

Consolidated Ebola Virus Disease Preparedness Checklist

30 October 2014



The Consolidated Checklist for Ebola Virus Disease Preparedness

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The Ebola virus disease (EVD) outbreak in affected countries in West Africa is unprecedented in scale and geographical reach. It has the potential to spread to other countries in Africa and beyond. WHO has identified 4 groups of countries to facilitate more effective implementation of actions.

1. Guinea Bissau, Mali, Senegal and Cote d'Ivoire because they directly border currently affected countries.
2. Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Gambia, Ghana, Mauritania, Nigeria, Togo and South Sudan were also considered for various reasons.
3. All other countries in Africa
4. Countries in other regions

It is, therefore, highly recommended that all, but especially countries in group 1&2 ensure that they are ready to cope, should EVD emerge in their country. This checklist should help countries to assess and test their level of readiness, and be used as a tool for identifying concrete action to be taken by countries and how they will be supported by the international community to close potentially existing gaps.

The Consolidated Checklist for Ebola Virus Disease Preparedness is based on efforts by various national and international institutions, including WHO, CDC and UN OCHA.

It identifies 10 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days respectively from the date of issuing this list. Minimal required resources in terms of equipment and material as well as human resources are defined. Key reference documents such as guidelines, training manuals and guidance notes will help the technical experts to implement required action in the key components. The key components are (see next page):

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Component	What this component is about	Why this needs to be in place and ready
Overall coordination	These are all efforts to clarify roles and responsibilities of national authorities and international partners in preparedness activities under a shared set of objectives.	This will allow to minimise duplication of efforts and ensure maximum impact from limited resources that are currently available.
Rapid Response Team (RRT)	RRT is a group of experienced experts that are on stand-by and can reach any part of the country within 24 hours. Their actions will help to contain/stop an outbreak early on. They will investigate the first case(s), support epidemiologic surveillance and contact tracing, provide health care, engage with the community and carry out infection, prevention and control measures.	As countries will not know exactly in which geographical area a first case will emerge, a fully operational RRT is critical to be able to act immediately once a suspicious case is reported. They will act as an initial stabilising resource in the earliest phase of the outbreak.
Public awareness and community engagement	These are efforts to promote the understanding of at risk communities on Ebola and address any stigma hampering EVD emergency healthcare and effective surveillance. Instead, the community has a crucial role in the alert.	In currently affected countries, health centres have been attacked as people were highly afraid and false rumours about the disease spread.
Infection Prevention and Control	This is to develop optimum IPC capacity and support facilities to ensure safe working conditions within healthcare facilities and social mobilization.	The ongoing epidemic in West Africa have caused considerable fatality of healthcare workers (average rate of infections 5-6%). IPC and safe working conditions are critical components to deliver emergency healthcare.
Case management a) Ebola Treatment Centre (ETC)	These are all efforts to develop or repurpose an existing facility as EVD ETC to treat 15 patients and have them fully operational. It includes the physical infrastructure as well as the capacities of staff to manage EVD cases.	The lack of functional ETCs in the beginning of an outbreak can lead to a small outbreak getting out of control. Therefore, having at least one fully operational ETC facility before a first case occurs is important to contain an outbreak early on.
Case management b) Safe burials	These are efforts to ensure safe burial with due regard to local custom and religion while safe handling of deceased is necessary to prevent wider transmission to communities.	Unsafe burial of Ebola victims has caused considerable community infection during burial ceremonies and is one of the main risk factors.
Epidemiological Surveillance	This is a country wide effective alerting/notification system to immediately investigate potential EVD cases.	The key to success in controlling EVD is largely dependent on timely and accurate community based surveillance.
Contact Tracing	These are all efforts that need to be in place to identify and track the chain of transmission within the first 72 hours of reporting a confirmed/probable/suspected case.	Rapid contact tracing and immediate monitoring is essential to stop/limit the transmission to other people. .
Laboratory	These are all efforts to ensure that samples are safely taken and transported to laboratories which are ready to swiftly analyse them.	Rapid confirmation of cases is crucial to contain an outbreak, trace contacts and provide emergency healthcare.
Capacities at Points of Entry	Efforts to get Points of Entry ready to deal with an Ebola case crossing the border. This includes the preparation of facilities as well as increasing staff capacity.	An effective targeted screening at Point of Entries will help to prevent cross border transportation of infections.

