Healthcare Facility Preparedness Checklist for MERS-CoV

All U.S. healthcare facilities need to be prepared for new and emerging infectious disease threats such as Middle East Respiratory Syndrome Coronavirus (MERS-CoV). All hospitals should be equipped and ready to care for a limited number of infected patients as part of routine operations and also to potentially care for a larger number of patients in the context of escalating transmission. Facilities should outline plans for administrative, environmental, and communication measures and define the individual work practices that will be required to detect the introduction of MERS-CoV or other emerging infectious diseases, prevent spread, and manage the impact on patients, the facility, and staff.

The following checklist highlights some key areas for healthcare facilities to review in preparation for MERS-CoV. The checklist format is not intended to set forth mandatory requirements or establish national standards.

☐ Ensure facility infection control policies are consistent with the Centers for Disease Control and Prevention's MERS-CoV guidance (http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html)

☐ Review procedures for rapidly implementing appropriate isolation and infection practices for potential MERS-CoV patients

☐ Review policies and procedures for screening and work restrictions for exposed or ill HCP including ensuring that HCP have ready access, including via telephone, to medical consultation

☐ Review procedures for laboratory submission of specimens for MERS-CoV testing

☐ Review plans for implementation of surge capacity procedures and crisis standards of care

☐ Develop plans for visitor restriction if MERS-CoV is circulating in the community

☐ Ensure that specific persons have been designated within the facility who are responsible for communication with public health officials and dissemination of information to other HCP at the facility

☐ Confirm the local or state health department contact for reporting MERS-CoV cases and confirm reporting requirements

☐ Assure ability to implement triage activities based on public health guidance including at the facility and using remote (i.e., phone, internet-based) methods where appropriate to minimize demand on the health care system

☐ Ensure that negative-pressure airborne infection isolation rooms are functioning correctly and are appropriately monitored for airflow and exhaust handling

☐ Ensure that HCP who will provide patient-care have been medically cleared, fit-tested, and trained for respirator use

☐ Provide education and refresher training in the next six weeks to HCP regarding MERS-CoV diagnosis, how to obtain specimen testing, appropriate PPE use, triage procedures including

patient placement, HCP sick leave policies, and how and to whom MERS-CoV cases should be reported, procedures to take following unprotected exposures (i.e., not wearing recommended PPE) to suspected MERS-CoV patients at the facility

☐ Assess availability of personal protective equipment (PPE) and other infection control supplies (e.g., hand hygiene supplies) that would be used for both healthcare personnel (HCP) protection and source control for infected patients (e.g., facemask on the patient)

☐ Have contingency plans if the demand for PPE or other supplies exceeds supply

☐ Assess effectiveness of environmental cleaning procedures; provide education/refresher training for cleaning staff (http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html)

☐ Monitor the situation at CDC's MERS website: http://www.cdc.gov/coronavirus/mers/index.html

For more information, visit http://www.cdc.gov/coronavirus/mers/preparedness/checklist-facility-preparedness.html.