## About the checklist:

Simple and quick to use tool containing essential elements for providing safe and adequate care for COVID-19 cases/suspects. Developed to guide conversations during a field visit; it can also help teams in checking if all relevant aspects for COVID-19 care are in place prior to starting operations. The checklist is divided in three parts contemplating critical elements of an EMT operation during COVID-19 response:

- Core clinical process: mapped at macro level representing the provision of care itself
- IPC measures: transversal and apply to all phases of the core clinical processes
- Support systems: referring to the elements that provide the adequate conditions for care to be provided

Target audience is MoH representatives, EMTCC and EMTs. Complementary to "Checklist for deploying/receiving EMT staff"

## Tips for preparing and conducting a field visit

- Establish a date and time for conducting the field visit and inform the EMT in advance
- Revised selected documents and forms in advance
- Select a team to conduct the visit and ask EMT to appoint a focal point to accompany team during the visit
- Reinforce the goal of the visit to support EMT in improving the quality, to identify challenges and best practices
- Avoid disrupting operations, keep visit focused and straight to the point (it should not last more than 2 hours)
- Conduct the visit following the patient´s flow and evaluating clinical and support processes as you go.
- The best moment to take notes is during the visit, but keep them concise so as not to interfere in the conversation and inform team you will be taking notes
- Share your findings with the EMT

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**SCREENING** ➞

Screening station at the entrance of facility

Clear process for screening patients based on COVID-19 up to date case definitions

Waiting area large enough to allow for safe distance between people or the use of screens when enough space not available; well ventilated

Visible information for patients about symptoms, hand washing, respiratory hygiene and social distancing

**TRIAGE** ➞

Standardized validated process to triage cases, allowing for categorizing according to disease severity/clinical syndromes

Patients do not enter triage without masks

At least a thermometer, blood pressure cuff, stethoscope and pulse oximeter are available at triage area

Designated area for resuscitation with equipment needed

Designated area for testing for COVID-19, with safe handling of samples

**WARD**

There is an area for isolating contact and mild suspected cases with individual accommodations and basic services (hygiene, food, basic healthcare)

There is a process and adequate staffing to ensure follow up of health care needs, emergency situations and care for chronic conditions

Psychosocial support available

Process to ensure patients are able to communicate with their families

Ability to initiate and maintain oxygen therapy without invasive ventilation, including CPAP

### IPC MEASURES (applicable to all processes)

IPC standards with clear up to date protocols

Facility has a functional quality management/ quality improvement/IPC / WASH FIT team, with designated focal persons from IPC, WASH, etc.

Process to ensure availability and proper use of PPE for staff according to risk and masks for patients

Hand washing stations or alcohol-based hand-hub available throughout the facility, including at entry/exit point of screening/triage

Unidirectional flow at screening and triage to avoid cross contamination, entry and exit points clear identified

Wards identified and separated according to risk

Division within hospital of high-risk versus low risk zones with logic/safe patient and staff flow

Separated and one direction flow in donning and doffing area

Cleaning and disinfection protocols for equipment, furniture and facility according to risk

Waste bins for safe disposal of PPE in doffing areas and points of care

Specific IPC training for staff

Staff screening and testing protocols

PPE includes disposable gloves; clean/long-sleeve gown; medical mask covering mouth and nose, respirator (N95) when caring for suspected/confirmed cases with an aerosol generating procedure; eye protection (goggles or face shield)

### MISCELLANEOUS ESSENTIAL ASPECTS OF CORE CLINICAL PROCESSES

ICU and mechanical ventilation provisions or ability to refer

Provisions in place for surgical airway

Identified ceilings for treatment/diagnosis (ECMO, dialysis, CT scan)

Specific up to date clinical management protocols

Clear criteria for home isolation, admission, discharge and transfer to higher/lower care within facility or to other facilities according to severity and capacity

Adequate multidisciplinary representation, e.g., physio, OT, speech and language therapy, psychology, according to ICU capability

Additional communication modalities for patients and families due to isolation measures

## TECHNICAL SERVICES

*Laboratory*

COVID testing capacity with safe handling procedures

Process to collect, process and analyze laboratory tests including:

- o *Blood cultures*
- o *Malaria/Dengue/Chikungunya*
- o *Other respiratory viruses*
- o *Blood gas*
- o *Hematology and biochemistry*
- o *Liver and kidney function*
- o *Lactate*
- o *ABO and Rh?*

Process contemplates safe handling and correct identification of samples, proper use of PPE by staff

*Imaging*

X-ray and (+/-) ultrasound: able to provide plain or digital x-ray; adequate quality for diagnostic use

*Safe and reliable provisions for a walking blood bank*

## REFERRAL SYSTEM

Ability to identify & manage referrals to different levels and types of of care including cases AND non cases

Methods of transfer / transport are identified for referral cases

Patient transfer equipment & consumables available to support a transfer i.e. oxygen for patient

