



Outbreak Prevention Facility Audit

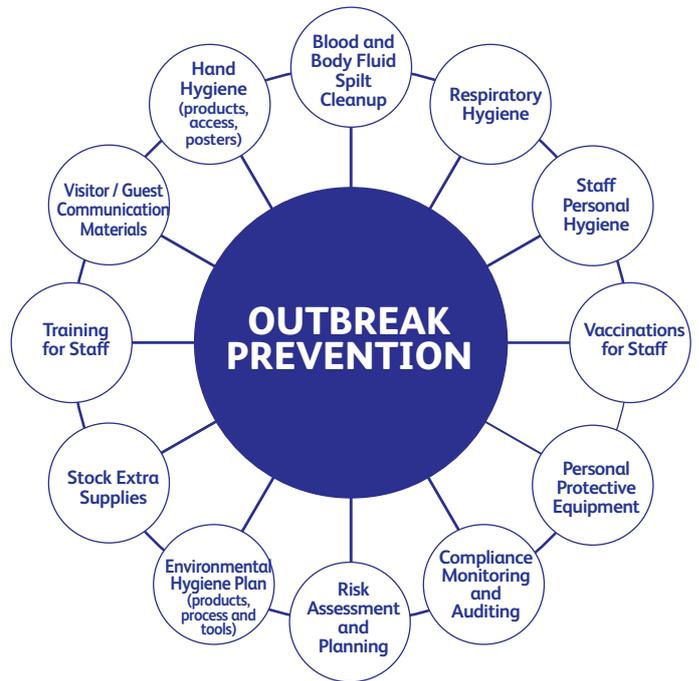
Introduction

The risk of pathogens infecting the general public is an ever present and serious risk for all public facilities and preventing the transmission of disease is an ongoing part of a facility's risk management practice. In the event of an outbreak/epidemic, Healthcare facilities are well prepared to deal with the disease and do not generally have to change their practices. Even in a pandemic outbreak, Healthcare will have the policies in place to deal with the increase illness. However, for non-healthcare facilities, since Infection Prevention isn't as strong a concern on a consistent basis, they may lack the knowledge and resources to determine the implications for their facility in the event of an outbreak/epidemic, pandemic, or new pathogen of concern.

This document was developed to provide a simple tool to assist non-healthcare public facilities in assessing their environmental infection prevention preparedness for an outbreak. While it does not cover all elements of an outbreak plan that could potentially be relevant, such as interruption of power, drinking water, food, sewer, and trash pickup, or labor issues, such as not having enough healthy staff to operate, these considerations may prevent the facility from operating, whereas the recommendations in this guide are designed to look specifically at environmental infection issues assuming the facility can otherwise be operational.

How to use this tool

The back of this document contains a list of areas that should be considered in performing an audit of outbreak preparedness. After completing the self-audit, total the score to compare to the ranges provided.





	CIRCLE ONE		
1. Risk Assessment Planning <ul style="list-style-type: none"> Low functioning: No outbreak preparation team, no written plans for the facility. 	0	1	2
<ul style="list-style-type: none"> Moderate functioning: Outbreak preparation team identified, but does not include all relevant departments, does not meet regularly, or not empowered to make changes to the facility that would require capital. If a plan exists, it does not identify anticipated supplies for an outbreak. 	0	1	2
<ul style="list-style-type: none"> High functioning: Outbreak team includes all relevant departments, can make changes to the facility, and is empowered to drive change within the facility. Outbreak plan has detailed list of supplies and quantities expected to be required for outbreak response. 	0	1	2
2. Environmental Hygiene Plan <ul style="list-style-type: none"> Low preparedness. Current facility hygiene plan contains little documentation, is not updated regularly, provides no formal training for employees, and plans for outbreak do not specify any changes needed to hygiene plan. 	0	1	2
<ul style="list-style-type: none"> Medium preparedness. Current facility hygiene plan has some documentation, but gaps exist in the plan, its training, and requirements for an outbreak. 	0	1	2
<ul style="list-style-type: none"> High preparedness. Current facility plan is updated regularly, is highly detailed, and is part of employee training. Documentation of employee training exists. Changes required for outbreaks already identified by pathogen or syndrome (acquired through shedding, respiratory, gastrointestinal, etc). 	0	1	2
3. Stock Extra Supplies <ul style="list-style-type: none"> Low preparedness. No clear direction for supplies that may be needed in an outbreak. 	0	1	2
<ul style="list-style-type: none"> Medium preparedness. List of supplies needed exists, but gaps identified in quantities or relationship to pathogen syndrome. 	0	1	2
<ul style="list-style-type: none"> High preparedness. Detailed list of required supplies identified with quantities and variations related to pathogen syndrome also clearly identified. 	0	1	2
4. Training for Staff <ul style="list-style-type: none"> Low preparedness. Lack of training and/or documentation of training for proper cleaning process, use of personal protective equipment, blood and body fluid cleanup. Minimal or no training materials available for staff. 	0	1	2
<ul style="list-style-type: none"> Medium preparedness. Some training materials available or some formal training conducted, but gaps identified that could contribute to performance issues. 	0	1	2
<ul style="list-style-type: none"> High preparedness. Written training materials in place for proper cleaning process, use of personal protective equipment, and blood and body fluid cleanup. Staff have personal copies of training and documentation that they have been trained in all practices. 	0	1	2
5. Visitor/Guest Communication Materials <ul style="list-style-type: none"> Low preparedness. No visitor or guest materials about hand hygiene, respiratory hygiene, vaccination, or other reminders in the event of an outbreak. 	0	1	2
<ul style="list-style-type: none"> Medium preparedness. Limited materials available, but clear gaps in placement or topics that would prevent an appropriate education. 	0	1	2
<ul style="list-style-type: none"> High preparedness. Range of materials available for visitors/guests across all relevant educational areas and in a variety of communication formats. 	0	1	2
6. Hand Hygiene <ul style="list-style-type: none"> Low preparedness. No visitor or guest materials about hand hygiene, respiratory hygiene, vaccination, or other reminders in the event of an outbreak. 	0	1	2
<ul style="list-style-type: none"> Medium preparedness. Limited materials available, but clear gaps in placement or topics that would prevent an appropriate education. 	0	1	2
<ul style="list-style-type: none"> High preparedness. Range of materials available for visitors/guests across all relevant educational areas and in a variety of communication formats. 	0	1	2
TOTAL SCORE			

