



HOSPITAL PREPAREDNESS CHECKLIST FOR COVID-19



INTRODUCTION

During a pandemic like COVID-19, it is very important for every hospital to prepare for possible case(s) of COVID-19. Healthcare workers should be ready and be able to handle such cases, this can only be achieved by training and equipping them appropriately.

The purpose of the check list is to achieve the following:

1. Protect healthcare workers from possible exposure.
2. Protect both in-patients and out-patients from possible exposure.
3. Prevent the virus (if a case is confirmed) from spreading.
4. Ability to identify and isolate possible case(s) promptly and alert the Nigeria Centre for Disease Control (NCDC).
5. The safe transfer of possible case(s) to the designated isolation centre.

HOSPITAL PREPAREDNESS CHECKLIST				
S/N	ACTIVITIES	COMPLETED	IN PROGRESS	NOT STARTED
1	A person or team has been designated with responsibility for coordinating education and training on COVID-19.			
2	Facility has developed plans and materials for education and job-specific training of healthcare workers (HCW) which includes information on recommended infection control measures to prevent the spread of COVID-19, including: <ul style="list-style-type: none">• Signs and symptoms of COVID-19.• How to monitor patients for signs and symptoms of COVID-19.• Application of correct infection control practices including hand hygiene (as per WHO protocol) selection and use of appropriate personal protective equipment (PPE) including donning and doffing of PPEs, with a required demonstration of competency.• Education on Cleaning and disinfecting environmental surfaces and equipment• Staying home when ill.			



	<ul style="list-style-type: none"> Recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact). 			
3	Plans to post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette in various languages and format (prepared for individuals with visual, hearing or other disabilities) and appropriate reading-level.			
4	A designated location, separate from other clinical triage and evaluation areas, (utilizing the principles of social distancing) for the admission of patients with respiratory symptoms has been determined. In absence of a designated space, a system is provided that allows patients to wait in a personal vehicle or outside the facility (if medically appropriate) and be notified by phone or other remote methods when it is their turn to be evaluated.			
5	Training of workers on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases.			
6	<p>A process is in place following identification of a suspect COVID-19 case to include:</p> <ul style="list-style-type: none"> Immediate notification of facility leadership/infection control. Notification of the nearest NCDC office. 			
7	Develop a pandemic safety plan and appoint a safety officer to modify as required. Which is also to include the safe transfer of confirmed case(s) to the designated isolation center.			
8	Plan contingencies if appropriate levels of respiratory protection are unavailable.			
9	Trained healthcare workers have been assigned with responsibility of overseeing the triage process.			



10	Develop guidelines for staff monitoring for signs of illness (including self-reporting, self- quarantine, and start/end of shift evaluation) and create a mechanism for reporting both illness and absenteeism.			
11	Alcohol-based hand sanitizer for hand hygiene is available in every patient room (ideally both inside and outside of the room) and other patient care and common areas.			
12	Sinks are well-stocked with soap and paper towels for hand washing.			
13	Tissues and facemasks are available for persons with respiratory symptoms to use near entrances and in common areas, with no-touch receptacles for disposal.			
14	The facility instructs all staff including contractors, volunteers and students to regularly monitor themselves for fever and symptoms of COVID-19, as a part of routine practice.			
15	Facility has a process for auditing adherence to recommended hand hygiene practices by health care workers (kindly refer to SQHN hand hygiene audit tool developed from WHO)			