Component 1 – Overall coordination

For all recommended documents; url at the end

Description and tasks

Tasks	Within	Y/N
High-level Emergency & epidemic committees / Ebola Task Force (ETF) Implementation of a multisectoral and functional committee /Ebola Task Force (ETF) at the national and subnational / district levels Membership to the Committee / ETF at national and in “at risk” districts level reviewed and updated Existence of clear TOR of Committee / ETF Mechanisms are in place for coordinating donor support at the country level Review of current policy and legislative frameworks to ensure that they will provide the authorization for the preparedness measures are proposed Contingency or emergency plans exist are fully costed for fund identification	30 days	
Emergency Operations Centre (EOC) / Incident Management Structure (IMS): Establish EOC/IMS personnel at the subnational / district level for localized EOC/IMS coordination and management Identify, train and designate Incident Manager and Operations Manager who is empowered to take operational decisions Clearly assign communication responsibilities to specific EOC/IMS roles Develop plans for communication channels within EOC/IMS and between EOC/IMS, partners and the public Established procedures for command & control, coordination mechanisms, clearance of key technical and information products Test coordination and operations through table top exercises and drills Identify a physical location for the EOC	30 days	

Key reference documents

- Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation, WHO 2014

Resources

Human Resources

High-risk area/district, 2 teams each comprising:

- ☐ National coordinator
- ☐ The Minister of Health
- ☐ Dedicated representation from Ministries of information, education, interior/local government, health, defense, agriculture, rural development, Community - religious/ opinion/ youth/ women/ leaders -
- ☐ Partners

Subnational/district and operational level in high-risk areas:

- ☐ The local political leader with decision making power and budget authority
- ☐ 1 Subnational coordinator
- ☐ 1 local focal person from ministries of information, education, interior/local government, health, defense, agriculture, rural development
- ☐ 1 representative of community/ religious/opinion/ youth/women/leaders
- ☐ Partners

Equipment Materials

- ☐ National emergency preparedness plan
- ☐ Operational plan
- ☐ Logistics (office, vehicles, supplies, communication equipment, computers, etc.)
- ☐ Strategic stock (mattresses, blankets and others; general fuel, food, drugs)
- ☐ Materials for the operational emergency centre

Linkages

With other components :

- All

Support provided by:

- MoH
- WHO
- CDC
- IANPHI
- WCC
- Etc.

Component 2 – Rapid Response Team

Description and tasks

Description: Set up at least 2 trained RRTs for early detection, case investigation, epidemiological surveillance as well as contact tracing

	Tasks	Within (days)	Yes/No
2.1	Identify and assign team leader(s) and multidisciplinary members under the framework of the EOC/IMS	30	
2.2	Ensure that there is a rapid communication system in place to alert the RRT	30	
2.3	Train all clinical staff on the RRT in case management using international standards and the use of a mock ETC	30	
2.4	Train the RRTs on sampling procedures for suspect EVD cases and on the transport of category A pathogens	30	
2.5	Train the subnational RRT in surveillance and contact tracing	30	
2.6	Map potential health facilities at the district level that are ready to receive suspect EVD cases	60	
2.7	In the absence of an EVD case in the country after 60 days, conduct at least one simulation exercise to maintain the capacity of the RRTs to respond quickly	90	

Key reference documents

- IHR and IDSR
- Use of following guidelines:
 - ✓ WHO contact tracing guide
 - ✓ SOPs case investigation manual;
 - ✓ CDC and WHO guidelines on specimen collection and shipment;
 - ✓ AFRO/CDC training modules material to be finalized within next two weeks
 - ✓ Guideline on ETC

Resources

Human Resources

At least 1 RRT at national level comprising:

- | | |
|--|--|
| ☐ 2 clinicians | ☐ 1 psychosocial support expert |
| ☐ 2 epidemiologists | ☐ 1 data manager |
| ☐ 1 laboratory expert | ☐ Access to burial teams |
| ☐ 1 social mob/anthropologist | ☐ |
| ☐ 1 logistician | ☐ |

At least 1 RRT at subnational level comprising:

- | | |
|--|---|
| ☐ 2 clinicians | ☐ 1 data clerk |
| ☐ 2 epidemiologists | ☐ Access to burial teams |
| ☐ 1 laboratory technician | ☐ |
| ☐ 1 social mob/anthropologist | ☐ |
| ☐ 1 logistician | |

The number of subnational teams depends on the level of risk, human resource availability and geographic location.

