Minnesota Centers for Enhanced Response (CER) Assessment Tool

To enroll in the CER program, submit the secure online assessment tool found in the High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities (https://www.health.state.mn.us/diseases/hcid/index.html). For more flexibility, you may want to print this PDF assessment tool, fill it out by hand at your convenience, and then enter your data into the online tool.

Instructions

This assessment should take approximately 30–60 minutes to complete. It should be completed by someone who works in infection prevention and control. There are 13 sections of the assessment. Please mark the following in response to each question:

- "Y" (Yes) for any element that is completed and in place.
- "I" (In Progress) if your facility is working on but has not yet completed and/or finalized the activity.
- "N" (Not Started) if the activity has not started or there are no plans to address.
- "NA" (Not Applicable) if the activity does not apply to your facility.

Please contact the MDH-ICAR staff at health.icar@state.mn.us with any questions or concerns.

Facility Information
Point of Contact (Name, Email Address, Phone Number):
Facility Name:
Address (Street, City, Zip code):
No. of Licensed Beds:
No. of Full-Time Infection Preventionists:
Date of Assessment:
Notes:

Section 1: Administrative Program Support

Elements to be Assessed	Assessment	Notes
1. The facility has an Emergency Preparedness Committee which meets on a scheduled basis (at least quarterly) and has a process for implementing an Incident Command System (ICS).	☐ Y ☐ I ☐ N ☐ NA	
2. An annual needs assessment for infectious agent response is completed. MDH HCID Toolbox – Planning Tools Sample Needs Assessment Questionnaire (Word): https://www.health.state.mn.us/diseases/hcid/hcidneeds.docx	☐ Y ☐ I ☐ N ☐ NA	
3. Readiness plans incorporate High Consequence Infectious Disease (HCID) and have input from a multidisciplinary team of potentially affected hospital departments (including but not limited to Infectious Disease, Administration, Infection Prevention, Critical Care Units, Emergency Department, Lab, Environmental Services, Respiratory Therapy, Communications, Emergency Preparedness, Engineering and Security).	☐ Y ☐ I ☐ N ☐ NA	
4. The facility has appointed a designated person for coordination of emergency preparedness activities and designated back-up (recommend three deep). MDH HCID Toolbox – Readiness Binder h. List of Facility Personnel Trained to Manage HCID (Word): https://www.health.state.mn.us/diseases/hcid/trainedlist.docx	☐ Y ☐ I ☐ N ☐ NA	
5. The facility has a schedule for training events and drills related to infectious agent response.	☐ Y ☐ I ☐ N ☐ NA	
6. Resources and time are allotted for annual drills and retraining as needed, to address observed gaps.	☐ Y ☐ I ☐ N ☐ NA	
7. HCID readiness binder/resources are available for frontline staff at point of use. MDH HCID Toolbox – Readiness Binder: https://www.health.state.mn.us/diseases/hcid/binder.html	☐ Y ☐ I ☐ N ☐ NA	
8. Detailed, scalable plans have been developed to support 24 hours of consecutive clinical care for a patient with suspected HCID.	☐ Y ☐ I ☐ N ☐ NA	
9. Providers and nursing staff are available and trained to handle the suspected HCID patient's needs.	☐ Y ☐ I ☐ N ☐ NA	

Y=Yes; I=In Progress; N=Not Started; NA=Not Applicable

Section 2: Screening

Elements to be Assessed	Assessment	Notes
1. Signage is posted in the waiting room/entrance regarding self-reporting of recent travel and information is posted on respiratory hygiene/cough etiquette.	☐ Y ☐ I ☐ N ☐ NA	
2. Standardized screening questions regarding HCID are within the electronic health record triage protocol (i.e., international travel, fever, rash, respiratory symptoms).	☐ Y ☐ I ☐ N ☐ NA	
3. A process is in place to further evaluate for a potential HCID if screening questions are positive (i.e., algorithm, information on global outbreaks). MDH HCID Toolbox – HCID Screening Guidance (PDF): https://www.health.state.mn.us/diseases/hcid/hcidscreen.pdf Georgia Department of Public Health – Travel Clinical Assistant: https://dph.georgia.gov/TravelClinicalAssistant	☐ Y ☐ I ☐ N ☐ NA	
4. Suspicion of a potential HCID is immediately shared with the treating physician/provider, staff, supervisor, and infection preventionist (IP).	☐ Y ☐ I ☐ N ☐ NA	
5. The facility has tested (i.e., drilled) the triage surveillance system to ensure effectiveness in rapid identification of potential HCID in the emergency department (ED), clinic, urgent care, or other points of entry.	☐ Y ☐ I ☐ N ☐ NA	
6. The facility has a plan to place a dedicated staff member outside the potential HCID patient's room to oversee processes at all times (i.e., monitoring entry to room, ensuring policies adhered to).	☐ Y ☐ I ☐ N ☐ NA	

