# **Comprehensive Hospital Preparedness Checklist** for Coronavirus Disease 2019 (COVID-19)

Planning for a community outbreak of Coronavirus Disease 2019 (COVID-19) is critical for maintaining healthcare services during a response. The Centers for Disease Control and Prevention (CDC), with input from partners, has developed a checklist to help hospitals (acute care facilities) assess and improve their preparedness for responding to a community-wide outbreak of COVID-19. Because of variability of outbreaks, as well as differences among hospitals (e.g., characteristics of the patient population, size of the hospital/community, scope of services), each hospital will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one of several tools for evaluating current plans or in developing a comprehensive COVID-19 preparedness plan. Additional information can be found at www.cdc.gov/coronavirus.

An effective COVID-19 hospital preparedness plan will incorporate information from state, regional, tribal and local health departments, emergency management agencies/authorities, hospital associations, and suppliers of resources. In addition, hospitals should refer to state and federal pandemic influenza plans to inform their response (available at https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf). Hospitals will also need to ensure their plans comply with applicable state and federal regulations and with standards set by accreditation organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

All U.S. hospitals should be prepared for the possible arrival of patients with COVID-19. All hospitals should ensure their staff are trained, equipped and capable of practices needed to: (1) Prevent the spread of COVID-19 within the facility; (2) Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities; (3) Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations; (4) Potentially care for a larger number of patients in the context of an escalating outbreak while maintaining adequate care for other patients; (5) Monitor and manage any healthcare personnel that might be exposed to COVID-19; and (6) Communicate effectively within the facility and plan for appropriate external communication related to COVID-19.

**Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:**
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

**Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF) and a nursing home checklist can be found here:** https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS316105 March 24, 2020 4:30 PM

## 1. Structure for planning and decision making

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| COVID-19 planning has been incorporated into disaster planning and exercises for the hospital.[1] | ☐ | ☐ | ☐ |
| A multidisciplinary planning committee or team[2] has been created to specifically address COVID-19 preparedness planning. **List committee's or team's name:**<br>_____ | ☐ | ☐ | ☐ |
| Staff are assigned responsibility for coordinating preparedness planning, including a COVID-19 response coordinator (with back-up) and planning committee members.<br>**Insert name(s), title(s) and contact information:**<br>**Primary** *(Name, Title, Contact Information):*<br>_____<br>**Backup** *(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| A planning committee of 10-15 members has been established and includes representation* from (as applicable to each setting) the following: (Check categories below that apply and develop a list of committee members with the name, title, and contact information for each personnel category checked below, and attach to this checklist.)<br>• Hospital administration<br>• Legal counsel/risk management<br>• Infection control/hospital epidemiology<br>• Disaster coordinator<br>• Public relations coordinator/public information officer<br>• Medical staff (e.g., internal medicine, pediatrics, hospitalist, infectious disease)<br>• Nursing administration<br>• Human resources (personnel, including Equal Employment Opportunity office)<br>• Facility personnel representative (e.g., union representative)<br>• Occupational health<br>• Intensive care<br>• Emergency department<br>• Engineering and maintenance<br>• Environmental (housekeeping) services<br>• Security<br>May also consider representation from:<br>• Physical therapy<br>• Respiratory therapy<br>• Diagnostic imaging (radiology)<br>• Discharge planning<br>• Staff development/education<br>• Central (sterile) services<br>• Dietary (food) services<br>• Pharmacy services<br>• Information technology<br>• Purchasing agent /materials management<br>• Laboratory services<br>• Expert consultants (e.g., ethicist, mental/behavioral health professionals)<br>• Other member(s) as appropriate (e.g., volunteer services, community representative, clergy, local coroner, medical examiner, morticians)<br>**This list is meant to be a general guide and should be adapted to the facility organization structure* | ☐ | ☐ | ☐ |