Equipment Materials

Each team should be equipped with:

- ☐ forms in contact tracing guides
- ☐ Lab materials (special blood sample
- ☐ triple packaging sample collection kits
- ☐ for EVD)
- ☐ IEC materials
- ☐ 5 vehicles and 2 ambulances

Linkages

With other components:

- Component 4; 5; 6; 7; 8; 9

Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Etc.

Component 3 – Public awareness and community engagement

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Description and tasks

Description: Reduce anxiety by communicating technically-correct messages to targeted populations and mobilize communities to identify cases by communicating the importance to report suspicious cases rapidly

	Tasks	Within (days)	Yes/No
3.1	Develop or adapt, review, translate into local languages and disseminate targeted messages for media, health care workers, local and traditional leaders, churches, schools, traditional healers and other community stakeholders	30	
3.2	Identify and engage influential/key actors/mobilisers, such as religious leaders, politicians, traditional healers, and media in urban and rural areas	30	
3.3	Map out public communication capacities and expertise within health and other sectors	30	
3.4	Identify and establish mechanisms for engagement with national networks for social mobilization	30	
		[...] see next page	

Key reference documents

- A WHO field guide on Effective Media Communication during Public Health Emergencies
- A WHO handbook on Effective Media Communication during Public Health Emergencies
- Communication for Behavioural Impact COMBI Toolkit – Field workbook for COMBI planning steps in outbreak response – UNICEF, FAO, WHO (2012)
- Communication for Behavioural Impact COMBI Toolkit – A toolkit for behavioural and social communication in outbreak response – UNICEF, FAO, WHO (2012)

Resources

Human Resources

At national level:

- ☐ 1 social mob/anthropologist
- ☐ 1 media expert
- ☐ 1 community health expert
- ☐ 1 public relation expert
- ☐ 4 representatives of journalists association (1 health blogger, 1 from radio, 1 from TV, 1 from print)

At subnational and operational level

- ☐ 1 social mob/anthropologist
- ☐ 2 local media person
- ☐ 1 community health workers

- ☐ 1 focal person from ministries of information, education, interior/local government, health, defense, agriculture, rural development
- ☐ 1 representative of community/ religious/ opinion /youth/ women/ leaders

- ☐ 1 local focal person from ministries of information, education, interior/local government, health, defence, agriculture, rural development
- ☐ 1 representative of community/ religious/ opinion/ youth/ women/ eaders

Equipment Materials

- ☐ IEC materials (posters, megaphones, cars stickers, brochures, leaflets, t-shirts)
- ☐ The mobile phone APP/ solar operated mobile phones
- ☐ 2 Moving Cinema Vans/Incentives
- ☐ Local radios
- ☐ Local communication network (messages from churches, mosque, traditional leaders, schools, farms association)

Linkages

With other components :

- Component 5; 7; 9

Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Etc.

Component 3 – Public awareness and community engagement

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Description and tasks

	Tasks	Within (days)	Yes/No
3.5	Identify established functional communication coordination mechanism involving all government sectors and other stakeholders (including civil society organisations and communities)	30	
3.6	Establish coordination mechanism for engaging with the community (involving the traditional leaders, relevant sectors in a bottom-up approach)	30	
3.7	Establish coordination mechanism for engaging with partners (e.g. NGOs)	30	
3.8	Draw up a roster with clear roles and responsibilities for internal and external communications and spokespersons	30	
3.9	Establish functional and timely procedures for review, validation and clearance of information products	30	
3.10	Identify and train spokespersons and communication team and provide with talking points as needed	30	
3.11	Develop a comprehensive strategy, plan and budget for engaging with the media and public (including a scaled-up approach)	30	
3.12	Establish a system for rumour monitoring, investigation and response	30	
3.13	Establish a plan for reviewing, revising and monitoring impact of communication strategy	30	
3.14	Identify critical communication networks and plan for the use of materials in appropriate languages (TV, radio, social media, SMS, story tellers, theatre, and other appropriate communication means)	30	
3.15	Establish media monitoring mechanisms with appropriate tools	30	

Component 4 – Infection Prevention and Control

Description and tasks

Description: Develop optimum IPC capacity and support facilities to ensure safe working conditions within healthcare facilities and in the community.

