# 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 lists[1], that your county has COVID-19[2] 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 PAPR[3]
- ☐ Source a video assist device for intubation if one is not already available.
  - o 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.
  - o If you have less than a 1-week supply, reach out for sourcing help[4].
- ☐ Evaluate jeopardy contingencies.
  - o Establish cross-credentialing with local area.
- ☐ Establish or, if your hospital has one, review and disseminate the following:
  - o COVID-19 code policy
  - o COVID-19 EMS code/DOA policy
  - o 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:
  - o Space (consider tents, telemedicine, or alternate triage model)
  - o Staff (housekeeping, nurses, techs, respiratory care)

- 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 resources[5] 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