Infectious Disease Surge Preparedness

This domain performs a comprehensive assessment of your facility's readiness to safely manage increased patient volume and operational demands during an infectious disease surge.

Organizational Response Structure

1 - Has the facility designated a program leader to oversee the infectious disease preparedness program?
- ☐ Yes
- ☐ No
- ☐ Unsure

2 - Does the facility have a formalized pandemic response or Hospital Incident Command Structure (HICS)?
- ☐ Yes
- ☐ No
- ☐ Unsure

3 - This response structure is supported by facility leadership.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

4a - Is there an established chain of command during an infectious disease emergency?
- ☐ Yes
- ☐ No
- ☐ Unsure

4b - Is this chain of command scalable in the event of a pandemic or surge?
- ☐ Yes
- ☐ No
- ☐ Unsure

5 - Does the facility have clearly defined roles and responsibilities for infectious disease response?
- ☐ Yes
- ☐ No
- ☐ Unsure

6 - What roles are represented in the response structure?
- ☐ Hospital C-suite
- ☐ Unit/ Departmental leadership
- ☐ Physician/ Nurse Leaders
- ☐ Infection Prevention and Control
- ☐ Occupational Health
- ☐ Laboratory
- ☐ Environmental Services

☐ Security
☐ Facilities
☐ Emergency Management
☐ Other
☐ None

7 - Is pandemic or surge preparedness included in the organization's strategic planning process?
☐ Yes
☐ No
☐ Unsure

8a - Does facility leadership receive regular reports regarding infectious disease risks and preparedness gaps?
☐ Yes
☐ No
☐ Unsure

8b - Is there a process to coordinate patient traffic and flow across departments or facilities?
☐ Yes
☐ No
☐ Unsure

9 - Has the facility developed continuity-of-operations (COOP) plans for pandemic or surge preparedness?
☐ Yes
☐ No
☐ Unsure

10 - Has the facility established transfer procedures with referral hospitals or public health agencies for high-consequence infectious diseases or infectious disease surges?
☐ Yes
☐ No
☐ Unsure

Infection Prevention Program

11 - Does the IPC Program have the authority to implement infectious disease preparedness strategies?
☐ Yes
☐ No
☐ Unsure

12 - Is the Infection Preventionist involved in preparedness planning?
☐ Yes
☐ No
☐ Unsure

13 - Has the facility integrated infection prevention and control considerations for HCID isolation when developing processes to protect health care personnel and patients?
- ☐ Yes
- ☐ No
- ☐ Unsure

14 - Is the IPC program adequately staffed to support surge response activities?
- ☐ Yes
- ☐ No
- ☐ Unsure

15 - Does the IPC program conduct routine infectious disease surveillance?
- ☐ Yes
- ☐ No
- ☐ Unsure

16 - Does the IPC program have processes in place to identify clusters or outbreaks rapidly?
- ☐ Yes
- ☐ No
- ☐ Unsure

17 - Does the facility monitor IPC performance indicators during a surge? (e.g., HAIs, Hand hygiene, PPE use, etc.)
- ☐ Yes
- ☐ No
- ☐ Unsure

18 - Has the IPC program partnered in the selection of PPE ensembles for transmission-based precautions and for preparedness?
- ☐ Yes
- ☐ No
- ☐ Unsure

19 - Does the facility have a process to stay updated on emerging infectious threats?
- ☐ Yes
- ☐ No
- ☐ Unsure

Policy & Procedure

20a - Does the facility have policies and standard operating procedures related to infectious disease preparedness?
- ☐ Yes
- ☐ No
- ☐ Unsure

20b - Infectious disease preparedness policies and SOPs address:
- ☐ Identify, isolate, and inform
- ☐ Transmission-based precautions for HCID

☐ Personal Protective Equipment (facility specific)
☐ Cleaning and disinfection practices
☐ Waste handling and management
☐ Supply Management
☐ Durable Medical Equipment cleaning and disinfection
☐ Terminal Cleaning
☐ Specimen collection and management
☐ Cleaning product selection
☐ Patient transport procedures (internal transport)
☐ External patient transport (e.g., EMS)
☐ Isolation room infrastructure/ air-handling
☐ HAI/ Outbreak surveillance
☐ Other:
☐ None

20c - How often are policies and SOPs evaluated/ updated?
☐ Annually
☐ As new processes are introduced
☐ With new outbreaks/ pathogens of concern
☐ They are not frequently updated
☐ Other:

21 - Is there a process to rapidly revise policies and procedures during an emerging infectious disease event?
☐ Yes
☐ No
☐ Unsure

22 - Are policy changes communicated with staff and departmental leaders?
☐ Yes
☐ No
☐ Unsure

23 - Are policies aligned with current public health and regulatory requirements?
☐ Yes
☐ No
☐ Unsure

24 - Are policies and SOPS for HCID available to staff at point of use?
☐ Yes
☐ No
☐ Unsure

Education & Training

25a - Does the facility provide infectious disease preparedness training to necessary staff?
☐ Yes
☐ No
☐ Unsure

25b - Are preparedness training requirements defined by employee role or responsibility?
- ☐ Yes
- ☐ No
- ☐ Unsure

25c - When do employees receive preparedness training?
- ☐ Upon hire
- ☐ Upon joining the special pathogens team
- ☐ Annually
- ☐ As new processes are introduced
- ☐ Just in time during response events
- ☐ Other:
- ☐ None

25d - Which personnel receive preparedness training?
- ☐ Emergency Department Staff
- ☐ Special pathogen response team
- ☐ Staff at points of entry
- ☐ Inpatient units
- ☐ EVS
- ☐ Facilities
- ☐ Patient access/registration
- ☐ Security
- ☐ Lab
- ☐ Leadership
- ☐ Other:
- ☐ None

25e - What preparedness topics are included in orientation or initial training?
- ☐ Infection Prevention and Control Principles
- ☐ Identification of patients with suspected infectious disease(s)
- ☐ Isolation precautions and practices
- ☐ Safe entry and exit procedures for isolation rooms/care spaces
- ☐ PPE donning and doffing practices
- ☐ Respiratory protection
- ☐ Notification and communication escalation procedures
- ☐ Internal patient transport procedures
- ☐ Waste management procedures (including Category A waste)
- ☐ Environmental cleaning and disinfection
- ☐ Specimen collection and management
- ☐ Other:
- ☐ None

26 - Does the facility conduct competency validation for PPE donning/doffing and other critical patient care skills?
- ☐ Yes
- ☐ No
- ☐ Unsure

27a - Does the facility provide just-in-time (JIT) training during infectious disease response events?
- ☐ Yes
- ☐ No
- ☐ Unsure

27b - What topics are included in just-in-time training?
- ☐ PPE updates for pathogen of concern
- ☐ PPE donning and doffing practices
- ☐ Isolation procedures
- ☐ Workflow changes
- ☐ Treatment guidance
- ☐ Patient movement
- ☐ Exposure management (e.g., splash)
- ☐ Other:
- ☐ None

