Emergency Management Checklist

PPE, Supplies, and Equipment

Completed	CDPH Checklist Item
❏	The numbers of available ventilators for patient care have been confirmed to meet the needs of available ICU licensed, surge, and ED overflow space
❏	All contract options have been exhausted
❏	Resource requests submitted through the MHOAC up to the state for resupply
❏	Re-use and extended use practices have been implemented, as necessary

Staff

Completed	CDPH Checklist Item
❏	ICU staffing waivers have been applied for, and all efforts to augment critical care staffing have been exhausted
❏	A process has been defined to extend critical care staffing by using non-critical care staff (nursing teams, non-critical care physicians assigned to ICU spaces (Cardiology, Anesthesia, Emergency))
❏	Procure contract and registry staff
❏	Submit staffing waiver(s)
❏	Adoption of other staffing models
❏	Isolation and quarantine guidelines for infected or exposed staff, including CDC and CDPH strategies to maintain staffing during times of staffing shortages

Space (Internal and External)

Completed	CDPH Checklist Item
❏	Define maximal expansion of surge ICU spaces (PACU, Telemetry, other surge ICU spaces)
❏	Activate traditional internal and external surge space
❏	Repurpose non-patient care spaces as necessary for decompression, both internally and externally

Operations

Completed	CDPH Checklist Item
❏	Identify the triage teams that will oversee and review the allocation of critical care resources (critical care space, utilization of non-critical care staffing, ventilators, therapeutics which demonstrate a survival benefit)
❏	Attempt to transfer as many patients as possible for decompression
❏	Define indicators and triggers for the different levels of surge response in emergency operations plan (EOP)
❏	Implement staff engagement and training to include COVID-19 pandemic knowledge, competency and proficiency appropriate to the level of the staffing positions
❏	Establish recurring communication, and resource request processes for support from the following: ● Health system network partners ● Healthcare Coalition partners ● Public Health (EDC + Douglas) ● Local MHOAC

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