

Guidelines for COVID-19 Disease Hospital Readiness Structural & Operational Checklist

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COVID-19 Disease hospital readiness Structural & Operational checklist

1.	Operational Leadership	Supporting Documents/Notes
1.1.	Designate a Hospital Emergency Operation Centre, i.e., a specific location prepared to convene and coordinate hospital-wide emergency response activities and equipped with well-functioning means of communication.	-Hospital incident management group list.
1.2.	Appoint a hospital epidemiologist with the overall responsibility for activities related to early warning and surveillance in the hospital.	Note: If not available, the infection prevention & control specialist can take the responsibility.
1.3.	List all hospital services in priority order.	Note: Done by Hospital incident management group list .
1.4.	Identify and maintain the hospital services that your facility must provide at all times and under any circumstances.	Note: Done by Hospital incident management group list.
1.5.	Effective admission and discharge criteria	Note: According to priorities decided in 1.3
1.6.	Ensure that all decisions on clinical triage, patient prioritization (e.g., adapted admission and discharge criteria), infection prevention and control measures, and policies related to case management and hospital epidemiology are communicated to all relevant staff and stakeholders.	Note: -Two ways communication between the Hospital incident management group & the concerned stakeholders inside & outside the hospital. -Two ways communications inside the hospital between the different concerned stakeholders.
2.	Respiratory Triage & Isolation	Supporting Documents/Notes
2.1.	Establish a triage protocol aimed at ensuring that cases of acute respiratory infection are recognized.	-Respiratory Triage checklist -Recommended personal PPE during the COVID-19 outbreak, according to

		the setting, personnel, and type of activity
2.2.	Establish a well-equipped triage station at the entrance of the health-care facility, supported by trained staff.	-Triage station equipment checklist
2.3.	Institute the use of screening questionnaires according to the updated case definition	-Respiratory Triage checklist
2.4.	post signs in public areas reminding symptomatic patients to alert HCWs.	_____
2.5.	Designate an exclusive waiting and examination area for individuals presenting with respiratory symptoms and/or fever. The area should be well ventilated, low-transit, and secure.	_____
2.6.	Appoint a triage supervisor responsible for overseeing all triage operations.	_____
2.7.	Ensure a one-meter distance between beds regardless of whether patients are suspected of having COVID-19.	Note: Beds refer to actual beds or chairs
3.	Admission	Supporting Documents/Notes
3.1.	In coordination with National health authorities, implement the hospital strategy for the admission, internal transfer, referral, and discharge of SARI patients, in line with relevant criteria and operational protocols.	-Diagnosis and Treatment Protocol for COVID-19. Version1.1,23 March 2020, MOHP
3.2.	Avoid mixing of suspected and confirmed cases.	-Infection prevention and Control checklist
3.3.	Patients should be placed in adequately ventilated single rooms .When single rooms are not available, patients suspected of having COVID-19 should be grouped together	-Infection prevention and Control checklist
3.4.	Ensure a one-meter distance between beds regardless of whether patients are suspected of having COVID-19.	_____
3.5.	Consider hospital admission for cases of COVID-19 acute respiratory infection with comorbidities recognized as posing a risk for a severe or fatal course of COVID-19.	Note: To be mentioned in the Admission criteria.

3.6.	Ensure the availability of staffed beds for the admission of severe COVID-19 acute respiratory infection cases requiring supportive care and the continuous/regular monitoring of vital signs, regardless of comorbidities, recognized as posing a risk for a severe or fatal course of COVID-19.	Note: Staffed beds: as detailed in 3.7.
3.7.	Provide continuous monitoring of vital signs (e.g. Temperature, blood pressure, pulse, respiratory rate, level of consciousness, clinical signs of dehydration or shock), and oxygen saturation (pulse oximetry or blood gas analyses).	_____
3.8.	Ensure the availability of oxygen and means of respiratory support, as well as sufficient sedation for intubated patients.	-ICU equipment checklist
3.9.	Limit visitors to those essential for patient support. Ensure visitors apply droplet and contact precautions.	-Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
3.10.	Maintain a record of all persons entering the patient's room, including all staff and visitors.	-Record for all persons entering the patient' room
4.	Patient Transport	Supporting Documents/Notes
4.1.	Avoid moving and transporting patients out of their room or area unless medically necessary.	-Patient transport checklist
4.2.	If transport is required, use predetermined transport routes to minimize exposure for staff, other patients, and visitors, and have the patient use a medical mask	_____
4.3.	Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE.	-Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
4.4.	Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival.	-Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity

