

Home Health Care Services Pandemic Influenza Planning Checklist



Planning for pandemic influenza is critical. The Minnesota Department of Health has adapted the following checklist from the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention. The purpose of the following checklist to help public and private organizations that provide home health care services assess and improve their preparedness for responding to pandemic influenza. Home health agencies will likely be called upon to provide care for patients who do not require hospitalization for pandemic influenza, or for whom hospitalization is not an option because hospitals have reached their capacity to admit patients. These agencies may become overburdened very quickly and shortages of personnel and supplies for providing home health care may occur.

This checklist is modeled after the one included in the HHS Pandemic Influenza Plan www.pandemicflu.gov/plan/healthcare.html. The list is comprehensive but not complete; each home care agency will have unique and unanticipated issues that will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist may not be applicable to a given agency. Collaboration with hospitals, local pandemic planning committees and public health agencies will be essential to ensure that the affected population receives needed health care services. Further information can be found at <http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/index.html> and www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. Home health care organizations can use this tool to identify the strengths and weaknesses of current planning efforts. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and it will be necessary to monitor selected websites for new and updated information.

1. Structure for planning and decision-making.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Pandemic influenza has been incorporated into emergency management planning for the organization. 			
<ul style="list-style-type: none"> A planning committee has been created to specifically address pandemic influenza preparedness. 			
<ul style="list-style-type: none"> A person has been assigned responsibility for coordinating preparedness planning (hereafter referred to as the pandemic response coordinator) for the practice or organization. (Insert name, title and contact information) 			
<ul style="list-style-type: none"> Members of the planning committee¹ include the following: (Insert name, title and contact information for each) Administration: Nursing: Clerical: Other: 			
<ul style="list-style-type: none"> A point of contact has been identified for questions/consultation on infection control (e.g., hospital- or state health department-based infection control professional, healthcare epidemiologist). (Insert name, title, and contact information) 			

2. Development of a written pandemic influenza plan.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained. (www.pandemicflu.gov/plan/) 			
<ul style="list-style-type: none"> Copies of available state and/or local pandemic influenza plans have been obtained. 			
<ul style="list-style-type: none"> A written plan has been completed or is in progress that includes the elements listed in #3 below. 			
<ul style="list-style-type: none"> The plan describes the organizational structure (i.e., lines of authority, function and assignment of responsibility) that will be used to operationalize the plan. 			
<ul style="list-style-type: none"> The plan complements² local response plans in communities served by the home health care agency. 			

3. Elements of an influenza pandemic plan.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> A plan is in place for monitoring for pandemic influenza in the population served. <ul style="list-style-type: none"> Responsibility has been assigned for monitoring national and state public health advisories (e.g., www.cdc.gov/flu/weekly/fluactivity.htm) and updating members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in United States and in the geographic area. (Insert name, title, and contact information) A system has been created to monitor influenza-like illness in patients cared for in the home (i.e., weekly or daily number of patients with influenza-like illness). www.cdc.gov/flu/professionals/diagnosis/ (Having a system for tracking illness trends during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.) A system is in place to report unusual cases of influenza-like illness and influenza-related deaths to local health authorities. 			
<ul style="list-style-type: none"> A communication plan has been developed and includes the following information: <ul style="list-style-type: none"> Key public health points of contact for pandemic influenza have been identified. (Insert name, title, and contact information for each) Local public health department _____ Minnesota Department of Health _____ Local emergency management _____ The organization's point person for external communication (e.g., with hospitals, nursing homes, health departments, social services agencies) has been assigned. (Insert name, title and contact information) _____ A list has been created of healthcare entities and their points of contact (e.g., other home care services providers, local hospitals, residential care facilities, social service agencies, emergency medical services providers, health centers and rural health facilities, relevant community organizations [including those involved with disaster preparedness]) with whom the home care agency anticipates that it will be necessary to maintain communication and coordination of care during a 			

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<p>pandemic. (Insert location of contact list): _____</p> <ul style="list-style-type: none"> ○ _____ ○ The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination of plans. ○ The pandemic response coordinator has contacted other home care services providers in the area regarding their pandemic influenza planning efforts. (Whenever possible, home care agencies should consider joint planning and coordination opportunities.) 			
<ul style="list-style-type: none"> • An education and training program has been developed to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current community response plan. (For more information on the scope of recommended education and training, see www.hhs.gov/pandemicflu/plan/sup3.html#edutrain) <ul style="list-style-type: none"> ○ A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that home care personnel attend, and maintain a record of attendance). (Insert name, title, and contact information): _____ ○ _____ ○ Current and potential sites have been identified for long-distance (e.g., web-based programs offered by professional associations or federal agencies) and local (e.g., health department or hospital sponsored programs) education of home care personnel. (www.cdc.gov/flu/professionals/training/) ○ Language and reading-level appropriate materials have been identified on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) and a plan is in place for obtaining these materials. ○ The education and training program includes information on infection control measures to prevent the spread of pandemic influenza, including information on measures home health care personnel should apply during home care of patients. (For further information on infection control recommendations for home care, see www.hhs.gov/pandemicflu/plan/sup4.html#care) 			
<ul style="list-style-type: none"> • Informational materials on pandemic influenza for patients and their families have been identified that are language and reading-level appropriate for the population being served and a plan is in place to obtain and disseminate these materials. <ul style="list-style-type: none"> ○ Materials have been identified or developed to guide family members on infection control and care of patients with pandemic influenza in the home. See www.pandemicflu.gov/plan/tab3.html and http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/index.html ○ Patients and families are encouraged to maintain a 30-day supply of medications and medical supplies as well as a two-week supply of non-perishable food and water. 			
<ul style="list-style-type: none"> • A plan has been developed for the management of patients during a pandemic, which covers the following issues: <ul style="list-style-type: none"> ○ Plans have been developed to manage patient care during the height of a pandemic to accommodate the increased number of patients who seeking home care services. ○ The scope of services that the agency will provide and those that will be denied or referred to other providers has been clearly defined. ○ The role and responsibility of the agency regarding distribution of infection control supplies (e.g., masks, hand hygiene materials), food, medications, and other necessities in the home to patients and their families has been discussed with a local or regional pandemic influenza planning group. ○ Plans include decision tools for determining which patients can have 			

