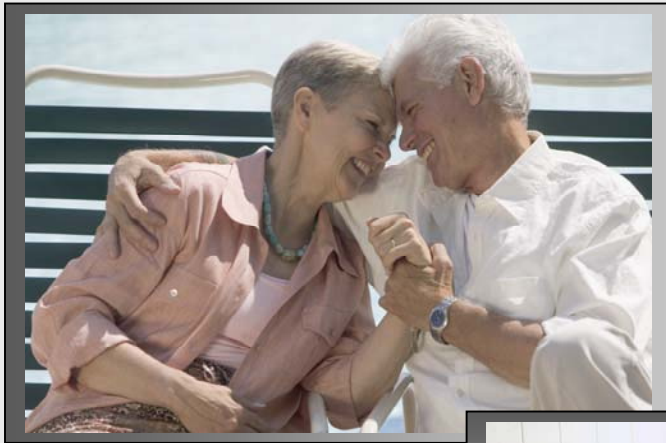


# Pandemic Influenza Planning For Nursing Homes






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# *Pandemic Influenza*

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# Long-term Care Pandemic Influenza Planning Checklist

ICON KEY	
	Valuable information
	Web Resources
	Sample Tools



Planning for pandemic influenza is crucial in long-term care. A long-term care facility should review its readiness plan and incorporate pandemic influenza as a top priority.

Pandemic influenza is a global outbreak of disease that occurs when three conditions are met: (1) a new type of influenza. This is when a virus appears or “emerges” in the human population (usually due to mutation of an animal version of influenza, e.g. bird flu); (2) it causes serious illness in people; and (3) it spreads easily from person to person worldwide. Although there have not been reports of pandemic influenza, recent reports of a new influenza virus infection transmitted from birds to humans in Asia have alerted the possibility that pandemic influenza could develop, affecting all global countries. Since the public does not have pre-existing immunity to a new virus, a pandemic influenza virus is anticipated to result in a serious disease in humans.

Pandemic influenza differs from the seasonal flu. Due to frequent international travel and movement of goods, a pandemic influenza virus is anticipated to spread worldwide within three months. The influenza vaccine, which usually takes over six months to develop, produce, and distribute, may not be available if a pandemic occurs.

If a pandemic influenza virus arrives, those who have contracted the virus will be contagious two to four days before they show symptoms. According to the Centers for Disease Control and Prevention (CDC), in the early weeks of a pandemic, every person infected with the virus will infect two or three additional people, until about 30% of the population becomes ill. Depending on the virus strain, a significant number of the population may be sick enough to require hospitalization and even intensive care. A “wave” of a pandemic may last six to eight weeks, with the greatest number of people ill in the third week. States may experience two or more pandemic waves that arrive three to nine months apart. Every time a pandemic wave arrives, rates of absenteeism at workplaces may be as high as 50% during some weeks because people will be providing care for sick family members or be sick themselves. Due to the anticipated reduction in the workforce, temporary delays and shortages in essential services and supplies requires a pandemic influenza readiness plan.

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The materials that have been developed will assist long-term care facilities in their comprehensive pandemic influenza planning. These materials have also been designed to augment existing readiness planning; and are to be adapted to meet each facilities needs and circumstances.

Additional information from state, regional, and local health departments, emergency management agencies/authorities, as well as trade organizations should be incorporated into the facility’s pandemic influenza plan.



For more information on pandemic influenza, ask the experts: [www.pandemicflu.gov](http://www.pandemicflu.gov)

## What is Pandemic Influenza?

Pandemic influenza is caused by a new influenza virus that appears or "emerges" in the human population. The new virus causes serious illness because humans have no existing immunity to it. It spreads easily from person to person, causing a global outbreak of disease within a very short time. There is no influenza pandemic now, but preparation is important.