Y=Yes; I=In Progress; N=Not Started; NA=Not Applicable

Section 3: Isolation

Elements to be Assessed	Assessment	Notes
1. The facility has a plan in place to ensure immediate appropriate isolation when HCID is suspected. MDH HCID Toolbox – Readiness Binder b. Pathogen Isolation Guide (PDF): https://www.health.state.mn.us/diseases/hcid/hcidiso.pdf	☐ Y ☐ I ☐ N ☐ NA	
2. The facility has a current list of all rooms that meet Centers for Disease Control and Prevention (CDC) requirements for airborne infection isolation room (AIIR) capacity. a. Number of AIIRs in the facility: _____ b. The AIIR list is updated annually c. The AIIR list is shared with frontline staff d. Frontline staff are educated on ensuring the AIIR is properly functioning	☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA	
3. The facility has a written policy in place to ensure that AIIR negative pressure airflow is checked and monitored according to CDC guidance prior to placing a patient in the AIIR.	☐ Y ☐ I ☐ N ☐ NA	
4. The facility has a written policy in place to ensure that AIIR negative pressure airflow is checked and monitored according to CDC guidance daily while a patient requiring AIIR is occupying the room.	☐ Y ☐ I ☐ N ☐ NA	
5. The route to the isolation room is pre-planned and the room designation for suspected HCID patient placement is pre-determined (i.e., AIIR, location, set-up).	☐ Y ☐ I ☐ N ☐ NA	
6. A plan is in place for room preparation as able (i.e., remove unnecessary equipment).	☐ Y ☐ I ☐ N ☐ NA	
7. Isolation signage (i.e., HCID full barrier) is readily available to immediately post on door indicating necessary personnel only and personal protective equipment (PPE) requirements. MDH HCID Toolbox – Readiness Binder, d. Isolation and PPE Door Signs https://www.health.state.mn.us/diseases/hcid/binder.html	☐ Y ☐ I ☐ N ☐ NA	
8. A plan is in place for management of patients with potential HCID presenting to on-site and off-site clinics or other outpatient areas.	☐ Y ☐ I ☐ N ☐ NA	
9. A plan is in place for managing persons (i.e., family) accompanying the patient who is suspected of having an HCID.	☐ Y ☐ I ☐ N ☐ NA	

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Section 4: Personal Protective Equipment (PPE)

Elements to be Assessed	Assessment	Notes

1. The hospital has selected appropriate PPE for care of patients with potential HCID that is easily accessible including:
a. Level 1 (have available close to point of care in kits or on cart)
▪ Fluid-resistant gown or coverall (ANSI/AAMI level 3)
▪ Gloves that extend past gown cuff
  ▪ 2 pairs for suspected viral hemorrhagic fever (VHF)
  ▪ 1 pair for viral respiratory pathogens
▪ N95 respirator or PAPR (CDC states regular face mask can be used for clinically stable persons under investigation (PUIs) for VHF)
▪ Full face shield
▪ Hair cover and booties optional
b. Level 2 (have PPE list below stating where items can be found)
▪ Impermeable gown extending to mid-calf or coverall (ANSI/AAMI level 4)
▪ 2 pairs of gloves that extend past gown cuff
▪ N95 respirator or PAPR
▪ Hood or head cover that extends to the shoulders and covers neck
▪ Full face shield
▪ Impervious boots extending to mid-calf
▪ All skin covered; use apron in some circumstances
	☐ Y ☐ I
	☐ N ☐ NA
	