27c - How is just-in-time training delivered?
- ☐ Via email communication
- ☐ In person
- ☐ Unit/ departmental huddles
- ☐ Learning management system
- ☐ Job aid/checklist
- ☐ Virtual meeting
- ☐ Other:
- ☐ None

28 - Do high-risk departments (e.g., Emergency Department) utilize designated super users, champions, or subject matter experts who receive special pathogen updates?
- ☐ Yes
- ☐ No
- ☐ Unsure

29 - Are training records maintained and tracked?
- ☐ Yes
- ☐ No
- ☐ Unsure

Space/Infrastructure

30 - Has the organization assessed facility and infrastructure requirements for infectious disease response?
- ☐ Yes
- ☐ No
- ☐ Unsure

31a - What NSPS level of preparedness is your facility?
- ☐ Level 1
- ☐ Level 2

☐ Level 3
☐ Level 4
☐ Unknown

31e - As an NSPS Level 4 facility (or if you do not know your facility's designation), what preparedness protocols and features are in place at your facility?
☐ Has procedures for transmission-based precautions
☐ Has pre-identified space for HCID suspect patients
☐ Isolation space has a dedicated bathroom or a commode
☐ Isolation space has negative air pressure
☐ Identified workflow and path of travel to enter and exit isolation space
☐ Identified method for optimal communication between care team and patient

32a - Does the facility have dedicated isolation rooms?
☐ Yes
☐ No
☐ Unsure

32b - Where are these dedicated isolation rooms located within the facility?
☐ Emergency Department
☐ Outpatient Clinics
☐ Inpatient Units/ Wards
☐ Special pathogen care area/ unit
☐ Procedural areas
☐ Other
☐ None

32d - Do the dedicated isolation room locations or spaces allow for:
☐ Spatial zoning (hot, warm, cold)
☐ Clinical care capabilities
☐ PPE donning
☐ PPE doffing
☐ Waste outflow
☐ Specimen collection
☐ Specimen transport
☐ Supply transport (clean in, dirty out)
☐ Other
☐ None

33a - Are engineering controls (e.g., ventilation, negative pressure rooms) maintained and evaluated regularly by facilities?
☐ Yes
☐ No
☐ Unsure

33b - How often is the functional status of established isolation rooms communicated to the IPC program? (e.g., ICC or QAPI report outs)
☐ Monthly
☐ Quarterly

☐ Bi-annually
☐ Annually
☐ Other
☐ None

34a - Has the IPC program developed protocols or plans to designate additional isolation rooms when necessary?
☐ Yes
☐ No
☐ Unsure

34b - What is included?
☐ Alternative HVAC units
☐ Converting entire units/ wings to isolation
☐ Isolation tents
☐ Other
☐ None

35a - Has the facility developed communication strategies to facilitate communication between patients and healthcare workers to limit face-to-face contact during evaluation/care?
☐ Yes
☐ No
☐ Unsure

35b - What strategies have been implemented?
☐ Telehealth
☐ In-room video
☐ On-call team
☐ Other technology
☐ None

36 - Are communication methods accessible to diverse populations and language needs?
☐ Yes
☐ No
☐ Unsure

Care Capacity and Surge Planning

37 - Has the organization assessed its capacity to manage increased patient volumes in response to a pandemic or surge?
☐ Yes
☐ No
☐ Unsure

38 - Has the organization identified criteria for crisis standards of care?
☐ Yes
☐ No
☐ Unsure

39a - Does the organization have a process for tracking available beds, treatment spaces, and patient capacity?
- ☐ Yes
- ☐ No
- ☐ Unsure

39b - What is this process?
- ☐ Daily report outs
- ☐ Capacity/ volume dashboard
- ☐ Other:
- ☐ No process in place

40a - Is there a process for cohorting patients during periods of increased demand?
- ☐ Yes
- ☐ No
- ☐ Unsure

41b - Has the IPC program established cohorting criteria and a review process?
- ☐ Yes
- ☐ No
- ☐ Unsure

42 - Facility surge planning includes:
- ☐ Prioritization of essential clinical services
- ☐ Reduction of non-essential services to preserve capacity
- ☐ Staffing
- ☐ Supply Management
- ☐ Patient cohorting
- ☐ Visitor restrictions
- ☐ Repurposing clinical spaces (e.g., expanding into additional clinical spaces)
- ☐ HVAC/ Air-handling adjustments (e.g., conversion of whole units or towers)
- ☐ PPE preservation
- ☐ Cleaning and disinfection protocols during surge
- ☐ Waste management
- ☐ Laboratory prioritization
- ☐ Other
- ☐ None

43a - Has the organization identified strategies to sustain operations during prolonged surge events?
- ☐ Yes
- ☐ No
- ☐ Unsure

43b - What strategies have been identified?
- ☐ Coordinating patient transfers
- ☐ Resource sharing
- ☐ Assistance from external partners
- ☐ Resource allocation

☐ Discharge planning
☐ None
☐ Other

Staffing and Personnel Management

44 - Has the facility developed a staffing contingency plan for infectious disease response?
☐ Yes
☐ No
☐ Unsure

45 - Have critical roles and essential functions been identified?
☐ Yes
☐ No
☐ Unsure

46 - Are staff cross-trained to support essential operations during activity surges?
☐ Yes
☐ No
☐ Unsure

47 - Does the facility have adequate staffing to ensure the identify-isolate-inform process can be maintained?
☐ Yes
☐ No
☐ Unsure

48a - Does your facility have a dedicated special pathogen response team?
☐ Yes
☐ No
☐ Unsure

48b - What roles are represented on the special pathogen response team?
☐ Clinical staff
☐ Medical Director
☐ Nurse Leader
☐ Trained Observer
☐ Site Manager
☐ Infection Prevention and Control
☐ Occupational Health
☐ Laboratory services
☐ Environmental services
☐ Behavioral health
☐ Facilities personnel
☐ Research personnel (Institutional review board (IRB) or research coordinator)
☐ Security
☐ Emergency Management
☐ Other
☐ None

48c - The special pathogens staffing model accounts for:
- ☐ Type and transmissibility of pathogen
- ☐ Patient age
- ☐ Maximum length of time for staff in PPE ensemble
- ☐ Complexity of PPE ensemble
- ☐ Acuity of patient/ disease
- ☐ Specialize care needs (e.g., Labor and Delivery)
- ☐ Unit census/number of patients
- ☐ Impending transport/transfer to outside facility
- ☐ Other
- ☐ None

49a - Are processes in place to support holistic employee health and safety during an infectious disease or surge event?
- ☐ Yes
- ☐ No
- ☐ Unsure

49b - Support processes include:
- ☐ Post-exposure treatment and planning
- ☐ Post-exposure monitoring system
- ☐ Post-exposure prophylaxis
- ☐ Pre-screening for HCID vaccine eligibility
- ☐ Return to work criteria
- ☐ Behavioral/ mental health support
- ☐ Energy needs during shifts
- ☐ Other
- ☐ None