4.5.	Implement methods of routine cleaning and disinfection of ambulances following the recommended standards and guidelines for COVID-19.	-Ambulances cleaning and disinfection checklist
5.	Infection Prevention & Control	Supporting Documents/Notes
5.1.	Provide verbal instructions, informational posters, cards, etc. to ensure that health care workers (HCW), patients, and visitors are aware of respiratory and hand hygiene and prevention of healthcare-associated infections.	-Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
5.2.	Hand hygiene stations (water, soap, paper towel, alcohol-hand rub), and waste bins are distributed at strategic locations across the hospital.	_____
5.3.	Ensure that HCW are applying standard precautions for all patients.	-Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
5.4.	Droplets and contact precautions are recommended for suspected or confirmed COVID-19 cases.	-Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
5.5.	Ensure that HCWs are applying airborne precautions for aerosol-generating procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, collection of nasopharyngeal swap/aspirate and autopsy.	- Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity

5.6.	Ensure equipment is either single-use and disposable or if equipment (e.g., stethoscopes, blood pressure cuffs, thermometers, food trays) needs to be shared among patients, clean and disinfect between use for each patient (e.g., by using ethyl alcohol 70%).	_____
5.7.	Oxygen masks and nasal canulae should be single-use.	_____
5.8.	Routinely clean and disinfect surfaces with which the patient is in contact.	_____

6.	Healthcare workers (HCWs)	Supporting Documents/Notes
6.1.	Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.	_____
6.2.	Ensure that staff (HCWs, cleaning personnel) receive training on standard, contact, droplets, and airborne precautions (including correct use of PPE, donning and doffing, masks tested for fitting, hand hygiene, respiratory hygiene, etc.).	-Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity.
6.3.	Ensure that adequate personal protective equipment (PPE) (i.e., medical/surgical masks, N95/FFP2 respirators, gloves, gowns, eye protection) is easily accessible to staff.	-Consumption of Supplies and Pharmaceutical checklist
6.4.	If the supply of PPE is limited, prioritize staff caring for cases.	-Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
6.5.	Identify and trace all health care workers who had protected (proper use of PPE) or unprotected (without wearing PPE or PPE used improperly) exposure to patients with suspected or confirmed COVID-19.	Note: Health care workers exposure to COVID-19 patients
6.6.	Estimate staff absenteeism in advance and monitor it continuously.	_____
6.7.	Prioritize staffing needs by unit or service and distribute personnel accordingly.	_____
6.8.	Familiarize ward staff to work in high-demand areas (e.g. infectious disease wards, emergency and intensive care units) to support surge.	_____

6.9.	Provide training and exercises relevant to areas of need, including infection prevention and control, clinical management, to ensure staff competency and safety.	Note: <ul style="list-style-type: none"> ➤ Infection prevention & control ➤ Emergency care ➤ Intensive care unit care
7.	Equipment & supplies	Supporting Documents/Notes
7.1.	Develop/maintain an updated inventory of all equipment, supplies, and pharmaceuticals; establish a shortage alert and reordering mechanism.	-Consumption of Supplies and Pharmaceutical checklist
7.2.	Estimate the consumption of essential equipment, supplies, and pharmaceuticals (e.g., amount used per week) based on most likely outbreak scenario.	-Consumption of Supplies and Pharmaceutical checklist
8.	Laboratory	Supporting Documents/Notes
8.1.	Ensure the continuous availability of basic laboratory testing (e.g., complete blood count, biochemistry profile, electrolytes, blood gas analysis, blood culture, and sputum examination).	Note: Ensure continuous availability of equipment, reagents & staff
8.2.	Establish and train staff on packaging and transportation procedures for specimen referrals in accordance with national and international transport regulations and requirements.	_____
8.3.	DO NOT use pneumatic-tube systems to transport specimens	_____
9.	Radiology Services	Supporting Documents/Notes
9.1.	Ensure sustainable radiology operations	Note: Ensure continuous availability of equipment & staff
9.2.	Central coordination for COVID-19 preparedness for messaging between hospital infection control and the radiology department	Notes: <ol style="list-style-type: none"> 1. designated route and time 2. In advance communication -Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
9.3.	Standard ,droplet and contact precautions	- Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to