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| The hospital's COVID-19 response coordinator has contacted local or regional planning groups to obtain information on coordinating the hospital's plan with other COVID-19 and pandemic plans (insert names, titles, and contact information.)<br>**Local health department** *(Name, Title, Contact Information):*<br>_____<br>**State health department** *(Name, Title, Contact Information):*<br>_____<br>**Tribal health association** *(Name, Title, Contact Information):*<br>_____<br>**Local, regional or state healthcare coalition** *(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| Facility leadership including the Chief Medical Officer, quality assurance officers, hospital epidemiologist, and heads of services (e.g., infection control, emergency department, environmental services, pediatrics, critical care) has reviewed the Centers for Disease Control and Prevention's COVID-19 guidance. https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html | ☐ | ☐ | ☐ |

## 2. Development of a written COVID-19 plan

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| **A copy of the hospital COVID-19 preparedness plan is available at the facility and accessible by staff.**<br>*(Location)*:<br>_____<br>*(Other locations):*<br>_____ | ☐ | ☐ | ☐ |
| The facility plan includes the elements listed in #3 below. | ☐ | ☐ | ☐ |
| The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used, including the delegation of authority to carry out the plan.<br>*(Name, Title, Contact Information):*<br>_____<br>*(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| The plan stratifies implementation of specific actions on the basis of the CDC, state and local guidance. (See also https://www.cdc.gov/coronavirus/2019-ncov/community/index.html) | ☐ | ☐ | ☐ |
| Responsibilities of key personnel and departments within the facility related to executing the plan have been described. | ☐ | ☐ | ☐ |
| Personnel who will serve as back-up (e.g., B team) for key personnel roles have been identified and trained on response objectives, priorities, and policies. | ☐ | ☐ | ☐ |

# 3. Elements of a COVID-19 plan

## General:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| A plan is in place for protecting patients, healthcare personnel, and visitors from COVID-19, that addresses the elements that follow. | ☐ | ☐ | ☐ |
| A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. This person should also monitor developments that might result in staff not being able to report to work, such as school closures. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/index.html. (Insert name, title and contact information of person responsible.)<br>**Primary** *(Name, Title, Contact Information):*<br>_____<br>**Backup** *(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| A written protocol has been developed for identifying, monitoring and reporting COVID-19 among hospitalized patients, volunteers, and staff (e.g., weekly or daily number of patients and staff with COVID-19). | ☐ | ☐ | ☐ |
| A plan to monitor and track COVID-19 related staff absences has been developed. | ☐ | ☐ | ☐ |
| A protocol has been developed for the evaluation and diagnosis of hospitalized patients, volunteers, and staff with symptoms of COVID-19. Information on the clinical signs and diagnosis of COVID-19 is available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html. | ☐ | ☐ | ☐ |
| A protocol has been developed for the management of persons with possible COVID-19 who are contacted and evaluated using telehealth or telemedicine methods, in the emergency department, hospital clinics, or are transferred from another facility or referred for hospitalization by an admitting physician. The protocol includes criteria for detecting a possible case, the diagnostic work-up to be performed, infection control measures to be implemented, supportive medical treatment, and directions for notifying public health and infection control. | ☐ | ☐ | ☐ |
| A system is in place to monitor for and internally review healthcare-associated transmission of COVID-19 among patients and staff in the facility. Information used from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). | ☐ | ☐ | ☐ |