50 - Do high-risk departments (e.g., ED, urgent care) have a staffing plan that ensures that HCID-trained staff are available on every shift?
- ☐ Yes
- ☐ No
- ☐ Unsure

General Practice

51 - Has the facility adopted an identify, isolate, and inform protocol for infectious disease identification practices?
- ☐ Yes
- ☐ No
- ☐ Unsure

52 - Does the facility have established protocols for identifying potentially infectious diseases?
- ☐ Yes
- ☐ No
- ☐ Unsure

53 - Are screening procedures and questionnaires completed at point of entry?
- ☐ Yes
- ☐ No
- ☐ Unsure

54 - Are procedures and questionnaires modified during outbreaks or pandemics?
- ☐ Yes
- ☐ No
- ☐ Unsure

55 - Do facility staff have the ability to rapidly isolate patients presenting with symptoms of:
- ☐ Viral Hemorrhagic fevers
- ☐ Novel respiratory disease
- ☐ Seasonal respiratory disease
- ☐ Rash of unknown origin
- ☐ Diarrheal illness
- ☐ Other
- ☐ None

56 - Has the facility identified PPE ensembles to be utilized for various levels of isolation or pathogens of concern?
- ☐ Yes
- ☐ No
- ☐ Unsure

57 - Is compliance with Identify-Isolate-Inform practices periodically evaluated?
- ☐ Yes
- ☐ No
- ☐ Unsure

Communication

58a - Has the facility developed a communication plan or algorithm for infectious disease or surge events?
- ☐ Yes
- ☐ No
- ☐ Unsure

58b - Are communication algorithms prepared and readily accessible for outbreak situations?
- ☐ Yes
- ☐ No
- ☐ Unsure

58c - Does the communication algorithm include notification to critical partners when a person suspected to be infected with a special pathogen is identified?
- ☐ Yes, Internal Partners only
- ☐ Yes, External Partners only
- ☐ Both Internal and External Partners
- ☐ None

58d - Does the communication algorithm include key stakeholders with their roles and contact information?
- ☐ Yes
- ☐ No
- ☐ Unsure

58e - Are roles for performing the notification and communication clearly identified in the algorithm or SOP? (i.e., who calls public health, who notifies hospital leadership, etc.)
- ☐ Yes
- ☐ No
- ☐ Unsure

58f - What parties are notified in this communication algorithm?
- ☐ Unit leadership/ manager
- ☐ Infection Control
- ☐ Infectious Disease (or designated physician team)
- ☐ Facility leadership
- ☐ Hospital incident command
- ☐ Special pathogens leadership (if applicable)
- ☐ State/ Local Public Health Contacts
- ☐ Public Health Lab
- ☐ Emergency Medical Services (if applicable)
- ☐ Facilities/Engineering
- ☐ Environmental services
- ☐ Security personnel – Preferred
- ☐ Laboratory personnel
- ☐ Other
- ☐ None

58g - How often is the communication algorithm reviewed?
- ☐ Quarterly
- ☐ Annually
- ☐ As needed
- ☐ Other
- ☐ Not frequently updated

58h - How often is the communication algorithm tested in an exercise?
- ☐ Quarterly
- ☐ Annually
- ☐ As needed
- ☐ Other
- ☐ Not frequently updated

Supply

59 - Does the facility provide sufficient financial resources to ensure PPE supply remains adequate for an infectious disease event or surge response?
- ☐ Yes

☐ No
☐ Unsure

60 - Are inventory levels monitored routinely?
☐ Yes
☐ No
☐ Unsure

61 - Are minimum stock levels established for critical supplies?
☐ Yes
☐ No
☐ Unsure

62a - Are contingency plans in place for supply shortages?
☐ Yes
☐ No
☐ Unsure

62b - What is included in the contingency plan?
☐ Alternative supplies pre-identified
☐ Alternative suppliers pre-identified
☐ Prioritization of critical supplies
☐ Supply removal from other areas/unit shut-downs
☐ Other
☐ None

63 - How does the facility estimate the appropriate amount of PPE to have on hand?
☐ Disaster Available Supplies in Hospitals (DASH) tool
☐ State/ Health Department- based requirement(s)
☐ Facility set par levels
☐ Other
☐ None

64 - Does the facility have an established stockpile of PPE as part of pandemic or surge preparedness?
☐ Yes
☐ No
☐ Unsure

65 - Are stockpile management and rotation procedures established?
☐ Yes
☐ No
☐ Unsure

Laboratory

66 - Are laboratory services personnel/leadership incorporated into infectious disease or surge preparedness planning?
☐ Yes

☐ No
☐ Unsure

67 - Does your facility have a preparedness plan for the following laboratory-related elements?
☐ Specimen collection
☐ Specimen transport within the facility
☐ Specimen packaging and shipping
☐ Specimen storage
☐ Specimen destruction
☐ None
☐ Other

69a - Has your facility completed a risk assessment of available laboratory spaces and equipment to determine what laboratory tests can be performed for patients suspected to be infected with a special pathogen?
☐ Yes
☐ No
☐ Unsure

69b - What was included in this risk assessment?
☐ Specimen Management & Storage
☐ Specimen Transport within facility (path to and in lab)
☐ Equipment hazards (potentials for aerosol, sprays, splashes)
☐ Biological Safety Cabinet Certification and operation
☐ Decontamination procedures
☐ Spill response
☐ Surge volume planning
☐ Batch testing
☐ Other
☐ None

70a - Does your facility plan to perform diagnostic laboratory specimen testing on individuals presenting for medical care who are suspected or confirmed to have an HCID? (e.g., testing for the specific pathogen of concern, such as viral hemorrhagic fevers)
☐ Yes
☐ No
☐ Unsure

70b - Where will this testing occur?
☐ Designated special pathogen unit lab
☐ A core-facility lab
☐ Alternative dedicated space
☐ Other
☐ None- would be sent out to regional public health or CDC

71a - Does your facility plan to perform clinical laboratory specimens from individuals presenting for medical care who are suspected or confirmed to have a HCID? (CBC, BMP, ABG, LFT etc.)
☐ Yes
☐ No

☐ Unsure

71b - Which tests are available?
☐ CBC
☐ Liver function test
☐ Complete metabolic panel
☐ Malaria testing
☐ Respiratory viral panel
☐ urinalysis/pregnancy screen
☐ PT/INR/PTT
☐ Blood culture
☐ None
☐ Other

71c - Where will this testing occur?
☐ Designated special pathogen unit lab
☐ A core-facility lab
☐ Point of care testing
☐ Alternative dedicated space
☐ Other
☐ None- would be sent out to regional public health or CDC

72 - Have staff who will obtain specimens from persons suspected or confirmed to be infected with a special pathogen received training on procedures for collecting expected specimens?
☐ Yes
☐ No
☐ Unsure

73 - What elements of specimen collection have they been trained on?
☐ Specimen labeling
☐ Specimen packaging
☐ Specimen transport
☐ Specimen shipping
☐ Unsure
☐ None