		the setting, personnel, and type of activity
9.4.	Avoid keeping suspected or confirmed cases in the waiting room.	_____
9.5.	Clear case planning to avoid mixing suspected or confirmed cases with other cases or unprotected staff.	_____
9.6.	Standardized hospital protocols for decontaminating imaging rooms, especially CT scanners, after caring of suspected or confirmed cases	_____
10.	Operating Room (confirmed or suspected COVID-19 Cases)	Supporting Documents/Notes
10.1.	Shall NOT be brought to holding or PACU areas	_____
10.2.	Shall be managed in a designated OR, with signs posted on the doors to minimize staff exposure.	_____
10.3.	Shall be recovered in the OR or transferred to ICU into a negative pressure room.	- Negative pressure room checklist
10.4.	Ensure a high quality HMEF (Heat and Moisture Exchanging Filter) rated to remove at least 99.97% of airborne particles 0.3 microns or greater is placed between the ETT and reservoir bag during transfers to avoid contaminating the atmosphere.	_____
10.5.	Plan ahead For time to allow all staff to apply PPE and barrier precautions	- Infection prevention and Control checklist -Recommended personal PPE during the COVID-19 outbreak, according to the setting, personnel, and type of activity
10.6.	Consider intubation early to avoid the risk of a crash intubation when PPE cannot be applied safely	_____
10.7.	Apply Disposable mask, goggles, footwear, gown and gloves. Consider adopting the double glove technique	_____
10.8.	Standard ASA monitoring shall be applied before induction of anesthesia.	_____
10.9.	N95 mask at a minimum shall be utilized. PAPR devices may offer superior protection when manipulating an airway of an infected patient.	_____

10.10.	Designate the most experienced anesthesia professionals available to perform intubation	_____
10.11.	Avoid awake fiberoptic intubation, unless specifically indicated. Atomized local anesthetic can aerosolize the virus.	_____
10.12.	Seal all used airway equipment in a double zip-locked plastic bag. It must then be removed for decontamination and disinfection.	_____

GATHER

Hospital incident management group list. (1.1)

Departments/members	Present	Not present	In case of non-presence ,mention who will take its responsibility
hospital administration (Hospital Director, Nursing Director, CEO or others in similar responsibility)			
Medical personnel (e.g. Medical and Nursing Heads of emergency medicine, intensive care, internal medicine, pediatrics)			
Infection prevention and control department			
Physical therapy (respiratory therapy)			
Employee affairs (human resources department)			
Security department			
Pharmaceutical department			
Clinical engineering and maintenance department			
laboratory services department			
Dietary services department			
laundry, cleaning and waste management department.			
Supply department			

Note:

- The communication between the hospital incident management group members could be virtual.
- The hospital incident management group members should plan for two-way communication with the hospital concerned stakeholders in a timely manner (send -receive – feedback)

Date:

Time:

References:

World Health Organization. (2020). *Hospital Readiness Checklist for COVID-19*.

