or prolonged contact with a Patient Under Investigation (PUI) for Ebola. If a patient is placed in an isolation room after meeting the criteria for a PUI, (see **DOH's Decision Guide**) any staff entering the room to care for the patient should wear appropriate PPE following revised **CDC guidance**.

KEY STEPS

- 1. Review revised CDC guidance. PPE recommendations for personnel in contact with a PUI for Ebola include:
 - N95 Respirator or PAPR.
 - Single-use fluid-resistant or impermeable gown that extends to mid-calf, or coverall without integrated hood.
 - Two pairs of Single-use nitrile gloves with extended cuffs. (A third pair of gloves is recommended during the PPE doffing process.)
 - Single-use fluid-resistant impermeable boot covers that extend to at least mid-calf, or disposable shoe
 - Single-use or disposable fluid-resistant or impermeable apron that covers the torso. The level of mid-calf should be used if patients have vomiting or diarrhea.
- 2. Based on number of patients and internal staffing and shift policies for isolation units (see **Checklist #8**), determine total number of staff that would need to don and doff PPE to interact with a suspect Ebola patient.
- 3. Work through your routine internal supply chain process to requisition needed PPE component products.
- 4. Supply chain department should replenish the inventory by accessing firm price manufacturer or vendor contracts, including their group purchasing agreements, to ensure total cost mitigation and avoid opportunistic pricing.
- All necessary items should be maintained on identified isolation carts or assembled in PPE kits and placed in accessible, pre-determined locations for quick access. All extra kits should be stored in a clean, dry location and stock rotated.



IMPLEMENTATION CHECKLIST #2:

Staff Training and Documentation of Training on Appropriate PPE Use

Fulfills Section 3 on Page 2 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Conduct in-person training for all Covered Personnel on donning and removing PPE, including physically practicing donning and removing PPE in the setting that will be used for patients.

BEFORE GETTING STARTED: Review **Checklist 1** to understand what PPE your institution will provide to personnel who may have sustained contact with a suspect Ebola patient.

KEY STEPS

- 1. Confirm the number of staff per shift and in total who may have sustained contact with a PUI for Ebola (see Checklist #1).
- Identify and secure a trainer with infection control expertise from your facility, your system, or the local health department to provide training to staff who may come into contact with a PUI for Ebola. Create a training schedule that will reach all needed staff on all shifts. Communicate training plan to facility leadership and leadership of impacted departments.
- 3. Develop training session in collaboration with the trainer. Training should include didactic and hands-on portion for every attendee. At training's conclusion, all staff should be asked to demonstrate "satisfactory competence" as defined by the designated trainer.
- 4. Determine schedule for monthly refresher trainings for all impacted staff. Communicate training plan to facility leadership and leadership of impacted departments. Please note that as per NYS DOH: "Monthly reassessments need not include actual donning and doffing PPE by all Covered Personnel, however monthly reassessments should include observation by Covered Personnel of correct donning and doffing procedures performed by at least one individual. Facilities may consider utilizing a video demonstration of proper donning and doffing procedures for this purpose. Reassessments may also include strategies such as a written test of Covered Personnel's ongoing competence with PPE. Other monthly reassessment activities should include review of procedures for rapid identification and isolation of Patients."
- 5. Create log system to track training attendance and initial and ongoing satisfactory competence in PPE use by impacted staff. This log can be paper or electronic.
- 6. Determine where in your facility PPE kits should be placed for quick access (see Checklist #1). Place kits in these locations. Institute routine location checks to ensure PPE kits are available and complete.

ADDITIONAL RESOURCES

CDC PPE Guidance



IMPLEMENTATION CHECKLIST #3:

Staff Contact Log

Fulfills Section 4 on Page 2 of the Acting Commissioner's Order and Related Requirements for EVD Preparedness: Maintain a log of all personnel coming into contact with a patient, or a patient's area or equipment, regardless of the level of PPE worn at the time of contact. Covered Entities shall measure the temperature twice daily of all personnel who come into contact with a patient, or a patient's area or equipment, or obtain the temperatures from off-duty personnel. The log must describe each person's measured temperatures and any symptoms. Contact is defined as coming into physical contact, entering a patient room, coming within three feet of a patient, or performing laboratory testing on a specimen from a patient.

