

19A. Long Term Care Home Tools

Contents

1. Long-Term Care Home Pandemic Preparedness Checklist

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Task/Activity	Yes/No	Action Required
1. Planning		
1.1 Does the LTCH have an influenza/respiratory infection outbreak plan?		
1.2 Is the influenza plan reviewed/updated regularly?		
1.3 Does the LTCH have an influenza pandemic plan or a section in its influenza/respiratory infection outbreak plan that deals with the potential impact of an influenza pandemic?		
1.4 Does the LTCH have an emergency or disaster plan?		
1.5 Has the LTCH developed plans to ensure continuity of services in the event of internal emergencies (e.g., lack of water, hydro, food, and natural gas failure) related to a disruption of community services?		
1.6 Are emergency/continuity plans reviewed/updated regularly?		
1.7 Does the LTCH have an evacuation plan?		
1.8 Is the evacuation plan reviewed/updated regularly?		
1.9 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)?		
1.10 Have the planning partners developed criteria to determine where and how people will be cared for in the event of a pandemic?		
2. Chain of Command/Command Centre		
2.1 Does the LTCH have an interdisciplinary pandemic planning committee and/or a pandemic outbreak management team that include representatives from administration?		
2.2 Does the LTCH have a designated Infection Control Professional (ICP) and back up and a designated Occupational Health and Safety representative and back up who are known to staff and available 24/7?		
2.3 Are all staff aware of their roles/responsibilities during a pandemic outbreak?		
2.4 Is there a designated area in the facility that staff can obtain information on/be alerted to a potential influenza pandemic?		
2.5 Is there a chain of command for implementing the pandemic plan? (i.e., if an administrator is not available, who is next in command?)		
2.6 Is there a designated assembly point where all personnel report? Does it change if staff are involved in resident care or have administrative responsibilities?		
2.7 Does the LTCH have a designated command centre?		
2.8 Have provisions been made (e.g., space, equipment, communications) for extra people who may come to the Command Centre to provide services (e.g., volunteers and outside agencies)?		
3. Resident Needs		
3.1 Does the LTCH have an up-to-date assessment of residents' care needs?		
3.2 Has the LTCH identified residents who could be cared for in other settings if necessary?		

3.3 Has the LTCH identified residents at high risk of complications from influenza and identified strategies to reduce their risk?		
3.4 Is information from ongoing resident assessments incorporated into the resident assessment plan?		
3.5 Does the resident assessment plan specify the skill/expertise required to meet the resident's needs?		
4. Critical Services		
4.1 Has the LTCH identified services that must be maintained during a pandemic?		
4.2 Has the LTCH identified services that could be reduced or curtailed?		
4.3 Does the LTCH have a mechanism to contact outside services (e.g., physiotherapy, occupational therapy, dental services) in the event of a pandemic outbreak?		
5. Antivirals and Vaccine		
5.1 Does the LTCH have adequate capacity to store antivirals?		
5.2 Does the LTCH have access to an initial supply of antivirals?		
6. Supply Chains		
6.1 Has the LTCH identified the supplies required during an influenza pandemic (see Chapter 10A for equipment and supplies template)?		
6.2 Does the home have contracts with local suppliers to provide medical equipment?		
6.3 Will these suppliers be able to fulfill contracts during an influenza pandemic? If not, does the LTCH have a back-up source of supply?		
6.4 Does the LTCH have access to an adequate supply of commonly used pharmaceuticals? (e.g., Ciprofloxacin, Doxycycline, bronchial dilators)		
6.5 Has the LTCH identified and established relationships with other health care facilities outside the region as a means of accessing possible sources of needed pharmaceuticals, equipment, supplies, and staff?		
6.6 Has the LTCH made arrangements to obtain and transport supplies for life sustaining supplies (e.g., for hemodialysis and peritoneal dialysis)?		
7. Human Resources		
7.1 Has the LTCH identified the skills that will be required during a pandemic?		
7.2 Has the LTCH identified the skills that existing staff- including administrative and non-patient care staff can provide?		
7.3 Does the LTCH have a staffing contingency plan in case 20 to 35% of staff fall ill?		
7.4 Does the LTCH have a policy for addressing work refusal?		
7.5 Has the LTCH identified potential outside sources of human resources? (e.g., nursing agencies, other community organizations, volunteers, family members)		
7.6 Has the LTCH developed, in collaboration with the Joint Health and Safety Committee or health and safety representative, education and training programs for staff?		

