Infectious Disease Outbreak
Planning Checklist

# [Health Center Name]

# [Date of Review]

|  |  |
| --- | --- |
| Name(s) of Reviewer(s): |  |
| Approved by: |  |

## Introduction

Americares is dedicated to helping health centers prepare for disasters so they can continue to provide care for their patients. Americares has been working to help health centers plan and prepare for emergencies. To assist health centers in analyzing their existing emergency plan and/or infectious disease annex, Americares preparedness experts have put together this checklist. The list includes topics that should be addressed in the plan specific to the health center response to an infectious disease outbreak. The checklist is applicable to a localized outbreak as well as an epidemic or pandemic outbreak.

While reviewing the emergency plan against this checklist, place marks in the appropriate boxes on the right for each question. Once the review is complete, assign staff members to follow-up on any boxes marked ‘no’.

Please direct questions to preparedness@americares.org.

## Key Roles Within Health Center

This section focuses on ensuring there is a clear chain of command and scope of authority within the health center, primarily as it relates to health center leadership. This information should be in the main Emergency Operations Plan but could be repeated in an Infectious Disease Annex, particularly if the chain of command changes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Does the health center have a pre-identified chain of command?
 |  |  |  |
| * 1. Does that chain of command include backups in case of illness or other absence?
 |  |  |  |
| * 1. Is the scope of authority at each level of command clearly defined?
 |  |  |  |
| 1. Are there staff designated to manage suspected cases of the infectious disease within the health center?
 |  |  |  |
| 1. Is the scope of authority between headquarters and additional facilities defined specifically for infectious disease response?
 |  |  |  |
| 1. Have staff members been identified to stay updated on the latest clinical guidance regarding patient management and related protocols?
 |  |  |  |
| Notes: |

## Communications

This section focuses on ensuring clear communication processes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Is there a designated person or team responsible for reporting suspected or confirmed cases to the authorities as required?
 |  |  |  |
| 1. Is there a formal process for reporting suspected or confirmed cases to the authorities as required?
 |  |  |  |
| 1. Does the plan define how the health center will communicate information to staff?
 |  |  |  |
| 1. Does the plan define how staff will communicate information to the health center if they are ill or have an ill member of their household?
 |  |  |  |
| * 1. Does the plan address how staff will communicate if they are in close contact with someone at high risk (such as an elderly family member living with them)
 |  |  |  |
| 1. Does the plan address how staff will communicate concerns or fears to health center leadership?
 |  |  |  |
| 1. Does the plan identify how information will be communicated to patients?
 |  |  |  |
| * 1. Patients with appointments that day?
 |  |  |  |
| * 1. High risk patients?
 |  |  |  |
| * 1. General health center information for all patients?
 |  |  |  |
| Notes: |

## Staff Safety

This section focuses on protecting staff and preventing spread of infection.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Have staff been trained on the health center sick-leave policy?
 |  |  |  |
| 1. Is there a policy for when staff can return to work?
 |  |  |  |
| 1. Is there a policy for staff who have visited or live in an area with widespread infection?
 |  |  |  |
| * 1. Is there guidance if a family member traveled?
 |  |  |  |
| * 1. Is there guidance if a family member or close contact has symptoms?
 |  |  |  |
| 1. Does the plan address policies around sick leave and returning to work?
 |  |  |  |
| 1. Does the plan address personal protective equipment (PPE) requirements for staff?
 |  |  |  |
| * 1. Are people designated to ensure proper training and use of required PPE?
 |  |  |  |
| 1. Does the plan address infection prevention protocols?
 |  |  |  |
| * 1. Including cleaning schedules, effective cleaning agents, and staff training.
 |  |  |  |
| Notes: |

