# LOGISTICS

**ACTIVATION OF CRISIS UNIT**

*Members:*

Hospital Medical Director/IT Service / Procurement Office/ Pharmacy/Director Emergency Medicine Dept/Director ED/ ED Nursing Coordinator/Communication and Press Office/ Technical Office/ Security Service/Infectious disease specialist

**Role:**

* Determination of critical resources (ward and ICU beds, materials)
* Supplies (personal protective equipment – PPE, helmets, O2, …)
* Liaising with the Regional Emergency Medicine Agency due to saturation of critical resources
* Support in communications with relatives and the press
* Surveillance: ensuring compliance with pathways
* Monitor and support separate clean and soiled pathways

**RADIOLOGY PATHWAY**

* Where there are two suitably accessible diagnostic and radiology areas, activate a separate radiology pathway for negative and positive/suspected cases of Covid-19
* Increase diagnostics at the bedside

**PROCUREMENT**

* Consider pathways for suppliers, meals, cleaning, waste disposal

**CRUCIAL ACTIONS**

* Training for all healthcare staff on the use of personal protective equipment (PPE)
* Training on the use of swabs
* Guarantee that there is a head of ED 24/7, who can be clearly identified by the team and Crisis Unit
* Shifts must be modifiable on a daily basis depending on the confirmed presence of staff on duty and number of patient accesses.
* Try to optimize the use of PPE: interchangeable physician-nurse role in patient assessment (e.g. during the examination the physician can check vital parameters, administer treatment)
* Share the pathway and treatment of patients with respiratory failure with your hospital’s ICU team (proceed along parallel lines with activation of agreed, periodic monitoring).
* Consider *a priori* terminal palliative care pathways to be agreed on with ICU physicians
* Consider counselling or support activities by clinical psychologists
* Determine indications for antibiotic/antiviral treatment with the support of the infectious disease specialist
* Consider that at the peak of the epidemic, relatives must be kept out of the hospital, so organize ways to keep relatives informed
* Check and optimize pathways for continuous, rapid sanitization of premises
* Check and optimize patient transportation pathways
* Consider pathways for positive patients to exit ER where there is a lack of beds in hospital wards

**DETERMINATION OF CRITICAL ED RESOURCES:**

* Areas (pre-triage-triage, negative Covid-19, positive/suspected cases of Covid-19, fast tracking)
* O2 stations (indications on recommended number will follow)
* CPAP stations (indications on recommended number will follow)
* Red zone stations
* O2 cylinders (cylinder carts)
* Reservoir masks
* Easy vent masks
* ABG (syringes and cartridges)
* PPE (if possible, estimated daily consumption)
* Stretchers (also include massive patient influx stretchers)
* Staff (Physicians + nurses + Support also needed for transportation outside hospital/

Radiology / Covid-19 negative swab register management: administrative personnel)

* Swabs