Appendix 1

**EVD Protocol Checklist for Health Centres and Auxiliary Medical Services**

 **Version 2.0/29/11/2014**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **EVD Protocol Element/Activity/Procedure**  | **NO** | **YES** |
| 1. **Accessibility of the EVD protocol**
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| * 1. Accessibility of all professionals at the health centre and auxiliary services (health-related and non-health-related) to the Intranet (including back-up and temporary substitutes and cleaning and security staff)
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| * 1. Availability of the latest version of the EVD protocol on paper and in the location agreed to by the health centre. Written documents available and easily accessible (e.g., on the trolley or in the cupboard where the personal protection equipment are kept)
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| * 1. Availability of summary sheets for initial contact staff, nurses and doctors in accessible places (may include summaries or other additional information drawn up by the health centre itself)
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| * 1. Register of the date on which changes to the EVD protocol were reported, indicating the version (documentation update) in the Dept. documents file
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| 1. **Mechanisms for managing knowledge and improvement of the protocol**
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| * 1. Availability of the form for proposals to improve the EVD protocol through direct access or via a paper document
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| * 1. Minutes of periodical meetings or information/training sessions
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| 1. **EVD protocol structure and materials**
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| * 1. Availability and accessibility of individual protection teams (and of material for patient care)
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| * 1. Availability of surgical boots/boot covers and caps together with the rest of the equipment
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| * 1. Availability of sets of working clothes stored together with the personal protection equipment
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| * 1. Accessibility of the key for access to the personal protection equipment, working clothes and other necessary material
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| * 1. Control of inventory of personal protection equipment numbers and locations (indicate sizes)
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| * 1. Register of applications of equipment for complying with EVD protocol for Labour Medicine Service via Director of Primary Care
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| * 1. Availability of hydroalcoholic solution in Admissions, doctor’s offices, emergency doors, etc.
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| * 1. Availability of personal protection equipment and cleaning/decontamination material for cleaning staff
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| * 1. Availability of personal protection equipment for security staff
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| * 1. Availability of surgical masks and gloves at reception
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| * 1. Availability of surgical masks and gloves in Primary Care consulting rooms
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| * 1. Availability of surgical masks and gloves in Emergency dept.
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| * 1. Specification of isolation zone pending transfer of the patient
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| * 1. Specification of toilets patient may use in case of need, and of route to be taken
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| * 1. Identification of routes patient can take and conditions of isolation and closure of transit for other persons
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| * 1. Containers for Type III sanitary waste available in areas of attention to suspected EVD patients (consulting room and anteroom according to the protocol)
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| * 1. Availability of gloves, masks and hydroalcoholic solution packed in cases for home visits
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| 1. **Staff information and training**
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| * 1. Register of information, education and training activities for correct application of the EVD protocol (including staff of contracted companies)
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| * 1. Appraisal of staff situation (including staff of contracted companies) with regard to staff that are particularly sensitive to biological risk in order to possible exemptions from obligations to provide care to suspected EVD patients. This would apply in particular to maternity situations (pregnancy and lactation) and those related to alteration of immunity or tumours
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| * 1. Register of professionals (including staff of contracted companies) that have not received the training because they did not attend, for any reason, the training sessions to which they were called
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| * 1. Ease of access to EPIs for individual training
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| 1. **Aids for complying with the EVD protocol**
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| * 1. Instruction and recommendation sheet for staff making initial contact with the infected patient (includes indications for patient and any accompanying persons)
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| * 1. Availability of update sheet for activating EVD protocol at patient’s home (specify risk zones in Africa)
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| * 1. Availability of update sheet for activating EVD in emergency entries (specify risk zones in Africa)
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| * 1. Availability of update sheet for activating EVD protocol in doctor’s consulting room (specify risk zones in Africa)
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| * 1. Availability of update sheet for activating EVD protocol with patient who phones from home
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| * 1. Poster/Sheet reminding staff of steps for removal of personal protection equipment and imperative need to carry out this operation with the assistance and guidance of a co-worker
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| * 1. Poster/Sheet reminding staff about correct use of surgical boot covers to go over boots and under long socks, and which will be removed just before leaving the consulting room so as to step outside of it with “clean” shoes
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| * 1. Poster/Sheet for reminding staff about the instructions for cleaning toilet facilities, in case of need; this reminder should be accessible to cleaning staff (but not posted permanently in the toilets)
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| * 1. Register/Sheet containing key questions for patient about how he/she arrived at the health centre (on foot, brought by someone, own vehicle, taxi, etc.), independently of the Public Health Authority’s investigations in this regard, but with a view to early intervention
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| * 1. Poster/Sheet for reminding staff about the correct location of containers for Type III sanitary waste
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| 1. **Activation of the EVD protocol**
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| * 1. Verification of the sound functioning of the internal channel of communication with regard to EVD protocol activation so that all staff take the appropriate precautions and help patients at the health centre to remain at a distance from the isolation zone
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| * 1. Checking of the internal transit circuit leading to the individual isolation zone for patient attention
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| * 1. Checking of the internal transit circuit for if the patient needs to go to the toilet and of the precautions to be taken in such cases
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| * 1. Checking of the internal transit circuit for patient transfer
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| 1. **Communication with responsible agents and other institutions**
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| * 1. Information for all doctors at the health centre/auxiliary service on how to report EVD cases to the Epidemiological Monitoring Service of the General Subdirecorate for Epidemiology and Health Monitoring
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| * 1. Availability and updating of list of contact phone numbers for local police, national police and Civil Guard (includes 112)
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| 1. **Attention to patients with suspected infection or already infected**
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| * 1. Information documents for the patient with diagnostic indications and conditions that will pertain. This information shall be verbal, and this shall be stated in the clinical record
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| * 1. Instructions for any persons accompanying the patient
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| 1. **Measures for the prevention and control of infection**
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| * 1. Registration and control sheets with regard to persons unrelated to the health centre who come into contact with the patient, specifying name, postal and e-mail address and telephone numbers (landline and mobile) (available in the protocol)
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| * 1. Sheet for registration of suspected EVD patient’s contact with healthcare staff (name, exposure time and activity performed by each one) and his/her own activity (available in the protocol)
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| * 1. Where applicable (if patient came by car), identification of where patient parked his/her car and car type and/or registration number, for ease of location of the vehicle
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| * 1. Procedure for cleaning of the health centre, isolation zone and vehicle (where applicable)
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| * 1. Indications on what to do with patient’s personal belongings after activation of the protocol and confirmation of positive EVD case (it is mandatory for all the patient’s belongings to be removed with the patient, e.g., zimmer frames, crutches, bags.)
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| * 1. Individual sheets with instructions and precautions for staff who have been in contact with the suspected EVD patient
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Signature of internal auditor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and signature of Monitoring Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of approval of the list of verification by the Monitoring Committee Chair \_\_\_\_\_\_\_\_\_\_\_