## **Prehospital Emergency Medical Service Readiness Checklist for COVID-19**





Evaluation date:	Country:				
Name of department/organization:					
	Other:				
Level: National  State/Regional/Provincial Indicate which:  Local Indicate which:					
Emergency telephone number:	Call management: ☐ Dispatch ☐ Triage/regulation				
Mobile resources:					
☐ Non-urgent transport vehicles (number:	)				
☐ Basic life-support ambulances (number:	)				
☐ Advanced life-support ambulances (number:	)				
☐ Medical helicopters (number: )					
☐ Medical boats (number: )					
☐ Rapid-intervention vehicles (number:	)				
☐ First-response motorcycles (number:	)				
Personnel:					
☐ Basic emergency medical technicians (number:	)				
☐ Intermediate emergency medical technicians (no	umber: )				
☐ Paramedics (number: )					
□ Nurses (number: )					
☐ Physicians (number: )					
First-responder program:					
☐ No ☐ Yes ☐ Police ☐ Fire Department ☐ University Name of the person completing/participating in the survey:	ersity Li Other (indicate which):				
Name of the person completing, participating in the survey.					
Name of the evaluators:					
The EMS has developed, validated, and implemented the procedure/protocol. It has the recommended equipment.  The EMS has developed a procedure/protocol but has not yet implemented or validated it. The equipment is being purchased					
but has not yet been received.					
INCOMPLETE The EMS does not have the procedure/protocol and/or recommended equipment.					

Ensure that calls are properly routed to 911 or other emergency medical dispatch centers to activate EMS resources  CALL MANAGEMENT  CALL MANA	COMPONENTS	OBJECTIVE	ENROLMENT ACTIONS	COMPLETE	INCOMPLETE	IN PROCESS
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ambulance in route and patient transfer			ambulance in route and patient transfer			

COMPONENTS	OBJECTIVE	ENROLMENT ACTIONS	COMPLETE	INCOMPLETE	IN PROCESS
		Mechanism for interhospital transfer			
		identified and established with 911			
		and/or emergency medical dispatch			
		center centers and the integrated health			
		services network			
		Identification and location of			
		ambulances with compartmentalized			
		separation between the driver's cabin			
		and treatment area, and/or a HEPA filter			
		in their ventilation circuits			
		Availability of adequate hand hygiene			
		resources in the ambulance			
		Availability of an adequate, clearly			
		indicated area for the disposal of			
		biological/infectious waste in			
		ambulances			
		Availability of a care protocol for the			
		management and transportation of			
		suspected and confirmed cases			
		Availability of a protocol for airway			
		management and ventilation, including			
		all techniques with risk of aerosol			
		production			
		Availability of manual ventilation devices			
		with HEPA filters in vents			
		Review and confirmation of filtration			
		capacity of the ventilators used in			
		ambulances and their effect on positive			
		pressure ventilations			
		Review and updating of the forms used			
		to report ambulance interventions in			
		order to include all aspects relevant to			
		suspected cases (type of care provided			
		and information on contacts), to be			
		delivered to the receiving hospital and			
		health authorities			
		Established procedure for hygiene of			
		ambulance workers and cleanliness			
		treatment area in the ambulance			
		An identified, designated area in the			
		ambulance station and/or referral			
		hospital to decontaminate and disinfect			
		materials and the ambulance			
		Established procedure for the final			
		disposal of biological/infectious waste			
		after the response or after the			
		ambulance shift			
		Established procedure for management			
		of deaths on the scene or in route			

COMPONENTS	OBJECTIVE	ENROLMENT ACTIONS	COMPLETE	INCOMPLETE	IN PROCESS
		Hospital Pre-arrival notification			
		procedure established with the			
		integrated health service network to			
		confirm the reception and to facilitate			
		the emergency department preparation			
		for the arrival of the suspected or			
		confirmed case.			
	Ensure proper	Trained, sufficient, and available			
	operation of	personnel to cover call management			
	911/emergency	posts and ambulance staffing.			
	medical dispatch	Protocol developed, implemented, and			
	centers and	tested for risk exposure assessment and			
	ambulance	management of professionals exposed			
	services	to COVID-19			
		Protocol developed and implemented			
		for medical leave for quarantined			
		emergency personnel			
		Periodic updating and maintenance of all			
		EMS procedures for COVID-19 response			
		All EMS personnel trained in the Detect			
		– Isolate – Report (D.I.R) conduct			
		Members of the first-responders			
		program are trained in initial			
011/FNAC		management of suspected cases			
911/EMS ADMINISTRATION		All ambulance staff are trained in			
ADMINISTRATION		assessment and initial medical care of			
		suspected and confirmed cases of			
		COVID-19			
		All ambulance staff are trained in the use			
		of PPE and aware of COVID-19			
		transmission mechanisms			
		All ambulance staff are trained in			
		decontamination and disinfection			
		procedures of vehicles and equipment			
		The system for			
		communication/coordination with 911,			
		points of entry, the integrated health			
		services network, and health authorities			
		involved in case management remains			
		operative			
		Official spoke person designated and			
		coordinated with health authorities			