74a - Does your facility have an established protocol to send out/ ship specimens to either your local public health laboratory or the CDC for CONFIRMATORY special pathogens identification?
☐ Yes
☐ No
☐ Unsure

74b - Have all personnel who will ship Category A specimens been trained and certified?
☐ Yes
☐ No
☐ Unsure

75 - The facility has developed plans and procedures for the following processes in the laboratory:
☐ Selection and utilization of PPE

☐ Entry Exit procedures for laboratory areas
☐ Decontamination procedures
☐ Communication strategies
☐ Laboratory waste management
☐ Other
☐ None

Waste

76a - Has the facility evaluated waste management in infectious disease preparedness and response planning?
☐ Yes
☐ No
☐ Unsure

76b - What roles are included in the waste management planning process?
☐ Hospital Leadership
☐ Unit/ departmental leadership
☐ Infection Prevention and Control
☐ Special pathogen leadership
☐ Facilities
☐ EVS
☐ Local public health
☐ Laboratory
☐ EMS
☐ Other
☐ None

77a - Has the facility established procedures for Category A infectious waste management?
☐ Yes
☐ No
☐ Unsure

77b - Has your facility defined which pathogens produce Category A infectious substances?
☐ Yes
☐ No
☐ Unsure

77c - What is addressed in these procedures?
☐ Waste packaging
☐ Waste storage
☐ Waste transfer
☐ Final disposition
☐ Other
☐ None

77d - Category A waste management procedures are in place for:
☐ Special pathogen care unit
☐ Emergency Department

☐ Clinics
☐ EMS
☐ Other
☐ None

77e - Do Category A Waste procedures address:
☐ Soiled linens
☐ Food service items
☐ Solid human waste
☐ Device waste
☐ Liquid waste
☐ Sharps
☐ Other
☐ None

78 - What type of waste management interventions does the facility have in place for Category A waste?
☐ Contract with outside vendor
☐ Onsite Sterilization
☐ Onsite Incineration
☐ Other
☐ None

79a - Do policies and procedures exist for validating autoclave processes for Category A waste?
☐ Yes
☐ No
☐ Unsure

79b - How often is the autoclave validated when the unit or space is occupied?
☐ Daily
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Other
☐ None

80 - Has your facility's established waste vendor explicitly stated they can manage Category A waste?
☐ Yes
☐ No
☐ Unsure

81 - Does the contract with the waste vendor include requirements for response times to complete waste tasks (e.g., container delivery, packaging, and transport)?
☐ Yes
☐ No
☐ Unsure

82 - Have waste management procedures been developed in partnership with local public health guidance for special pathogens response?
- ☐ Yes
- ☐ No
- ☐ Unsure

83 - Is adequate storage available for increased waste volumes?
- ☐ Yes
- ☐ No
- ☐ Unsure

84 - Does the facility have a process to safely sequester waste in a secure location until a suspect case has been confirmed or ruled out?
- ☐ Yes
- ☐ No
- ☐ Unsure

Exercises/Drills

85a - Does the facility conduct pandemic preparedness exercises and drills on a routine basis?
- ☐ Yes
- ☐ No
- ☐ Unsure

85b - How are exercises and drills conducted?
- ☐ Tabletop exercise
- ☐ Situation-specific drills
- ☐ Full-scale exercise
- ☐ Mystery patient
- ☐ Other
- ☐ None

85c - How frequently are exercises or drills conducted?
- ☐ Annually
- ☐ Multiple times a year
- ☐ As needed
- ☐ Never
- ☐ Other

85d - Who is involved in exercises and drills?
- ☐ Hospital leadership
- ☐ Departmental/ unit leaderships
- ☐ Frontline clinical staff
- ☐ Physician teams
- ☐ Infection Control
- ☐ Emergency Medical Services (EMS)
- ☐ EVS
- ☐ Security
- ☐ Facilities

- ☐ Laboratory
- ☐ Special pathogens unit
- ☐ Access/ front desk staff
- ☐ Other
- ☐ None

85e - What processes are tested during exercise?

- ☐ Communication systems
- ☐ Response plans
- ☐ Surge capacity
- ☐ Disease identification
- ☐ Rapid Isolation
- ☐ Response timing
- ☐ Failure points
- ☐ Other
- ☐ None

86 - Has the facility conducted a pandemic or HCID-focused tabletop, drill, or full-scale exercise within the past year?

- ☐ Yes
- ☐ No
- ☐ Unsure

87 - Are exercise outcomes documented through after-action reports?

- ☐ Yes
- ☐ No
- ☐ Unsure

88 - Are corrective actions identified and assigned following exercises?

- ☐ Yes
- ☐ No
- ☐ Unsure

89 - Is hospital leadership accountable for addressing opportunities or gaps identified during drills and exercises?

- ☐ Yes
- ☐ No
- ☐ Unsure

Answer Key

Organizational Response Structure

1 - Has the facility designated a program leader to oversee the infectious disease preparedness program?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

2 - Does the facility have a formalized pandemic response or Hospital Incident Command Structure (HICS)?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

3 - This response structure is supported by facility leadership. **(Select at least one preferred option)**

[x] Strongly Agree **- *Preferred***
[ ] Agree **- *Preferred***
[ ] Disagree
[ ] Strongly Disagree

4a - Is there an established chain of command during an infectious disease emergency? **(Not scored – Informational Only)**

[x] Yes
[ ] No
[ ] Unsure

4b - Is this chain of command scalable in the event of a pandemic or surge?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

5 - Does the facility have clearly defined roles and responsibilities for infectious disease response?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

6 - What roles are represented in the response structure? **(Select <u>all</u> preferred options)**

[x] Hospital C-suite **- *Preferred***
[x] Unit/ Departmental leadership **- *Preferred***
[x] Physician/ Nurse Leaders **- *Preferred***
[x] Infection Prevention and Control **- *Preferred***
[x] Occupational Health **- *Preferred***
[x] Laboratory **- *Preferred***
[x] Environmental Services **- *Preferred***
[x] Security **- *Preferred***
[x] Facilities **- *Preferred***

[x] Emergency Management **- *Preferred***
[ ] Other
[ ] None

7 - Is pandemic or surge preparedness included in the organization's strategic planning process?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

8a - Does facility leadership receive regular reports regarding infectious disease risks and preparedness gaps?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

8b - Is there a process to coordinate patient traffic and flow across departments or facilities?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

9 - Has the facility developed continuity-of-operations (COOP) plans for pandemic or surge preparedness?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

10 - Has the facility established transfer procedures with referral hospitals or public health agencies for high-consequence infectious diseases or infectious disease surges?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Infection Prevention Program

11 - Does the IPC Program have the authority to implement infectious disease preparedness strategies?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

12 - Is the Infection Preventionist involved in preparedness planning?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

13 - Has the facility integrated infection prevention and control considerations for HCID isolation when developing processes to protect health care personnel and patients?
[x] Yes - *Preferred*
[ ] No

