

Pandemic Influenza Planning for Long Term Care and Skilled Nursing Facilities

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July 22, 2009

Topics

- Resources
- General Planning Tips
- Planning Considerations
- Plan Implementation



"Now that the matter is settled, let us get on with the rest of the agenda."

Resources

- US DHHS Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist
- Pandemic Influenza Workbook for Long Term Care Providers (CAHF)
- American Health Care Association (AHCA) / National Center for Assisted Living
- Planning for a Pandemic/Epidemic or Disaster: Caring for Persons with Cognitive Impairment
- Psychological First Aid: Field Operations Guide for Nursing Homes

Overall Planning Goals

- **To efficiently and effectively prepare for, respond to, and recover from an influenza pandemic**
- Enhance the ability of the facility and community to respond and manage a pan flu surge
- Build understanding of facility and staff specific roles, responsibilities and expectations in response to a pan flu surge



Pan Flu Planning and Response

- Common issues across sectors
 - Infection control
 - Situational assessment
 - Communication
 - Incident management
 - Staffing
 - Supply chain
 - Business continuity
 - Reputation management




Disaster Planning & Response


- Common issues across hazards
 - Hazard containment
 - Situational assessment
 - Communication
 - Incident management
 - Staffing
 - Supply chain
 - Business continuity
 - Reputation management



Pan Flu Planning Strategies



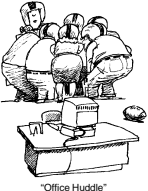
- Start from usual processes then plan for surge



- Conduct catastrophic planning and then work back to usual operations

Internal Planning Partners

- Facility administration
- Disaster coordinator
- Infection control / epidemiology
- Staff education
- Public relations, PIO
- Engineering / facilities
- Chaplain / LCSWs
- Resident / family reps



"Office Huddle"

DHHS Checklist, Page 1

Community Planning Partners

- Sister facilities
- Neighboring LTCFs/SNFs
- Hospitals, clinics
- Public Health
- Local CAHF chapter




DHHS Checklist, Page 2

Understanding the Basics

- Laws that govern the declaration of a public health emergency
- Function of the public health department
 - Role and daily functions
 - Functions during a disaster
- Usual community and facility roles and processes for patient management, medical surge, etc


Are our assumptions and expectations about the capabilities of our response partners correct?



Organizing Your Plan

US DHHS Checklist

- Planning committee
- Community partners and response
- Activation authorization
- Organizational structure to implement the plan
- Surveillance and detection
- Communication
- Education and training
- Infection control
- Occupational health
- Vaccines and antivirals
- Surge capacity



Organizing Your Plan

**The Joint Commission Environment of Care
 Emergency Management Standards**

- EC.4.11: plans for managing the consequences of emergencies.
- EC.4.12: develops and maintains an Emergency Operations Plan.
- EC.4.13: establishes emergency **communications** strategies.
- EC.4.14: establishes strategies for managing **resources and assets** during emergencies.
- EC.4.15: establishes strategies for managing **safety and security** during emergencies.
- EC.4.16: defines and manages **staff roles and responsibilities**.
- EC.4.17: establishes strategies for managing **utilities** during emergencies.
- EC.4.18: establishes strategies for managing **patient clinical and support activities** during emergencies.

Planning Questions to Get Started

1. What are the disaster management priorities of your organization?
2. What are your community response partners expecting of you?
3. What reputation management issues could arise if your facility does not adequately manage a incident?
4. Does your organization have a written plan in place? If so, who has the authority to activate these plans and/or procedures, and have you trained to the plan?
5. Do you have staff and resources identified that will be dedicated to incident management?
6. What are the possible bottlenecks in procedures? Have any solutions been developed and/or implemented to mitigate these issues?
7. What is the surge capacity of your facility? Do you have alternate on-site and off-site surge capacity?

Planning Considerations

- Your clients
- Business continuity
- Reputation management
- Recovery and resilience

Consideration: Your Clients

- Patients/residents
 - **KEY:** need to consider the impact your plans and actions will have on your patients/residents
 - Long term stays in your facility
 - This is their home
 - Cognitive ability
- Their families
 - Long term relationship
 - There's a reason why you have their loved one

Consideration: Business Continuity

- Ongoing care of your patients/residents during the disaster / pandemic
- Ongoing care after the disaster or between pandemic waves
- Adequate staffing and resources to maintain this care and respond to surge
- Adequate finances to maintain basic operations and respond to the surge

Consideration: Reputation Management

- Need to maintain a positive reputation in order to stay in business after the disaster
- This is based on:
 - Your facility's disaster response / incident management
 - Your ongoing care of patients/residents
 - Perception of that care by patients/residents, their families, and the media
 - Appropriate communication with patients/residents and their families

