



EBOLA PREPAREDNESS AND RESPONSE: A CHECKLIST FOR UN HEALTH FACILITIES

BACKGROUND

The aim of this checklist is to provide an outline of the essential minimum elements of Ebola virus disease preparedness and response, as well as specific elements that are considered desirable by UN's Division of Healthcare Management And Occupational Safety and Health (DHMOSH).

It is recommended that all duty stations globally, including in locations where active outbreaks of Ebola virus disease are occurring, should review this checklist in detail. Duty stations that already have their own specific Ebola preparedness and response plan in place may use the checklist to evaluate the completeness of their current plan.

While most of the actions listed here fall under the responsibility of the UN medical staff in each duty station, some of these actions also would need to be implemented in coordination with the country office/missions' non-medical senior management and other non-medical stakeholders.

All duty stations globally (regardless if Ebola is occurring in your duty station or not), should review this checklist and adapt it in accordance with the Ebola plans and guidelines from the local and/or national authorities.

A) PLANNING AND COORDINATION

- UN country office/mission's senior management or stakeholders should be briefed regarding the current Ebola outbreak situation globally, its possible outcomes and any related resource requirements for the country office/mission to be prepared to respond.
- UN senior medical staff should ensure systems are in place for close coordination with relevant stakeholders (e.g. WHO country office, national government, health authorities).
- UN country office/mission should convene either a formal coordinating committee for Ebola, or an equivalent committee (e.g. SMT/CMT) for management of the outbreak, or if the need should arise later.
- UN health facility should have a business continuity plan that will allow performance of critical functions with reduced numbers of staff.
- UN health facility should assess medical preparedness status related to Ebola and identify any actions needed to fill gaps.

B) PUBLIC HEALTH AND MEDICAL MANAGEMENT

B1 – PREPAREDNESS

- UN medical staff and other relevant stakeholders should review, become familiar with, and implement the WHO and any DHMOSH guidelines related to Ebola.
- UN medical staff, in coordination with the country office/mission management, should define the UN personnel who are considered high risk for Ebola infections (e.g. medical staff, cleaners of the



health facility, staff disposing high-risk waste, laundry staff, laboratory staff, burial teams, etc.) and involve them in specific training as necessary.

B2 – PERSONAL HYGIENE

- UN medical staff, in coordination with the country office/mission management, should raise awareness among UN personnel on how Ebola is spread, the prevention strategies of personal hygiene, including staying away from ill persons, handwashing and safe burial techniques.

B3 – TRAVEL

- UN medical staff should review and be familiar with the contents of DHMOSH's travel advisory, when it is published.
- UN medical staff, in coordination with the country office/mission management and WHO advice on their Ebola website, should provide education to travellers, and issue travel advisories, precautions, or restrictions as necessary.

B4 – INFECTION CONTROL

- UN medical staff should routinely and consistently implement universal precautions at all times regardless of the diagnosis of the patient. Emphasis should be put on routine handwashing before and after examining patients with fever; and safe handling and disposal of used needles and syringes.
- Routine handwashing practices by medical staff, especially after contact with each patient, should be regularly monitored and improved as needed.
- UN medical staff should be familiar with the immediate infection control precautions to take once an Ebola case is suspected, including barrier nursing and isolation precautions.
- UN medical staff and other relevant staff should be familiar and trained regarding the proper cleaning and disinfection of medical and patient equipment and walls and floors of health facilities.
- UN medical and other relevant staff dealing with waste should be familiar and trained regarding the proper procedures of disposal of Ebola-contaminated waste.
- UN medical staff and other relevant staff should be familiar and trained regarding the safe preparation of bodies of deceased Ebola patients for burial and how to prevent disease transmission during the process.

B5 – PERSONAL PROTECTIVE EQUIPMENT (PPE)

- UN medical staff should review the types of PPE needed for management of an Ebola case/outbreak.
- If these PPE are currently unavailable in the local supply, UN medical staff should identify the best sources, and procure the necessary quantities of PPE.
- UN medical staff and other staff identified as high-risk populations should be trained on the proper use and disposal of the PPE.

B6 – DIAGNOSIS OF CASES

- UN medical staff should review the types of PPE needed for management of an Ebola UN medical staff should familiarize themselves with how Ebola cases might present, know the possible differential diagnoses, and how to identify such cases if encountered.



- UN medical staff should know how to liaise with the local WHO country office and protocols for collection and transport of clinical specimens, and arrangement of laboratory testing of suspected Ebola cases if encountered.

B7 – MANAGEMENT OF CASES

- UN medical staff should know how to administer supportive care to suspected/probable/ confirmed Ebola cases if encountered
- If applicable, UN medical staff should ensure that an isolation area or areas can be set up within its own health facility and that it meets WHO standards.
- UN medical staff should have the knowledge of the capacity and capabilities of local hospitals to handle Ebola cases, and know the protocols for referrals to such hospitals.

B8 – REPORTING

- UN medical staff should be familiar with the procedures for informing the country office/mission's senior management, WHO country office, and UN DHMOSH (DOS-DHMOSH-Public-Health@un.org) when an Ebola case is suspected.
- UN medical staff should be familiar with the procedures for informing the local health authorities when an Ebola case is suspected or confirmed.

B9 – MANAGEMENT OF CONTACTS

- UN medical staff should understand how to identify and manage potential contacts of Ebola cases, in conjunction with the WHO country office and local health authorities.

C) COMMUNICATIONS AND HEALTH EDUCATION

- UN medical staff, in coordination with the country office/mission management, should update all staff on the current Ebola outbreak situation and the UN's country office/mission's preparedness activities as necessary.
- Know where to obtain information concerning the latest outbreak situation from both WHO websites and the local health authorities.

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