[ ] Unsure

14 - Is the IPC program adequately staffed to support surge response activities?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

15 - Does the IPC program conduct routine infectious disease surveillance?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

16 - Does the IPC program have processes in place to identify clusters or outbreaks rapidly?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

17 - Does the facility monitor IPC performance indicators during a surge? (e.g., HAIs, Hand hygiene, PPE use, etc.)
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

18 - Has the IPC program partnered in the selection of PPE ensembles for transmission-based precautions and for preparedness
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

19 - Does the facility have a process to stay updated on emerging infectious threats?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Policy & Procedure

20a - Does the facility have policies and standard operating procedures related to infectious disease preparedness?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

20b - Infectious disease preparedness policies and SOPs address: **(Select <u>all</u> preferred options)**
[x] Identify, isolate, and inform **- *Preferred***
[x] Transmission-based precautions for HCID **- *Preferred***
[x] Personal Protective Equipment (facility specific) **- *Preferred***
[x] Cleaning and disinfection practices **- *Preferred***
[x] Waste handling and management **- *Preferred***
[x] Supply Management **- *Preferred***

[x] Durable Medical Equipment cleaning and disinfection **- *Preferred***
[x] Terminal Cleaning **- *Preferred***
[x] Specimen collection and management **- *Preferred***
[x] Cleaning product selection **- *Preferred***
[x] Patient transport procedures (internal transport) **- *Preferred***
[x] External patient transport (e.g., EMS) **- *Preferred***
[x] Isolation room infrastructure/ air-handling **- *Preferred***
[x] HAI/ Outbreak surveillance **- *Preferred***
[ ] Other:
[ ] None

20c - How often are policies and SOPs evaluated/ updated? **(Select <u>all</u> preferred options)**
[x] Annually **- *Preferred***
[x] As new processes are introduced **- *Preferred***
[x] With new outbreaks/ pathogens of concern **- *Preferred***
[ ] They are not frequently updated
[ ] Other:

21 - Is there a process to rapidly revise policies and procedures during an emerging infectious disease event?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

22 - Are policy changes communicated with staff and departmental leaders?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

23 - Are policies aligned with current public health and regulatory requirements?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

24 - Are policies and SOPS for HCID available to staff at point of use?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Education & Training

25a - Does the facility provide infectious disease preparedness training to necessary staff?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

25b - Are preparedness training requirements defined by employee role or responsibility?
[x] Yes - *Preferred*
[ ] No

[ ] Unsure

25c - When do employees receive preparedness training? **(Select all preferred options)**
[x] Upon hire **- *Preferred***
[x] Upon joining the special pathogens team **- *Preferred***
[x] Annually **- *Preferred***
[x] As new processes are introduced **- *Preferred***
[x] Just in time during response events **- *Preferred***
[ ] Other:
[ ] None

25d - Which personnel receive preparedness training? **(Select all preferred options)**
[x] Emergency Department Staff **- *Preferred***
[x] Special pathogen response team **- *Preferred***
[x] Staff at points of entry **- *Preferred***
[x] Inpatient units **- *Preferred***
[x] EVS **- *Preferred***
[x] Facilities **- *Preferred***
[x] Patient access/registration **- *Preferred***
[x] Security **- *Preferred***
[x] Lab **- *Preferred***
[x] Leadership **- *Preferred***
[ ] Other:
[ ] None

25e - What preparedness topics are included in orientation or initial training? **(Select all preferred options)**
[x] Infection Prevention and Control Principles **- *Preferred***
[x] Identification of patients with suspected infectious disease(s) **- *Preferred***
[x] Isolation precautions and practices **- *Preferred***
[x] Safe entry and exit procedures for isolation rooms/care spaces **- *Preferred***
[x] PPE donning and doffing practices **- *Preferred***
[x] Respiratory protection **- *Preferred***
[x] Notification and communication escalation procedures **- *Preferred***
[x] Internal patient transport procedures **- *Preferred***
[x] Waste management procedures (including Category A waste) **- *Preferred***
[x] Environmental cleaning and disinfection **- *Preferred***
[x] Specimen collection and management **- *Preferred***
[ ] Other:
[ ] None

26 - Does the facility conduct competency validation for PPE donning/doffing and other critical patient care skills?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

27a - Does the facility provide just-in-time (JIT) training during infectious disease response events?
[x] Yes - *Preferred*

[ ] No
[ ] Unsure

27b - What topics are included in just-in-time training? **(Select all preferred options)**
[x] PPE updates for pathogen of concern **- *Preferred***
[x] PPE donning and doffing practices **- *Preferred***
[x] Isolation procedures **- *Preferred***
[x] Workflow changes **- *Preferred***
[x] Treatment guidance **- *Preferred***
[x] Patient movement **- *Preferred***
[x] Exposure management (e.g., splash) **- *Preferred***
[ ] Other:
[ ] None

27c - How is just-in-time training delivered? **(Select all preferred options)**
[x] Via email communication **- *Preferred***
[x] In person **- *Preferred***
[x] Unit/ departmental huddles **- *Preferred***
[x] Learning management system **- *Preferred***
[x] Job aid/checklist **- *Preferred***
[x] Virtual meeting **- *Preferred***
[ ] Other:
[ ] None

28 - Do high-risk departments (e.g., Emergency Department) utilize designated super users, champions, or subject matter experts who receive special pathogen updates?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

29 - Are training records maintained and tracked?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Space/Infrastructure

30 - Has the organization assessed facility and infrastructure requirements for infectious disease response?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

31a - What NSPS level of preparedness is your facility? **(Not scored – Informational Only)**
[ ] Level 1
[ ] Level 2
[ ] Level 3
[ ] Level 4
[ ] Unknown

31e - As an NSPS Level 4 facility (or if you do not know your facility's designation), what preparedness protocols and features are in place at your facility? **(Select all preferred options)**
[x] Has procedures for transmission-based precautions **- *Preferred***
[x] Has pre-identified space for HCID suspect patients **- *Preferred***
[x] Isolation space has a dedicated bathroom or a commode **- *Preferred***
[x] Isolation space has negative air pressure **- *Preferred***
[x] Identified workflow and path of travel to enter and exit isolation space **- *Preferred***
[x] Identified method for optimal communication between care team and patient **- *Preferred***

32a - Does the facility have dedicated isolation rooms?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

32b - Where are these dedicated isolation rooms located within the facility? **(Not scored – Informational Only)**
[ ] Emergency Department
[ ] Outpatient Clinics
[ ] Inpatient Units/ Wards
[ ] Special pathogen care area/ unit
[ ] Procedural areas
[ ] Other:
[ ] None

32d - Do the dedicated isolation room locations or spaces allow for: **(Select all preferred options)**
[x] Spatial zoning (hot, warm, cold) **- *Preferred***
[x] Clinical care capabilities **- *Preferred***
[x] PPE donning **- *Preferred***
[x] PPE doffing **- *Preferred***
[x] Waste outflow **- *Preferred***
[x] Specimen collection **- *Preferred***
[x] Specimen transport **- *Preferred***
[x] Supply transport (clean in, dirty out) **- *Preferred***
[ ] Other
[ ] None