## How is it spread?

Influenza viruses spread in the form of small droplets caused by coughing and sneezing. They generally spread from person to person. Many times people become infected after touching something that was recently contaminated with the virus and then touching their mouth or nose. Most adults may infect others beginning one day before they show symptoms and up to five days after becoming sick.

## What are the symptoms of pandemic flu?

The most common symptoms of flu include: fever of 101 degrees Fahrenheit or greater, headache, extreme tiredness, sore throat, nausea, vomiting and diarrhea, dry cough, and muscle aches.

## How do I avoid getting Influenza?

- Cover your mouth and nose when you sneeze or cough (but NOT with your hands, so you don't spread the virus. Use a tissue.)
- Wash your hands frequently (Use alcohol based gels if soap and water is not available.)
- Avoid close contact with people who are sick
- If you are sick, avoid contact with others
- Stay home until you are well

## Where can I learn more?

[www.pandemicflu.gov](http://www.pandemicflu.gov)  
[www.cdc.gov](http://www.cdc.gov)



## Facts About Pandemic Influenza

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## Facts about Pandemic Influenza!

Did you know that you can directly affect the health of our elders living in long term care facilities during pandemic influenza?

You can work closely with your nursing home's pandemic planning team. Pandemic planning requires that staff, family and visitors, not accustomed to responding to health crisis, understand the actions and priorities required to prepare for and respond to these potential risks.



That's right! You can personally keep elders healthier and happier if the pandemic occurs. How, you ask? By getting an influenza vaccination, education, and getting involved.

Pandemic influenza occurs roughly every thirty years and can take place in any season.

It affects many more people than ordinary flu – a quarter or more of the population – and is associated with much higher rates of illness and death. For example, the worst flu pandemic last century – the 1918 “Spanish Flu”, caused up to 40 million deaths worldwide.

Pandemic influenza, usually associated with a higher severity of illness and consequently a higher risk of death, represents a much more serious infection than ordinary influenza.

People of all age groups may be at risk of infection with pandemic flu, not just “at risk” groups.


A vaccine against pandemic flu will not be available at the start of a pandemic. This is because the virus strain will be completely new. It will be different from the viruses that circulated the previous winter, and not predictable in the same way.

Antiviral drugs may be in limited supply. Their use depending on evidence of their efficacy that will only emerge once the pandemic is under way.

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**ICON KEY**

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 Valuable information

 Web Resources

 Sample Tools

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# *Pandemic Influenza Checklist*



The following is a checklist to be used as a guide for your pandemic influenza readiness plan. The outline below encourages collaboration between infection control professionals and other departments to ensure a successful program throughout the year.

## **Planning Structure and Decision Making**

- ❑ Identify an inter-disciplinary team to develop a pandemic influenza program. Include representation from each department i.e. physicians, nurses, administrators, and pharmacists
- ❑ Seek representation from vendors
- ❑ Assign a team member to be the *Pandemic Response Coordinator*
- ❑ Identify firm goals that include providing the maximum possible level of service to residents during a local pandemic outbreak

## **Points of Contact**

- ❑ Create a list that encompasses pertinent points of contact such as:
  - Local Department of Health
  - Ombudsman
  - Emergency Management Agency
  - Hospital Command Center designated for your nursing home

## **Written Pandemic Influenza Plan**

- ❑ Review national and state plans
- ❑ Generate a list of internet resources
- ❑ Identify the following:
  - Preparation
  - Communication
  - Surveillance
  - Detection
  - Response
  - Containment
- ❑ Identify Goals:
  - Decrease spread of disease
  - Mitigate disease
  - Sustain infrastructure

## **Surveillance and Detection in Residents and Staff**

- *Pandemic Response Coordinator* to monitor federal and state public health advisories
- Develop an evaluation system for all incoming staff for signs and symptoms of pandemic influenza (*based on current surveillance methods for seasonal flu*)
- Develop an evaluation system for all new admissions for signs and symptoms of pandemic influenza (*based on current surveillance methods for seasonal flu*)
- Establish a triage center within the facility
- Designate one entrance to be the only mode of entry and exit into the nursing home
- Designate elevator and stair access to prevent in-house spread
- Monitor:
  - Nosocomial transmission of flu
  - Isolation of potentially infected individuals
  - Cohorting of potentially infected individuals

