

Hospital Seasonal Influenza/Pandemic Preparedness Checklist



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

This checklist has been developed by the CHA Hospital Preparedness Program and is intended to be used as one of several tools to assist in preparation for Seasonal Influenza and Pandemic. The checklist recommendations are general in nature with a purpose of prompting review and action. As public health is the lead agency in this event, every effort should be made to remain up to date with rapidly changing local, state, and federal guidance and regulations. Important resources and web links are listed at the end of this document.

1. Review/Update Plans
<input type="checkbox"/> Review and update surge plans with an emphasis on infectious disease surge, including Pandemic Influenza Plan and related policies and procedures (e.g. highly infectious disease, mass fatality, mental health support).
<input type="checkbox"/> Review the CDC Hospital Pandemic Influenza Planning Checklist. Incorporate California Department of Public Health, local situation/activation levels rather than WHO pandemic phases into plans.
<input type="checkbox"/> Review and update Emergency Operations Plan (see CHA Emergency Management Program Checklist).
<input type="checkbox"/> Verify that policies and procedures are consistent with government guidance and regulations (such as Cal/OSHA) regarding protection (infection control), testing, reporting, and treatment of suspected and confirmed cases of highly infectious diseases such as COVID-19.
<input type="checkbox"/> Ensure that processes are in place to both update protocols as guidance and regulations change, as well as to communicate changes to staff, physicians, volunteers, patients and visitors.
<input type="checkbox"/> Review hospital surge planning (see CHA Hospital Surge Planning Checklist).
<input type="checkbox"/> Evaluate potential need for external triage to minimize exposure of patients and staff (See S&C-09-52).
<input type="checkbox"/> Review process to request Licensing and Certification program flexibility (see AFL 06-33).
<input type="checkbox"/> Review/establish plans for cohorting infectious disease patients.
<input type="checkbox"/> Document planning for use of alternative/expanded treatment areas to increase patient care capacity.
<input type="checkbox"/> Plan for increase in pediatric, intensive care unit patients and other specific patient populations that may be disproportionately affected or may need services not normally provided by the hospital.
<input type="checkbox"/> Ensure effective procedures for expediting admissions and discharges.
<input type="checkbox"/> Consider using available space to create a “discharge lounge” for non-infectious patients to await transportation home. Plan to arrange transportation for discharged patients.
<input type="checkbox"/> Plan for mental/behavioral health services/psychosocial impacts.
<input type="checkbox"/> Develop processes to address austere care/ethical decision making.
<input type="checkbox"/> Review/update Mass Fatality Plan.
<input type="checkbox"/> Develop or revise Aerosol Transmissible Disease Plan, incorporating current Cal-OSHA regulations.
<input type="checkbox"/> Review HICS Incident Planning Guides (IPG) and Incident Response Guides (IRG) for Pandemic Influenza and consider pre-assigning staff to relevant Incident Management Team (IMT) positions.
<input type="checkbox"/> Develop joint contingency plans with physicians, independent physician associations (IPAs), urgent care centers, dialysis centers, and community clinics, which may include extended and weekend hours.
<input type="checkbox"/> Ensure triggers for plan activation are in place, realistic, and consistent with guidance.