BEFORE GETTING STARTED: Review **Checklist #6** to determine which staff may come into contact with a patient at a point of entry. Review **Checklist #10** to determine which staff would be on the patient care team for managing a PUI for Ebola or confirmed Ebola patient.

KEY STEPS

- 1. Determine the departments and personnel who may come into contact with a PUI for Ebola or confirmed Ebola patient.
- 2. Create a log sheet (see sample below) that would be used to record information about staff who come into contact with a PUI for Ebola or confirmed Ebola patient. The log sheet should enable recording of temperatures and tracking of staff for 21 days from last contact with a PUI for Ebola confirmed Ebola patient.
- 3. Determine the twice-daily times when temperature checks will occur. Decide if staff under observation will take and record their own temperature, or if it will be taken by another staff person. Decide how off-site staff will either report in their temperature at designated times, or have their temperature taken.
- 4. Determine how all information will be reported and recorded. Ensure there is a process to share this information if the local health department requests it.
- 5. Once the log and daily temperature protocols are final, ensure that all impacted departments and personnel are trained on the protocols.

Important note: Health care worker monitoring is being handled differently across New York State. In some counties the local health department is taking responsibility, whereas in other counties, the facility is responsible. It is recommended that you contact your local health department to understand roles and responsibilities.

SAMPLE	STAFF CONTACT LOG				
Name	Contact Information	Department	Temperature	e/Symptoms	Days Since Last Contact
			AM	PM	Date of Last Exposure: Today's Date: Number of Days Since Exposure:



IMPLEMENTATION CHECKLIST #4:

Waste Disposal

Fulfills Section 5 on Page 2 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Implement a written protocol to safely contain, store, and dispose of regulated medical waste in all settings where patients will be cared for that is in compliance with the applicable specifications under the Specifications Required section of the Commissioner's Order.

BEFORE GETTING STARTED: Review guidance available at:

- CDC Ebola Waste Disposal Guidance and Resources
- CDC Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus
- New York State Ebola Waste Disposal Fact Sheet
- NYSDOH Regulated Medical Waste Program Notification (October 27, 2014)
- NYSDOH Autoclave Guidelines (October 20, 2014)
- US DOT Pipeline and Hazardous Materials Safety Administration, Transporting Infections Substances

KEY STEPS

- Medical waste generated in the care of suspect or confirmed Ebola patients is subject to procedures set forth by local, State, and Federal regulations. Designate appropriate hospital staff to review the regulations to ensure hospital policies are compliant, staff are trained, and appropriate facility adjustments are made.
- 2. Medical waste contaminated with the Ebola virus is a Category A infectious substance regulated as a hazardous material under the US Department of Transportation's (DOT) Hazardous Materials Regulations (HMR; 49 CFR, Parts 171–180). For off-site commercial transport of Ebola-associated medical waste, strict compliance with the HMR is required. In some cases, the hospital may require a variance to the HMR requirements and would need to apply for a special permit under 49 CFR, Parts 107.105.DOT.
- 3. Ebola-associated waste that is inactivated or incinerated is no longer considered a Category A infectious substance. In accordance with 10 NYCRR Part 70 of the DOH regulations, health care facilities may treat medical waste onsite by inactivating or incinerating Ebola-associated medical waste, provided they have prepared and submitted an operation plan and validation testing protocol to DOH prior to conducting a validation test. Validation test results are evaluated by DOH. Health care facilities must receive written authorization prior to conducting on-site treatment. When possible, Ebola waste should be autoclaved prior to shipment.

Treated medical waste is considered industrial/commercial solid waste and requires a 6 NYCRR Part 364 Waste Transporter permit issued by the New York State Department of Environmental Conservation.



IMPLEMENTATION CHECKLIST #5:

Cleaning and Disinfecting

Fulfills Section 6 on Page 3 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Implement a written protocol to safely clean and disinfect any room, vehicle, or equipment with which patients have come into contact, in accordance with applicable specifications found under the Specifications Required section of the Commissioner's Order.

BEFORE GETTING STARTED: Review the **CDC Guidance** on Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in US Hospitals.

KEY STEPS

- 1. Use disposable items whenever possible.
- 2. Avoid contamination of reusable porous surfaces (e.g., avoid placing EVD patients in rooms that are carpeted) and cover beds and pillows with removable plastic covering.
- 3. CDC recommends daily cleaning by team members who are providing direct patient care (e.g., physicians and nurses).