Patient name:
Patient I.D:

Respiratory Triage Checklist (2.1,2.3)

Risks for Acute Respiratory Illnesses	Score
<p>Exposure Risks (in the past 14 days prior to symptoms onset):</p> <p>a) Had a history of travel to areas with presumed ongoing community transmission (national or international) of COVID-19.</p> <p style="text-align: center;">OR</p> <p>b) A close physical contact close to a confirmed case of COVID-19.</p> <p style="text-align: center;">OR</p> <p>c) A close physical contact to a patient having symptoms onset with a severe respiratory syndrome (cough, shortness of breath) or fever (more or equal to 38°).</p> <p style="text-align: center;">OR</p> <p>d) Working in or attending a healthcare facility where patients with confirmed or suspected COVID-19 were admitted.</p>	4
<u>Clinical Signs and Symptoms:</u>	
• Fever equal or more than 38°	1
• Cough	1
• Shortness of breath (new or worsening)	1
• Sore throat and/runny nose	1
• Others symptoms and signs (mention if present)	1
TOTAL SCORE	

Patient Scoring:

If the score is more or equal than 4, the do a rapid COVID-19 test (if present or refer the patient to a hospital where he can do a rapid test).

- If negative result, then refer the patient for emergency department physician.
- If positive result, then start a PCR test collection

If the score is less than 4 and patient complaining from other symptoms refer to emergency department physician.

Note:

- Check if the patient had recent or old diagnostic or lab results.
- Suspected COVID-19 must wear medical surgical masks.
- Try to keep a distance of one meter between each attending patient.

Triaging physician:

Date:

Recommended personal PPE during the COVID-19 outbreak guidelines according to setting, personnel, and type of activity (2.1,4.3,4.5,5.1,5.3,5.4,5.5,6.1,6.2,6.4,9.2,9.3,10.5)

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Patient room	Health care workers	Providing direct care to COVID19 patients	Medical mask Gown Gloves Eye protection (goggles or face shield)
		Aerosol-generating procedures performed on COVID-19 patients	Respirator N95 or FFP2 standard, or equivalent. Gown Gloves Eye protection Apron
	Cleaners	Entering the room of COVID-19 patients	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals) Boots or closed work shoes
	Visitors	Entering the room of a COVID19 patient	Medical mask Gown Gloves
Other areas of patient transit (e.g. wards, corridors).	All staff, including health care workers.	Any activity that does not involve contact with COVID-19 patients	No PPE required
Triage	Health care workers	Patients with respiratory Symptoms .	Medical mask
Laboratory	Lab technician	Manipulation of respiratory samples	Medical mask Gown Gloves Eye protection (if risk of splash)
Administrative areas	All staff, including health care workers.	Administrative tasks that do not involve contact with COVID-19 patients.	No PPE required

Ambulance or transfer vehicle	Health care workers	Transporting suspected COVID19 patients to the referral health care facility	Medical mask Gowns Gloves Eye protection
	Driver	Involved only in driving the patient with suspected COVID19 disease and the driver's compartment is separated from the COVID-19 patient	Maintain spatial distance of at least 1 meter. No PPE required
		Assisting with loading or unloading patient with suspected COVID-19	Medical mask Gowns Gloves Eye protection
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments	Medical mask
	Patient with suspected COVID19.	Transport to the referral health care facility.	Medical mask if tolerated
	Cleaners	Cleaning after and between transport of patients with suspected COVID-19 to the referral health care facility.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes

In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.

References:

World Health Organization. (2020). *Rational use of personal protective equipment for coronavirus disease (COVID-19)*.

Triage Station equipment checklist (2.2)

Equipment	Present	Absent	In case of absence does it affect the work
Respiratory Triage station: 1- Availability of visual triage checklist. 2- Screened patients are separated by 1 meter from each other 3- Availability of medical masks ,gloves and ethyl alcohol 70%			
Stretcher - emergency			
Safety Box For Sharp Objects			
Thermometer Digital Hand Held			
Examination equipment trolley			

