

## ADDENDUM 2

### CHECKLIST: HEALTHCARE FACILITY PREPAREDNESS

All Mediclinic Southern Africa hospitals have to be prepared to accommodate patients with suspected or confirmed Novel influenza. All hospitals should be ready to:

- Prevent spread of a novel influenza virus
- Identify and isolate patients with novel influenza
- Inform hospital management, Corporate Office and the Department of Health/NICD
- Care for a limited number of patients with a known or suspected Novel influenza virus as part of routine operation
- Potentially care for a larger number of patients in the context of escalating transmission
- Outline plans for internal and external communication
- Monitor and manage healthcare personnel with potential for exposure to a novel influenza
- Manage the impact on patients, the facility, and healthcare personnel

The following checklist highlights some key areas for hospitals to review in preparation for a novel influenza virus.

ELEMENT	YES	NO	ACTION TO BE TAKEN	RESPONSIBLE PERSON	DUE DATE
Relevant IPC policies available and staff is familiar with the content (see back of the document for details).					
A risk assessment (travel question) is done on all patients during admission to ensure prompt identification of high risk patients.					
A process is in place to inform a dedicated person (e.g. IPC Manager/Patient Safety Manager/Unit Manager on call/ EC Unit Manager) when a high risk patient has been identified during the admission process.					
An area has been identified where the patient can be interviewed.					
All Reception staff is informed about the process to follow.					
A complete travel history is asked from all patients during the admission in the ward (General Assessment: N0953/Emergency Centre Assessment: N2248).					
A process is in place to inform the unit manager/IPC Manager of any high risk patients that has been identified during the admission process.					
An effective triage system is in place in EC to identify and manage high priority cases promptly.					
Negative-pressure ventilation isolation rooms or single rooms are available to isolate suspected/confirmed patients.					

ELEMENT	YES	NO	ACTION TO BE TAKEN	RESPONSIBLE PERSON	DUE DATE
Assess availability of the following personal protective equipment: <ul style="list-style-type: none"> <li>N95 respirators (Staff)</li> <li>Surgical masks (Patients)</li> <li>Gloves (Staff)</li> <li>Goggles (Staff)</li> <li>Alcohol handrub (Staff and Patients)</li> </ul>					
Ensure that staff received fit test training for N95 respirators.					
Have contingency plans if the demand for PPE or other supplies exceeds supply.					
Review plans for implementation of surge capacity procedures and crisis standards of care. Review Emergency Preparedness Plan.					
Identify a dedicated area to accommodate large numbers of patients that require hospitalisation and isolation.					
Review procedures for specimen collection and transport to the laboratories.					
Assess effectiveness of environmental cleaning procedures.					
Ensure that cleaning staff are informed and that they know what is expected from them.					
Ensure that the names of all healthcare workers who have been in contact with suspected patients are recorded, followed up and monitored.					
Provide education to healthcare workers regarding influenza: <ul style="list-style-type: none"> <li>Information about the virus and transmission</li> <li>Specimen collection</li> <li>Patient placement</li> <li>Transmission based precautions</li> <li>PPE</li> <li>Triage</li> <li>Contact tracing</li> </ul>					
Review plans for visitor access and movement within the facility.					
Ensure that a process is in place to notify the NICD/DoH and Mediclinic Corporate Office: IPC					

**Mediclinic Corporate Policies:**

- Hand Hygiene
- Notifiable Medical Condition Reporting
- Surveillance
- Isolation: Standard and Transmission Based Precautions

- Cleaning and Disinfection: Bed and Patient Environment
- Disinfection Guidelines
- Communicable Disease Exposure Register
- Triage in Emergency Centre