Process for adequate patient transport with portable ventilator

Referral form available and in use

Appropriate PPE use and disinfection routine of ambulances and other vehicles used for patients transfer/referral of COVID-19 cases

## MEDICAL RECORDS/REPORTING

System set up to maintain confidential, individual patient records and reporting on regular basis

System to identify and verify patient's identity

Reporting at regular intervals, using national or international reporting format i.e. Minimum Data Sets (MDS)

Paper based, paper and electronic or just electronic medical records system in place, with a fail over plan

Appropriate data and patient records management i.e. safe and secure storage of patient's records

System in place to report and learn from adverse event (i.e.: wrong medication)

Process to capture and manage complaints

Consent forms in plain understandable language

## PHARMACY / OXYGEN

Stock within expiry date, medications are labelled (in local language where possible) and individually dispensed with authorized prescription

Cold chain compliance / equipment

WHO Essential medication list or equivalent (National), must include;

- o Oral & parental analgesia
- o Antibiotics
- o Other as indicated to treat anticipated cases

Medication for intubation and ventilation

Pediatric forms available

Register of all scheduled / controlled substances & dispensing is maintained

Pharmacy stock control system in place

Supply management and safe handling of oxygen

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### WASH - *Water*

Improved water supply piped into the facility or on premises and available

Water storage is sufficient to meet the anticipated demands of the facility for two days

Potable water is treated with chlorine (0.2 mg/l minimum free chlorine residual) or treated with a proven technology that meets MoH or WHO performance standards

Water services available at all times and of sufficient quantity for all uses (hand washing, personal hygiene, cleaning, laundry)

A reliable drinking water station is present and accessible for staff, patients, and care givers at all times and in all locations/wards

Wastewater is safely managed though use of on-site treatment (i.e. septic tank and soakage pit) or sent to a functioning sewer system

### WASH - *Hygiene*

Functioning hand hygiene stations available at key locations throughout the facility

Functioning hand hygiene stations within 5m of latrines which may consist of soap and water with a basin/pan for washing hands.

COVID-19 risk communication materials are is posted at key places

Soap or other hand cleaners supplied at all hand hygiene stations

Hand washing stations are kept full of safe water or are piped

Floors are in good condition and cleaned.  Horizontal surfaces appear clean

Appropriate and well-maintained materials for cleaning (detergent, mops, buckets, etc.) are present

Appropriate personal protective equipment (PPE) is provided for any staff screening patients or working with suspected or known COVID 19 cases.

### WASH - *Waste Management*

Waste management system to ensure patient, staff and community safety including segregation, handling/transfer, treatment, disposal

PPE available for handling waste

Separate, functional waste collection containers in close proximity to waste generation points for: non-infectious (general) waste · infectious waste, sharps waste

Incinerator or alternative treatment technology for the treatment of infectious and sharp waste is functional and of a sufficient capacity

Functional waste pit/fenced waste dump or municipal pick-up available for disposal of non-infectious waste

### WASH - *Sanitation*

An adequate number of usable toilets or improved latrines and showers are available for staff, patients, and visitors

- o Two or more toilets for outpatients (increasing at ratio 1 toilet every 50 users) plus one per 20 users/ inpatients
- o Toilets or improved latrines clearly separated for staff and patients and for males and females

**SELF SUFFICIENCY**

*Shelters*

Adequate numbers of shelters available to provide a safe, secure working and living conditions for staff and patients

Facility has posters reinforcing social distancing and waiting rooms accommodate 2m social distance

Facility has separate entrances and waiting rooms for COVID-19 and non-COVID-19 cases (if non case are present)

Sufficient functioning environmental ventilation (natural or mechanical) available in-patient care areas

*Power*

Reliable and sufficient electric power (<1h downtime per day)

Backup power source (generator) sufficient to run critical equipment

Suitable lighting sources available for safe working environment

Suitable safe storage and management of fuel

*Communication*

Emergency communication equipment available, such as: BGAN, high frequency Radio (VHF), satellite phone, mobile phone

**EMT CAPACITY AND CAPABILITY**

Rapidly deployable temporary shelter, outpatient clinic and inpatient facility

Designated space, stuff, staff and systems for

- o screening,
- o triage,
- o testing,
- o resuscitation,
- o inpatient (adult and pediatric) ward,
- o intensive care,
- o laboratory,
- o pharmacy,
- o storage,
- o morgue,
- o sterilization,
- o X-ray/ other imaging,
- o rehabilitation

Basic/Advanced life support

Surgical airway

Patient registration and unique patient identification system in place

Privacy and confidentiality maintained within the facility

Fully staffed, with the right technical skill sets and staffing ratios for EMT type

**OBSERVATIONS:**

**ADDITIONAL RESOURCES:**

- EMTs guidelines and publications
- https://extranet.who.int/emt/guidelines-and-publications
- Community facilities for preparedness and response to COVID-19 https://extranet.who.int/emt/covid-19
- Clinical management of COVID-19 https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance/patient-management
- COVID-19 Infection, prevention & control/ WASH
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control