Consideration: Recovery and Resilience

- Effective continuity of operations and positive reputation management can make recovery seamless
- Review lessons learned and implement CAP to ensure future operations are a success
- Build **resilience** - the ability to recover from or adjust easily to misfortune or change

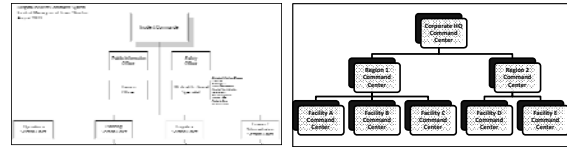
Plan Implementation

- Authority to activate the Pan Flu Plan – 24/7
 - Continuity of management
- Notification of plan activation
 - Community partners
 - Staff – will they have new roles and responsibilities?
 - Patients/residents – How will activating the plan affect normal routines? Will your patients understand?
 - Families – How will notify them? Will this affect visitation and activities?

DHHS Checklist, Page 2

Incident Management

- Organizational structure to implement the plan
 - Hospital Incident Command System (HICS)
 - Can be used both internally within the facility, and to coordinate overall response with sister facilities and corporate leadership



DHHS Checklist, Page 2

IC / Surveillance / Screening

- What type of interactions do patients/residents have with external contacts?
 - Security, access control, visitor policies, vendor policies
 - Particular concern for the medically fragile
- What if patients/residents are unable to perform recommended infection control practices?
 - Nosocomial transmission
 - Staffing, engineering controls
- Would it be possible to cohort ill patients/residents? Or best leave them where they are?
- Adjusting staff assignments based on staff and client medical status
 - How will patients react to having different staff taking care of them?

DHHS Checklist, Page 4

Communication / Education

- Community response partners – information exchange and situational assessments
- Keep patients/residents informed
 - What are your best methods for communication?
 - Would your clients understand situation? Are there situations where you do not need to inform them?
- Families and Staff
 - Summarize facility response activities
 - Describe changes in policies that may affect them
 - Education on flu prevention, etc.
 - Identify their concerns

DHHS Checklist, Page 3

Surge Capacity

- Surge from
 - Hospitals: to create capacity for more acute patients
 - Sister facilities: to condense/cohort operations; to free up space for other uses
 - Similar facilities: lack of capability to operate; to free up space for other uses
 - Families: affected by pan flu no longer able to care for loved one
- Consider the impact on patients/residents
 - Increased exposure to the outside world and its OIs
 - Changes in normal structure and daily routine
 - May require the need to share rooms and space
 - New staff that is unfamiliar or usual staff are not there
 - Changes in usual visitor policies
 - Short term changes, changes due to pandemic waves
 - Do they have the cognitive ability to understand the situation?

DHHS Checklist, Page 5

Mass Fatality Planning

Goal: to ensure efficient, timely and respectful decedent care from death to final disposition

Key Tasks:

- Identify storage location and supplies
- Notify of next of kin
- Protect personal property
- Determine cause of death and sign death certificate
- Properly store remains
 - There is no risk of contagion or infectious disease from being near human remains. Basic infection control for staff handling remains.
 - Refrigeration between 38° and 42° Fahrenheit is the best option.
 - Placed in a human remains pouch or wrap in plastic and a sheet.
 - Why stacking is **not** recommended
 - Demonstrates a lack of respect for individuals.
 - The placement of one body on top of another in cold or freezing temperatures can distort the faces of the victims, a condition which is difficult to reverse and impedes visual identification.
 - Decedents are difficult to manage if stacked. Individual tags are difficult to read and decedents on the bottom can not be easily removed.
- Properly tag and track decedents

Contact Information

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Resources

- **US DHHS Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist:**
www.pandemicflu.gov/plan/pdf/longtermcare.pdf
- **Pandemic Influenza Workbook for Long Term Care Providers (CAHF):** www.cahf.org/public/dpp/piwb082207FINAL.pdf
- **Hospital Incident Command System (HICS):**
www.emsa.ca.gov/HICS/default.asp
- **California Hospital Association: Mass Fatality Plan Checklist:**
www.calhealth.org/public/press/Article/107/CHAMassFatalityChecklist10-13-08.doc

Resources

- **American Health Care Association (AHCA) / National Center for Assisted Living:** www.ahcancal.org/facility_operations/disaster_planning/Pages/default.aspx
- **Planning for a Pandemic/Epidemic or Disaster: Caring for Persons with Cognitive Impairment (residents in LTCF):**
www.ahcancal.org/facility_operations/disaster_planning/Documents/pandemic_dementia_care.pdf
- **Psychological First Aid: Field Operations Guide for Nursing Homes:** www.ahcancal.org/facility_operations/disaster_planning/Documents/PsychologicalFirstAid.pdf
- **The Great California ShakeOut, Oct 15, 2009:** www.shakeout.org/