33a - Are engineering controls (e.g., ventilation, negative pressure rooms) maintained and evaluated regularly by facilities?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

33b - How often is the functional status of established isolation rooms communicated to the IPC program? (e.g., ICC or QAPI report outs) **(Select at least one preferred option)**
[x] Monthly **- *Preferred***
[ ] Quarterly **- *Preferred***
[ ] Bi-annually **- *Preferred***
[ ] Annually **- *Preferred***

[ ] Other
[ ] None

34a - Has the IPC program developed protocols or plans to designate additional isolation rooms when necessary?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

34b - What is included? **(Select <u>all</u> preferred options)**
[x] Alternative HVAC units **- *Preferred***
[x] Converting entire units/ wings to isolation **- *Preferred***
[x] Isolation tents **- *Preferred***
[ ] Other
[ ] None

35a - Has the facility developed communication strategies to facilitate communication between patients and healthcare workers to limit face-to-face contact during evaluation/care?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

35b - What strategies have been implemented? **(Not scored – Informational Only)**
[ ] Telehealth
[ ] In-room video
[ ] On-call team
[ ] Other technology
[ ] None

36 - Are communication methods accessible to diverse populations and language needs?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Care Capacity and Surge Planning

37 - Has the organization assessed its capacity to manage increased patient volumes in response to a pandemic or surge?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

38 - Has the organization identified criteria for crisis standards of care?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

39a - Does the organization have a process for tracking available beds, treatment spaces, and patient capacity?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

39b - What is this process? **(Select at least one preferred option)**
[x] Daily report outs **- *Preferred***
[ ] Capacity/ volume dashboard **- *Preferred***
[ ] Other:
[ ] No process in place

40a - Is there a process for cohorting patients during periods of increased demand?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

41b - Has the IPC program established cohorting criteria and a review process?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

42 - Facility surge planning includes: **(Select <u>all</u> preferred options)**
[x] Prioritization of essential clinical services **- *Preferred***
[x] Reduction of non-essential services to preserve capacity **- *Preferred***
[x] Staffing **- *Preferred***
[x] Supply Management **- *Preferred***
[x] Patient cohorting **- *Preferred***
[x] Visitor restrictions **- *Preferred***
[x] Repurposing clinical spaces (e.g., expanding into additional clinical spaces) **- *Preferred***
[x] HVAC/ Air-handling adjustments (e.g., conversion of whole units or towers) **- *Preferred***
[x] PPE preservation **- *Preferred***
[x] Cleaning and disinfection protocols during surge **- *Preferred***
[x] Waste management **- *Preferred***
[x] Laboratory prioritization **- *Preferred***
[ ] Other
[ ] None

43a - Has the organization identified strategies to sustain operations during prolonged surge events?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

43b - What strategies have been identified? **(Select <u>all</u> preferred options)**
[x] Coordinating patient transfers **- *Preferred***
[x] Resource sharing **- *Preferred***
[x] Assistance from external partners **- *Preferred***
[x] Resource allocation **- *Preferred***
[x] Discharge planning **- *Preferred***
[ ] None

[ ] Other

Staffing and Personnel Management

44 - Has the facility developed a staffing contingency plan for infectious disease response?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

45 - Have critical roles and essential functions been identified?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

46 - Are staff cross-trained to support essential operations during activity surges?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

47 - Does the facility have adequate staffing to ensure the identify-isolate-inform process can be maintained?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

48a - Does your facility have a dedicated special pathogen response team?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

48b - What roles are represented on the special pathogen response team? **(Select <u>all</u> preferred options)**
[x] Clinical staff **- *Preferred***
[x] Medical Director **- *Preferred***
[x] Nurse Leader **- *Preferred***
[x] Trained Observer **- *Preferred***
[x] Site Manager **- *Preferred***
[x] Infection Prevention and Control **- *Preferred***
[x] Occupational Health **- *Preferred***
[x] Laboratory services **- *Preferred***
[x] Environmental services **- *Preferred***
[x] Behavioral health **- *Preferred***
[x] Facilities personnel **- *Preferred***
[x] Research personnel (Institutional review board (IRB) or research coordinator) **- *Preferred***
[x] Security **- *Preferred***
[x] Emergency Management **- *Preferred***
[ ] Other
[ ] None

48c - The special pathogens staffing model accounts for: **(Select all preferred options)**
[x] Type and transmissibility of pathogen **- *Preferred***
[x] Patient age **- *Preferred***
[x] Maximum length of time for staff in PPE ensemble **- *Preferred***
[x] Complexity of PPE ensemble **- *Preferred***
[x] Acuity of patient/ disease **- *Preferred***
[x] Specialize care needs (e.g., Labor and Delivery) **- *Preferred***
[x] Unit census/number of patients **- *Preferred***
[x] Impending transport/transfer to outside facility **- *Preferred***
[ ] Other
[ ] None

49a - Are processes in place to support holistic employee health and safety during an infectious disease or surge event?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

49b - Support processes include: **(Select all preferred options)**
[x] Post-exposure treatment and planning **- *Preferred***
[x] Post-exposure monitoring system **- *Preferred***
[x] Post-exposure prophylaxis **- *Preferred***
[x] Pre-screening for HCID vaccine eligibility **- *Preferred***
[x] Return to work criteria **- *Preferred***
[x] Behavioral/ mental health support **- *Preferred***
[x] Energy needs during shifts **- *Preferred***
[ ] Other
[ ] None

50 - Do high-risk departments (e.g., ED, urgent care) have a staffing plan that ensures that HCID-trained staff are available on every shift?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

General Practice

51 - Has the facility adopted an identify, isolate, and inform protocol for infectious disease identification practices?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

52 - Does the facility have established protocols for identifying potentially infectious diseases?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

53 - Are screening procedures and questionnaires completed at point of entry?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

54 - Are procedures and questionnaires modified during outbreaks or pandemics?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

55 - Do facility staff have the ability to rapidly isolate patients presenting with symptoms of: **(Select all preferred options)**
[x] Viral Hemorrhagic fevers **- *Preferred***
[x] Novel respiratory disease **- *Preferred***
[x] Seasonal respiratory disease **- *Preferred***
[x] Rash of unknown origin **- *Preferred***
[x] Diarrheal illness **- *Preferred***
[ ] Other
[ ] None

56 - Has the facility identified PPE ensembles to be utilized for various levels of isolation or pathogens of concern?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

57 - Is compliance with Identify-Isolate-Inform practices periodically evaluated?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Communication

58a - Has the facility developed a communication plan or algorithm for infectious disease or surge events?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

58b - Are communication algorithms prepared and readily accessible for outbreak situations?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

58c - Does the communication algorithm include notification to critical partners when a person suspected to be infected with a special pathogen is identified?
[ ] Yes, Internal Partners only
[ ] Yes, External Partners only
[x] Both Internal and External Partners - *Preferred*
[ ] None