## Facility Communications:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| **INTERNAL COMMUNICATIONS:** A person has been assigned responsibility for communications with staff, patients, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.) Plans and responsibilities for communication with patients and their family members have been developed.<br>**Primary** *(Name, Title, Contact Information):*<br>_____<br>**Backup** *(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility. | ☐ | ☐ | ☐ |
| Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for patients and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. | ☐ | ☐ | ☐ |
| **EXTERNAL COMMUNICATIONS:** A person has been assigned responsibility for communications with public health authorities (i.e., case reporting, status updates) during a COVID-19 outbreak. (Insert names, titles and contact information of primary and backup persons.)<br>**Primary** *(Name, Title, Contact Information):*<br>_____<br>**Backup** *(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| Key public health points of contact for communication during a COVID-19 outbreak have been identified.[4] (Insert name, title and contact information for each.)<br>**Local health department communication contact** *(Name, Title, Contact Information):*<br>_____<br>**State health department communication contact** *(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| **Tribal health department communication contact** *(Name, Title, Contact Information):*<br><br>_____<br><br>**Key preparedness (e.g., healthcare coalition) points of contact during a COVID-19 outbreak have been identified.** *(Insert name, title, and contact information for each).*<br><br>*(Name, Title, Contact Information):*<br><br>_____<br><br>*(Name, Title, Contact Information):*<br><br>_____ | ☐ | ☐ | ☐ |
| A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list:<br><br>*(Location of list):*<br><br>_____ | ☐ | ☐ | ☐ |
| A hospital representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak and the hospital has been represented in discussions with healthcare coalitions and other hospitals regarding local plans for inter-facility situational awareness (and possible resource sharing and/or coordination) during a COVID-19 outbreak.<br><br>*(Name, Title, Contact Information):*<br><br>_____ | ☐ | ☐ | ☐ |

## Consumables and Durable Medical Equipment and Supplies:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| Estimates have been made of the quantities of essential patient care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., facemasks, respirators, gowns, gloves, eye protection, and hand hygiene products), that would be needed during at least an eight-week outbreak. | ☐ | ☐ | ☐ |
| Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements. | ☐ | ☐ | ☐ |
| A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources and strategies for conserving PPE (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html). | ☐ | ☐ | ☐ |
| A strategy has been developed for how priorities would be made in the event there is a need to allocate limited patient care equipment, pharmaceuticals, and other resources. | ☐ | ☐ | ☐ |
| A process is in place to track and report available quantities of consumable medical supplies including the monitoring of supplies of facemasks, respirators (if available for care for COVID-19 patients and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). | ☐ | ☐ | ☐ |
| A process is in place to ensure that the facility provides supplies and materials necessary to adhere to recommended infection prevention and control practices including:<br>• Alcohol-based hand sanitizer for hand hygiene is available in every patient room (ideally both inside and outside of the room) and other patient care and common areas.<br>• Sinks are well-stocked with soap and paper towels for hand washing.<br>• Signs are posted immediately outside of patient rooms indicating appropriate IPC precautions and required personal protective equipment (PPE).<br>• Tissues and facemasks for persons with respiratory symptoms to use near entrances and in common areas, with no-touch receptacles for disposal.<br>• PPE is available immediately outside of the patient room and in other areas where patient care is provided.<br>• Trash disposal bins are positioned near the exit inside each patient room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another patient in the same room.<br>• EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared patient care equipment. *Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions* | ☐ | ☐ | ☐ |
| The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Contact information for healthcare coalitions is available here: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx | ☐ | ☐ | ☐ |

## Identification and Management of Ill Patients:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| Specifically-trained healthcare personnel have been assigned responsibility for overseeing the triage process. (Insert name and contact information)<br>*(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| The hospital has a process for triage (e.g., initial patient evaluation) and admission of patients during an outbreak of COVID-19 that includes the following:<br>• Plans to post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette that is language, format (i.e., prepared for individuals with visual, hearing or other disabilities) and reading-level appropriate.<br>• Supplies will be made available (tissues, no-touch waste receptacles, alcohol-based hand sanitizer).<br>• Facemasks will be available at triage for patients with respiratory symptoms.<br>• Plan to create an area to separate patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.<br>• Training of personnel on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases. | ☐ | ☐ | ☐ |
| A designated location, separate from other clinical triage and evaluation areas, (utilizing the principles of social distancing) for the admission of patients with possible COVID-19 has been determined. In absence of a designated space, a system is provided that allows patients to wait in a personal vehicle or outside the facility (if medically appropriate) and be notified by phone or other remote methods when it is their turn to be evaluated. | ☐ | ☐ | ☐ |
| Alternatives to face-to-face triage have been established. A telephone triage system for prioritizing patients who require a medical evaluation (i.e., those patients whose severity of symptoms or risk for complications necessitate being seen by a provider). | ☐ | ☐ | ☐ |
| Criteria for prioritizing admission of patients to those in most critical need have been established. | ☐ | ☐ | ☐ |
| A process is in place to ensure that, if the patient is being transported within the facility, HCP in the receiving area are notified in advance and for coordination with local emergency medical services and 9-1-1 services. | ☐ | ☐ | ☐ |
| A process is in place following identification of a suspect COVID-19 case to include:<br>• Immediate notification of facility leadership/infection control.<br>• Notification of local or state health department soon after arrival.<br>• A method to specifically track admissions and discharges of patients with COVID-19. | ☐ | ☐ | ☐ |