## **Facility Communication Plan**

- Develop a communication structure to communicate with:
  - Public health authorities
  - Staff
  - Families
- Develop a list of alternate phone numbers for staff, such as cell phone numbers
- Develop a list of healthcare facilities to maintain open communication:
  - Local nursing homes
  - Local hospitals
  - Emergency medical response
  - Community organizations
- Wireless communication system within the facility to assist with in-house communication if a quarantine is issued
- Designate personnel to tend telephones in the event that office staff becomes unavailable (this enables family members to continue to have access to loved ones)

## **Education and Training**

- Develop an education curriculum for:
  - Staff
  - Residents
  - Family
- Send “save the date” and invitations to all alerting them of the importance to attend the training
- Non-licensed staff to be pro-actively cross trained in resident care if facility reaches crisis stage or surge capacity
- Conduct preparedness exercises to evaluate the efficacy of training

## **Infection Control Plan**

- Review the following policy and procedures:
  - Standard precautions and droplet precautions with symptomatic residents
  - Hand hygiene
  - Respiratory hygiene
  - Cough etiquette
  - Social distancing
  - Frequent decontamination of work surfaces/door handles, etc...
- Isolation and cohorting of known or suspected influenza considering the following strategies:
  - Confirming ill residents and exposed roommates
  - Placing residents with known or suspected pandemic flu together in one common area of the facility
  - Closing units
- Developing criteria for restricted/limited visitation in the event of a pandemic

## **Occupational Health**

- Develop a policy for:
  - Managing staff with symptoms
  - Staff that become sick at work
  - When to return to work after having the flu
  - Personnel who are caretakers in their own home
  - Education to staff to self assess and report signs and symptoms of the flu
- Designate areas for staff to sleep/rest
- Designate areas for staff to have meals
- Develop a list of volunteers to provide assistance in the event of a pandemic
- Provide mental health counseling for staff

- ❑ Provide religious resources for staff
- ❑ Provide education and treatment for the following:
  - Signs of distress
  - Traumatic relief
  - Stress management
  - Effective coping strategies
  - Building personal resilience
  - Sustaining personal resilience
  - Behavioral support
  - Psychological support
  - Resolution of ethical dilemmas
- ❑ Plan to vaccinate personnel and use anti-viral medications according to state and federal guidelines
- ❑ Staff at increased risk of influenza complications, such as pregnant women, will be placed on administrative leave
- ❑ List of volunteer teachers to provide in-house child care so staff is able to perform duties
- ❑ Plan for increased security during crisis
- ❑ Plan to maintain payroll in the event of a pandemic

### **Surge Capacity**

*"health care systems' ability to rapidly expand beyond normal services to meet the increased demand for qualified personnel, medical care and public health in the event of bioterrorism or other large-scale public health emergencies or disasters."*

- ❑ Discharge as many healthy residents as possible, with family cooperation, to provide availability of beds to residents who have contracted influenza or potential for increased admissions
- ❑ Management of staff shortage:
  - Discuss with Department of Health the definition of “staff crisis” and use of emergency staff alternatives
  - Establish “worse-case scenario” plan
- ❑ Assign staff member to assess clinical staffing needs
- ❑ Plan for admissions from alternative care setting
- ❑ Plan to collaborate with local and regional response groups to address widespread healthcare staffing shortages
- ❑ Plan to care for residents above surge capacity
- ❑ Assess anticipated volume of consumable and durable resources:
  - Stockpile medications (consider expiration dates and controlled substances)