7. Blood and Body Fluid (BBF) Cleanup	0	1	2
• Low preparedness. Handwashing stations located infrequently, not outside restrooms, and little to no use of alcohol hand gel.			
• Medium preparedness. Handwashing stations in some public areas outside of restrooms, but gaps identified where handwashing or hand gel cannot easily be performed in public areas.	0	1	2
• High preparedness. Handwashing stations available in all public areas. Hand gel available frequently in public areas.	0	1	2
8. Respiratory Hygiene	0	1	2
• Low preparedness. No signage of proper respiratory hygiene. Tissues and trash cans not generally available in public areas.			
• Medium preparedness. Some signage and access to tissues/trash in public areas, but gaps identified in which areas have signage and access and which do not.	0	1	2
• High preparedness. Widespread use of communication materials, especially during cold and flu season. Tissues and trash available broadly through all public areas.	0	1	2
9. Staff Personal Hygiene	0	1	2
• Low preparedness. Little attention paid to coaching staff on bathing, uniform cleanliness, hand hygiene, vaccinations, and other hygienic behaviors. No willingness to hold employees accountable for significant breaches in behavior.			
• Medium preparedness. Some attention paid to these topics, but clear gaps identified. Some willingness to hold employees accountable for personal hygiene behaviors.	0	1	2
• High preparedness. Part of the employee's training and HR policies is an adherence to specific personal hygiene behaviors required. Willingness to hold employees accountable for significant breaches in behavior.	0	1	2
10. Vaccinations	0	1	2
• Low preparedness. No attention paid to vaccinations and annual influenza vaccination. Facility does not provide free influenza vaccinations each year for staff.			
• Medium preparedness. Some attention paid, but gaps identified in accountability to maintain current vaccinations. Facility may provide access to low cost influenza vaccinations, but are not required or are not free for employee.	0	1	2
• High preparedness. Employees are required to keep an identified list of vaccinations current and free influenza vaccinations are provided to all employees (unless valid objection exists).	0	1	2
11. Personal Protective Equipment (PPE)	0	1	2
• Low preparedness. Little documentation and required training on when to use PPE and how it changes by situation.			
• Medium preparedness. Some documentation exists, but gaps identified in which PPE to use, when to use it, or training and documentation. Little to no proof of competence used.	0	1	2
• High preparedness. Clear documentation and training on PPE to use and when to use it. Proof of competence required as part of training. Auditing of use performed.	0	1	2
12. Compliance Monitoring and Auditing	0	1	2
• Low preparedness. No formal auditing program of compliance in cleaning practices, PPE usage, hand hygiene, etc.			
• Medium preparedness. Some formal auditing, but gaps identified, such as infrequency of audits, only using visual audits for cleaning compliance, etc.	0	1	2
• High preparedness. Formal auditing on a specified schedule that include measurements of cleaning, multiple auditors, variation in method of determining compliance, etc.	0	1	2
TOTAL SCORE			

GRAND TOTAL

After completing the self-rating above, add your score and compare to the scale below.

- 0-9 points. Weak preparedness. Outbreaks will be highly disruptive to the facility. Significant opportunities to improve.
- 10-14 points. Low preparedness. Outbreaks will be disruptive to the facility. Significant opportunities to improve.

- 15-19 points. Medium preparedness. Outbreaks will cause some disruption. Some opportunities to improve.
- 20-24 points. High preparedness. Outbreaks will cause minimal disruption. Limited areas to improve.

Please see your local Diversey representative for support in improving your outbreak prevention preparedness and call Diversey's Customer Service with any questions.



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