58d - Does the communication algorithm include key stakeholders with their roles and contact information?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

58e - Are roles for performing the notification and communication clearly identified in the algorithm or SOP? (i.e., who calls public health, who notifies hospital leadership, etc.)
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

58f - What parties are notified in this communication algorithm? **(Select all preferred options)**
[x] Unit leadership/ manager **- *Preferred***
[x] Infection Control **- *Preferred***
[x] Infectious Disease (or designated physician team) **- *Preferred***
[x] Facility leadership **- *Preferred***
[x] Hospital incident command **- *Preferred Optional***
[x] Special pathogens leadership (if applicable) **- *Preferred Optional***
[x] State/ Local Public Health Contacts **- *Preferred***
[x] Public Health Lab **- *Preferred Optional***
[x] Emergency Medical Services (if applicable) **- *Preferred Optional***
[x] Facilities/Engineering **- *Preferred***
[x] Environmental services **- *Preferred***
[x] Security personnel **- *Preferred***
[x] Laboratory personnel **- *Preferred***
[ ] Other
[ ] None

58g - How often is the communication algorithm reviewed? **(Select at least one preferred option)**
[x] Quarterly **- *Preferred***
[ ] Annually **- *Preferred***
[ ] As needed **- *Preferred***
[ ] Other
[ ] Not frequently updated

58h - How often is the communication algorithm tested in an exercise? **(Select at least one preferred option)**
[ ] Quarterly **- *Preferred***
[ ] Annually **- *Preferred***
[x] As needed **- *Preferred***
[ ] Other
[ ] Not frequently updated

Supply

59 - Does the facility provide sufficient financial resources to ensure PPE supply remains adequate for an infectious disease event or surge response?

[x] Yes - *Preferred*
[ ] No
[ ] Unsure

60 - Are inventory levels monitored routinely?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

61 - Are minimum stock levels established for critical supplies?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

62a - Are contingency plans in place for supply shortages?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

62b - What is included in the contingency plan? **(Select <u>all</u> preferred options)**
[x] Alternative supplies pre-identified **- *Preferred***
[x] Alternative suppliers pre-identified **- *Preferred***
[x] Prioritization of critical supplies **- *Preferred***
[x] Supply removal from other areas/ unit shut-downs **- *Preferred***
[ ] Other
[ ] None

63 - How does the facility estimate the appropriate amount of PPE to have on hand? **(Select at least one preferred option)**
[x] Disaster Available Supplies in Hospitals (DASH) tool **- *Preferred***
[ ] State/ Health Department- based requirement(s) **- *Preferred***
[ ] Facility set par levels **- *Preferred***
[ ] Other
[ ] None

64 - Does the facility have an established stockpile of PPE as part of pandemic or surge preparedness? **(Not scored – Informational Only)**
[ ] Yes
[ ] No
[ ] Unsure

65 - Are stockpile management and rotation procedures established?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Laboratory

66 - Are laboratory services personnel/leadership incorporated into infectious disease or surge

preparedness planning?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

67 - Does your facility have a preparedness plan for the following laboratory-related elements? **(Select <u>all</u> preferred options)**
[x] Specimen collection **- *Preferred***
[x] Specimen transport within the facility **- *Preferred***
[x] Specimen packaging and shipping **- *Preferred***
[x] Specimen storage **- *Preferred***
[x] Specimen destruction **- *Preferred***
[ ] None
[ ] Other

69a - Has your facility completed a risk assessment of available laboratory spaces and equipment to determine what laboratory tests can be performed for patients suspected to be infected with a special pathogen?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

69b - What was included in this risk assessment? **(Select <u>all</u> preferred options)**
[x] Specimen Management & Storage **- *Preferred***
[x] Specimen Transport within facility (path to and in lab) **- *Preferred***
[x] Equipment hazards (potentials for aerosol, sprays, splashes) **- *Preferred***
[x] Biological Safety Cabinet Certification and operation **- *Preferred***
[x] Decontamination procedures **- *Preferred***
[x] Spill response **- *Preferred***
[x] Surge volume planning **- *Preferred***
[x] Batch testing **- *Preferred***
[ ] Other
[ ] None

70a - Does your facility plan to perform diagnostic laboratory specimen testing on individuals presenting for medical care who are suspected or confirmed to have an HCID? (e.g., testing for the specific pathogen of concern, such as viral hemorrhagic fevers) **(Not scored – Informational Only)**
[ ] Yes
[ ] No
[ ] Unsure

70b - Where will this testing occur? **(Not scored – Informational Only)**
[ ] Designated special pathogen unit lab
[ ] A core-facility lab
[ ] Alternative dedicated space
[ ] Other
[ ] None- would be sent out to regional public health or CDC

71a - Does your facility plan to perform clinical laboratory specimens from individuals presenting for medical care who are suspected or confirmed to have a HCID? (CBC, BMP, ABG, LFT etc.)
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

71b - Which tests are available? **(Not scored – Informational Only)**
[ ] CBC
[ ] Liver function test
[ ] Complete metabolic panel
[ ] Malaria testing
[ ] Respiratory viral panel
[ ] urinalysis/pregnancy screen
[ ] PT/INR/PTT
[ ] Blood culture
[ ] None
[ ] Other

71c - Where will this testing occur? **(Not scored – Informational Only)**
[ ] Designated special pathogen unit lab
[ ] A core-facility lab
[ ] Point of care testing
[ ] Alternative dedicated space
[ ] Other
[ ] None- would be sent out to regional public health or CDC

72 - Have staff who will obtain specimens from persons suspected or confirmed to be infected with a special pathogen received training on procedures for collecting expected specimens?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

73 - What elements of specimen collection have they been trained on? **(Select <u>all</u> preferred options)**
[x] Specimen labeling **- *Preferred***
[x] Specimen packaging **- *Preferred***
[x] Specimen transport **- *Preferred***
[x] Specimen shipping **- *Preferred***
[ ] Unsure
[ ] None

74a - Does your facility have an established protocol to send out/ ship specimens to either your local public health laboratory or the CDC for CONFIRMATORY special pathogens identification?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

74b - Have all personnel who will ship Category A specimens been trained and certified?
[x] Yes - *Preferred*

[ ] No
[ ] Unsure

75 - The facility has developed plans and procedures for the following processes in the laboratory: **(Select all preferred options)**
[x] Selection and utilization of PPE **- *Preferred***
[x] Entry Exit procedures for laboratory areas **- *Preferred***
[x] Decontamination procedures **- *Preferred***
[x] Communication strategies **- *Preferred***
[x] Laboratory waste management **- *Preferred***
[ ] Other
[ ] None

Waste

76a - Has the facility evaluated waste management in infectious disease preparedness and response planning?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