## Visitor Access & Movement within the Facility:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| Plans for visitor access and movement within the facility have been reviewed and updated within the last 12 months. | ☐ | ☐ | ☐ |
| The hospital has plans and materials developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection. | ☐ | ☐ | ☐ |
| The hospital has criteria and protocol for when visitors will be limited or restricted from the facility or into rooms of patients with suspected or confirmed COVID-19. | ☐ | ☐ | ☐ |
| Should visitor restrictions be implemented, the hospital has a process to allow for remote communication between the patient and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted. | ☐ | ☐ | ☐ |
| If visitors are allowed to enter the room of a confirmed or suspected COVID-19 patient, the facility will:<br>• Enact a policy defining what PPE should be used by visitors.<br>• Provide instruction to visitors before they enter a patient room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.<br>• Maintain a record (e.g., a log with contact information) of all visitors who enter and exit the room.<br>• Ensure that visitors limit their movement within facility (e.g. avoid the cafeteria). | ☐ | ☐ | ☐ |

## Occupational Health:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| The facility has employee sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home. | ☐ | ☐ | ☐ |
| The facility follows the local/state public health authority's policies and procedures for monitoring and managing HCP with potential for exposure to COVID-19, including ensuring that HCP have ready access, including via telephone, to medical consultation. | ☐ | ☐ | ☐ |
| The facility instructs all staff including contractors, volunteers and students to regularly monitor themselves for fever and symptoms of COVID-19, as a part of routine practice. | ☐ | ☐ | ☐ |
| The facility has a process to conduct symptom and temperature checks prior to the start of any shift of asymptomatic, exposed HCP that are not work restricted. | ☐ | ☐ | ☐ |
| The facility has a process to identify and manage HCP with fever and symptoms of COVID-19. | ☐ | ☐ | ☐ |
| The hospital has a plan for monitoring and assigning work restrictions for ill and exposed HCP. (See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). | ☐ | ☐ | ☐ |
| The hospital has a respiratory protection program that includes medical evaluation, training, and fit testing of employees. | ☐ | ☐ | ☐ |
| The hospital has a process for auditing adherence to recommended PPE use by HCP. | ☐ | ☐ | ☐ |

## Education and Training:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| The hospital has plans to provide education and training to HCP, patients, and family members of patients to help them understand the implications of, and basic prevention and control measures for, COVID-19. All staff should be included in education and training activities. | ☐ | ☐ | ☐ |
| A person or team has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). (Insert name(s), title(s), and contact information.)<br>*(Name, Title, Contact Information):*<br>_____<br>*(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, patients, and family members of patients (e.g., available through state and federal public health agencies such and through professional organizations), and a plan is in place for obtaining these materials. | ☐ | ☐ | ☐ |
| Facility has developed plans and materials for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, including:<br>• Signs and symptoms of COVID-19.<br>• How to monitor patients for signs and symptoms of COVID-19.<br>• How to keep patients, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE, including "just in time" training on selection and proper use of (including putting on and removing) PPE, with a required demonstration of competency.<br>• How to properly clean and disinfect environmental surfaces and equipment<br>• Staying home when ill.<br>• Recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact). | ☐ | ☐ | ☐ |
| Facility has a process for auditing adherence to recommended hand hygiene practices by health care personnel (HCP). | ☐ | ☐ | ☐ |
| Facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide patient care when the facility reaches a staffing crisis. | ☐ | ☐ | ☐ |