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- 1. Identify environmental services staff who will be designated to clean and disinfect areas of the hospital where a PUI for Ebola or confirmed Ebola patient have had contact. This may include the isolation room in an Emergency Department or, for designated hospitals, the patient care area and accompanying areas for a confirmed Ebola patient.
- 2. Train selected staff on donning and removing PPE. Staff must demonstrate satisfactory competence, be retrained monthly, and maintain a training log (see Checklist #2).
- 3. Further educate and train environmental staff on basic infection prevention and control practices and inform them of strategies for lowering risk of transmission with any infectious pathogen.

AFTER DISCHARGE OF A SUSPECT OR CONFIRMED EBOLA PATIENT

- 1. All rooms the PUI or confirmed Ebola patient was in should be thoroughly cleaned in accordance with hospital procedures using an Environmental Protection Agency–registered hospital surface disinfectant that is effective against non-enveloped viruses (i.e., norovirus).
- 2. All linens, pillows, mattresses, and other textiles should be discarded appropriately as medical waste and not laundered.
- 3. Environmental services personnel should follow CDC PPE donning and removing guidance, including the use of a trained observer.



IMPLEMENTATION CHECKLIST #5 (continued)

ADDITIONAL RESOURCES

- Guidance on Personal Protective Equipment to be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in US Hospitals
- Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus



IMPLEMENTATION CHECKLIST #6:

Patient Registration Protocol and Documentation of Training and Drills

Fulfills Sections 1–2 on Page 3, and Section 7 on Page 4, of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Implement a written patient registration protocol for the immediate identification, isolation, and medical evaluation of any person presenting for care with 1) a travel history within the last 21 days to any country that the CDC designates as having a widespread EVD outbreak, and 2) any EVD symptoms. The protocol must require reception staff to obtain a travel history and symptoms from all patients upon initial reception.

Conduct training on the patient registration protocol for personnel on all shifts who are involved in patient registration, triage, or who work in outpatient settings or emergency departments.

Conduct drills with personnel on all shifts on the patient registration protocol initially within five days of receipt of the Order, and then every month following the initial drill. A written description of the drill, including the items reviewed, number of staff included in the drill, gaps identified, conclusions, and next steps must be maintained and made available to DOH upon request (See Additional Resources below for sample drill log).

KEY STEPS

- 1. Identify all entry points in your facility where initial patient registration could occur. This may include the emergency department, ambulatory care clinics, and specialty outpatient clinics. Identify and develop a list of all staff who may serve in a patient triage role. Staff who should be considered include triage, ancillary, and reception staff.
- 2. Review existing triage protocols for all identified entry points. Ensure that all patients are asked about travel history: "Has patient traveled within last 21 days to any of the affected countries in West Africa?" For patients who have traveled to one of the affected countries, the protocol should then require that the patient be asked about symptoms consistent with Ebola, such as fever, headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Patients should also be asked if they have had contact in the last 21 days with anyone who was a suspect or confirmed Ebola case.
- 3. For patients with travel history and symptoms consistent with Ebola, or who have had contact with a PUI for Ebola or confirmed Ebola patient in the last 21 days, the protocol must describe what designated person(s) will be alerted, what room(s) will be used to isolate the patient, and how and by whom the patient will be moved to isolation (see Checklist #8).

The room designated for patient isolation must:

- Be in proximity to the patient entry point
- Have a door
- Have access to a private bathroom, or have a portable commode
- Have space in or adjacent to the room for staff to use to don and doff PPE; this space must have access to hand-washing facilities and must be restricted to other facility traffic



IMPLEMENTATION CHECKLIST #6 (continued)

- 4. The protocol must also identify what designated person(s) on each shift will have contact with the patient once he or she is placed in isolation, how further evaluation of the patient will occur, who will contact the local health department for consultation, and who else in the hospital will be notified.
- 5. The protocol should refer to Checklist #3: Staff Contact Log Protocol, to ensure that all staff who have been within three feet of the patient are known should future contact be necessary. The protocol should also refer to Checklist #9: Contact List Protocol, to ensure that the information about other patients or visitors who may have come into contact with the patient can be provided to the local health department for contact tracing.
- 6. Once patient registration protocol has been finalized, develop a training plan that will reach staff identified in Step 1. Training materials should include a copy of the written protocol, as well as any screening aids that have been developed. Consider including in the training plan information about the Staff Contact Log (Checklist #3) that would be used to monitor any staff who come into contact with a suspect or confirmed Ebola patient and information about the Contact List Protocol (Checklist #9) that would be used to assist the local health department with contact tracing of other patients or visitors.
- 7. Conduct drills on the patient registration protocol with personnel on all shifts within five days of the receipt of the DOH Order. A written description of the drill, including the items reviewed, number of staff included in the drill, gaps identified, conclusions, and next steps must be maintained and made available to DOH upon request.