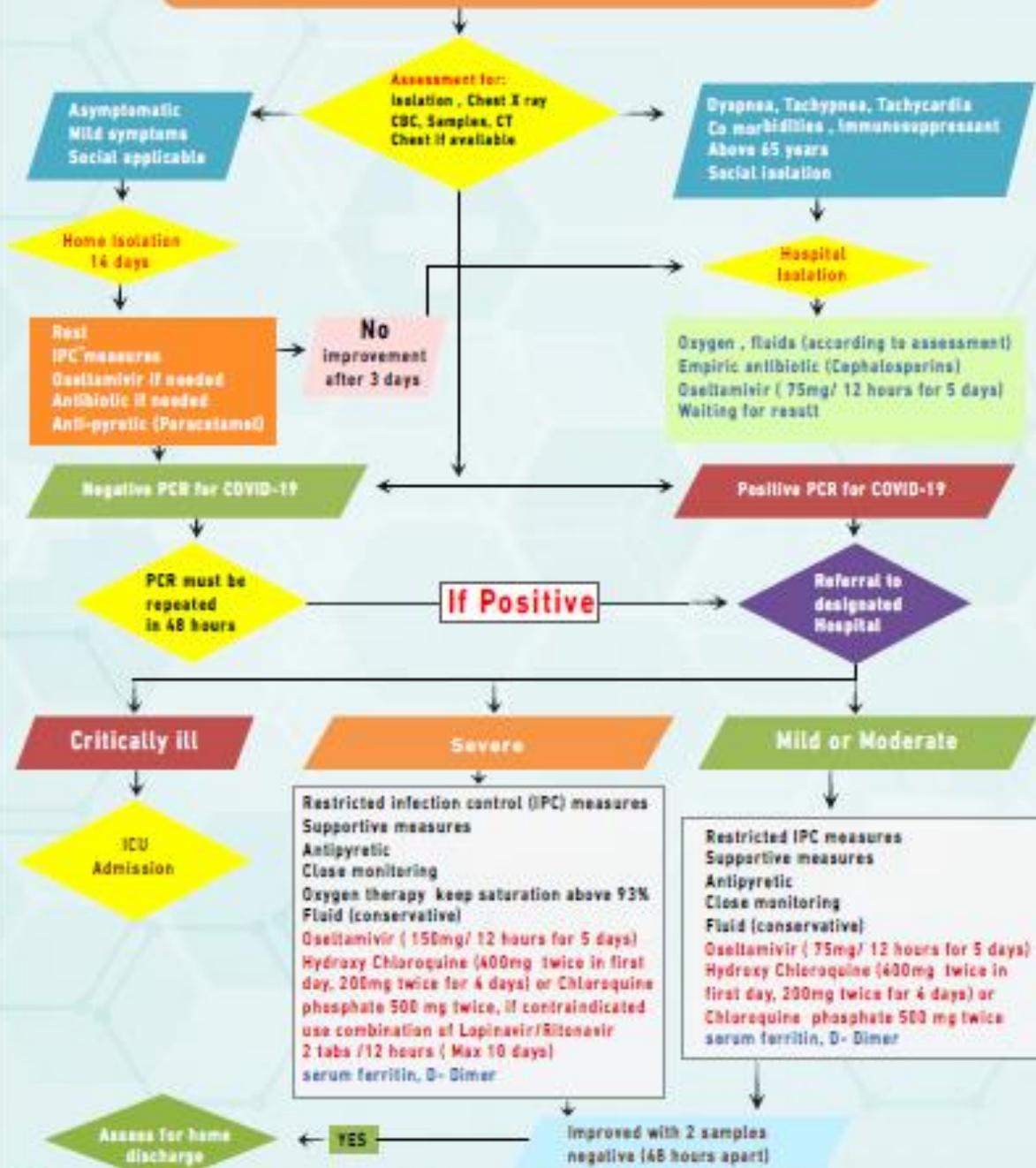
Date:

Time:

Signature:



ILI, ±Fever ≥ 38 , cough, sore throat, shortness of breath or meet the updated suspected case definition (Page 3)



N.B.
 1- All health care workers should be immediately tested using either Rapid Diagnostic Test (RDT) or PCR in case of discovered contact to positive case.
 2- Dose and drug modifications are required for children below 12 years.
 3- Check Chloroquine contraindications.