2. Limited Services and Scarce Resources	
<input type="checkbox"/>	Ensure that protocols and processes are in place to prioritize limited services and scarce resources.
<input type="checkbox"/>	Ensure understanding of California Emergency Operations Manual and Medical and Health Operational Area Program (MHOAC) process
<input type="checkbox"/>	Ensure understanding of MHOAC process to request critical supplies, equipment and personnel using resource requests
<input type="checkbox"/>	Prepare to implement alternate standards of care as permitted or directed by state or federal authorities, with appropriate input from medical staff and legal counsel. In absence of such direction, maintain normal standards of care by all means available.
<input type="checkbox"/>	Develop plans for allocating scarce resources as approved by appropriate hospital committee(s) (e.g., ethics).
<input type="checkbox"/>	Plan to implement adjusted staffing patterns and practices as allowed by regulation.
<input type="checkbox"/>	Implement cross-training of staff in needed roles (e.g. security).
<input type="checkbox"/>	Review policies and procedures to evaluate/credential, train and assign volunteers.
3. Equipment, Supplies and Pharmaceuticals	
<input type="checkbox"/>	Ensure resources and/or supply chain plan to meet surge of influenza patients (e.g., ventilators, masks, N95 respirators, antivirals).
<input type="checkbox"/>	Increase inventory of influenza-related supplies (e.g. procedure masks, N95 respirators, eye protection, gowns, gloves, hand hygiene supplies, facial tissues, nasal swabs, transport medium, disinfectant supplies, central line kits, morgue packs, etc.) as able.
<input type="checkbox"/>	Assess stock and availability of ventilators, other respiratory care equipment, IV pumps, cardiac monitors and beds.
<input type="checkbox"/>	Plan for staff fit testing for alternate brand N-95 respirators for anticipated shortage of current brand.
<input type="checkbox"/>	Maintain modest supplies of antiviral agents as per guidance, including pediatric suspension oseltamivir
<input type="checkbox"/>	Implement plan to track resources.
<input type="checkbox"/>	Document efforts to secure scarce resources (e.g. Cal/OSHA Interim Enforcement Policies).
<input type="checkbox"/>	Plan to receive stockpile from local health care agency/public health (PPE, antivirals, vaccine).
4. Workforce Vaccination	
<input type="checkbox"/>	Plan for vaccination of employees for seasonal influenza. Educate and encourage staff to be vaccinated to reduce absences and reduce transmission
<input type="checkbox"/>	Develop/update plans for vaccination of healthcare workforce to possibly include up to 4 injections at different times depending on the disease (seasonal, pneumococcal, H1N1 series).
<input type="checkbox"/>	Plan for prioritization of staff vaccination in accordance with government guidance when available.
<input type="checkbox"/>	Maintain robust seasonal influenza vaccination program.
<input type="checkbox"/>	Each vaccination plan will need to address:
<input type="checkbox"/>	Receipt, storage, and security of vaccines.
<input type="checkbox"/>	Tracking of vaccinated personnel to include monitoring for complications and/or adverse events.

5. Triage

- Ensure triage plan identifies and separates potential infectious patients from non-infected patients to minimize exposures.
- Develop alternative triage plan for suspected influenza cases as appropriate to response level, such as triage outside the facility, drive-through triage, , or telephone triage.
- Establish alternate locations and staffing for triage, medical screening exams and/or care, as appropriate to situation and setting. (See EMTALA resource).
- Develop health information call centers or coordinate/link with community call centers.
- Configure Emergency Department waiting rooms with segregated areas for patients with influenza-like symptoms and those without.
- Notify California Department of Public Health Licensing and Certification regional office as appropriate.

6. Monitor Workforce for influenza-like-illness

- Develop plans to monitor workforce for influenza-like-illness to minimize exposure and to comply with hospital exclusion-from-work-policy.
- Consult hospital Human Resources and legal counsel for guidance on employee health policies.
- Implement plan to evaluate symptomatic personnel before they report for duty. This may include taking temperatures of all staff prior to entering the facility.
- Develop workplace policies to address employee declination of vaccination.
- Consider reassigning pregnant and high risk staff to areas with lower exposure potential.
- Adopt policies that encourage staff to report illness and stay home.
- Review Human Resource policies to identify and eliminate language that may encourage staff to work when ill or when they are within the period of communicability.
- Review sick leave, vacation and on-call policies.
- Develop an Occupational Health plan for addressing symptomatic staff.
- Consider work-at-home policies where feasible for business/non-clinical staff.
- Develop antiviral prophylaxis policies for staff exposure as per guidance according to recommendations.
- Develop antiviral treatment criteria/plan and resources for staff who become ill.
- Subject to state and local guidance, consider assigning staff recovered from influenza to care for influenza patients.

7. Staff/Physician Education and Communication

- Provide education and cross-training for specific needs (e.g., PPE, pediatric care, ventilator management, security).
- Ensure Healthcare personnel are properly trained on infection control principles and the appropriate use of PPE. (Refer to CDC Hospital Pandemic Influenza checklist pg. 8 and current guidance at www.cdc.gov).
- Develop communication plan that addresses the need for staff updates regarding infection control, testing and treatment protocols and infected/exposed staff protocols.