- Oxygen supplies
  - Soap
  - Paper products
  - Baby wipes
  - Gloves
  - Disposable masks
  - Protective eyewear
  - Protective gowns
  - Cots
  - Pillows
  - Linens
  - Hydration products
  - Food supply
  - Water supply
  - Tissues
  - Paper products
  - Flashlight
  - Batteries
  - Cleaning supplies
  - Garbage bags
    - Bio-hazard
    - Water soluble
  - Isolation signs
  - Quarantine signs
  - Informational handouts
- Storage options for additional supplies:
    - Pod rental
  - Funding for additional supplies
  - Space for increased garbage:
    - Dumpster rental
  - Process for handling, storing, and tracking increased number of residents and staff within the facility that have passed away
  - Transportation of deceased to designated temporary morgue site:
    - Ice rinks
    - Refrigerated trucks
    - Ice house



For more information on pandemic influenza, ask the experts:  
[www.pandemicflu.gov](http://www.pandemicflu.gov)

# 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](http://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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pandemic influenza has been incorporated into emergency management planning and exercises for the facility.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A multidisciplinary planning committee or team<sup>1</sup> has been created to specifically address pandemic influenza preparedness planning.</b> <b>(List committee's or team's name.)</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>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.)</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>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.)</b> <input type="checkbox"/> Facility administration <input type="checkbox"/> Medical director <input type="checkbox"/> Nursing administration <input type="checkbox"/> Infection control <input type="checkbox"/> Occupational health <input type="checkbox"/> Staff training and orientation <input type="checkbox"/> Engineering/maintenance services <input type="checkbox"/> Environmental (housekeeping) services <input type="checkbox"/> Dietary (food) services <input type="checkbox"/> Pharmacy services <input type="checkbox"/> Occupational/rehabilitation/physical therapy services <input type="checkbox"/> Transportation services <input type="checkbox"/> Purchasing agent <input type="checkbox"/> Facility staff representative <input type="checkbox"/> 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies have been obtained of relevant sections of the HHS Pandemic Influenza Plan (available at <a href="http://www.hhs.gov/pandemicflu/plan/">www.hhs.gov/pandemicflu/plan/</a> ) and available state, regional, or local plans are reviewed for incorporation into the facility's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility plan includes the elements listed in #3 below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A plan is in place for surveillance and detection of the presence of pandemic influenza in residents and staff.</b></p> <p><input type="checkbox"/> 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 <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a>. (Insert name, title and contact information of person responsible.) _____</p> <p><input type="checkbox"/> A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see <a href="http://www.cdc.gov/flu/professionals/diagnosis/">www.cdc.gov/flu/professionals/diagnosis/</a>. (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.)</p> <p><input type="checkbox"/> A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza.</p> <p><input type="checkbox"/> 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.)</p>

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

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> 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.)</p> <p><b>A facility communication plan has been developed.</b> For more information, see <a href="http://www.hhs.gov/pandemicflu/plan/sup10.htm">www.hhs.gov/pandemicflu/plan/sup10.htm</a>.</p> <p><input type="checkbox"/> Key public health points of contact during an influenza pandemic influenza have been identified. (Insert name, title and contact information for each.)</p> <p><input type="checkbox"/> Local health department contact: _____</p> <p><input type="checkbox"/> State health department contact: _____</p> <p><input type="checkbox"/> A person has been assigned responsibility for communications with public health authorities during a pandemic. (Insert name, title and contact information.) _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> Contact information for family members or guardians of facility residents is up-to-date.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>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.</b></p> <p><input type="checkbox"/> 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.) _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> 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 <a href="http://www.cdc.gov/flu/professionals/training/">www.cdc.gov/flu/professionals/training/</a>.</p> <p><input type="checkbox"/> 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 <a href="http://www.cdc.gov/flu/groups.htm">www.cdc.gov/flu/groups.htm</a> and through professional organizations), and a plan is in place for obtaining these materials.</p> <p><input type="checkbox"/> Education and training includes information on infection control measures to prevent the spread of pandemic influenza.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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 <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm">www.cdc.gov/flu/professionals/infectioncontrol/index.htm</a> and <a href="http://www.cdc.gov/flu/groups.htm">www.cdc.gov/flu/groups.htm</a>.</p>