7.7 Has the LTCH developed plans to support staff during a pandemic (e.g., child care, transportation, psychosocial support, meals, accommodation, assistance with pet care)?		
7.8 Has the LTCH developed a plan for cohorting staff?		
8. Communications		
8.1 Has the LTCH established a communication system with the local public health unit and other partners?		
8.2 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?		
8.3 Does the LTCH have alternative methods of internal and external communication if main method of communication is not available?		
8.4 Is there an organized runner, messenger system as back-up for communication system and power failures?		
8.5 Has the LTCH established a designated area for media?		
8.6 Have key personnel been designated to control and take care of the needs of the media?		
8.7 Has the LTCH designated a media spokesperson? Is there a plan for this person to coordinate messages with the local public health unit?		
8.8 Has the LTCH developed procedures for handling requests for information from the media? Are these provisions consistent with the Public Health Information and Privacy Act (PHIPA)?		
9. Security		
9.1 Does the LTCH have the ability to lock down so entry and exit to all parts of the facility can be controlled? Has this process been tested?		
9.2 Have arrangements been made to meet and escort responding emergency service personnel?		
9.3 Have steps been taken to minimize and control points of access in the building and areas without utilization of lock down procedures?		
9.4 Does the LTCH have the ability to communicate with individuals immediately outside the Home in the event access is restricted?		
9.5 Does the LTCH security plan recognize the extent of the security problems for the individual facility? These considerations include the uniqueness of the physical plant, geographic location, entrances.		
9.6 If outside staff is required to meet the residents' needs during a pandemic, are their credentials verified?		
10. Traffic Flow and Control		
10.1 Have provisions been made for internal traffic that allow for movement of residents through corridors and staff movement throughout their areas? (e.g., designated unit/home area staff room instead of communal room)		
10.2 Does the LTCH have plans to restrict access in affected areas of the home?		
10.3 Will elevators be staffed and controlled?		
10.4 Is there a designated entrance and exit for both vehicles and people?		
10.5 Has the LTCH made provisions for deliveries (i.e. supplies and equipment)?		

10.6 Is there authorized vehicle parking?		
10.7 Has the LTCH made arrangements for signs to direct authorized personnel and visitors to proper entrances?		
11. Surveillance		
11.1 Does the LTCH promote annual immunization of staff and residents?		
11.2 Does the LTCH routinely assess residents for febrile respiratory infection (FRI) and/or influenza-like illness (ILI) when applicable?		
11.3 Does the LTCH encourage staff to report FRI or ILI symptoms?		
11.4 Does the LTCH currently screen visitors for FRI or ILI?		
11.5 Does a process exist to notify infection control designate within 24 hours when an outbreak is suspected?		
11.6 If so, is this process clearly communicated and readily available to all key staff in the organization?		
12. Education and Training		
12.1 Does the pandemic plan specify who is responsible for the training program?		
12.2 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)?		
12.3 Does the LTCH have ongoing, mandatory pandemic training programs?		
12.4 Does the LTCH provide pandemic education material at staff orientation to raise staff awareness?		
12.5 Does the program provide ongoing pandemic education to keep staff informed and procedure/practices up to date?		
12.6 Does the hospital/healthcare facility routinely provide training on the proper donning and removal of personal protective equipment?		
13. Visitors		
13.1 Does the plan include a mechanism to deal with anticipated increases in visitors seeking to gain entrance?		
13.2 Has the LTCH made provisions to handle medical and emotional situations resulting from the anxiety and shock of the pandemic situations?		
13.3 Have personnel been designated to control and take care of issues that arise due to visitors?		
13.4 Does the facility have a plan to reduce the risk of visitors entering the facility during a pandemic (e.g., security, signage, restricted access)?		
14. Issues Related to High Mortality		
14.1 Does the LTCH have a system for the safe-keeping of personal items removed from residents who have died?		
14.2 What is the mortuary capacity of the facility? Is offsite surge morgue capacity available (e.g., assess community capacity with local funeral homes)?		
15. Relocation of Residents and Staff		

15.1 Has the LTCH made plans to relocate residents and staff to an immediate area of safe refuge within the LTCH in the event the area must be evacuated (i.e., to facilitate the isolation of residents with ILI)?		
15.2 Has the LTCH made arrangements with other LTCHs and other services to relocate residents if the LTCH is unable to meet residents' needs (e.g., transfers between hospitals and Long-Term Care Homes, local LTCH partnering to support each other by delegating certain resident care activities to one organization while the other focuses on the care of ILI/FI residents)?		
15.3 Has the LTCH identified temporary locations where residents and staff could be housed in the event of an evacuation (e.g., a power failure)?		
15.4 Does the LTCH have a plan for the transportation required to move people to a temporary location?		