Assessment for Mechanical Ventilation

Non Invasive Ventilation trial (NIV)
 Conscious patient with minimal secretions
 Shall be short(30min.)
 If SpO₂ < 93% or hypercapnia ≥ 40 cmH₂O , PH < 7.3 shift to IMV

Failed or not applicable

Invasive Mechanical Ventilation (IMV)if:
 PaO₂ < 60mmHg or O₂ saturation < 90% despite oxygen or NIV
 Progressive hypercapnia
 Respiratory acidosis (PH <7.3)
 Progressive or refractory Septic shock

Medications
 Restrict IV fluids
 Antibiotics according to the guidelines
 Oseltamivir (150mg Twice daily)
 Hydroxy Chloroquine (or Chloroquine phosphate)
 Azithromycin (500mg daily)
 Hydrocortisone (50 mg every 6 hours if hypotensive patient)
 Consider Therapeutic anticoagulants if D-Dimer > 2
 Tocilizumab 4-8 mg/Kg maximum 400 mg once only /Or if not available methylprednisolone 2 mg/kg/24 hours for 5 days if HScore >169

Laboratory investigations:
 1-PCR swab for COVID 19 every 72 hours.
 2- CBC with differential daily.
 3- AST, creatinine, D-dimer, Ferritin, Triglycerides, Fibrinogen, ESR, CRP daily.
 4-Cultures on admission and whenever needed.
Imaging:
 1-Daily chest X-Ray.
 2-Echocardiography with starting hemodynamic instability or inappropriate tachycardia.
 3- Abdominal ultrasound if needed.

Invasive Mechanical ventilation Protocol:
 Sedation (Midazolam or Propofol or Dexmedetomidine).
 Muscle paralysis (Atracurium).
 Consider Prone Positioning.
 Volume cycled control mode (VCV) start
 FiO₂: 1
 Tidal volume 4-8 ml/kg PBW.
 PEEP ≥ 10 cm H₂O.
 Respiratory rate < 30 BPM.
 Target Plateau Pressure < 30 cm H₂O.Switch to pressure controlled ventilation (PCV) with PIP of 30 if plateau pressure is high on VCV.
 Target Driving Pressure < 15 cm H₂O).

Improving

Assess for weaning

Deteriorating or severe myocarditis **Not deteriorating**

Consider ECMO

Keep IMV

Weaning criteria
 PaO₂ ≥ 60 mmHg on FiO₂ < 40 - 50 % and PEEP ≤ 5 - 8 cm H₂O
 PaO₂ normal or baseline
 Patient is able to initiate an inspiratory effort

Assess for home discharge

Improved with 2 samples negative (48 hours apart)



A. Any one of the epidemiological history with any of the clinical features.

Epidemiological history:

1. History of travel to or residence in communities where cases reported within 14 days prior to the onset of the disease.
2. In contact with viral RNA positive people within 14 days prior to disease onset.
3. In contact with patients who have fever or respiratory symptoms from communities confirmed cases reported within 14 days before disease onset.

OR

B. All three clinical features.

Clinical features:

1. Fever and/or respiratory symptoms.
2. Imaging characteristics.
3. The white blood cells was normal or decreased, with lymphocyte decreased.

OR

C. Severe Acute Respiratory Infection (SARI) with no other obvious cause.



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Patient name:
Patient I.D:

Infection, Prevention and Control checklist

(3.2,3.3,5.1,5.2,5.3,5.4,5.5,9.2,9.3,10.5)

