Checklist for Review of Communicable Disease Response

The following checklist will assist with review and documentation of routine and 24/7 communicable disease reporting and response processes. The checklist includes elements that are suggested for inclusion in your local protocol and preparedness plans.

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| *Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.* | | | |
| Required Basic Elements | *Included in protocol?* | | |
| *Yes* | *No* | *Comments* |
| 1. Is your Communicable Disease Plan compliant with the National Incident Management System (NIMS)? (Follows preparedness plan formats with Purpose, Scope, Assumptions, Concept of Operations, Roles & Responsibilities, and Authorities) |  |  |  |
| 1. Does your Communicable Disease Plan include the priority elements of Capability 13, Public Health Surveillance and Epidemiological Investigation of the Public Health Emergency Preparedness & Response Capabilities National Standards? |  |  |  |
| 1. Does your protocol describe the method disease reports are received by your agency (e.g., confidential fax, phone reports, mail, etc.)? |  |  |  |
| a. Does your protocol describe how reports are reviewed? (e.g., reports reviewed centrally or by different units of your agency  such as communicable disease, environmental health, family planning, etc.)? |  |  |  |
| b. Does the protocol specifically describe who is responsible for evaluating reports and ensuring case investigations and control measures are implemented as described in state rules? |  |  |  |
| c. If selected conditions are referred to various sections of the agency (e.g., foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are  referred? |  |  |  |
| 2. If your agency utilizes a team approach on some events, does the  protocol indicate who comprises the team and describes their general roles? |  |  |  |
| 3. Does the protocol describe how quickly reports are reviewed (e.g.  day of receipts, within 24 hours, 48 hours, etc.)? |  |  |  |
| 4. Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to  information? |  |  |  |
| 5. Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g., called directly to jurisdiction, given to  DPHHS)? |  |  |  |
| 6. Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. MIDIS data  entry, expanded case investigation forms, foodborne outbreak form)? |  |  |  |
| 7. Does the protocol outline a highly active surveillance procedure  for use during outbreak/emergency events? |  |  |  |
| 8. Does your protocol specifically address rabies response issues, including: who is involved in response, issuing PEP recommendations, observation and testing of animals and sharing  information with relevant response partners? |  |  |  |
| 9. Does your protocol identify how to prioritize during case investigation and contact tracing when a surge of cases occurs? (This may include considering time-based factors for the disease, household contacts, sensitive settings, and those most at risk for  severe illness.) |  |  |  |

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| 1. Does your protocol identify partners within your jurisdiction that can assist with case follow-up during surge events? |  |  |  |
| 11. Does your protocol identify methods to quickly scale up staffing for your department during emergencies? You may be able to cross reference other portions of your emergency operations plan. |  |  |  |
| ***Required Routine Active Surveillance Elements with Key Surveillance Partners (KSPs)*** | | | |
| **Required Active Surveillance Elements** | *Included in protocol?* | | |
| *Yes* | *No* | *Comments* |
| 1. Does your protocol detail how your agency conducts active surveillance? |  |  |  |
| 1. Does it list the key providers/laboratories routinely contacted? |  |  |  |
| 1. Does it detail the frequency of your active surveillance calls with each contact? |  |  |  |
| 1. Does it indicate which staff member(s) have been assigned the responsibility of conducting & documenting active surveillance calls? |  |  |  |
| ***Protocol detailing your agency’s 24/7 availability to receive and evaluate reports of concern.*** | | | |
| **Required 24/7 elements:** | *Included in protocol?* | | |
| *Yes* | *No* | *Comments* |
| 1. Does the protocol describe a method to receive and immediately  review emergency reported 24 hours a day 7 days a week? |  |  |  |
| 2. If your system relies on an answering service or dispatcher,  have they been provided with a detailed written protocol that includes a list of contact numbers? |  |  |  |
| 3. Does the protocol describe how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or  system? |  |  |  |
| 4. Does the protocol provide for the periodic local testing of the  24/7 system? |  |  |  |
| 5. Does the protocol provide for the documentation and evaluation  of all tests and actual after-hours calls? |  |  |  |
| ***Protocol detailing your agency’s “Epi Team” approach to communicable disease events.*** | | | |
| **Required Epi Team Elements:** | *Included in protocol?* | | |
| *Yes* | *No* | *Comments* |
| 1. Does the protocol provide for core and expanded team members? |  |  |  |
| 1. Does the core team have at least one public health nursing and one environmental health staff members? |  |  |  |
| 1. Does the protocol define what conditions or events will require notification of the core team members (i.e., suspect foodborne illness, animal bite, etc.)? |  |  |  |
| 1. Does the protocol define what circumstances will require expanding the team to include other members associated with your agency? |  |  |  |
| 1. Does the protocol define how information is shared among team members and within what timeframe? |  |  |  |