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

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>An infection control plan is in place for managing residents and visitors with pandemic influenza that includes the following:</b> (For information on infection control recommendations for pandemic influenza, see <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An infection control policy that requires direct care staff to use Standard ( <a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html">www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html</a> ) and Droplet Precautions (i.e., mask for close contact) ( <a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html">www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html</a> ) with symptomatic residents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm">www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A plan for cohorting symptomatic residents or groups using one or more of the following strategies: <sup>2</sup> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza is in the facility have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria and protocols for enforcing visitor limitations have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers: <ul style="list-style-type: none"> <li>- The handling of personnel who develop symptoms while at work.</li> <li>- When personnel may return to work after having pandemic influenza.</li> <li>- When personnel who are symptomatic, but well enough to work, will be permitted to continue working.</li> <li>- Personnel who need to care for family members who become ill.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A system to monitor influenza vaccination of personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A vaccine and antiviral use plan has been developed.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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](http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm).)

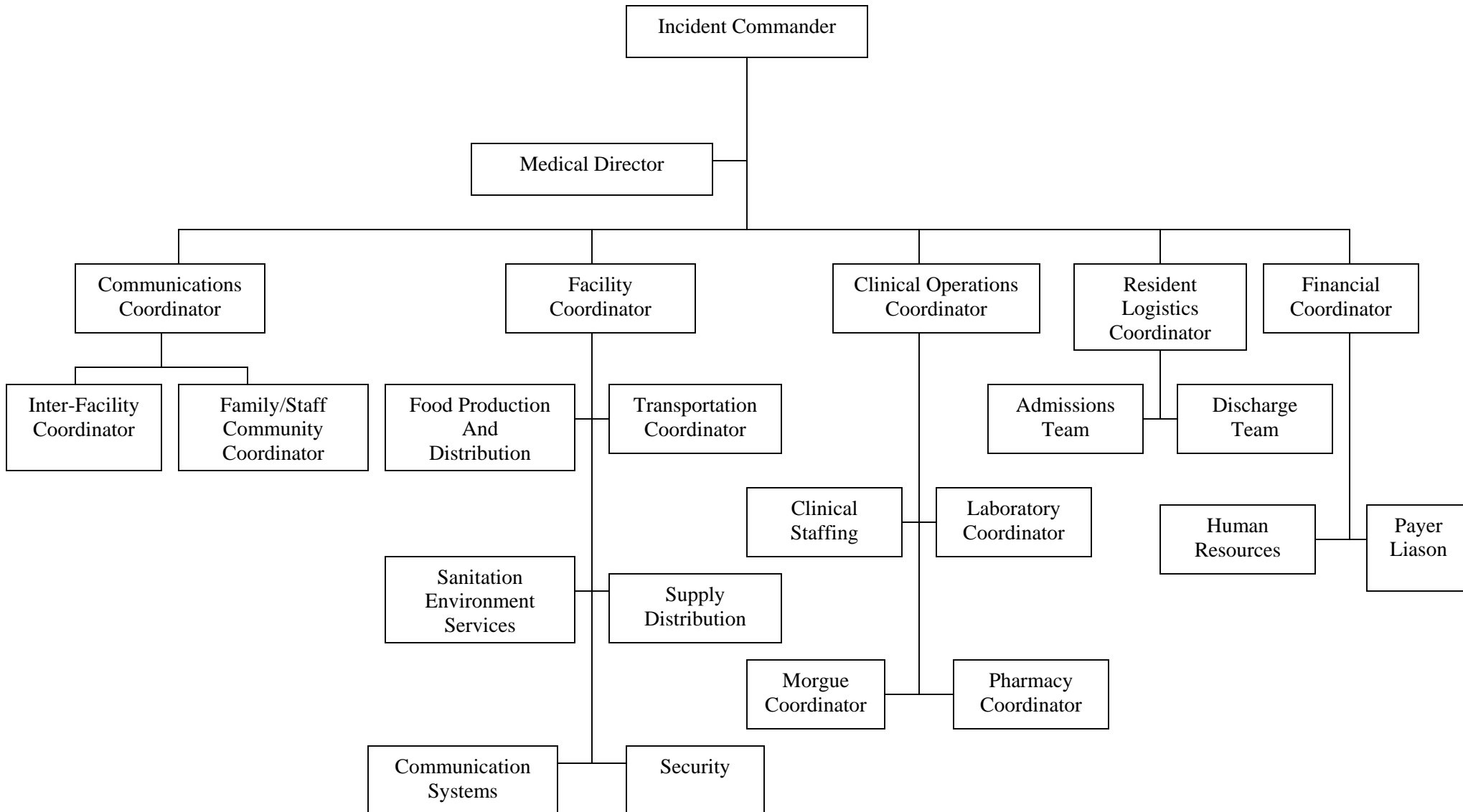
### 3. Elements of an influenza pandemic plan (continued).