	☐ Y ☐ I
	☐ N ☐ NA	

2. The hospital has at least a 24-hour supply of Level 1 HCID full barrier PPE in stock.	☐ Y ☐ I ☐ N ☐ NA	
3. Donning and doffing checklists are readily available. Designated donning and doffing partner is utilized.	☐ Y ☐ I ☐ N ☐ NA	
4. A designated area for donning and doffing is predetermined (i.e., hot zone, warm zone) and staff education is provided.	☐ Y ☐ I ☐ N ☐ NA	
5. If PAPRs are available, ensure batteries are charged and ready for use. Designate an individual who is responsible for battery maintenance on a routine basis. MDH HCID Toolbox – Readiness Binder, j. PAPR Management (PDF): https://www.health.state.mn.us/diseases/hcid/paproverview.pdf	☐ Y ☐ I ☐ N ☐ NA	
6. A review of HCID PPE for comfort, design, ease of use, and size is completed.	☐ Y ☐ I ☐ N ☐ NA	
7. Policies and procedures are in place for PPE breaches (i.e., tear in gown/PAPR failure).	☐ Y ☐ I ☐ N ☐ NA	

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Section 5: Training

Elements to be Assessed	Assessment	Notes
1. Information and resources on various types of HCID (i.e., EVD, other VHF, SARS, MERS) is available to frontline staff. MDH HCID Toolbox: https://www.health.state.mn.us/diseases/hcid/index.html	☐ Y ☐ I ☐ N ☐ NA	
2. Personnel expected to provide direct care for a patient with suspected HCID are appropriately trained for their roles (recommend competency-based training). Training includes donning and doffing of HCID PPE for the following personnel: **a. Physicians/Providers** Date of most recent training event: _____ **b. Nurses** Date of most recent training event: _____ **c. Lab** Date of most recent training event: _____ **d. Radiology** Date of most recent training event: _____ **e. Environmental Services** Date of most recent training event: _____	☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA ☐ Y ☐ I ☐ N ☐ NA	
3. Retraining and drills are conducted with all health care personnel on a scheduled basis. a. Frequency of retraining and/or drills: _____	☐ Y ☐ I ☐ N ☐ NA	

Section 6: Communications

Elements to be Assessed	Assessment	Notes
1. The hospital has designated persons (at least three deep) to receive Health Alert Network (HAN) alerts.	☐ Y ☐ I ☐ N ☐ NA	
2. Plans are in place for distribution of HAN alerts (i.e., Infection Prevention, ED, Lab, EMS, clinics).	☐ Y ☐ I ☐ N ☐ NA	

Y=Yes; I=In Progress; N=Not Started; NA=Not Applicable

Elements to be Assessed	Assessment	Notes
3. The facility has a process in place for contacting the Minnesota Department of Health (MDH) when concerns arise (i.e., determination for who will contact, when, and how). Note: Facility may contact the MDH Infectious Disease Epidemiology, Prevention and Control Division at 651-201-5414 if an HCID is suspected.	☐ Y ☐ I ☐ N ☐ NA	
4. The facility has a representative regularly attend the regional Health Care Coalition (HCC) meetings and has a process for communication with the HCC, if necessary.	☐ Y ☐ I ☐ N ☐ NA	
5. Plans and processes for routinely communicating with local public health agencies are in place.	☐ Y ☐ I ☐ N ☐ NA	
6. Plans are in place for the communications department/public relations to message hospital employees, patients, and the community (may include social media) if needed.	☐ Y ☐ I ☐ N ☐ NA	
7. A plan is in place for internal communication of a potential HCID patient (i.e., lab, radiology, security, etc.).	☐ Y ☐ I ☐ N ☐ NA	

Section 7: Staffing

Elements to be Assessed	Assessment	Notes
1. Detailed, scalable staffing plans have been developed to support 24 hours of consecutive clinical care; sufficient physician and nursing staff are available to handle suspected HCID patient care needs.	☐ Y ☐ I ☐ N ☐ NA	
2. Staff training is provided. a. Number of physicians/providers trained: _____ b. Number of nursing staff trained: _____ c. Number of lab staff trained: _____ d. Number of environmental service staff trained: _____	☐ Y ☐ I ☐ N ☐ NA	
3. Types of specialty services which may need to be provided have been discussed and planned for (i.e., pediatrics, OB, etc.).	☐ Y ☐ I ☐ N ☐ NA	