76b - What roles are included in the waste management planning process? **(Select all preferred options)**
[x] Hospital Leadership **- *Preferred***
[x] Unit/ departmental leadership **- *Preferred***
[x] Infection Prevention and Control **- *Preferred***
[x] Special pathogen leadership **- *Preferred Optional***
[x] Facilities **- *Preferred***
[x] EVS **- *Preferred***
[x] Local public health **- *Preferred***
[x] Laboratory **- *Preferred***
[x] EMS **- *Preferred***
[ ] Other
[ ] None

77a - Has the facility established procedures for Category A infectious waste management?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

77b - Has your facility defined which pathogens produce Category A infectious substances?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

77c - What is addressed in these procedures? **(Select all preferred options)**
[x] Waste packaging **- *Preferred***
[x] Waste storage **- *Preferred***
[x] Waste transfer **- *Preferred***

[x] Final disposition **- *Preferred***
[ ] Other
[ ] None

77d - Category A waste management procedures are in place for: **(Select all preferred options)**
[x] Special pathogen care unit **- *Preferred Optional***
[x] Emergency Department **- *Preferred***
[x] Clinics **- *Preferred***
[x] EMS **- *Preferred***
[ ] Other
[ ] None

77e - Do Category A Waste procedures address: **(Select all preferred options)**
[x] Soiled linens **- *Preferred***
[x] Food service items **- *Preferred***
[x] Solid human waste **- *Preferred***
[x] Device waste **- *Preferred***
[x] Liquid waste **- *Preferred***
[x] Sharps **- *Preferred***
[ ] Other
[ ] None

78 - What type of waste management interventions does the facility have in place for Category A waste? **(Select all preferred options)**
[x] Contract with outside vendor **- *Preferred***
[x] Onsite Sterilization **- *Preferred***
[x] Onsite Incineration **- *Preferred***
[ ] Other
[ ] None

79a - Do policies and procedures exist for validating autoclave processes for Category A waste?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

79b - How often is the autoclave validated when the unit or space is occupied? **(Not scored – Informational Only)**
[ ] Daily
[ ] Weekly
[ ] Monthly
[ ] Quarterly
[ ] Other
[ ] None

80 - Has your facility's established waste vendor explicitly stated they can manage Category A waste?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

81 - Does the contract with the waste vendor include requirements for response times to complete waste tasks (e.g., container delivery, packaging, and transport)?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

82 - Have waste management procedures been developed in partnership with local public health guidance for special pathogens response?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

83 - Is adequate storage available for increased waste volumes?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

84 - Does the facility have a process to safely sequester waste in a secure location until a suspect case has been confirmed or ruled out?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Exercises/Drills

85a - Does the facility conduct pandemic preparedness exercises and drills on a routine basis?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

85b - How are exercises and drills conducted? **(Select <u>all</u> preferred options)**
[x] Tabletop exercise **- *Preferred***
[x] Situation-specific drills **- *Preferred***
[x] Full-scale exercise **- *Preferred***
[x] Mystery patient **- *Preferred***
[ ] Other
[ ] None

85c - How frequently are exercises or drills conducted? **(Select <u>all</u> preferred options)**
[x] Annually **- *Preferred***
[x] Multiple times a year **- *Preferred***
[x] As needed **- *Preferred***
[ ] Never
[ ] Other

85d - Who is involved in exercises and drills? **(Select <u>all</u> preferred options)**
[x] Hospital leadership **- *Preferred***
[x] Departmental/ unit leaderships **- *Preferred***

[x] Frontline clinical staff **- *Preferred***
[x] Physician teams **- *Preferred***
[x] Infection Control **- *Preferred***
[x] Emergency Medical Services (EMS) **- *Preferred***
[x] EVS **- *Preferred***
[x] Security **- *Preferred***
[x] Facilities **- *Preferred***
[x] Laboratory **- *Preferred***
[x] Special pathogens unit **- *Preferred***
[x] Access/ front desk staff **- *Preferred***
[ ] Other
[ ] None

85e - What processes are tested during exercise? **(Select <u>all</u> preferred options)**
[x] Communication systems **- *Preferred***
[x] Response plans **- *Preferred***
[x] Surge capacity **- *Preferred***
[x] Disease identification **- *Preferred***
[x] Rapid Isolation **- *Preferred***
[x] Response timing **- *Preferred***
[x] Failure points **- *Preferred***
[ ] Other
[ ] None

86 - Has the facility conducted a pandemic or HCID-focused tabletop, drill, or full-scale exercise within the past year?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

87 - Are exercise outcomes documented through after-action reports?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

88 - Are corrective actions identified and assigned following exercises?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

89 - Is hospital leadership accountable for addressing opportunities or gaps identified during drills and exercises?
[x] Yes - *Preferred*
[ ] No
[ ] Unsure

Guidance

Organizational Response Structure

Free Access: Regulatory

Centers for Medicare & Medicaid Services. Emergency Preparedness Rule. https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep

Free Access: Guidelines

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The Joint Commission. R3 Report Issue 41: New and Revised Requirements for Infection Prevention and Control for Critical Access Hospitals and Hospitals. https://digitalassets.jointcommission.org/api/public/content/01f83448fbb54ba7b9225048834e7247?v=4e3fcba2

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Purchase Required: Standards

National Emerging Special Pathogens Training and Education Center (NETEC). 2024 Joint Commission Standards for Infection Control Q&A. Published May 8, 2024. https://netec.org/2024/05/08/2024-joint-commission-standards-for-infection-control-qa/

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Free Access: Guidelines

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Free Access: Resources

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Association for Professionals in Infection Control and Epidemiology (APIC). Emerging Infectious Diseases. https://apic.org/emerging-infectious-diseases/

Centers for Disease Control and Prevention. Pandemic Influenza Resources. https://www.cdc.gov/pandemic-flu/index.html

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National Emerging Special Pathogens Training and Education Center (NETEC). Special Pathogen Incident Response Guide. https://repository.netecweb.org/items/show/1924

National Emerging Special Pathogens Training and Education Center (NETEC). Special Pathogen Incident Planning Guide. https://repository.netecweb.org/items/show/1925

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Free Access: Regulatory

Centers for Medicare & Medicaid Services. Emerging Infectious Diseases (EIDs). https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/influenza-and-viruses

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Free Access: Regulatory

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Care Capacity and Surge Planning

Free Access: Guidelines

National Emerging Special Pathogens Training and Education Center (NETEC). Scarce Resource Management and Crisis Standards of Care. https://repository.netecweb.org/items/show/854

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Free Access: Regulatory

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Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages. https://www.cdc.gov/healthcare-workers/hcp/infection-control-

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Supply

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Free Access: Resources

Association of Public Health Laboratories. Emergency Preparedness Resources. https://www.aphl.org

Waste

Free Access: Regulatory

U.S. Environmental Protection Agency. Environmental and Medical Waste Resources. https://www.epa.gov

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Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. https://www.cdc.gov/infection-control/guidelines/environmental/index.html

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Free Access: Guidelines

Federal Emergency Management Agency. Homeland Security Exercise and Evaluation Program (HSEEP). https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep

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