

Facility Infection Control Assessment Form for MERS-CoV

Hospital Name:

Hospital Address:

Topic/Question	Result	
Infection Control/Prevention Program and Resources		
1. The hospital has designated one or more individual(s) to oversee infection control.	Y	N
2. The hospital has evidence that demonstrates the individual is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	Y	N
3. The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally or internationally recognized guidelines.	Y	N
Comments:		
Systems to Prevent Transmission of MERS-CoV		
1. The hospital identifies patients with MERS-CoV and has implemented policies and procedures aimed at preventing transmission within the hospital.	Y	N
2. Is there a written policy for rapid triage of patients who present to the hospital, to elicit symptoms of SARI?	Y	N
3. Are there posted signs for patients with symptoms of SARI encouraging them to rapidly inform staff so IC precautions may be implemented?	Y	N
4. Systems are in place to designate patients known to be infected with MERS-CoV and to notify receiving facilities prior to transfer.	Y	N
5. The hospital has established systems that ensure prompt notification of IP staff or medical director/designee when a MERS-CoV test is positive.	Y	N
6. Are patients with SARI rapidly placed in proper isolation precautions?	Y	N
7. Are PPE readily available in the patient intake area of the hospital?	Y	N
8. Are sinks and/or Alcohol Based hand rubs available in the intake area?	Y	N
9. Is cough etiquette encouraged in the patient intake area?	Y	N
Comments:		
Personnel Education/Infection Control Training		
1. Healthcare personnel receive job-specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals	Y	N
2. The hospital infection control system trains healthcare personnel that are in contact with MERS-CoV infected patients	Y	N
3. The hospital infection control system addresses MERS-CoV exposure events.	Y	N

4. Policies for reporting a MERS-CoV exposure event, post-exposure evaluation and follow-up, are available.	Y	N
5. The hospital infection control system ensures the facility has a respiratory protection program that details required worksite-specific procedures and elements for required PPE use.	Y	N
6. If fit-testing is required in UAE, the hospital infection control system ensures that respiratory fit testing is provided at required intervals to appropriate healthcare personnel.	Y	N
7. Hospital has well-defined policies concerning contact of personnel with patients when personnel have been exposed or are infected with MERS-CoV. These policies should include:	Y	N
a. work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status, and	Y	N
b. education of personnel on prompt reporting of illness to supervisor and occupational health	Y	N
8. Healthcare personnel competency and compliance with job-specific infection prevention policies and procedures are ensured through routine training and when problems are identified by the identified individual.	Y	N
Comments:		
General Infection Control Elements		
Hand Hygiene		
1. Soap, water, and a sink are readily accessible in patient care areas including but not limited to direct care areas (such as food and medication preparation areas).	Y	N
2. If alcohol-based hand rubs are utilized, they are readily accessible and placed in appropriate locations.	Y	N
3. Healthcare personnel perform hand hygiene:		
a. Before contact with the patient or their immediate care environment (even if gloves are worn)	Y	N
b. Before exiting the patient's care area after touching the patient or the patient's immediate environment (even if gloves are worn)	Y	N
c. Before performing an aseptic task (e.g., insertion of IV or urinary catheter, even if gloves are worn)	Y	N
d. After contact with blood, body fluids or contaminated surfaces, (even if gloves are worn)	Y	N
4. Healthcare personnel perform hand hygiene using soap and water when hands are visibly soiled (e.g., blood, body fluids).	Y	N
Comments:		
Personal Protective Equipment/Standard Precautions		
1. Appropriate PPE (e.g., gloves, gowns, mouth, eye, nose, and face protection) are available and located near point of use.	Y	N
2. HCP wear gloves for procedures/activities where contact with blood, body fluids, mucous membranes, or non-intact skin is anticipated.	Y	N

3. HCP change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	Y	N
4. Gowns are worn to prevent contamination of skin and clothing during procedures/activities where contact with blood, body fluids, secretions, or excretions are anticipated.	Y	N
5. Gowns and gloves are removed and hand hygiene is performed immediately before leaving the patient's environment.	Y	N
6. Appropriate mouth (respirator), nose, eye protection is worn for aerosol-generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood or body fluids.	Y	N
Comments:		
Isolation- Contact Precautions		
1. Gloves and gowns are available and located near point of use.	Y	N
2. Signs indicating patient is on Contact Precautions are clear and visible.	Y	N
3. Patients on contact precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	Y	N
4. Hand Hygiene is performed and gloves and gowns are donned before entering patient care environment.	Y	N
5. Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient care environment.	Y	N
6. Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used or if not available, then equipment is cleaned and disinfected prior to use on another patient according to manufacturer's instructions,	Y	N
7. Facility limits movement of patients on Contact Precautions outside of their room to medically necessary purposes.	Y	N
8. If a patient on Contact Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease.	Y	N
Comments:		
Isolation- Droplet Precautions		
1. Facemasks are available and located near point of use.	Y	N
2. Signs indicating patient is on Droplet Precautions are clear and visible.	Y	N
3. Patients on Droplet Precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	Y	N
4. HCP perform hand hygiene and don facemasks before entering the patient care environment or private room.	Y	N
5. Facemask is removed and discarded, and hand hygiene is performed upon leaving the patient care environment.	Y	N
6. Facility limits movement of patients on Droplet Precautions outside of their room to medically necessary purposes	Y	N
7. If a patient on Droplet Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to	Y	N