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Issues related to surge capacity during a pandemic have been addressed.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.)</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources.</li> <li><input type="checkbox"/> Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable.</li> <li><input type="checkbox"/> Surge capacity plans include strategies to help increase hospital bed capacity in the community. <ul style="list-style-type: none"> <li>- 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.</li> <li>- Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts.</li> </ul> </li> <li><input type="checkbox"/> A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents.</li> <li><input type="checkbox"/> An area in the facility that could be used as a temporary morgue has been identified.</li> <li><input type="checkbox"/> Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.</li> </ul>



[Insert Facility Name Here]

## Pandemic Influenza Incident Command Structure





[Insert Facility Name Here]

Contact Information

<b>Role</b>	<b>Name</b>	<b>Contact Information</b>
Incident Commander		
Medical Director		
Communications Coordinator		
Facility Coordinator		
Clinical Operations Coordinator		
Resident Logistics Coordinator		
Financial Coordinator		
Inter-Facility Coordinator		
Family/Staff Community		
Food Production and Distribution		
Transportation Coordinator		
Clinical Staffing		




[Insert Facility Name Here]

## Contact Information

<b>Role</b>	<b>Name</b>	<b>Contact Information</b>
Laboratory Coordinator		
Admissions Team		
Human Resources		
Sanitation/Environment Services		
Supply Distribution		
Morgue Coordinator		
Pharmacy Coordinator		
Discharge Team		
Payer Liason		
Communication System		
Security		

ICON KEY

 Valuable information

 Web Resources

 Sample Tools



## Pandemic Influenza Internet Resources

Internet resources are free to the public and do not require a Remote Computer Services (RCS) login. The list below provides the most current information regarding pandemic influenza on a national level. Clicking on the hyperlink directly accesses Internet resources. Individual states are encouraged to research their own state plans.

AGENCY	URL
United States Government	<a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>
Centers for Disease Control	<a href="http://www.cdc.gov/flu">www.cdc.gov/flu</a>
World Health Organization	<a href="http://www.who.int">www.who.int</a>
Institute of Medicine	<a href="http://www.iom.edu">www.iom.edu</a>
Infectious Disease Society of America	<a href="http://www.idsociety.org">www.idsociety.org</a>
Association for Professionals in Infection Control and Epidemiology	<a href="http://www.apic.org">www.apic.org</a>
American Public Health Association	<a href="http://www.apha.org">http://www.apha.org</a>
Federal Emergency Management Agency	<a href="http://www.fema.gov">www.fema.gov</a>
<b>STATE</b> Department of Health	[Insert state URL here]
<b>STATE</b> Emergency Management Agency	[Insert state URL here]
<b>STATE</b> Department of Environmental Management	[Insert state URL here]
<b>STATE</b> Public Health Association	[Insert state URL here]