Items :	NM	PM	FM
<ul style="list-style-type: none"> Ensure that health care workers (HCW), patients, and visitors are aware of respiratory and hand hygiene and prevention of healthcare-associated infections 			
<ul style="list-style-type: none"> Provide verbal instructions, informational posters, cards, etc. Install hand hygiene stations (water, soap, paper towel, alcohol-hand rub), and waste bins at strategic locations across the hospital. 			
<ul style="list-style-type: none"> Ensure that HCW are applying standard precautions for all patients 			
<ul style="list-style-type: none"> Droplets and contact precautions are recommended for suspected or confirmed COVID19 cases. These precautions should continue until the patient is asymptomatic. 			
<ul style="list-style-type: none"> No mixing of suspected and confirmed cases. 			
<ul style="list-style-type: none"> Maintain a 1-meter distance between suspected and confirmed cases 			
<p>Droplet and contact precautions:</p> <ul style="list-style-type: none"> HCWs should use a medical mask, eye protection (goggles or face shield), clean, non-sterile, long sleeved gown and gloves. 			
<ul style="list-style-type: none"> Patients should be placed in adequately ventilated single rooms (60 L/s per patient) 			
<ul style="list-style-type: none"> When single rooms are not available, patients suspected of having COVID-19 should be grouped together 			
<ul style="list-style-type: none"> After patient care, appropriate doffing and disposal of all PPE and hand hygiene should be carried out. 			
<ul style="list-style-type: none"> A new set of PPE is needed, when care is given to a different patient. 			
<p>Airborne precautions for aerosol-generating procedures:</p> <ul style="list-style-type: none"> Ensure procedures are performed in an adequately ventilated room (for natural ventilation: air flow of at least 160 L/s per patient or in negative pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation) 			
<ul style="list-style-type: none"> HCWs should use a particulate respirator (N95, FFP2, or equivalent), eye protection (i.e., goggles or a face shield), clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid resistant, HCWs should use a waterproof apron for procedures expected to have high volumes of fluid that might penetrate the gown. 			
<ul style="list-style-type: none"> When HCWs put on a disposable particulate respirator, they must always perform the seal check. 			
<ul style="list-style-type: none"> After patient care, appropriate doffing and disposal of all PPE and hand hygiene should be carried out 			
<ul style="list-style-type: none"> A new set of PPE is needed when care is given to a different patient. 			

Date:

Time:

Signature:

References:

World Health Organization. (2020). *Hospital Readiness Checklist for COVID-19*.

NM: less than 50%
PM: 50% - less than 80%
FM: more than 80%

ICU equipment checklist (3.8)

Equipment	Present	Absent	In case of absence does it affect the work
CENTRAL MONITORING SYSTEM - ADULT			
BEDSIDE MONITOR			
AIR MATTRESS			
BI-LEVEL VENTILATOR			
BLOOD FLOW DETECTOR			
CAPNOGRAPHY MONITOR			
CEREBRAL OXIMETERY SYSTEM			
CRASH CART			
DEFIBRILLATOR - ADULT			
AIRWAY CLEARANCE DEVICE			
Oxygen Auto Titration System			
LARYNGOSCOPE SET- ADULT PEDIATRIC			
MATTRESS ANTI-DECUBITUS			
NEGATIVE AIR SYSTEM WITH HEPA-FILTER			
PACEMAKER CARDIAC			
PULSE OXIMETER HAND HELD			
VENTILATOR, ICU ADULT PEDIATRIC			
WARMER BLOOD - ICU			
LARYNGOSCOPE - ADULT			
CPAP VENTILATOR			
EXTRACORPORALMEMBRANE OXYGENATION			
NON-INVASIVE RESPIRATORY VOLUME MONITOR			
VEIN TRANSILLUMINATOR - MOBILE			
NITRIC OXIDE DELIVERY SYSTEM			
Intra-aortic Pump			
Dialysis unit			
bronchoscopic equipment			
ULTRASOUND PORTABLE			
BED INTENSIVE CARE WITH MATTRESS -ADULT			
STRETCHER			
ABG MACHINE			

Patient name:

Patient I.D:

Record for all persons entering confirmed COVID-19 patient' room (3.10)

Healthcare Professionals

Name:	Title:	Date:

Visitors

Name:	Contact number(mobile)	Date

Note: In case of multiple entering dates, state the first entering/visit date only.

Patient name:
Patient I.D:

Patient transport checklist (4.1)