ADDITIONAL RESOURCES

- New York City Department of Health and Mental Hygiene Ebola Virus Disease Evaluation Algorithm
- DOH Decision Guide for Consultation and Ebola Virus Disease (EVD) Testing

SAMPLE PATIEN	NT REGISTRATION DR	ILL LOG				
Health Care Facility Type	Personnel to Consider	Drill Description	Items Reviewed	Gaps Identified	Conclusions	Next Steps
General Hospital	Security Personnel Triage Staff Receptionists ED/Clinical Staff					
Diagnostic and Treatment Center	Security Personnel Receptionists Triage Staff					
Off-Campus Emergency Department	Security Personnel Triage Staff Receptionists ED/Clinical Staff					



IMPLEMENTATION CHECKLIST #7:

Signage

Fulfills Section 3 on Page 3 of the Acting Commissioner's Order for EVD Preparedness: Post signs prominently at all entrances, at reception, and at triage locations in at least English, French, Spanish, Chinese, Russian, Italian, Korean, and Haitian Creole. Ask all persons presenting for care to provide their international travel history.

KEY STEPS

- 1. Identify all hospital spaces where signage is needed. Determine the total number of signs needed.
- 2. Print and post signs. Sample signage can be found on the DOH website.
- 3. Record placement of signage (see sample log below). Check signage weekly, replacing any torn or damaged posters.

SAMPLE SIGNAGE LOG

	Date Signage Posted/	All Eight Required Languages			
Location	Checked	Yes	No		



IMPLEMENTATION CHECKLIST #8:

Isolation Room Protocol

Fulfills Section 4 on Page 3 and Section 1 on Page 4 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Designate for patients in need of medical evaluation of EVD an isolation room that is in, or in proximity to, the area in which patients would reasonably be expected to present for care.

Develop a written treatment protocol for the initial inpatient care of patients that identifies a designated negative pressure room to house the patient.

KEY STEPS: INITIAL ISOLATION AND EVALUATION (SECTION 4, PAGE 3)

- 1. Designate an isolation room that is in, or in proximity to, the area in which patients would reasonably be expected to present for care. In designating an isolation room, the facility must consider all potential points of entry.
- 2. The designated isolation room must:
 - Have a door and access to a private bathroom (or have a portable commode).
 - Have space in or adjacent to the room for staff to use to don and remove PPE; that area must have access to hand-washing facilities.
- 3. Access to isolation rooms and adjacent rooms must be restricted to avoid exposure of other persons. The entire area must be secured to prevent access by unauthorized staff and the public, with either locking doors or the continuous presence of hospital security personnel.

KEY STEPS: TREATING A SUSPECT OR CONFIRMED EBOLA CASE (SECTION 1, PAGE 4)

- 1. Identify a designated negative pressure room to house the patient.
- 2. The location must have either an anteroom with doors that close, or an area outside the room where Covered Personnel can remove any final PPE that is not taken off in the Confirmed Case's room. The anteroom or PPE removal area must also provide access to hand-washing facilities.
- 3. There also should be additional rooms available for staff to don PPE and shower after removing all PPE. The entire area must be secured to prevent access by unauthorized staff and the public, with either locking doors or the continuous presence of hospital security personnel.



IMPLEMENTATION CHECKLIST #9:

Maintain a List of all Persons in Contact with a PUI for Ebola or Confirmed Ebola Patient

Fulfills Section 5 of Page 3 of the Acting Commissioner's Order for EVD Preparedness: Maintain a list of all persons who came into contact with a patient before he or she was placed in isolation, including direct physical contact or coming within three feet of the patient. The list must be provided to the local health department where the hospital is located. The Covered Entity must monitor the temperature and symptoms of any of its own personnel.