prevent transmission of infectious disease (note that patient should wear facemask when transported).		
Comments:		
Isolation- Airborne Precautions		
1. NIOSH certified particulate respirators (N-95 or higher) are available and located near point of use.	Y	N
2. Signs indicating patient is on Airborne Precautions are clear and visible.	Y	N
3. Patients on Airborne Precautions are housed in airborne infection isolation rooms (AIIR).	Y	N
4. Hand hygiene is performed before entering patient care environment.	Y	N
5. HCP wear a particulate respirator (N95 or higher) upon entry into the patient care area during aerosol generating procedures for known or suspected MERS-CoV patients.	Y	N
6. Facility limits movement of patients on Airborne Precautions outside of their room to medically-necessary purposes.	Y	N
7. If a patient on Airborne Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease (note: policy should address that patient wear surgical mask when transported).	Y	N
8. The AIIR meets generally accepted specifications:	Y	N
a. at least 6 (existing facility) or 12 (new construction/renovation) air changes per hour or per state licensure rules and;		
b. direct exhaust of air to outside, if not possible air returned to air handling system or adjacent spaces if directed through HEPA filters and;		
c. when AIIR is in use for a patient on Airborne Precautions, documentation that monitoring of air pressure is done daily with visual indicators (smoke tubes, flutter strips), regardless of differential pressure sensing devices (i.e. manometers): and		
d. AIIR door kept closed when not required for entry and exit		
Comments:		
Environmental Services		
1. HCP wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, facemask or respirator, and eye protection).	Y	N
2. Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly contaminated or at least daily with an appropriate disinfectant.	Y	N
3. For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	Y	N
4. Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	Y	N
5. Clean, (laundered if not disposable), cloths and mop heads are used for each room or corridor.	Y	N
6. Facility has established and follows a cleaning schedule for areas/equipment to be cleaned/serviced regularly.	Y	N
7. HCP handle soiled textiles/linens in a manner that ensures segregation of dirty from clean	Y	N

textiles/linens and ensure that there is not cross contamination of clean textiles/linens prior to use.		
8. Soiled textiles/linens are bagged at the point of collection and kept in a covered leak-proof container or bag at all times until they reach the laundry facility. Note: Covers are not needed on contaminated textile hampers in patient care areas.	Y	N
9. Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly), and there is clear delineation of responsibility for this among healthcare personnel. Note: For patients on Contact Precautions, if dedicated, disposable devices are not available, noncritical patient-care devices are disinfected after use on each patient.	Y	N
10. Manufacturers' instructions for cleaning noncritical medical equipment are followed.	Y	N
Comments:		
Reprocessing of Semi-Critical Equipment Semi-critical Items: Objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse. Examples of semi-critical items include some endoscopes, laryngoscope blades, and vaginal probes. Semi-critical items are typically subjected to high-level disinfection using liquid chemical sterilants or high-level disinfectants. The cleaning and disinfection of these items can be done either manually or via the use of automated reprocessing equipment		
1. All reusable semi-critical items receive at least high-level disinfection.	Y	N
2. Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection. Note: for lumened instruments (e.g., endoscopes), pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.	Y	N
Comments:		
Reprocessing of Critical Equipment, Sterilization of Reusable Instruments and Devices Critical Items: Objects that enter sterile tissue or the vascular system and must be sterile prior to use. Examples of critical items include surgical instruments. Instruments not damaged by heat, steam, pressure or moisture are typically sterilized in steam autoclaves Heat- or moisture-sensitive instruments are sterilized using a compatible low-temperature process (e.g., ethylene oxide, hydrogen peroxide gas plasma, ozone)		
1. All reusable critical items receive at least high-level disinfection.	Y	N
2. Items are thoroughly pre-cleaned according to manufacturer's instructions and visually inspected for residual soil prior to sterilization. Note: for lumened instruments, pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.	Y	N
Comments:		