	Tasks	Within days	Yes /No
4.1	Provide health facilities with basic hygiene, sanitation, disinfection/protective equipment and posters. Priority should be given to hospitals; then health centres in high risk areas (started in 30 days and to cover priority districts in 60 days)	30 – 60	
4.2	Increase the general awareness about hygiene and how to effectively implement infection prevention and control (started in 30 days and completed in 60 days for priority districts)	30 – 60	
4.3	Identify health facilities for setting up basic isolation units (2 beds) for suspected cases in all major hospitals and all border points (ideally regional and district hospitals)	30	
4.4	Equip and adequately train health care workers including environmental health personnel, cleaners etc. on IPC measures, including waste management, with priority for those at first contact with patients and at basic isolation unit	60	
4.5	Establish a compensation and benefits package for health care workers (HCWs) for: remuneration and motivation for high-risk assignment; in case of infection and death	60	

Resources

Human Resources

At national level

- | | |
|--|--|
| ☐ 1 infection prevention control expert | ☐ 1 administrator |
| ☐ 1 water and sanitation expert | ☐ 1 logistician |
| ☐ 1 health promotion expert | ☐ 1 environmental health expert |

Subnational level in each of high risk areas:

- ☐ Clinicians
- ☐ Nurses
- ☐ IPC professional
- ☐ Health promotion persons
- ☐ Environmental health persons

Equipment Materials

- ☐ Isolation units at all major hospital (at least 2 beds)
- ☐ Waste management facilities
- ☐ Training materials and job aides, e.g. training/posters on hand hygiene, standard precautions, local production or procurement of alcohol-based handrub [ABHR] solutions, preparation and use of chlorinated solution, sterilization, etc.
- 100 kits of PPEs
- ☐ Basic hygiene, sanitation, disinfection and protective equipment (gloves, soaps, ABHR, chlorinated water, disinfectant, waste disposal, etc.)
- Medical supplies
- ☐ Sprayers
- ☐ Incentives
- ☐ Incinerators

Key reference documents

- WHO Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola, 2014
- WHO Interim Infection Prevention and Control Guidance Summary (2014)
- Posters

Linkages

With other components :

- Components 2; 5; 6; 7; 8; 9

Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- UNMEER
- Etc.

Component 5 – Case management

5a) Ebola Treatment Centre (ETC)

Description and tasks

Description: Be ready to provide safe care for all EVD patients in appropriately equipped health facilities

	Tasks	Within (days)	Yes/No
5a.1	Set up at least one facility with trained staff, adequate supplies, ready to provide care to a patient or cluster of patients with suspected EVD. This facility should cater for 15 patients initially.	30	
5a.2	Equip and adequately train ambulance teams to transport suspect EVD cases	30	
5a.3	Identify health facilities at district level that can be turned into an ETC at short notice	30	
5a.4	Identify health facilities at local level that can be turned into an ETC at short notice	60	

Key reference documents

- Clinical management of patients with viral haemorrhagic fever: A pocket guide for the front-line health worker - WHO
- Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease : Empirical treatment during outbreaks - WHO
- WHO guidelines on drawing blood: best practices in phlebotomy

Resources

Human Resources

At national level , 24/7, **5 teams** (preferably staff from the national reference hospital), **each comprising:**

- | | |
|--|---|
| ☐ 1 physician and 1 physician's assistant | ☐ Security/drivers |
| ☐ 3 nurses | ☐ 1 waste management personnel |
| ☐ 1 nutritionist | ☐ 1 ambulance team |
| ☐ 1 psychosocial expert | comprising: 1 supervisor, |
| ☐ 2 ward attendants | 2 nurses' aides mortuary |
| ☐ 2 cleaners | attendants disinfection, |
| ☐ 1 hygienist/ disinfectant/ sanitarian) | 1 driver |

In high risk areas: 3 teams, each comprising (see above, same composition)

Equipment Materials

For each ETC:

- | | |
|---|---|
| ☐ 15 beds | ☐ 300 kits of PPEs |
| ☐ 15 mattresses | ☐ 20 burial kits |
| ☐ 150 bed sheets | ☐ Disinfectants |
| ☐ 2 vehicles | ☐ Drugs |
| ☐ 2 ambulances | ☐ Hygienist protection materials |
| ☐ Power and running water | ☐ Incentives |
| ☐ Other medical equipment | |
| ☐ Holding (transit) areas | |
| ☐ Waste management facilities | |
| ☐ Intravenous fluids (antibiotics, pain killers, antimalarial, etc.) | |
| ☐ Food for personnel and patients | |
| ☐ Training materials and job aides for | |
| ☐ IPC, clinical care and safe burial | |

Linkages

With other components :

- Component 2; 3; 4; 7; 8; 9

Support provided by:

- WHO
- CDC
- MSF
- Etc.