BEFORE GETTING STARTED: Review **Checklist #3** (Staff Contact Log Protocol) and **Checklist #6** (Patient Registration Protocol)

KEY STEPS

- 1. Determine the departments within the facility where staff, patients, or visitors may come into contact with a PUI for Ebola or confirmed Ebola patient.
- 2. Review and revise, as needed, patient registration protocols in these departments to ensure that adequate information is being collected in the event contact tracing becomes necessary.
- 3. Determine how patient and visitor information would be retrieved from each department in the event of a PUI for Ebola or confirmed Ebola patient, where the information would be sent, and how it would be compiled for delivery to the local health department. Check with the local health department to ensure that the available information is sufficient for contact tracing.
- 4. Refer to Checklist #3 to identify, track, and monitor facility staff who have come into contact with a PUI for Ebola or confirmed Ebola patient.



IMPLEMENTATION CHECKLIST #10:

Treatment Protocol

Fulfills Section 1 on Page 4 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Develop a written treatment protocol for the initial inpatient care of patients that identifies a designated negative pressure room to house the patient.

BEFORE GETTING STARTED: Review the Emory Healthcare Ebola Protocols.

KEY STEPS

Note: The following steps and recommendations do not include clinical treatment and management guidelines.

- 1. A dedicated, pre-identified, trained Ebola patient care team should be established for managing a PUI for Ebola.
- 2. All physicians and staff entering the patient room are required to complete PPE training and adhere to the CDC's guidance for donning and removing PPE (see Checklist #2). All staff assigned to direct patient care should be assessed at least monthly on proper PPE practices and standard operating procedures. Before activating the team, all staff should be refreshed on these skills and procedures.
- 3. Contact with the patient should be minimized to essential clinical team members only. Physician consultants can conduct consultations via audio or video conferencing with team members in the room.
- 4. Any pregnant or immunocompromised staff should not be assigned to provide care.
- 5. All treatment and management should take place in a designated negative pressure room (see Checklist #8).
- 6. Clinical team should follow appropriate clinical guidelines to provide care and manage the patient's symptoms until he or she can be safely transferred to a designated Ebola center.



IMPLEMENTATION CHECKLIST #11:

Transport Protocol

Fulfills Section 2a of Page 4 of the Acting Commissioner's Orders on Requirements for EVD Preparedness: Develop a written protocol for safely transporting any patient to another facility if it becomes necessary.

Develop notification procedures to the receiving facility and the ambulance service to allow direct care staff to don PPE and prepare the vehicle and receiving areas.

KEY STEPS

- 1. Develop a written transport protocol. The protocol must identify the ambulance service to be called to transport the patient and the appropriate receiving facility. The protocol must include provisions requiring prompt notification that the protocol has been initiated to: the receiving facility, local health department, NYSDOH, and the ambulance services.
 - In NYC, hospitals should notify the Department of Health and Mental Hygiene (DOHMH) by calling (866) 692-3641. DOHMH will help hospital staff with patient evaluation and arrange transport, if necessary.
- 2. The protocol should also include detailed information about patient transport including: what PPE the patient will be placed in for transport, what the designated route through the facility will be to reach the ambulance, and the specific location where the ambulance should go upon arrival.



DEFINITION OF TERMS

The following terms are defined in the "Requirements for EVD Preparedness" that accompany the DOH Order:

CONFIRMED CASE: Consistent with current guidance from the Centers for Disease Control and Prevention (CDC), "confirmed case" means a case with laboratory-confirmed diagnostic evidence of Ebola virus infection.

COVERED ENTITY:

- All general hospitals regulated pursuant to Article 28 of the Public Health Law (PHL)
- All diagnostic and treatment centers and off-campus emergency departments regulated pursuant to Article 28 of the PHL Ambulance and advanced life support first response services, licensed pursuant to Article 30 of the PHL
- Funeral Directors and Funeral Establishments, licensed and registered pursuant to Article 34 of the PHL

COVERED PERSONNEL: All employees, contractors, students, and all other personnel who may:

- Come into contact with a patient, or a laboratory specimen from a patient; or
- Be involved in cleaning or disinfecting equipment or patient care areas, including vehicles used to transport patients

This includes, but is not limited to, contract nurses, attending physicians, and residents.

PERSON UNDER INVESTIGATION (PUI): A person who has both consistent symptoms and risk factors as set forth in the Specifications required under the Commissioner's Order.

