

Hospital COVID-19 Checklist

With the recent presumptive positive case of the novel Coronavirus (COVID-19) in Louisiana, hospitals should begin reviewing existing hospital plans for pandemic influenza/infectious disease and continuity of operations, making updates where necessary to include unique considerations for COVID-19. Organizations are encouraged to utilize this checklist as a tool for all levels of clinical response partners and front-line leaders to assist in their response preparations. Taking the proper steps to ready your facility and staff for infectious patients is imperative to continuing to provide quality patient care, while keeping all patients and staff safe. These considerations can be shared and adapted by hospitals and other healthcare facilities. They may not need to be immediately incorporated into plans; however, identifying the triggers for when to implement these steps will save time and possibly reduce costs.

FACILITY PREPARATIONS

- Hospital Emergency Rooms (ERs), Outpatient Clinics and Acute Care Clinics: Understand when to initiate separated or paralleled triage lines for patients presenting with influenza-like illness (ILI) or upper-respiratory infections (URI) to prevent cross streaming patients with non-ILI/URI illnesses
- Initiate admission screening (travel, symptom and exposure) for ALL elective or non-acute infectious disease admissions
- Consider caring for ILI/URI presenting patients in a separate area with dedicated staff
- Identify a dedicated location and staff for cohorting of admissions with pneumonia
- Develop alternate sites of care for hospital unit expansion, including on-site and off-site options with the potential to surge 5 to 10 times more than the normal number of pneumonia and influenza admissions at peak flu season
- Review plans for screening visitors for signs and symptoms; update visitation policies to limit visitation
- Place respiratory-etiquette signage in high-traffic areas
- Hospitals and healthcare systems should maintain awareness of in-state lab capabilities and testing protocols for possible changes by referencing the [LDH website](#) and receiving Health Alert Network messaging (HAN Alerts)
- Outpatient Practices: Evaluate using home visit and home care options to defer in-person visits
- ERs and Outpatient Clinics: Evaluate using telehealth resources for acute triage, follow-ups, medication refills, etc. to defer visits to clinics or ERs
- Evaluate the use of tele-education and tele-ICU arrangements, so ICUs can receive remote help and support as necessary; identify remote providers now and test system capabilities
- Consider expanding inventories of major drugs and/or consumable supply stocks to avoid supply chain interruptions

FACILITY PREPARATIONS CONTINUED

- Ensure adequate inventory of viral culture media; it is our understanding that the state is requiring 3 tests per patient (two nasal and one oral swab)
- Identify alternate suppliers for critical supplies in case of shortages
- Initiate the “conserve/reuse/recycle” approach for critical supplies such as Personal Protective Equipment (PPE)
- Engage with regional healthcare coalitions (HCC) and [HCC leads](#) to maintain visibility of regional and state command situational awareness
- Work with social workers and case managers to expedite discharge processes

STAFF PREPARATIONS

- Prepare to address personal medical conditions of healthcare staff and to provide them with a supply of medications, if deemed necessary; Consider triggers for addressing family member medical issues and medical supply needs to avoid staff distraction
- Evaluate the need to address access to family support resources (elder care, child care, dog walking, family meals for lower income, etc.) that can be made available for staff family planning
- Evaluate staff rotation options and identify staffing alternatives (cross-training existing staff, existing and new contracts for staffing agencies, etc.) to supplement potential staffing shortages
- Academic Medical Centers: Provide additional infection prevention and skills training for medical, nursing, and allied health students to enable them to provide care and to support hospital key functions
- Use the [state volunteer registry](#) to identify regional partners and assemble volunteer staff lists of retired, non-practicing, and other healthcare professionals
- Accelerate education and training for appropriate infection prevention practices and PPE use
- Consider reassigning pregnant and high-risk staff to areas with lower exposure potential
- Identify staff who can work from home and facilitate any needed IT connections and support
- Consider providing arrangements for staff who do not feel comfortable sharing their homes with loved ones
- Plan for mental and behavioral health services for the potential psychosocial impacts