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## GENERAL RECOMMENDATIONS FOR THE WORK SYSTEM

### BUILDING THE TEAM INCLUDING COMMUNICATION AND TEAM CULTURE

1. Emergency task-force should be promptly activated with a clear chain of command, roles and responsibilities, reliable information sharing tools and proactive approach.
2. Check frequently every day the communications sent by your institutions. Read carefully and respect them. Alternatively, print and make such communication available in the ward and share such information during handovers. Knowledge about epidemics is constantly evolving, so indications change frequently.
3. Clinical risk management units (CRMU) can support dissemination of documents, guidelines issued by the national institutions for supporting the emergency management.
4. The CRMU must keep contact with front line workers and provide

support. The reporting of Adverse Events must occur within the task-force activity and be primarily related to the core activities and should be encouraged in order to maintain the underpinning safety climate, essential to prompt corrective and improvement actions. Consider quick reporting tools such as confidential Istant Messages or audio-messages.

5. The CRMU should also receive evidence of good practice so this can be disseminated.

### TASK TO BE UNDERTAKEN AND SKILLS REQUIRED

1. Organise brief educational training on the correct use of medical and protective devices targeted to all healthcare workers; develop video tutorials to be available on the healthcare trust website.
2. Hold refresher courses on hand-hygiene, prevention of Ventilator Associated Pneumonia, Central Line Associated Bacterial Infection and the SEPSIS bundles to all healthcare workers (2), but in particular to those not in the frontline of the emergency who could be called as replacements.
3. Organise early support of expert doctors/nurses with young or colleagues from other specialties who may be called upon to replace them to properly educate them
4. Do not forget appropriate instructions for environment disinfection to cleaners (3).

### EQUIPMENT NEEDED TO PROTECT STAFF

1. Contact and droplet precautions can be used in routine care of patients

with suspected or confirmed COVID-19 (4); contact and airborne precautions when performing aerosol generating procedures (AGPS), including intubation and bronchoscopy (4).

2. Prevent biosafety precautions shortage by extended use and limited re-use of full-face shields and disposable facial filtering masks (5), by identifying a priority order to the different wards, by supply of reusable tyvek suits and by storing them in a locked or secured area and distributing appropriately (5).

### EQUIPMENT NEEDED TO TREAT PATIENTS

1. Give suspected or confirmed patients a surgical mask to put on, at their first contact with healthcare services (6).
2. In the dedicated care areas for patients with COVID-19, ensure that:
  - a. haemo-gas analyzers
  - b. pulse oximeters
  - c. oxygen therapy
  - d. ventilator therapy equipment
  - e. suction pumps.
3. are available and well-functioning (7).

### ENVIRONMENT

1. Strictly apply, without exceptions, the indications for disinfection of environments and tools (sodium hypochlorite at 0.5% or 70% ethyl alcohol solution) (8).
2. Prevent germicide deficiency by using galenic preparations.
3. Keep in mind that the creation of dedicated hospitals may divert from the urgencies /emergencies network. Evaluate carefully the fallout of the timing of treatment decisions for

time-dependent diseases. Consider the use of underused or quiescent equipped hospitals to meet this need.

4. Unless activity is suspended, in the outpatient (public or private) clinics:
  - a. avoid gatherings in waiting rooms;
  - b. inform symptomatic subjects with fever and / or cough and / or dyspnea not to go to clinics;
  - c. disseminate hygiene and health standards recommendations in the waiting room.

### PATIENTS

1. Reduce elective and routine hospital care; regulate visitors' access and eventually provide authorized family members to enter the wards with medical masks, due to patients' frailty.
2. In the full-blown epidemic phase:
  - a. consider all patients with flu-like symptoms who access hospitals as potentially affected until proven otherwise (2 negative swabs at least 48-72h apart);
  - b. create separate unclean/clean paths, even with the help of external mobile structures (i.e. tents).
3. Contacts of positive patients must follow the instructions provided by those who carry out epidemiological investigation and be clinically evaluated in the locally designated sites, only if symptomatic.
4. Use a screening interview to identify suspected cases before admission to any healthcare service (i.e. surgery, coronary angioplasty, labour and delivery, etc.).