



OUTBREAKS OF HIGH IMPACT: A GENERIC PREPAREDNESS CHECKLIST FOR UN HEALTH FACILITIES *(TO BE USED AND ADAPTED FOR SPECIFIC DISEASE TYPE WHEN NEEDED)*

BACKGROUND

This generic checklist aims to outline the necessary elements for consideration when a duty station needs to prepare and respond to any infectious disease outbreak of high impact.

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/mission's non-medical senior management, local health authorities and other non-medical stakeholders.

This is a generic checklist to cover any number of pathogens. Please adapt it according to the disease pathogen and guidance from local health authorities as necessary.

A) PLANNING AND COORDINATION

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

B) PUBLIC HEALTH AND MEDICAL MANAGEMENT

B1 – PREPAREDNESS

- Ensure medical staff in affected duty station(s) and other relevant stakeholders review, become familiar with, and implement the local health authority, WHO and any DHMOSH guidelines related to the disease outbreak.
- Ensure medical staff are aware of case definitions and clinical presentations of pathogens of concern (that might cause an outbreak) and implement early screening and recognition followed by immediate isolation.
- Ensure dedicated area for screening if needed.
- Ensure dedicated area for isolation and quarantine if needed.



- UN personnel who are considered high risk for infection (e.g., medical staff, cleaners of the health facility, staff disposing high-risk waste, laundry staff, laboratory staff, burial teams, etc.) should be identified early, and involved in specific training if necessary.

B2 – PERSONAL HYGIENE

- Ensure UN medical staff in affected duty station(s), in coordination with country office/mission management, raise awareness among UN personnel on how the pathogen is spread and any prevention strategies (e.g., personal hygiene, including staying away from ill persons, handwashing, safe burial techniques), as needed.

B3 – TRAVEL

- Ensure that UN medical staff in affected duty station(s) review and familiarize themselves with the contents of DHMOSH's travel advisory when it is published.
- Ensure UN medical staff in affected duty station(s), in coordination with country office/mission management and following WHO advice, provide education to travellers and issue relevant travel advisories, precautions, or restrictions as needed.

B4 – INFECTION PREVENTION AND CONTROL

- Ensure UN medical staff in affected duty station(s) are advised to routinely and consistently implement standard precautions regardless of the patient's diagnosis. Emphasis should be put on routine handwashing before and after examining patients with fever and the safe handling and disposal of used needles and syringes.
- Reinforce to affected duty station(s) the importance of routine handwashing practices by medical staff, before and especially after contact with each patient. These practices should be regularly monitored and improved as needed.
- Ensure UN medical staff in affected duty station(s) are familiar with the immediate infection control precautions to take once an outbreak is suspected, including barrier nursing and isolation precautions if needed.
- Ensure UN medical and other relevant staff in affected duty station(s) are familiar with and trained in the proper cleaning and disinfection of medical and patient equipment, and environmental cleaning of health facilities if needed.
- Ensure UN medical and other relevant staff in affected duty station(s) dealing with waste are familiar with and trained in the proper procedures of disposal of infectious waste. This includes the safe management of sharps/needles.
- Ensure UN medical staff and other relevant staff in affected duty station(s) are familiar with and trained in the safe preparation of deceased patients' bodies for burial and how to prevent disease transmission during the process, if needed.

B5 – PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Ensure UN medical staff in affected duty station(s) review the types of PPE needed for the management of the disease outbreak.
- Ensure that there is always contingency PPE stock for basic standard precautions and transmission base precautions (especially for the initial stages of the outbreak response)
- If these PPE are currently unavailable in the local supply, identify the best sources and procure the necessary quantities of PPE.



- Ensure UN medical staff and other staff in affected duty station(s) identified as high-risk populations are trained on the proper use and disposal of the PPE.

B6 – DIAGNOSIS OF CASES

- Ensure UN medical staff in affected duty station(s) familiarize themselves with how cases might present, the case definitions, possible differential diagnoses, and how to identify such cases if encountered, including what laboratory testing is needed.
- Ensure that medical staff educate non-medical staff and other personnel on case presentation, signs and symptoms, and what to do if they develop such.
- Ensure UN medical staff in affected duty station(s) know how to liaise with the local health authority, WHO country office, and the protocols for collection and transport of clinical specimens, and arrangement of laboratory testing of suspected cases if encountered.
- Ensure that gold-standard testing capacity and capabilities are available/accessible for identification of pathogen.

B7 – MANAGEMENT OF CASES

- If applicable, ensure UN medical staff in affected duty station(s) establish an isolation area or areas that can be set up within their own health facility to keep patients until transfer can be arranged, and that it meets WHO standards.
- Ensure UN medical staff in affected duty station(s) have the knowledge of the capacity and capabilities of local hospitals to handle cases and know the protocols for referrals to such hospitals.
- If applicable, ensure UN medical staff in affected duty station(s) are aware of MEDEVAC/transfer protocols. Ongoing management of cases should not occur in UN facilities that lack capacity for patient monitoring, knowledge of and access to possible therapeutic agents for clinical management.
- Ensure UN medical staff in affected duty station(s) know how to administer emergent supportive care and treatment of suspected/probable/confirmed cases if encountered.
- Ensure that medical treatment and countermeasures are available to and accessible by UN medical staff.

B8 – REPORTING

- Ensure UN medical staff in affected duty station(s) are familiar with the procedures for informing the country office/mission's senior management, WHO country office, and UN DHMOSH (dosh-public-health@un.org) of the initial case and any subsequent changes in case numbers as advised.
- Ensure UN medical staff in affected duty station(s) are familiar with disease-specific outbreak reporting tools, forms and reporting timelines, including DHMOSH's Outbreak Response Tool (<https://hr.un.org/page/reporting-outbreaks>) and EarthMed.
- Ensure UN medical staff in affected duty station(s) are familiar with the procedures for informing the local health authorities when a case is suspected or confirmed.



B9 – MANAGEMENT OF CONTACTS

- Ensure UN medical staff in affected duty station(s) understand how to identify and manage potential contacts of cases in conjunction with the WHO country office and local health authorities, including those who might be eligible for vaccination (if applicable) as part of post-exposure prophylaxis or a ring-vaccination strategy.
- If applicable, ensure adequate work exclusion and quarantine policies are in place.

B10 – VACCINATION

- Ensure vaccination strategies, including procurement, stockpiling, campaigns, and administration protocols, are in place where applicable.
- Ensure logistics for procurement and storage are in place for disease-specific vaccines (where applicable).

C) COMMUNICATIONS AND HEALTH EDUCATION

- Ensure all information and communications, including responses to queries, regarding the current outbreak are through the official delegated channel as indicated in the preparedness /CMT plans.
- Ensure UN medical staff in affected duty station(s), in coordination with the country office/mission management, update all staff on the current outbreak situation and the UN country office/mission's preparedness activities as necessary.
- Ensure UN medical staff in affected duty station(s) know where to obtain latest information from WHO and local health authorities concerning the outbreak situation.

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