Patient safety	Early transfer of deteriorating cases ICU	To minimize need for scans, e.g. using bedside ultrasound	NM	PM	FM
	For deteriorating patients, to assess the need for intubation prior to transport <ul style="list-style-type: none"> To be accompanied by at least a doctor and a nurse who are able to handle emergencies during transport Continuous monitoring of parameters (blood pressure, pulse rate, pulse oximetry) Continuous end-tidal CO2 monitoring in intubated patients Transport monitor should be equipped with defibrillation function or else a separate defibrillator is needed 				
Safety of HCW and transport staff	All transport staff should be mask-fitted for N95 respirators <ul style="list-style-type: none"> All transport staff to don full PPE prior to transport To put on surgical mask for patient during transport To avoid using open breathing circuits, or high-flow nasal oxygenation and non-invasive positive pressure during transport To add on HEPA filters to endotracheal tubes if bagging is required via bag valve mask To add on HEPA filters to expiratory limbs of the breathing circuits for ventilators Avoid unnecessary breathing circuit disconnection during transport Scans to be performed at the end of the day if possible, to allow for terminal cleaning of radiology 				
Bystander safety	To use a pre-planned dedicated transport route to each destination <ul style="list-style-type: none"> Security team to lead and ensure clearance of bystanders for the entire designated route ahead of transport team. Security team should wear surgical masks 				
Rescue and contingency plans during transport	To assess the need for intubation prior to transport. Intubation is best done in ICU under controlled settings with the intubating physician wearing PPE and using a powered air-purifying respirator <ul style="list-style-type: none"> Prepare transport equipment and drugs in anticipation of medical emergencies, such as sudden cardiovascular collapse or hypotension Gentle bagging by BVM to reduce aerosolization in the event of worsening hypoxemia. BVM should be fitted with HEPA filter 				
Post-transport decontamination	Dedicated housekeeping team in PPE to perform terminal cleaning of dedicated route and elevator right after transport <ul style="list-style-type: none"> Staff to doff PPE appropriately after transport 				

Date:

Time:

Signature:

References:

Liew, M., Siow, W., Yau, Y., & See, K. (2020). Safe patient transport for COVID-19. *Liew et al. Critical Care*

Patient name:

Patient I.D:

Ambulances cleaning checklist (4.5)

Item:	NM	PM	FM
leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles			
Doors should remain open when cleaning the vehicle.			
Cleaners should wear disposable gown and gloves. A face shield or facemask and goggles in case of splashes or sprays during cleaning are anticipated.			
Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to of hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) including those patient-care areas in which aerosol-generating procedures are performed.			
All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected according to manufacturer's instructions.			
Avoid shaking the linen.			

Date:

Time:

Signature:

References:

Centers for Disease Control and Prevention. (2020). *Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States.*

Consumption of Supplies and pharmaceutical checklist (6.3,7.1,7.2)

Supplies and pharmaceuticals as amount used per week	Maximum consumption per week	Available stock	Required stock
Supplies:			
Functioning ventilators			
Non-functioning ventilators			
Disposable medical masks			
Gowns			
Goggles			
Face shields			
Surgical cap			
Medical protective mask N95			
Latex gloves			
Heavy duty gloves			
Heavy duty boots			
Aprons			
Oxygen masks			
Nasal canulae			
Other determined supplies			
Pharmaceutical:			
Paracetamol			
Oseltamivir			
Hydroxy Chloroquine			
Chloroquine phosphate			
Lopinavir			
Ritonavir			
Azithromycin			
Hydrocortisone			
Midazolam			
Propofol			
Atricuricum			
Methyl prednisolone			
Tocilizumab			
Therapeutic anticoagulant			

Date:

Time:

Signature:

References:

- World Health Organization. (2020). Rational use of personal protective equipment for coronavirus disease (COVID-19).
- Ministry of Health and Population. (2020). *Diagnosis and Treatment Protocol for COVID-19*.

Health care worker's exposure to COVID-19 patients (6.5)

HCW name	Title	Patient name	Patient I.D	Place of exposure	Date	Way of exposure (protected/unprotected)

Note:

- protected (proper use of PPE)
- unprotected (without wearing PPE or PPE used improperly)

GATHAR

Negative pressure room checklist (10.3)

Item:	Present	Absent	In case of absence does it affect the work
Wall-mounted or portable otoscope/ophthalmoscope			
Safety Box For Sharp Objects			
Wall mounted oxygen supplies			
Nebulizer			
Ventilator			
Crash /Code cart (Adult and Pediatric)			
personal protective equipment trolley/station			
Cardiac compression board			
Cardiac Monitor for each patient			

Date:

Time:

Signature:

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