Component 5 – Case management

5b) Safe burials

Description and tasks

Description: Ensure that burials take place safely and in a dignified manner and always taking into account local religious customs

	Tasks	Within (days)	Yes/No
5b.1	Develop SOPs for safe burials and decontamination	30	
5b.2	Identify appropriate secured burial ground with agreement of the community	30	
5b.3	Equip and adequately train burial teams (8 people)	30	
5b.4	Ensure that a dedicated transportation process is in place to bury human remains safely	30	
5b.5	Ensure burials teams have access to support services such as drivers, grave diggers, and potential security support during the burial process	30	

Key reference documents

- WHO - Safe Burial Practices

Resources

Human Resources

2 burial teams per ETC, each comprising:

- ☐ 4 people to carry bodies
- ☐ 1 person to disinfect
- ☐ 1 person to interact with the
- ☐ local community not wearing PPE)
- 1 Supervisor

Equipment Materials

For each ETC:

- ☐ PPEs
- ☐ Body bags
- ☐ Disinfectant
- ☐ 2 vehicles (pickups 4x4)
- ☐ Radio, mobile phone
- ☐ Appropriate and secured burial ground
- ☐ Mortuary tent / facility

Linkages

With other components :

- Component 2; 3; 4; 7; 8; 9

Support provided by:

- MoH
- WHO
- Etc.

Component 6 – Epidemiological Surveillance

Description and tasks

Description: Ensure across country effective alerting and notification system is in place

•across country

	Tasks	Within (days)	Y/N
6.1	Establish a 24/7 hotline with escalation facilities with medically trained staff	30	
6.2	Train the hotline staff on case identification and management of communication with potential cases	30	
6.3	Provide guidance (case definition and investigation forms to all sub-national / district levels and healthcare facilities);, standard case definitions to all countries)	30	
6.4	Provide training on the case definition and investigation		
6.5	Test existing Surveillance/IDSR systems for Ebola, identify gaps and start implementation of corrective actions where necessary	30	
6.6	Establish immediate lines of reporting for suspect cases, clear responsibility for such actions	30	
6.7	Identify human resources for community surveillance (community HCWs, Red Cross/Crescent volunteers, NGOs, healer, leaders etc.)	30	
6.8	Disseminate simplified case-definitions for community use	60	

Key reference documents

- Ebola surveillance in countries with no reported cases of Ebola virus disease
- Case definition recommendations for Ebola or Marburg Virus Diseases
- Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance

Resources

Human Resources

At national level

- ☐ 2 epidemiologists
- ☐ 2 data managers
- ☐ 2 data clerks
- ☐ 2 investigation officer

In high-risk area/district level:

- ☐ 2 zonal coordinators
- ☐ 1 epidemiologist
- ☐ 1 data clerk
- ☐ District health team (district health officer, surveillance/ investigation officer)

For hotline: 14 people (2 hotlines with 2 people for 3 shifts; 2 supervisors; first hotline as first contact/info, with escalation to second hotline for suspected cases

Equipment Materials

- ☐ Epidemiology surveillance materials (guidelines, case investigation forms, etc.)
- ☐ Database management system
- ☐ Vehicles/motorcycles
- ☐ Community volunteers need phones and airtime
- ☐ Gloves and sanitary equipment (no direct patient contact)

Linkages

With other components :

- Component 2; 4; 7; 8; 9

Support provided by:

- MoH
- WHO
- CDC
- WCC
- Etc.

Component 7 – Contact Tracing

Description and tasks

Description: Identify and monitor the contacts of confirmed/probably/suspected case of EVD within the first 72 hours of reporting.