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<input type="checkbox"/> Develop education/training programs as necessary to implement hospital plans for surge, cross training to address increased needs (e.g. ventilator care, security), infection control, use of cached equipment/supplies, employee exposure and other needs.
<input type="checkbox"/> Provide guidance and encourage employees to be personally prepared (e.g. childcare, family plans, vaccinations).
<input type="checkbox"/> Poll staff to determine whether they plan to work during an outbreak.
<input type="checkbox"/> Ensure physicians are aware of altered standards of care plans and the potential transition from individual-centered to population-based care.
<input type="checkbox"/> Review the hospital Aerosol Transmissible Disease (ATD) plan with staff and ensure hospital is in compliance with the Cal/OSHA ATD Standards.
<input type="checkbox"/> Plan for clear and regular communication with staff regarding guidance, protocols and situation status.
<input type="checkbox"/> Confirm staff is aware of and follows hospital policies and procedures as they relate to treatment of seasonal influenza, and other infectious patients.
<input type="checkbox"/> Facilitate situational awareness by providing frequent and consistent pathway of information regarding event to staff.
8. Infection Prevention
<input type="checkbox"/> Review infection control management protocols for patients, visitors, vendors and others entering the facility.
<input type="checkbox"/> Develop plan based on local public health guidance for infection control practices for visitors and patients.
<input type="checkbox"/> Screen visitors for signs and symptoms of influenza.
<input type="checkbox"/> Post appropriate signage throughout the facility including entrances
<input type="checkbox"/> Provide information to patients and visitors on basic prevention and control measures for influenza.
<input type="checkbox"/> Develop process to monitor for nosocomial influenza transmission.
<input type="checkbox"/> Develop process to cohort influenza-like-illness patients and restrict non-influenza-like- illness admissions to those units.
<input type="checkbox"/> Develop process to provide for dissemination of accurate and coordinated public information.
<input type="checkbox"/> Post “respiratory etiquette” signs in high traffic areas.
<input type="checkbox"/> Ensure that masks, facial tissue and appropriate trash receptacles are in appropriate areas.
<input type="checkbox"/> Install hand hygiene dispensers in high traffic locations.
<input type="checkbox"/> Establish plans to limit the number of visitors, which include considering restriction of pediatric visitors, in coordination with other health care facilities/local public health department
9. Operational Area Communication and Coordination
<input type="checkbox"/> Identify and establish communication protocols with Medical and Health Operational Area Coordinator (MHOAC) and Operational Area medical-health agency(ies) for coordination, resource management/mutual aid, guidance updates and status reporting.
<input type="checkbox"/> Follow Standardized Emergency Management System (SEMS) guidelines to request mutual aid when unable to secure resources through the Medical and Health Operational Area Coordinator (MHOAC) when unable to obtain resources through regular channels, Hospital Coalition Partners, of system partners (for example, requesting through operational area medical health branch of Emergency Operations Center or Local Health Department (LHD) Department Operations Center).

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<input type="checkbox"/> Ensure established relationship with LHD/LEMSA for planning and response activities (Hospital Infection Preventionists, Emergency Preparedness Coordinator and, Public Information Officer). Ensure that hospital communication channels are in place for timely receipt and dissemination of federal, state and local guidance, regulations, pandemic/influenza status updates and other related information (who, how, when).
<input type="checkbox"/> Participate in any established conference calls with local health agencies and the California Department of Public Health.
<input type="checkbox"/> Participate in HAvBED reporting.
<input type="checkbox"/> Enroll in CAHAN and monitor communications.
<input type="checkbox"/> Ensure hospital is engaged in any alternate care site (ACS) planning in the community, with consideration of triage/transport policies.
<input type="checkbox"/> Follow local public health guidelines for vaccine and/or antivirals, as available.
<input type="checkbox"/> Follow EMS guidelines for patient transport, as available.
<input type="checkbox"/> Coordinate with the local health department on risk communication messaging for traditional media and other methods to educate public regarding infection control, where to receive vaccinations (not the Emergency Department or patient care areas), when to seek care and appropriate home care.
<input type="checkbox"/> Provide and reinforce public messaging through use of posters, flyers and signs within the hospital, public service announcement messaging on televisions in waiting rooms, mailings to patients, etc.
<input type="checkbox"/> Coordinate with the local health department on preparation of fact sheets and media messaging.
<input type="checkbox"/> Facilitate communication between medical staff leadership and public health officials.
<input type="checkbox"/> Review and consider guidance and regulation (and potential conflict) with the hospital emergency management committee, senior leadership, medical staff and legal counsel when determining any course of action.
<input type="checkbox"/> Ensure awareness of Healthcare Preparedness and Pandemic Influenza Healthcare funding and how the hospital may use funds. Consult with local Hospital Preparedness Program grant administrator.
10. Business Continuity Planning
<input type="checkbox"/> Ensure continuity of operations plans assume reduced workforce and potential financial impacts (e.g., reduction in scheduled admissions, registry use, increased use of resources).
<input type="checkbox"/> Identify critical functions.
<input type="checkbox"/> Plan for influenza surge for several weeks to months with potential cancellation of elective surgeries and subsequent loss of revenue.
<input type="checkbox"/> Plan for infrastructure disruptions that may result from staffing shortages in other industries. These may include a reduction or lack of services in utility, sanitation, transportation (including fuel), information technology, supply chain, communications, and education sectors.
<input type="checkbox"/> Establish charge code for tracking incident-related expenses.
<input type="checkbox"/> Ensure HICS forms are completed to provide accurate documentation of the hospital's response activities (required for potential reimbursement)
<input type="checkbox"/> Identify staff that can work from home or in other locations and facilitate any needed IT connections.
11. Security
<input type="checkbox"/> Address potential need for security to limit/manage facility access, and protect scarce resources (e.g., masks, N95 respirators, vaccine, antivirals).
<input type="checkbox"/> Establish access control into the facility, such as limiting points of entry.
<input type="checkbox"/> Plan for secure transport and storage of scarce resources (for example, pharmaceuticals, N95 respirators).