## Healthcare Services/Surge Capacity:

| Item | Completed | In Progress | Not Started |
|---|---|---|---|
| Plans include strategies for maintaining the hospital's core missions and continuing to care for patients with chronic diseases (e.g., hemodialysis and infusion services), women giving birth, emergency services, and other types of required non-COVID-19 care. | ☐ | ☐ | ☐ |
| Surge capacity plans include strategies to help increase hospital bed capacity. | ☐ | ☐ | ☐ |
| Surge capacity plans include strategies for maximizing number of staff available for direct patient care. | ☐ | ☐ | ☐ |
| Surge capacity plans include strategies to use in emergency departments to mitigate surge and accommodate additional patients. Strategies such as alternate triage sites, use of telemedicine, and call centers may be considered to reduce surge on the facility. | ☐ | ☐ | ☐ |
| Signed agreements have been established with area hospitals and long-term-care facilities to accept or receive appropriate non-COVID-19 patients who need continued inpatient care to optimize utilization of acute care resources for seriously ill patients. | ☐ | ☐ | ☐ |
| Facility space has been identified that could be adapted for use as expanded inpatient beds and this information has been provided to local, regional, and tribal planning contacts. | ☐ | ☐ | ☐ |
| Plans are in place to increase physical bed capacity (staffed beds), including the equipment, trained personnel and pharmaceuticals needed to treat a patient with COVID-19 (e.g., ventilators, oxygen). | ☐ | ☐ | ☐ |
| Logistical support has been discussed with local, state, tribal and regional planning contacts to determine the hospital's role in the set-up, staffing, and provision of supplies and in the operation of pre-designated alternate care facilities. | ☐ | ☐ | ☐ |
| Criteria have been developed for determining when to cancel elective admissions and surgeries. | ☐ | ☐ | ☐ |
| Plans for shifting healthcare services away from the hospital, e.g., to home care or pre-designated alternative care facilities, have been discussed with providers, healthcare coalitions, EMS and 9-1-1 services, and local, state, tribal, or regional planning contacts. | ☐ | ☐ | ☐ |
| Plans for initiating and expanding use of call centers and telemedicine to be able to serve patients without face to face contact. These plans include communicating with patients about how to access the call line or telemedicine services. | ☐ | ☐ | ☐ |
| Ethical issues concerning how decisions will be made in the event healthcare services must be prioritized and allocated (e.g., decisions based on probability of survival) have been discussed. | ☐ | ☐ | ☐ |
| A procedure has been developed for communicating changes in hospital status to health authorities and the public. | ☐ | ☐ | ☐ |
| **STAFFING:** A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on patients' health status, functional limitations, disabilities, and essential facility operations. | ☐ | ☐ | ☐ |
| A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak. Insert name, title and contact information.<br>*(Name, Title, Contact Information):*<br>_____ | ☐ | ☐ | ☐ |
| Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law. | ☐ | ☐ | ☐ |
| The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. | ☐ | ☐ | ☐ |
| **POSTMORTEM CARE:** A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased patients. | ☐ | ☐ | ☐ |
| An area in the facility that could be used as a temporary morgue has been identified. | ☐ | ☐ | ☐ |
| Local plans for expanding morgue capacity have been discussed with local and regional planning contacts. | ☐ | ☐ | ☐ |

[1] Hospitals using the Hospital Incident Command System (HICS) may wish to modify the terminology and planning structure in this checklist to be consistent with that model and nomenclature.
[2] An existing emergency or disaster preparedness committee may be assigned this responsibility.
[3] https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf
[4] Public health points of contact for communicating or reporting during a COVID-19 outbreak may be different from those who are involved in pre-pandemic planning.
[5] Plan should address the needs of specific patient populations that may be disproportionately affected during a pandemic or that may need services normally not provided by the hospital (e.g., pediatric and adult hospitals may need to extend services to other populations).