

LONG-TERM CARE AND OTHER RESIDENTIAL FACILITIES PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help long-term care and other residential facilities assess and improve their preparedness for responding to pandemic influenza. Based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation), each facility will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one tool in developing a comprehensive pandemic influenza plan. Additional information can be found at www.pandemicflu.gov. Information from state, regional, and local health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's pandemic influenza plan. Comprehensive pandemic influenza planning can also help facilities plan for other emergency situations.

This checklist identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts. Links to websites with helpful information are provided throughout this document. However, it will be necessary to actively obtain information from state and local resources to ensure that the facility's plan complements other community and regional planning efforts.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
☐	☐	☐	Pandemic influenza has been incorporated into emergency management planning and exercises for the facility.
☐	☐	☐	A multidisciplinary planning committee or team¹ has been created to specifically address pandemic influenza preparedness planning. (List committee's or team's name.) _____
☐	☐	☐	A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza response coordinator. (Insert name, title and contact information.) _____
☐	☐	☐	Members of the planning committee include (as applicable to each setting) the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.) ☐ Facility administration ☐ Medical director ☐ Nursing administration ☐ Infection control ☐ Occupational health ☐ Staff training and orientation ☐ Engineering/maintenance services ☐ Environmental (housekeeping) services ☐ Dietary (food) services ☐ Pharmacy services ☐ Occupational/rehabilitation/physical therapy services ☐ Transportation services ☐ Purchasing agent ☐ Facility staff representative ☐ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff, collective bargaining agreement union representatives)

1. An existing emergency or disaster preparedness team may be assigned this responsibility.

1. Structure for planning and decision making *(continued)*.

Completed	In Progress	Not Started	
☐	☐	☐	Local and state health departments and provider/trade association points of contact have been identified for information on pandemic influenza planning resources. (Insert name, title and contact information for each.) Local health department contact: _____ State health department contact: _____ State long-term care professional/trade association: _____ _____
☐	☐	☐	Local, regional, or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact have been identified. (Insert name, title and contact information for each.) City: _____ County: _____ Other regional: _____
☐	☐	☐	Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds. (Attach a list with the name, title, and contact information for each hospital.)
☐	☐	☐	The pandemic influenza response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on coordinating the facility's plan with other influenza plans.

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
☐	☐	☐	Copies have been obtained of relevant sections of the HHS Pandemic Influenza Plan (available at www.hhs.gov/pandemicflu/plan/) and available state, regional, or local plans are reviewed for incorporation into the facility's plan.
☐	☐	☐	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.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
☐	☐	☐	A plan is in place for surveillance and detection of the presence of pandemic influenza in residents and staff. ☐ A person has been assigned responsibility for monitoring public health advisories (federal and state), and updating the pandemic response coordinator and members of the pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area. For more information, see www.cdc.gov/flu/weekly/fluactivity.htm . (Insert name, title and contact information of person responsible.) _____ ☐ A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see www.cdc.gov/flu/professionals/diagnosis/ . (Having a system for tracking illness trends during seasonal influenza will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.) ☐ A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza. ☐ Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness. (The process used during periods of seasonal influenza can be applied during pandemic influenza.)

3. Elements of an influenza pandemic plan (*continued*).

Completed	In Progress	Not Started	
☐	☐	☐	☐ A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will be necessary for assessing pandemic influenza transmission.)
			A facility communication plan has been developed. For more information, see www.hhs.gov/pandemicflu/plan/sup10.htm.
			☐ Key public health points of contact during an influenza pandemic influenza have been identified. (Insert name, title and contact information for each.)
			☐ Local health department contact: _____
			☐ State health department contact: _____
			☐ A person has been assigned responsibility for communications with public health authorities during a pandemic. (Insert name, title and contact information.) _____
			☐ A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of pandemic influenza in the facility. (Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.)
			☐ Contact information for family members or guardians of facility residents is up-to-date.
			☐ 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., sales and delivery people) about the status of pandemic influenza in the facility.
			☐ 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' emergency medical services, relevant community organizations [including those involved with disaster preparedness]) with whom it will be necessary to maintain communication during a pandemic. (Insert location of contact list and attach a copy to the pandemic plan.)
			☐ A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic.
☐	☐	☐	A plan is in place to provide education and training to ensure that all personnel, residents, and family members of residents understand the implications of, and basic prevention and control measures for, pandemic influenza.
			☐ A person has been designated with responsibility for coordinating education and training on pandemic influenza (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). (Insert name, title, and contact information.) _____
			☐ Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital-sponsored) programs have been identified. See www.cdc.gov/flu/professionals/training/ .
			☐ Language and reading-level appropriate materials have been identified to supplement and support education and training programs (e.g., available through state and federal public health agencies such as www.cdc.gov/flu/groups.htm and through professional organizations), and a plan is in place for obtaining these materials.
			☐ Education and training includes information on infection control measures to prevent the spread of pandemic influenza.
			☐ The facility has a plan for expediting the credentialing and training of non-facility staff brought in from other locations to provide patient care when the facility reaches a staffing crisis.
			☐ Informational materials (e.g., brochures, posters) on pandemic influenza and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents 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. For more information, see www.cdc.gov/flu/professionals/infectioncontrol/index.htm and www.cdc.gov/flu/groups.htm .

3. Elements of an influenza pandemic plan (*continued*).

Completed	In Progress	Not Started	
☐	☐	☐	An infection control plan is in place for managing residents and visitors with pandemic influenza that includes the following: (For information on infection control recommendations for pandemic influenza, see www.hhs.gov/pandemicflu/plan/sup4.html .)
☐	☐	☐	An infection control policy that requires direct care staff to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic residents.
☐	☐	☐	A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm .)
☐	☐	☐	A plan for cohorting symptomatic residents or groups using one or more of the following strategies: ² 1) confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms). The plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units.
☐	☐	☐	Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza is in the facility have been developed.
☐	☐	☐	Criteria and protocols for enforcing visitor limitations have been developed.
☐	☐	☐	An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:
☐	☐	☐	☐ A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers: - The handling of personnel who develop symptoms while at work. - When personnel may return to work after having pandemic influenza. - When personnel who are symptomatic, but well enough to work, will be permitted to continue working. - Personnel who need to care for family members who become ill.
☐	☐	☐	☐ A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty.
☐	☐	☐	☐ A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.
☐	☐	☐	☐ A system to monitor influenza vaccination of personnel.
☐	☐	☐	☐ A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location.
☐	☐	☐	A vaccine and antiviral use plan has been developed.
☐	☐	☐	☐ CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral medications during a pandemic. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html .
☐	☐	☐	☐ HHS guidance has been used to estimate the number of personnel and residents who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html .
☐	☐	☐	☐ A plan is in place for expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department.

2. CDC guidance on preventing and controlling influenza transmission in long-term care facilities will be a useful resource during pandemic influenza. (See www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm.)

3. Elements of an influenza pandemic plan (*continued*).

Completed	In Progress	Not Started	
☐	☐	☐	Issues related to surge capacity during a pandemic have been addressed. ☐ A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' 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 an influenza pandemic. (Insert name, title and contact information.) ☐ 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. ☐ Estimates have been made of the quantities of essential materials and equipment (e.g., masks, gloves, hand hygiene products, intravenous pumps) that would be needed during a six-week pandemic. ☐ A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources. ☐ Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable. ☐ Surge capacity plans include strategies to help increase hospital bed capacity in the community. - Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients. - Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts. ☐ A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents. ☐ 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.