12. Resources -References

- CDC Influenza Information www.cdc.gov/flu/
- CDC H1N1 Guidance www.cdc.gov/h1n1flu/guidance
- CDC Corona Virus Guidance www.cdc.gov/coronavirus/2019-ncov/index.html
- CDPH Corona Virus Guidance www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
- Request for Temporary Increase in Patient Accommodations <https://www.calhospitalprepare.org/sites/main/files/file-attachments/lnc-afl-06-33.pdf>
- EMTALA Requirements and Options for Hospitals in a Disaster www.calhospitalprepare.org/document/centers-medicare-medicaid-services-cms
- CDPH Variant Influenza Quicksheet www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/VariantInfluenza-Quicksheet.pdf#search=swine%20influenza
- CHA Emergency Preparedness Website www.calhospitalprepare.org
- National Strategic Plan for Emergency Department Management of Outbreaks of Novel H1N1 www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/publichealth/h1n1/h1n1-strategicplan.pdf
- CDC Hospital Pandemic Influenza Planning Checklist www.cdc.gov/flu/pandemic-resources/pdf/hospitalchecklist.pdf
- CHA Hospital Emergency Management Program Checklist www.calhospitalprepare.org/post/hospital-emergency-management-program-checklist-0
- CHA Hospital Surge Planning Checklist <https://www.calhospitalprepare.org/surgechecklist>
- CHA Hospital Mass Fatality Planning Checklist www.calhospitalprepare.org/document/mass-fatality-checklist
- World Health Organization www.who.int/en/
- CIDRAP (Center for Infectious Disease Research & Policy) www.cidrap.umn.edu/index.html
- AHRQ Pediatric Hospital Surge Capacity in PH Emergencies www.ahrq.gov/prep/pedhospital
- Cal/OSHA Aerosol Transmissible Disease (ATD) standard www.dir.ca.gov/title8/5199.html
- Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199 (Aerosol Transmissible Diseases) https://www.calhospitalprepare.org/sites/main/files/file-attachments/cal-osha_h1n1_guidance_rev_2010-22-09-f_1.pdf
- CHLA (Children's Hospital Los Angeles) Pediatric Disaster Resource and Training Center www.chladisastercenter.org
- Hospital Guidelines for Pediatric Preparedness www1.nyc.gov/assets/doh/downloads/pdf/bhpp/hepp-peds-childrenindisasters-010709.pdf
- Pediatric Surge Pocket Guide www.lapublichealth.org/eprp/docs/Emergency%20Plans/Pediatric%20Surge%20Pocket%20Guide.pdf
- NJHA (New Jersey Hospital Association) Pandemic Influenza Planning Modules www.njha.com/healthy-communities/promoting-and-protecting-health/emergency-preparedness/pandemic-planning-tool/
- One-stop access to U.S. Government H1N1, avian and pandemic flu information www.cdc.gov/flu/
- HICS Infectious Disease Planning Guide (IPG) and Incident Response Guide (IRG) <https://ems.ca.gov/hospital-incident-command-system-incident-response-guides-2014/>