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<p>altered service schedules based on their health conditions, needs, and available resources.</p> <ul style="list-style-type: none"> ○ Local plans and criteria for the disposition of patients have been discussed with area hospitals and other home care agencies. (Hospitals may discharge patients to home and home health care agencies early to free-up bed space for critically ill patients.) ○ The plan considers how social service agencies (e.g., Red Cross, Salvation Army) will help meet the needs of families in the community (e.g., by providing child- or elder-care meals, shopping services) in homes where there are patients with pandemic influenza, particularly where the primary adult support person living in the home is ill. ○ The plan considers how the agency will maintain a database of clients who require electrically-dependent technology-driven care (e.g., ventilators, breathing treatments, suction, pumps, turning devices), oxygen, special nutrition requirements, dialysis, etc. 			
<ul style="list-style-type: none"> ● An infection control plan is in place and includes the following: <ul style="list-style-type: none"> ○ An infection control policy for the care of pandemic influenza patients in the home. (www.hhs.gov/pandemicflu/plan/sup4.html and www.cdc.gov/flu/professionals/infectioncontrol/) ○ The policy requires healthcare personnel to use Standard Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Airborne Precautions (http://www.cdc.gov/ncidod/dhqp/gl_isolation_airborne.htm) with symptomatic patients. ○ A list has been developed of supplies (e.g., surgical masks, gloves, alcohol-based hand hygiene products) that will be used during home care of patients with pandemic influenza. 			
<ul style="list-style-type: none"> ● An occupational health plan has been developed that includes the following: <ul style="list-style-type: none"> ○ A liberal/non-punitive sick leave policy for managing home care personnel who have symptoms of, or documented illness with, pandemic influenza. The policy considers: <ul style="list-style-type: none"> ○ The handling of staff who become ill at work ○ When personnel may return to work after recovering from pandemic influenza ○ When personnel who are symptomatic, but well enough to work, will be permitted to continue working ○ A system for evaluating symptomatic personnel before they report for duty has been developed and tested during a non-pandemic (e.g., seasonal) influenza period. ○ Mental health and faith-based resources have been identified that are available to provide counseling to personnel during a pandemic. ○ The management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) has been addressed by placing them on administrative leave or altering their work location. ○ Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (e.g., "snow days," school closures) are implemented and for possible illness in adult family members. ○ The agency has the ability to monitor influenza vaccination of healthcare personnel. ○ Influenza vaccine is offered or made available on an annual basis to healthcare personnel. 			
<ul style="list-style-type: none"> ● A vaccine and antiviral use plan has been developed. <ul style="list-style-type: none"> ○ Websites containing current federal and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. 			

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<p>(www.cdc.gov/flu/professionals/vaccination/) (See attachment E)</p> <ul style="list-style-type: none"> o An estimate has been developed of the number of personnel who would be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (www.hhs.gov/pandemicflu/plan/appendixd.html) (See attachment E) o The potential role of the home health care organization in the distribution of vaccine and antivirals in the community has been discussed with the local health department and/or regional pandemic planning committee. 			
<ul style="list-style-type: none"> • Issues related to surge capacity during a pandemic have been addressed. <ul style="list-style-type: none"> o A plan is in place for managing a staffing shortage within the organization due to illness in personnel or their family members. o The minimum number and categories of nursing staff and other professional personnel necessary to sustain home care services for a given number of patients or on a day-to-day basis have been determined. Cross-training (where applicable) has been implemented. o Priorities for providing care have been established. o Contingency staffing plans have been developed for either limiting home care access or recruiting temporary personnel during a staffing crisis. o Hospitals and other appropriate healthcare service providers have been consulted regarding contingency staffing resources. o Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated. o A primary plan and contingency plan to address supply shortages have been developed, including detailed procedures for acquisition of supplies through normal channels as well as requesting resources for replenishing supplies when normal channels have been exhausted. o Plans include stockpiling at least a week's supply of resources when there is evidence that the potential for pandemic influenza has reached the United States. o There is an understanding of the process for requesting and obtaining assets (e.g., personal protective equipment, medical supplies) made available through the community's response plan. o Information has been obtained on local and regional plans and resources for dealing with mass fatalities including removal of the deceased from the home. 			

¹ The committee could be very small (e.g., two or three staff members) or very large, depending on the size and needs of the organization. Members of the "group of professional personnel" required by CMS as one of the Home Health Agency Conditions of Participation should be included on the planning committee.

² As communities develop their pandemic response plans, the provision of home health care will be a pivotal concern. Home health care agencies should have input into these plans to ensure there are no conflicts between what the agency can provide and what the community expects.

³ Most home health agencies will already have a list of healthcare organizations and points of contact that can be used for this purpose.