

19A. Long Term Care Home Tools

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Long-Term Care Home Pandemic Preparedness Checklist..... 1

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Task/Activity	Yes/No	Action Required
1. Planning		
1.1 Has the LTCH designated a person responsible for pandemic planning and established a multidisciplinary pandemic planning committee (e.g., administration, medicine/nursing, infection control, occupational health, staff training, engineering, housekeeping, dietary, pharmacy)?		
1.2 Does the LTCH have a pandemic influenza plan or a section in its emergency or respiratory infection outbreak plan that deals with the potential impact of an influenza pandemic?		
1.3 Does the LTCH review/update its plans annually?		
1.4 Does the LTCH have a collaborative planning relationship with other health care organizations in the community (e.g., local public health unit, emergency medical services, CCAC, acute care hospitals) to plan for patient care during an influenza pandemic?		
1.5 Has the LTCH worked with local pandemic planners to identify strategies to manage a surge in deaths (e.g., signatures on death certificates, moving bodies out of the home, morgue capacity)?		
2. Chain of Command		
2.1 Is there a chain of command for implementing the pandemic plan? (i.e., if an administrator is not available, who is next in command?)		
2.2 Has the LTCH designated people responsible for infection control and occupational health safety who are known to staff and available 24/7?		
2.3 Are all staff aware of their roles/responsibilities during a pandemic outbreak?		
3. Occupational Health and Safety/Infection Prevention and Control		
3.1 Was the Joint Health and Safety committee/representative consulted when developing the pandemic plan?		
3.2 Does the LTCH routinely provide training on the proper donning and removal of personal protective equipment?		
3.3 Does the LTCH have plans to restrict access in affected areas of the home?		
4. Communications		
4.1 Has the LTCH established a communication system with the local public health unit and other partners?		
4.2 Does the LTCH have a plan for communicating with staff, residents, volunteers and family members during a pandemic, including the person/s responsible for notifying staff and families?		
4.3 Is there a designated area in the facility/website where staff can obtain information on/be alerted to a potential influenza pandemic?		
4.4 Does the LTCH have a mechanism to communicate with outside services (e.g., physiotherapy, community nursing support, occupational therapy, dental services) in the event of a pandemic outbreak?		
4.5 Does the LTCH have alternative methods of internal and external communication if the main method of communication is not available?		

4.6 Has the LTCH designated a media spokesperson (and backup) and developed procedures for handling media requests? How will this person coordinate messages with the local public health unit? Are procedures consistent with the Public Health Information and Privacy Act (PHIPA)?		
4.7 Has the LTCH made arrangements for signs to direct authorized personnel and visitors to proper entrances and screening procedures?		
5. Human Resources		
5.1 Has the LTCH identified the skills that will be required to treat infected and non-infected residents during a pandemic?		
5.2 Has the LTCH identified the skills that existing staff, including administrative and non-patient care staff, can provide?		
5.3 Does the LTCH have a staffing contingency plan in case 20 to 25% of staff fall ill during the peak period of a pandemic wave?		
5.4 Does the LTCH have a staffing contingency plan in case no registered staff are available?		
5.5 Does the LTCH have a policy for addressing work refusal?		
5.6 Has the LTCH identified potential outside sources of human resources (e.g., nursing agencies, other community organizations, volunteers, family members)?		
5.7 Has the LTCH discussed the potential for modified or changed roles during a pandemic with staff and collective bargaining units?		
5.8 Have provisions been made (e.g., space, equipment, training, communications) for extra people who may come to the LTCH to provide services (e.g., volunteers and outside agencies)?		
5.9 Has the LTCH developed, in collaboration with the Joint Health and Safety Committee or a health and safety representative, education and training programs for staff?		
5.10 Has the LTCH developed plans to support staff during a pandemic (e.g., child care, transportation, psychosocial support, meals, accommodation, assistance with pet care)?		
6. Education and Training		
6.1 Does the pandemic plan specify who is responsible for developing and implementing the training program?		
6.2 Does the plan include methods for ramp up and quick training for new and altered roles (e.g., have policies and procedures been made, have job action sheets been developed, have lesson plans been developed)?		
6.3 Does the LTCH have ongoing, mandatory pandemic training programs (e.g., at orientation, annually) as well as just-in-time training programs?		
7. Resident Care		
7.1 Has the LTCH identified residents who could be cared for in other settings if necessary?		
7.2 Has the LTCH identified services that must be maintained or enhanced during a pandemic?		
7.3 Has the LTCH identified services that could be reduced or deferred during a pandemic?		
7.4 Has the LTCH home identified residents who are at high risk for negative outcomes (e.g., risk for choking and should not be fed by clerical or housekeeping staff or by volunteers)?		

8. Antivirals and Vaccine		
8.1 Does the LTCH have adequate capacity to store antivirals and vaccines (including cold chain for vaccines)?		
8.2 Does the LTCH have medical directives and signed informed consents in place to allow for the rapid prescribing and administration of antivirals and vaccine?		
8.3 Does the LTCH have the capacity to track the distribution of antivirals and vaccine, and report adverse events?		
9. Surveillance		
9.1 Have steps been taken to minimize and control points of access in the building and areas (e.g., where antivirals and vaccine are stored)?		
9.2 Does the LTCH have a plan to initiate active screening of staff and visitors for FRI/ILI?		
9.3 Does the LTCH have systems in place to detect an outbreak?		
9.4 Is the LTCH aware of the information it will be required to report, and how that information will be reported to public health (i.e., through the web portal)?		
10. Support for Visitors, Families and Volunteers		
10.1 Does the plan include a mechanism to deal with anticipated increases in visitors seeking to gain entrance to or remove residents from the LTCH?		
10.2 Has the LTCH made provisions to handle family needs related to the anxiety and shock of an influenza pandemic?		
10.3 Have personnel been designated to control and take care of issues that arise due to visitors?		
11. Supplies		
11.1 Has the LTCH identified the supplies required for patient care and infection prevention and control during an influenza pandemic and developed a one-month stockpile (see Chapter 10A for equipment and supplies template)?		
11.2 Will the LTCH's suppliers be able to fulfill contracts during an influenza pandemic? If not, has the LTCH identified a backup source of supply?		
11.3 Does the LTCH have access to an adequate supply of commonly used pharmaceuticals (e.g., ciprofloxacin, doxycycline, bronchodilators)?		
11.4 Has the LTCH identified and established relationships with other health care facilities to coordinate stockpiling?		
11.5 Has the LTCH made arrangements to obtain supplies for life sustaining treatments (e.g., peritoneal dialysis)?		