

COVID-19 Best Practice Preparedness Checklist Level III

This checklist is the third in a series of preparedness checklists for COVID-19. It assumes that you have completed the steps on the first two lists¹, that your county has COVID-19² patients and that community spread is in full swing. This checklist attempts to anticipate the resources that will be taxed.

Your most valuable resource is healthy staff.

HEALTHCARE PROVIDER SAFETY

- Practice 2-person don/doffing technique for PAPR³
- Source a video assist device for intubation if one is not already available.
 - Ensure all intubations are done with video assist.
- Practice intubation with PAPRs and shields over the patient if available. Consider dedicated intubation teams for EM/HM practices by anesthesia if available.
- Take inventory of your PPE supply at least 3 times per week.
 - If you have less than a 1-week supply, reach out for sourcing help⁴.
- Evaluate jeopardy contingencies.
 - Establish cross-credentialing with local area.
- Establish or, if your hospital has one, review and disseminate the following:
 - COVID-19 code policy
 - COVID-19 EMS code/DOA policy
 - COVID-19 DNAR policy or COVID-19 Ethics Committee Review
- Separate COVID-19 from non-COVID-19 admitted patients by floor or region of hospital, (e.g. NYC COVID-19 only hospital).

TREATMENT/MEDICATION OPTIONS

- Assess local supply chain for home O2 and pulse ox monitoring.
- Develop or source monitoring protocols/policies for home care.
- Re-enforce with providers that chloroquine/hydroxychloroquine should not be prescribed for discharged patients.
- Limit use of BiPAP, CPAP, or high flow oxygen as they are aerosol generating.

CRITICAL CARE PEAK CAPACITY

- Source additional resources needed for peak numbers. Assume a 4-fold increase in demand in:
 - Space (consider tents, telemedicine, or alternate triage model)
 - Staff (housekeeping, nurses, techs, respiratory care)

Disclaimer: This content is intended as a resource for clinicians caring for critically-ill COVID-19 patients, based on available evidence and recommendations of governing bodies. The recommendations do not replace clinical judgment or the need for individualized patient care plans. While we attempt to keep this information up-to-date, the literature on COVID-19 is rapidly evolving, and we suggest that practitioners search for the most up-to-date literature on any specific topic. These guidelines will also rapidly evolve as they are implemented into clinical practice and we receive feedback from practitioners. Additionally, local factors should be taken into account if utilized.

- Equipment (PPE, tubes, scopes, etc.)
 - Ventilators
- Resource Limitation Plan
 - Discuss ventilator sharing, patient selection, and equipment with ICU
 - Discuss weaning protocols with ICU

HEALTHCARE PROVIDER WELL-BEING

- Make sure providers are not working more than their requested number shifts. If so, discuss with leadership and consider credentialing for additional resources.
- Provide wellness resources⁵ to providers.

1. <https://www.evhc.net/coronavirus/covid-19/em-resources>
2. <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/>
3. https://www.cdc.gov/vhf/ebola/hcp/ppe-training/PAPRRespirator_Gown/donning_01.html
4. PPENeeds@EnvisionHealth.com
5. <https://www.evhc.net/covid-19/wellness-resources>

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