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Section 8: Lab

Elements to be Assessed	Assessment	Notes
1. The diagnostic laboratory has policies and procedures related to potential HCID patient testing.	☐ Y ☐ I ☐ N ☐ NA	
2. The facility routinely schedules and reviews a biosafety risk assessment. Note: Facility may contact MDH Biosafety Outreach Coordinator Eric Lundquist if assistance is needed. Email eric.lundquist@state.mn.us or call 651-201-5577.	☐ Y ☐ I ☐ N ☐ NA	
3. A posted phone number for MDH Public Health Laboratory (MDH PHL) is easily accessible to frontline staff. Note: Facility may contact the MDH PHL at 651-201-5200.	☐ Y ☐ I ☐ N ☐ NA	
4. There is a designated lab staff member (primary contact) who maintains active partnership and communication with MDH PHL. This person's role is to ensure timely access to current lab guidance documents, training opportunities, and other pertinent updates (i.e., this person is listed as a contact on the Minnesota Laboratory System (MLS) for their laboratory, and is part of the MLS listserv) and will also serve as a clinical liaison to the MDH PHL to provide insight and feedback from a clinical lab perspective.	☐ Y ☐ I ☐ N ☐ NA	

Section 9: Occupational Health

Elements to be Assessed	Assessment	Notes
1. The facility has a pre-made staff log sheet that can be immediately posted to track staff who have contact or provide care to a patient with a suspected HCID. MDH HCID Toolbox – Readiness Binder g. List of Personnel Potentially Exposed to Patient with HCID (Word): https://www.health.state.mn.us/diseases/hcid/exposed.docx	☐ Y ☐ I ☐ N ☐ NA	
2. There is a process in place for monitoring of staff potentially exposed to a HCID for recommended length of time.	☐ Y ☐ I ☐ N ☐ NA	
3. There is a plan for psychosocial support for frontline staff and/or family.	☐ Y ☐ I ☐ N ☐ NA	

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Section 10: Ambulance Services

Elements to be Assessed	Assessment	Notes
1. The hospital maintains an active partnership with local ambulance service(s).	☐ Y ☐ I ☐ N ☐ NA	
2. A plan is in place for transport of patients with a suspected HCID from the ambulance into the frontline hospital (i.e., predetermined route to ED isolation room).	☐ Y ☐ I ☐ N ☐ NA	
3. A process is in place for notification of ambulance services, police, fire, and first responders as indicated (i.e., post-exposure).	☐ Y ☐ I ☐ N ☐ NA	

Section 11: Interfacility Transfer

Elements to be Assessed	Assessment	Notes
1. Plans are in place for interfacility transfer/transport of a potential HCID patient. **HCID-ready ambulance service may take several hours to arrive.	☐ Y ☐ I ☐ N ☐ NA	
2. Information on the process and persons to contact for transport of a patient with suspected HCID is available to frontline staff for reference at any time (i.e., nights/weekends). MDH Ebola or HCID Ambulance Transport – Hospital Guidance: https://www.health.state.mn.us/communities/ep/surge/infectious/transporthosp.pdf	☐ Y ☐ I ☐ N ☐ NA	

Section 12: Environmental Services

Elements to be Assessed	Assessment	Notes
1. Plans are in place regarding cleaning and disinfection of equipment and the environment used to care for a patient with suspected HCID.	☐ Y ☐ I ☐ N ☐ NA	
2. Plans are in place for cleaning/disinfection of areas potentially exposed to HCID during patient transport (i.e., ambulance to ED, cleaning down hall after waste transported).	☐ Y ☐ I ☐ N ☐ NA	

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Section 13: Waste Management

Elements to be Assessed	Assessment	Notes
1. The hospital has appropriate plans in place to safely store and secure Category A infectious waste until rule out/confirmation of diagnosis, including liquid waste (i.e., vomit, urine).	☐ Y ☐ I ☐ N ☐ NA	
2. The hospital has a plan in place for waste-management and transporting Category A infectious substances.	☐ Y ☐ I ☐ N ☐ NA	
3. A plan is in place to collect and store Category A waste from ambulance services. NOTE: If a patient is suspected of having an infection in which all forms of medical waste are considered category A, EMS should preferentially transport the patient to an HCID treatment center as opposed to a frontline facility. MDH is available 24/7 to assist in these decisions.	☐ Y ☐ I ☐ N ☐ NA	
4. The hospital has exercised (e.g., table top drill) Category A waste management.	☐ Y ☐ I ☐ N ☐ NA	

Minnesota Department of Health
Infection Control Assessment and Response (ICAR) Program
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To obtain this information in a different format, call: 651-201-5414.

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