## Patient Management

This section focuses on how the health center will screen patients for symptoms and actions to take if a suspected case is identified.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Does the plan address screening patients who are scheduling appointments or who call for information?
 |  |  |  |
| * 1. Does the plan detail follow-up procedures if staff suspect the patient has the virus?
 |  |  |  |
| * 1. Does the plan address how and when to refer patients to telehealth?
 |  |  |  |
| 1. Does the plan address screening people as they enter the health center?
 |  |  |  |
| 1. Does the plan include details of what to do if a patient presents with symptoms?
 |  |  |  |
| * 1. Are there designated isolation areas?
 |  |  |  |
| * 1. Are there designated isolation procedures?
 |  |  |  |
| 1. Does the plan address triage for scheduling appointments?
 |  |  |  |
| 1. Does the plan address triage within the health center?
 |  |  |  |
| 1. Does the plan list reporting requirements for suspected or confirmed cases?
 |  |  |  |
| * 1. Are there people identified who are responsible for reporting?
 |  |  |  |
| 1. Does the plan address transporting patients from the center to a higher level of care?
 |  |  |  |
| 1. Does the plan address how to contact and care for high risk patients?
 |  |  |  |
| 1. Does the plan address where to refer patients who are too sick for the health center to handle?
 |  |  |  |
| 1. Does the plan address where to refer patients for outpatient testing as appropriate?
 |  |  |  |
| 1. Does the plan address how to respond to patients who are not ill and want appointments?
 |  |  |  |
| 1. Does the plan identify who is responsible for tracking everyone who enters the health center? (Necessary in case follow-up is needed after an infected patient unknowingly comes into contact with other people in the health center)
 |  |  |  |
| Notes: |

## Health Center Operations

This section focuses on how the health center will adjust and prioritize services to meet community needs on the assumption that staffing levels are decreased and/or patient numbers are increased.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Has the health center identified what services will be prioritized?
 |  |  |  |
| 1. Has the health center identified what services can be temporarily suspended?
 |  |  |  |
| 1. Has the health center identified the minimum number of staff needed to open?
 |  |  |  |
| * 1. Does it address what types of staff are needed to open? (example: 1 doctor, 3 nurses, and 1 receptionist)
 |  |  |  |
| 1. Does the plan address implementing or expanding telehealth services?
 |  |  |  |
| 1. Does the plan address rescheduling non-critical appointments such as well-visits, routine exams, or prescription refills?
 |  |  |  |
| 1. Does the plan address increasing prescription refills so well-patients don’t have to come into the health center?
 |  |  |  |
| 1. Does the plan address removing cancelation fees or no-show penalties during the outbreak as a means of reducing non-critical visits?
 |  |  |  |
| Notes: |

## Resources

This section addresses inventory management and possible shortages of critical resources.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Does the plan address who is responsible for inventory management?
 |  |  |  |
| 1. Does the plan address staff resources and who to contact if additional staff are needed?
 |  |  |  |
| 1. Does the plan address action and priorities in the event of critical resource shortages?
 |  |  |  |
| 1. Does the plan address primary and alternative sources for resources?
 |  |  |  |
| 1. Does the plan define a process or authority to increase spending for necessary actions or purchases (such as increased cleaning or additional PPE)?
 |  |  |  |
| Notes: |

## Partnerships

This section addresses clinical and non-clinical partners the health center will coordinate with to continue to provide care. This includes mandatory reporting of suspected or confirmed cases.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Does the plan identify organizations the health center is required to notify?
 |  |  |  |
| 1. Is the person(s) responsible for that notification identified?
 |  |  |  |
| 1. Does the plan identify the process identified staff are to follow for required notifications?
 |  |  |  |
| 1. Does the plan address other organizations the health center can coordinate with for patient education?
 |  |  |  |
| 1. Does the plan address other organizations/healthcare facilities the health center can coordinate with for patient care?
 |  |  |  |
| Notes: |

## Documentation

This section addresses financial considerations and documentation needs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Does the plan define who is responsible for tracking expenses related to the outbreak response?
 |  |  |  |
| Notes: |

## Additional Notes: