OPERATIONAL READINESS CHECKLIST

for COVID-19

Operational Readiness Checklist for COVID-19. World Health Organization Regional Office for Europe, Copenhagen, 2020

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This document is based on the National capacities review tool for COVID-19 published at https://www.who.int/publications-detail/national-capacities-review-tool-for-a-novel-coronavirus-(ncov), which has been adapted to be more specific to the European Region.

The main aim of this checklist is to ensure that countries are ready at the local and national levels to detect sick people, test samples of those suspected of COVID-19, manage patients adequately, maximize infection control, and maintain open communication with the public. The tool was developed with other coronaviruses, such as SARS-CoV and MERS-CoV, in mind and in consultation with Member States.

This information will help national authorities to i)identify main gaps ii) perform risk assessments and iii) plan control, and response actions.

If you require support from WHO, please write to the following e-mail address: EURO2019nCoV@who.int

I COMMAND AND COORDINATION

a. Activate the national public health emergency preparedness and response plan/emergency operations plan/contingency plan that addresses respiratory diseases, including novel coronaviruses.

b. Activate the Emergency Operation Center (EOC)/Incident Management Structure (IMS).

c. Inform health care professionals and communities to ensure early detection and management of cases.

d. Disseminate WHO guidance to all who need to know.

e. Establish a multisectoral commission or a multidisciplinary emergency response committee.

f. Identify other partners willing to be involved in the emergency response.

g. Identify dedicated financial support based on different scenarios.

h. Review public health laws related to infectious diseases (e.g., quarantine, restriction of movement).

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II DETECTION

a. Designate a National Reference Laboratory for testing COVID-19 in human cases.

b. Establish diagnostic assays for COVID-19 in human cases in the National Reference Laboratory.

c. Make arrangements for shipment of samples for confirmation with a laboratory on the WHO roster [1] (MTA, import, and export permits).

d. Develop a strategy to scale up testing, should additional capacity be required.

e. Ensure laboratory data can be shared rapidly with relevant public health authorities.

f. Disseminate national guidelines/protocols for clinicians on which specimens should be collected for COVID-19 to all health services personnel and medical practitioners.

g. Alert all health facilities as to where samples should be sent for suspect COVID-19 diagnostics.

h. Ensure there are infectious substance certified shippers at key laboratories that may ship specimens out of the country. If not, consider how samples can be shipped for confirmation.

i. Identify funds to ship specimens to national or international reference centres.

j. Ensure a supply of triple packaging is available to ship specimens.

k. Ensure there are standard operating procedures (SOPs) in place for specimen collection, packaging, and transport for emerging pathogens.

l. Ensure a supply of appropriate personal protective equipment is available and used by laboratory staff.

[1] http://www.euro.who.int/en/health-topics/emergencies/pages/news/news/2020/01/2019-ncov-outbreak-first-cases-confirmed-in-europe

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III SURVEILLANCE AND RISK ASSESSMENT

a.   Assess the risk of COVID-19 to your country.

b.   Establish mandatory national notification of COVID-19.

c.   Develop reporting templates for public health staff at local/regional and/or national levels.

d.   Ensure there is a cascade of information to health care professionals, including the private sector, on case definitions, and procedures for testing and reporting. Include health authorities, professional organizations, and individuals in this cascade.

e.   Develop a protocol for enhanced surveillance and/or special studies to collect detailed information around the first cases and contacts.

f.   Ensure triggers/criteria/case definitions for investigation can be quickly added to the surveillance system.

g.   Ensure existing respiratory disease surveillance systems (such as for ILI, SARI, ARI, or pneumonia) are informed on the detection of cases.

h.   Ensure data are shared between human and animal health sectors.

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IV INVESTIGATION

a. Ensure investigation teams trained for respiratory disease outbreaks, including emerging diseases/pneumonia/SARI outbreak/cluster investigation, are available.

b. Test the mechanism for providing the necessary resources (logistics, PPE, and financial) to ensure the timely response from the investigation team.

c. Test the defined SOPs to alert and activate investigation teams.

d. Ensure the guidelines, SOPs, and contact tracing and follow up forms are available for the investigation teams.

e. Ensure the investigation teams have the capacity and authority to conduct investigations of suspected COVID-19 cases.

f. Include in the investigation teams, professionals trained in conducting rapid risk assessments.

g. Ensure the investigation teams have been trained and have the necessary forms specifically in contact tracing.

h. Ensure the investigation teams are trained in biological sample collection for respiratory pathogens.

i. Test the mechanisms defined for surge capacity for contact tracing.

j. Ensure the country has the tools and protocols to follow up cases and contacts.