	Tasks	Within (days)	Yes/No
7.1	Train the teams at both national and subnational / district levels including on contact tracing and data management (with a ToT strategy)	30	
7.2	Provide UNMEER with list of required equipment and materials for contact tracing at National and sub-national levels	30	
7.3	Train staff at district level on contact tracing	30	
7.4	Train staff at sub district and community level on contact tracing	30	

Key reference documents

- CDC guide on contact tracing
- WHO guide on contact tracing
- EVD Contact Tracing Facilitator's Guide – training on contract tracing with scenarios

Resources

Human Resources

High-risk area/district, 2 teams each comprising:

- ☐ 1 zonal coordinator
- ☐ 1 district health officer
- ☐ 1 surveillance/investigation officer
- ☐ 2 contact tracing supervisors
- ☐ 10 community contact tracers

Equipment Materials

- ☐ Epidemiology surveillance materials (guidelines, case investigation forms, contact tracing sheets and lists, etc.)
- ☐ Database management system
- ☐ Infrared thermometers
- ☐ Gloves and sanitary equipment (no direct patient contact)
- ☐ 2 vehicles
- ☐ 2 motorcycles
- ☐ Phones and credits
- ☐ Develop e-learning module
- List of equipment in CDC guidance note

Linkages

With other components :

- Component 2; 3; 4; 5; 6

Support provided by:

- MoH
- WHO
- CDC
- IANPHI
- WCC
- Etc.

Component 8 – Laboratory

Description and tasks

Description: Ensure safe sample collection, transport and analysis of specimens.

	Tasks	Within (days)	Yes/No
8.1	For each district, identify laboratory responsible for analysis or specimen handling of biological samples and mode of transport for samples	30	
8.2	Stand-by arrangements and agreements with WHO Collaborating Centres for confirmatory testing in place	30	
8.3	Stand-by arrangements and agreements with relevant air-lines to ship samples from suspected cases to WHO collaborating Centres in place	30	
8.4	Availability of resources to facilitate transportation and shipment of specimens	30	
8.5	Existence of protocol for: –sample collection; –referral and shipment of specimens from suspect EVD cases to designated laboratory for confirmation at national and sub-national public health laboratories	30	
8.6	Laboratory personnel trained on procedures for specimen collection, packaging, labelling, referral & shipment, including handling of infectious substances	30	

Key reference documents

- How to safely ship human blood samples from suspected Ebola cases within a country
- How to safely collect blood samples from persons suspected to be infected with highly infectious blood-borne pathogens
- Laboratory guidance for the diagnosis of Ebola virus disease
- WHO Laboratory Assessment Tool
- Laboratory Quality Management System Handbook, WHO/CDC/Clinical and Laboratory Standards Institute, 2011

Resources

Human Resources

At national level:

- ☐ 2 lab coordinators
- ☐ 2 biologist/virologists
- ☐ 4 lab technicians
- ☐ 1 data manager
- ☐ 1 data clerk

In high-risk area/district (health facilities with basic isolation unit):

- ☐ 2 lab technicians

Equipment Materials

- ☐ 1 available laboratory and/or an identified WHO designated reference laboratories
- ☐ 20 sets of triple packaging materials, available at RRT's
- ☐ Triple packaging materials available at health facilities with basic isolation unit
- ☐ 100 kits of PPEs
- ☐ 2 incinerators
- ☐ 2 vehicles identified
- ☐ Consumables

Linkages

With other components :

- Component 2; 4; 5; 6

Support provided by:

- MoH
- WHO
- Etc.

Component 9 – Capacities at Points of Entry

Description and tasks

Description: Ensure that all Points of Entry are ready to deal with an Ebola case crossing the border

	Tasks	W.	Y/N
9.1	Ensure that a health emergency contingency plan is in place at high risk PoE (ports, airports, and ground crossings)	30	
9.2	Deliver identified supplies (9 PPE full sets at each PoE Medical equipment to survey cases 3 Infrared Hand held Thermometers, 1 Scanner, 2 Observation room/ 2 Health facilities and supplies for safe isolation and observation of suspect cases if possible separation room, if not, a separated area. Depending on the geographical location, 1 Ambulance) to PoEs. Every PoE needs to have either a separation room of a dedicated area for holding suspected cases	30	
9.3	Identify PoE teams to cover 24/7, to assist travellers and ensure correct isolation if required, including through a "holding" center/area for any suspect cases	30	
9.4	Review and test current communication system between health authorities and conveyance operators at PoE, and national health surveillance system	30	
9.5	Review systems and procedures for implementation of health measures related to IPC, and train related staff	30	
9.6	Avail SoPs to identify, manage and refer suspected ill patients from PoE to designated hospitals /isolation facility	30	
9.7	Sensitize public health authorities at PoE to EVD, review their roles and processes for handling, reporting and for referral of suspected cases of EVD	30	
9.8	Avail SOP for implementing exit screening in the event of a confirmed EVD outbreak	30	

