Checklist for Deploying/Receiving EMTs in COVID-19

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Quality of care matters even in crisis situations

Interim Version 1.0 27-04-2020

Introduction

Health systems and facilities across the globe are overwhelmed by the excess demand caused by COVID-19 and are trying their best to match capacity and demand. One of the strategies adopted to expand capacity is the deployment of specialized care teams from one country to another.

Specialized care team are groups of healthcare professionals that provide a specialist function of care or support and can be embedded in local healthcare facilities, type 2 or type 3 emergency medical team (EMT) to enhance specific capacity, like outbreak response, infection/prevention and control, intensive critical care, etc. These teams must sign up to the guiding principles and meet the core standards of being and EMT and comply with the technical standards of their specialty.

These international deployments in the context of COVID-19 carry challenges of their own both for teams and host facilities. Differences in language, culture, clinical practice, processes of care, equipment and medication availability might increase the occurrence of errors related to care and negatively impact wellbeing and safety of staff.

The "Checklist for Deploying/Receiving EMTs in COVID-19" is a practical tool to organize deployments with the aim of reducing errors while increasing safety and wellbeing of team. It is applicable to both deploying teams and host healthcare facilities. While checklist is focused on elements regarding staff, it is important to highlight that the provision of care that is of appropriate quality also on the appropriate stuff, space and system and how these components interact.

The Checklist

The checklist has 24 items divided in five sections as follows: documentation, training, team safety, security & wellbeing, key processes and protocols and language. It is recommended that receiving facilities and deploying teams carefully consider every item in planning the deployment and upon arrival at the facility.

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IDENTIFICATION OF HOST FACILITY				
Name:	Unit:			
City:	Country:			
Focal point at host facility:				
IDENTICATION OF SPECIALIZED CARE TEAM				
Name:	Total nº professionals deployed			
Country:	Skill mix: please describe number of MD, Paramedics, nurses, IPC experts, etc.			
WHO Classified ( ) Yes ( ) No ( ) In process	Type ( ) Gov ( ) Military ( ) NGO			
Date of deployment:	Specialty: ( ) Outbreak ( ) ICU ( ) Ward ( ) IPC ( ) Other:_____			
Planned duration:	Team leader:			
DATE OF COMPLETION OF CHECKLIST:	**RESPONSIBLE:**			
TOPIC	Yes	No	N/A	Observation/Action
PART I Documentation: ensure critical documentation requirements are fulfilled. Is staff ready to deploy and provide care?				
1. Staff is licensed in their home country for the practice they will undertake while deployed. Copies of these licenses are available for the host facility.				
2. Host country MoH or equivalent authority has granted staff temporary authorization to practice for the duration of the deployment.				
3. Staff is aware and has signed facilities' Code of Conduct.				
4. There is a clear term of reference with roles and responsibilities for each staff category, including descriptions of skills mix & competencies of deploying team, provisions for task shifting, standard operating procedures on difficult/ethical decision making and how to deal with complaints.				
PART II Training: ensure relevant training to deploy and provide care in the context of COVID-19. Do staff know what to do?				
5. Staff has completed just in time training on COVID-19. Records of completion available and shared with host facility.				
6. Staff has been trained (theory and practice) on IPC measures, including hand washing, donning and doffing procedures. Records of completion and available and shared with host facility				
PART III Staff safety, security and wellbeing: assess if structures and processes are in place to ensure staff safety and wellbeing. Is staff safe and cared for?				

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7. There are processes in place to manage stress/burnout among staff, psychosocial support is available, and staff knows how to activate it.				
8. Staff received appropriate/required prophylaxis and vaccinations				
9. There are adequate living conditions, rest periods and meals for staff				
10. Staff have accident, medical and life insurance and there are evacuation plans in place				
11. There is enough and adequate PPE available for staff according to the activities performed				
12. Mental and physical fitness of staff was assessed prior to deployment				
13. Staff have received a security brief giving an updated picture of the local security issues and team security measures are in place, including how/when to report security concerns				
PART IV Key processes & protocols: assess if key elements are in place for the provision of care.				
14. National protocols for COVID-19 clinical management and IPC measures are available and easily assessible for staff. Staff has been briefed in advance and agrees to comply with them. In the absence of national guidance, it is recommended that facilities follow WHO technical guidelines.				
15. There are clear processes including criteria for discharge and referral of patients to higher or lower level facility and to home. Staff is aware of, has been briefed about and has agreed to comply with.				
16. Upon arrival of team at facility, staff has been briefed about national protocols regarding COVID-19 clinical management and IPC measure (including hand hygiene, doffing and donning)				
17. Standard operating procedures are in use at the facility are available and easily accessible for staff				
18. There is an onboarding process in place for incoming staff, i.e.: staff shadows a local staff for at least 2 days				
19. Task shifting has been planned and agreed between teams and host facilities contemplating both skills and competencies.				

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20. Team has agreed to maintain confidentiality and completeness of patient records and to comply with reporting mechanism according to facilities and host countries policies and procedures				
21. Vital signs (temperature, respiratory rate, heart rate, blood pressure) pulse oximetry or blood gas analysis and common COVID- 19 symptoms are considered and recorded at triage setting and followed up for optimum treatment decisions.				
22. There is a clear process for screening patients that consider cases and suspect case definitions. Staff is aware and agrees.				
PART V LANGUAGE: Ensure there are processes in place to overcome language barriers				
23. Relevant documents, such as national protocols, key SOPs, order sets, prescriptions, etc. have been made available in a language that is understandable to staff				
24. There are translators available to support staff communicate with local staff and patients and family.				

Monitoring

The careful application of the checklist in planning/receiving a deployment has the potential to decrease the likelihood of errors and increase the safety of staff. It is recommended that teams monitor a set of measures as proxy of the checklist effectiveness in achieving its desired outcomes. Measures focus mostly on staff and not on patient outcomes or care processes. The table below presents the suggested set of measures and corresponding operational definitions. Measures should be displayed on a simple line chart, in which Y-axis is the measure of interest and X-axis is date

Measure	Numerator	Denominator	Calculation	Frequency of data collection	Guidance on data collection
1. Staff infection rate	Nº staff positive for COVID-19	Total nº staff deployed	Numerator/ Denominator x 100	Weekly	Numerator: Count number of staff not working due to diagnosis of COVID-19 in that week. Denominator: Total nº staff deployed
2. Staff wellbeing rate	Nº staff presenting burnout/ stress symptoms	Total nº staff deployed	Numerator/ Denominator x 100	Weekly	Numerator: Count number of staff that presenting burnout/stress symptoms that prevent them from working in that week Denominator: Total nº staff deployed

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3. Percent task shiftir	Nº staff working on different function than original	Total number of staff	Numerator/ Denominator x100	Weekly	Numerator: number of staff working on different function than original Denominator: total number of staff
4.Number of difficult/ethically challenging decisions per day	Number of difficult/ethically challenging decisions per day	None	None	Daily	Count number of difficult/ethically challenging decisions each day. Difficult/ethically challenging decisions might include, but are not limited to: • Decision not to start ventilation when it is actually required; • Decision to stop ventilation / to stop treatment and move to palliative measures; • Decision not to admit a severe case • Decision to work with inadequate PPE because of lack of supply; • Decision to apply non-validated treatment under pressure of family/management/politics • Any decision with involvement of ad hoc ethical committee / independent colleague
5. Percent complete shifts	Number of shifts with complete staff	Total number of shifts performed	Numerator/denominator x100	Weekly	Numerator: count the number of shifts in a week that team was complete. Denominator: count number of shifts per week

Table 1: Measurement set operational definitions