V RISK COMMUNICATION

a. Ensure the team of risk communication, communications, or health promotion professionals at the national and subnational levels can be called upon to design and implement risk communication strategies for the COVID-19 outbreak.

b. Identify the surge support available within the government, partner agencies, or elsewhere to cover increased communication needs during the COVID-19 outbreak.

c. Include risk communication personnel in risk assessment, in investigation teams, and at response coordination meetings (e.g., at the public health emergency operations center).

d. Test the mechanisms for the rapid clearance of timely and transparent communication messaging and materials for the COVID-19 outbreak.

e. Explain to senior government leadership – including those outside of the Ministry of Health or equivalent – the importance of releasing timely and transparent information to protect the public's health even when there is uncertainty (e.g., about the cause, effective treatment, the severity of pathogen) or when there may be political sensitivities.

f. Clarify which government agency is leading on risk communication for an event of this nature and how communication will be coordinated across ministries and partners, and across different levels of government (e.g., which agency speaks first on which issue, what specific topics, determine what audiences will be best addressed through which agency/partner and how messaging will be aligned).

g. Develop and implement strategies to engage with at-risk or affected communities, including through their influencers (e.g., community leaders, religious leaders, health workers, traditional healers, embassies) and existing networks (e.g. women's groups, community health volunteers, unions, social mobilizers for other diseases).

h. Test the systems in place to detect and quickly respond to misunderstandings, misinformation, rumours, and frequently asked questions through the monitoring of media coverage, social media, and hotlines, or through healthcare worker and/or community networks.

i. Test the mechanism to utilize this media monitoring information for revising the risk communication strategy.

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VI POINTS OF ENTRY (PoE)

a. Ensure activities at PoE are conducted as part of the overall package of measures to control the outbreak throughout the country.

b. Review the public health emergency contingency plan at each designated PoE to ensure it is fit-for-purpose for COVID-19.

c. Ensure staff working at PoEs are aware of the appropriate action to manage ill passenger(s) detected before boarding, onboard conveyances (such as planes and ships), and on arrival at PoE.

d. Determine the stockpile of personal protective equipment (PPE) required at PoE for assessing ill travelers.

e. Identify an appropriate place for rapid health assessment and isolation, in the event of detecting a potential COVID-19 case at PoE.

f. Test the mechanism for safely transporting ill travelers to designated hospitals, including the identification of adequate ambulance services.

g. Test the procedures and means in place for communicating information on ill travelers between conveyances and PoE, as well as between PoE and national health authorities.

h. Identify ground services for environmental cleaning and disinfection at PoE and ensure the cleaning and disinfection protocol for potential COVID-19 events has been put in place.

i. Provide incoming and outgoing travelers from/to affected countries, as well as travel, transport, and tourism sectors with relevant information about the disease.

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VII CASE MANAGEMENT

a.   Establish formal communication channels between public health authorities (PHA) and health care providers at all levels of the health care system for the provision of situation updates by PHA and for PHA to receive clinical data.

b.   Designate health care facilities to manage cases and communicate this throughout the system.

c.   Ensure respirators are available in intensive care units in designated health care facilities.

d.   Make provisions for mechanical ventilation.

e.   Determine the mechanism to rapidly re-stock health facilities with N95 masks, surgical masks, gloves, coveralls, etc.

f.   Review the clinical triage (early recognition and source control) system for patients with Acute Respiratory Infections (ARI) in health care facilities. If inadequate, provide support for improvement.

g.   Adopt international/WHO protocols for special studies to investigate additional epidemiological, virologic, and clinical characteristics, including severity and transmissibility parameters.

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VIII INFECTION PREVENTION AND CONTROL (IPC)

a. Review the functioning of the IPC programme in each hospital/health care facility in the area where cases are suspected/identified/transferred.

b. Authorize the national IPC programme to coordinate, collect, analyze, and report data on healthcare-associated infections (HAI) at a national level.

c. Review and update, if necessary, national guidelines addressing:
    i.   Standard precautions
    ii. Transmission-based precautions
    iii. Outbreak management and preparedness
    iv. Cleaning and disinfection of environment
    v.   Cleaning, disinfection, and sterilization of medical equipment
    vi. Waste management

d. Ensure standard precautions are applied for all patients.

e. Apply droplet and contact precautions to all patients with suspected, or a confirmed Acute Respiratory Infection (ARI).

f. Apply airborne precautions to all patients who require aerosol-generating procedures.

g. Ensure appropriate staffing levels assessed in your facility according to patient workload.

h. Ensure adequate spacing of >1 meter between patient beds in the designated facility for COVID-19 patients.

i. Review the plan for patient placement, transportation, and referral based on the clinical status of a COVID-19 patient, including whether there are: single patient rooms (with adequate ventilation, staffed, and with required medical equipment) for isolation and larger rooms for cohorting patients with similar pathogens if the number of isolation rooms is insufficient.

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j.   Ensure PPE is available at all times and in sufficient quantity for all uses for all health care workers.

k.   Determine the controls to go into place to limit visitors of patients and requirements for PPE for visitors of COVID-19 patients.

l.   Designate an infection control team responsible for following up exposed healthcare workers and decide to permit exposed healthcare workers to resume his/her work.

m.   Establish a policy to test and isolate (if positive) healthcare workers in contact with patients.

n.   Develop a strategy to deal with patient/s exposed to confirmed COVID-19 patients.

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IX LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

a. Designate a Logistics & Supply focal point in the country assigned to the COVID-19 response who can link with all pillars of the response for supply forecasting.

b. Test procurement mechanisms in place in the country for the rapid procurement of additional medical commodities should they be needed.

c. Ensure there is sufficient storage capacity in the country for all commodities estimated to be needed.

d. Review the stock management system to fast track the distribution of medical commodities under urgent conditions.

e. Test the transport & distribution system available in the country for the fast-tracked distribution of emergency commodities.

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RESOURCES

Technical guidance:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance

Situation reports:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/WHO

Regional Office for Europe news and information:
http://www.euro.who.int/en/health-topics/emergencies/pages/news/news/2020/01/2019-ncov-outbreak-first-cases-confirmed-in-europe

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Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
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Turkey
Turkmenistan
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