Key reference documents

- Travel and transport risk assessment: Travel guidance for health authorities and the transport sector
- WHO interim guidance for Ebola event management at points of entry
- Stopping the Ebola Outbreak Infographic

Resources

Human Resources

At each Point of Entry and official border crossings, (24 h a day, 7 days a week, i.e. 3 shifts) for each shift:

- ☐ 2 nurses (or, if not available, trained staff in case identification, at least one of them trained in disinfection) ,
- ☐ 1 immigration
- ☐ 1 security personnel

Equipment Materials

For each Point of Entry and official border crossing :

- ☐ Basic hygiene, sanitation, disinfection and protective equipment (gloves, soaps, chlorinated water, disinfectant, waste disposal, etc.)
- ☐ 9 kits of PPE
- ☐ Medical equipment to survey cases
- ☐ 3 infrared hand-held thermometers
- ☐ 1 scanner
- ☐ 2 observation room/
- ☐ 2 health facilities and supplies for safe isolation and observation of suspect cases; if possible a separation room, if not, a separated area
- ☐ Depending on the geographical location, 1 ambulance

Linkages

With other components :

- Component 2; 3; 4; 5; 6

Support provided by:

- WHO
- UNMEERS
- Etc.

Component 10 – Overall budget for outbreak

Description and tasks

Description: Make sure that sufficient funds are available at national and subnational level to prepare and rapidly respond to EVD

	Tasks	Within (days)	Yes/No
10.1	Define operational budget for activities (communication, enhanced surveillance, investigation, etc.), pre-epidemic detection and for the preliminary response	30	
10.2	Identify funding sources, including allocation of domestic resources and mechanisms to raise additional resources when necessary, has been put in place and is known	30	
10.3	Develop templates for resource mobilization and for country and donor reporting, including mechanisms to monitor and track implementation	30	
10.4	Establish easily accessible contingency funds for immediate response to outbreak of EVD at national and other appropriate sites	30	
10.5	Identify the process to transfer money from central level to local emergency use	30	

Key reference documents

Resources

Human Resources

- ☐ Representation from the Prime Minister's office, with International Organisations, such as World Bank, IMF, EU, WHO, etc.

Equipment Materials

- ☐ National emergency preparedness plan

Linkages

With other components :

- All

Support provided by:

- MoH
- WB
- IMF
- EU
- Member States of WHO
- Foundations
- Etc.

Abbreviations

AFRO	WHO African Regional Office
CDC	United States Centers for Disease Control and Prevention
COMBI	Communication for Behavioural Impact
EOC	Emergency Operations Centre
ETC	Ebola Treatment Center
ETF	Ebola Task Force
EU	European Union
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization
HCW	Health Care Workers
IANPHI	International Association of National Public Health Institutes
IDSR	Integrated Disease Surveillance
IHR	International Health Regulations (2005)
IMF	International Monetary Fund
IMS	Incident Management Structure
IPC	Infection Prevention and Control

NGOs	Non Governmental Organizations
PoE	Point of Entry
PPE	Personal Protective Equipment
RRT	Rapid Response Teams
SoP	Standard Operating Procedures
ToR	Terms of Reference
ToT	Training of Trainers
TTX	Table Top Exercises
UNICEF	United Nations Children's Fund
UNMEER	UN Mission for Ebola Emergency Response
WFP	World Food Programme
WHO	World Health Organization

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Component	Title of document	Web link
Coordination	International Health Regulations (2005) Second edition	http://www.who.int/ihr/publications/9789241596664/en/
	Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation	http://apps.who.int/iris/bitstream/10665/130160/1/WHO_HSE_PED_CED_2014.05_eng.pdf?ua=1
Rapid Response Teams	Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation	http://www.who.int/csr/resources/publications/ebola/manual_EVD/en/
	Flambées épidémiques de maladie à virus Ebola et Marburg: préparation, alerte, lutte et évaluation	http://www.who.int/csr/disease/ebola/manual_EVD/fr/
	Technical Guidelines for Integrated Disease Surveillance and Response (IDSR) in the African Region	http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html
Public Awareness and Community Engagement	Effective Media Communication during Public Health Emergencies	http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/
	Communication for behavioural Impact (COMBI): field workbook for COMBI planning steps in outbreak response	http://www.who.int/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/
	Communication for behavioural impact (COMBI) A toolkit for behavioural and social communication in outbreak response	http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/
	Effective Media Communication during Public Health Emergencies: A WHO Handbook	http://www.who.int/entity/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf
	Effective Media Communication during Public Health Emergencies: A WHO Field Guide	http://www.who.int/entity/csr/resources/publications/WHO%20MEDIA%20FIELD%20GUIDE.pdf
	COMBI toolkit for behavioural and social communication in outbreak response	http://www.who.int/entity/ihr/publications/combi_toolkit_outbreaks/en/index.html
	Field workbook for COMBI planning steps in outbreak response	http://www.who.int/entity/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/index.html

