

COVID-19 CADTH REFERENCE LIST

Quick Start: Simulators for Expansion of Acute Care for COVID-19

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Questions or requests for information about this report can be directed to requests@cadth.ca

About This Document

With the speed of information coming out on COVID-19, our customers often need evidence fast. In the interest of supporting urgent customer needs for reliable evidence, a collection of key citations have been provided upon request. These citations have met customer needs on COVID-19–related topics and are intended to provide a preliminary start to more comprehensive searching or to help frame questions or issues. International scientific evidence about COVID-19 is changing and growing rapidly, so if you'd like to know more please contact requests@cadth.ca or <https://covid.cadth.ca/submit-a-request/>.

Journal Articles

Choi GYS, Wan WTP, Chan AKM, Tong SK, Poon ST, Joynt GM. Preparedness for COVID-19: In Situ Simulation to Enhance Infection Control Systems in the Intensive Care Unit. *Br J Anaesth*. 2020 Apr 10.

[PubMed: PM32307117](#)

Dieckmann P, Torgeisen K, Qvindelnd SA, Thomas L, Bushell V, Langli Ersdal H. The Use of Simulation to Prepare and Improve Responses to Infectious Disease Outbreaks Like COVID-19: Practical Tips and Resources from Norway, Denmark, and the UK. *Adv Simul (Lond)*. 2020;5:3.

[PubMed: PM32308988](#)

Fregene TE, Nadarajah P, Buckley JF, Bigham S, Nangalia V. Use of in situ Simulation to Evaluate the Operational Readiness of a High-Consequence Infectious Disease Intensive Care Unit. *Anaesthesia*. 2020 Mar 27 [epub].

[PubMed: PM32221964](#)

Mascha EJ, Schober P, Schefold JC, Stueber F, Luedi MM. Staffing with Disease-Based Epidemiologic Indices May Reduce Shortage of Intensive Care Unit Staff During the COVID-19 Pandemic. *Anesth Analg*. 2020 Apr 20.

[PubMed: PM32343514](#)

Association and Healthcare Centre Resources

Coronavirus disease (COVID-19) training: Simulation exercise. Geneva (CHE): World Health Organization; 2020.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/simulation-exercise> Accessed 2020 May 6

Coronavirus Disease 2019 (COVID-19): COVID-19 Surge. Atlanta (GA): Centers for Disease Control and Prevention; 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/COVIDSurge.html> Accessed 2020 May 6

Committee on Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations; Institute of Medicine. Crisis standards of care: A Systems Framework for Catastrophic Disaster Response. (*Chapter 7, Hospitals and acute care facilities*). Washington (DC): National Academies Press (US); 2012 Mar 21.

<https://www.ncbi.nlm.nih.gov/books/NBK201068/> Accessed 2020 May 6

Department of Operational Support Public Health Unit. COVID-19 Tabletop Exercise [slide deck]. New York (NY): United Nations; 2020.

https://www.un.org/sites/un2.un.org/files/coronavirus_ttxscenario_2020-03-11.pdf

Accessed 2020 May 6

State and local readiness: The Pan Flu Scramble Exercise. Atlanta (GA): Centers for Disease Control and Prevention; 2018.

<https://www.cdc.gov/cpr/readiness/healthcare/panfluscramble.htm> Accessed 2020 May 6

Hospital Resources

New York State Health Emergency Preparedness Coalition. Surge. Rochester (NY):

University of Rochester Medical Centre; 2020. <https://www.urmc.rochester.edu/emergency-preparedness/preparedness-and-response-tools-resources/surge.aspx>

Accessed 2020 May 6