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Component	Title of document	Web link
Infection Prevention and Control	Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola	http://apps.who.int/iris/bitstream/10665/130596/1/WHO_HIS_SDS_2014.4_eng.pdf?ua=1
	Infection prevention and control (IPC) guidance summary	http://www.who.int/csr/resources/publications/ebola/evd-guidance-summary/en/
	Steps to put on personal protective equipment (PPE)	http://www.who.int/csr/disease/ebola/put_on_ppequipment.pdf?ua=1
	Steps to remove personal protective equipment (PPE)	http://www.who.int/csr/disease/ebola/remove_ppequipment.pdf?ua=1
	Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola (include posters)	http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/
	AIDE-MEMOIRE: For infection prevention and control in a health care facility	http://www.who.int/injection_safety/toolbox/docs/en/AideMemoireInfectionControl.pdf?ua=1
Case Management / Patient Care	Clinical management of patients with viral haemorrhagic fever: A pocket guide for the front-line health worker	http://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/
	Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease : Empirical treatment during outbreaks	http://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/
	WHO guidelines on drawing blood: best practices in phlebotomy	http://www.who.int/entity/injection_safety/sign/drawing_blood_best/en/index.html
Safe Burial	Use Safe Burial Practices	http://www.who.int/csr/resources/publications/ebola/whoemcesr982sec7-9.pdf

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Epidemiological Surveillance	Ebola surveillance in countries with no reported cases of Ebola virus disease	http://www.who.int/csr/resources/publications/ebola/ebola-surveillance/en/
	Case definition recommendations for Ebola or Marburg Virus Diseases	http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1
	Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance	http://www.who.int/iris/bitstream/10665/112667/1/WHO_HSE_GCR_LYO_2014.4_eng.pdf
Contact Tracing	Contact tracing during an outbreak of Ebola virus disease	http://www.who.int/entity/csr/resources/publications/ebola/contact-tracing/en/index.html
	Identificação De Contactos Durante Um Surto Da Doença Do Vírus Do Ébola	http://www.who.int/csr/resources/publications/ebola/contact-tracing/en/
	Contact Tracing Infographic	http://www.cdc.gov/vhf/ebola/pdf/contact-tracing.pdf
Laboratory	How to safely ship human blood samples from suspected Ebola cases within a country	http://www.who.int/entity/csr/resources/publications/ebola/blood-shipment-en.pdf
	How to safely collect blood samples from persons suspected to be infected with highly infectious blood-borne pathogens	http://www.who.int/entity/csr/resources/publications/ebola/blood-collect-en.pdf
	Laboratory guidance for the diagnosis of Ebola virus disease	http://www.who.int/entity/csr/resources/publications/ebola/laboratory-guidance/en/index.html
	WHO Laboratory Assessment Tool	http://www.who.int/ihr/publications/laboratory_tool/en/
	Laboratory Quality Management System Handbook, WHO/CDC/Clinical and Laboratory Standards Institute, 2011	http://whqlibdoc.who.int/publications/2011/9789241548274_eng.pdf
	Guidance on regulations for the Transport of Infectious Substances 2013-2014	http://www.who.int/ihr/publications/who_hse_ihr_2012.12/en/
Capacities at Points of Entry	Travel and transport risk assessment: Travel guidance for health authorities and the transport sector	http://www.who.int/entity/csr/resources/publications/ebola/travel-guidance/en/index.html
	WHO interim guidance for Ebola event management at points of entry	http://apps.who.int/iris/bitstream/10665/131827/1/WHO_EVD_Guidance_PoE_14.1_eng.pdf
	Stopping the Ebola Outbreak Infographic	http://www.cdc.gov/vhf/ebola/pdf/ghs-ebola-materials.pdf