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|   | **Recommendation** | **Action Item** | **Responsible Parties** | **Due Date** | **Status** |
|   | **PLANNING PRIORITIES - The Three S's** |  |  |  |  |
|   | **Staffing: *This is your most valuable resource.*** Develop and provide flexible policies to support sick leave, staff screening upon reporting to work, supporting telework, and directing staff to perform essential functions |
|   | **Space:** Consider converting entire units or parts of units to negative pressure isolation to create medical and critical care surge units that can bundle care practices to reduce personal protective equipment (PPE) burn and exposures and use Emergency Medical Treatment and Labor Act (EMTALA) guidance to bifurcate screening practices in the event of emergency department (ED) surge.  |
|   | **Stuff:** Follow strict conservation practices to protect scarce pharmaceutical and non pharmaceutical resources**;** maintain strict infectious control guidelines |
| 1 | **GENERAL PROCEDURES**  |  |  |  |  |
|   | Concentrate planning and response activities to maximize staff, space and stuff. Reflect on the following best practice recommendations and determine accountability for each objective or task. |
| 1.1 | **Tiered Approach:** Determine incident management activation/configuration based on impact (phased approach) as well as incident action plan cycle and development process.Tier 1 - Surge patient care while maintaining normal operationsTier 2 - Curtail elective procedures to accommodate additional surge patientsTier 3 - Same as tier 2 while also using traditional and nontraditional spaces  |   |   |   |   |
| 1.2 | **Subject Matter Experts (SMEs):** Identify SMEs to inform operational decisions and potential resource allocation decisions. |   |   |   |   |
| 1.3 | **Patient Communication:** Determine methods and messages for risk communication to patients and families including alternate languages. |   |   |   |   |
| 1.4 | **Staff Communication:** Determine risk communication messages, communication mechanisms, and redundant information management process. |   |   |   |   |
| 1.5 | **Curtailing Services:** Determine indicators and potential triggers for changing services provided (e.g., limit elective services). Develop service restriction plans in case of staff shortages or increased demand (e.g., respiratory care, nutritional support, pharmacy, laboratory, radiology, elective surgeries/procedures). |   |   |   |   |
| 1.6 | **At-Risk Populations:** Determine strategies to maintain services for at-risk patients during outbreak period (e.g., pregnant, dialysis) but unrelated to COVID-19. |   |   |   |   |
| 1.7 | **Scarce Resources:** Determine likely resource shortages and identify relevant vendor, cache, and coalition options for managing shortages. Identify workflow for making resource requests. |   |   |   |   |

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|  | **GENERAL PROCEDURES (Continued)** |  |  |  |  |
| 1.8 | **Crisis Standards:** Develop/update crisis standard-of-care language in emergency operations plan including the potential for triage decision-making (who, process, communication, considerations) and staff management (how will staff expertise be best used vs. adding additional training for some staff). Evaluate the plan for providing just-in-time staff education via electronic and other nonclassroom means including information about the COVID-19, transmission, infection prevention measures, usual clinical symptoms and course, risk factors and complications. |   |   |   |   |
| 1.9 | **Rapid Patient Discharge:** Establish connection with home care and long-term care partners to facilitate rapid discharge process from the hospital; include considerations for safe out-of-hospital care for patients with COVID-19.  |   |   |   |   |
| 1.10 | **Alternate Care Systems:** Develop indicators and possible triggers for implementing alternate systems of care (including phone- and web-based assessments as well as in-person care) including establishing health care system-based alternate care sites (e.g., on-site or managed completely by health care entity at owned and repurposed site).  |   |   |   |   |
| 1.11 | **Alternate Care Sites:** Develop indicators and possible triggers for establishing community alternate care sites in conjunction with public health and emergency management including what support may be required from the health care system.  |   |   |   |   |
| 1.12 | **Essential Staffing:** Develop demand staffing plans for all categories of staff. Modify staff responsibilities and shifts as required (supervisory staff work clinically, suspend most education and other administrative burdens, determine where less-trained staff can safely provide support and the extent of family member support). Promote just-in-time training. |   |   |   |   |
| 1.13 | **Labor Relations:** Engage union/labor leaders in relevant discussions of staff responsibilities and hours during pandemics. |   |   |   |   |
| 1.14 | **Materials Management:** Anticipate supply shortages and coordinate with vendors, associations, and emergency management to coordinate resource supply, distribution, and scarce resource strategies. |   |   |   |   |
| 1.15 | **Campus Access:** Develop a plan for implementing a supplemental facility security/controlled access plan (which may be phased) particularly during the peak pandemic weeks to assure controlled campus ingress and egress and monitoring. |   |   |   |   |

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|  | **GENERAL PROCEDURES (Continued)** |  |  |  |  |
| 1.16 | **Wellness:** Provide patients and staff with information about stress responses, resilience, and available professional mental health resources. Develop staff monitoring for those exposed to high levels of cumulative stress or specific severe stressors (death of co-worker, etc.). |   |   |   |   |
| 1.17 | **Staff Resilience:** Consider ways to maintain staff resilience and morale when gatherings and close physical contact are discouraged. This may need to include memorial services for staff members. |   |   |   |   |
| 1.18 | **Mass Fatality Management:** Determine if the fatality management plan is sufficient for an increased volume of decedents at the facility. |   |   |   |   |
| 1.19 | **Conservation of Resources:** Develop strict control of personal protective equipment. Follow guidelines for conservation of PPE and consider alternative respiratory protection protocols. |   |   |   |   |
| 1.20 | **EPA-Approved Supplies:** Review guidance of disinfection. Amplify efforts and use supplies approved by the Environmental Protection Agency (EPA) for specific virus.  |   |   |   |   |
| 1.21 | **Regulatory Surge Management:** Develop procedure for notifying the state agency for health care administration if licensed bed availability/capacity changes as a result of COVID-19. |   |   |   |   |

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|   | **Recommendation** | **Action Item** | **Responsible Parties** | **Due Date** | **Status** |
| 2 | **EMERGENCY MANAGEMENT PROGRAM** |  |  |  |  |
|   | Many of the following guidelines fall into the category of basic emergency management planning guidelines. However, they are essential to the ability of a health care facility to prepare for and respond to an infectious disease outbreak and in particular to its ability to respond to and manage a surge of patients. For specific planning steps with respect to specific topics such as staffing, supplies, and surge capacity, please see related specific sections. |
| 2.1 | **Emergency Management Plans:** Review the following plans and systems. In reviewing them: 1) ensure that they take into account the presentation and demands of a respiratory illness outbreak and 2) ensure that they include triggers for their activation (e.g., circumstances, by whom, etc.).* General emergency management plan
* Incident command system, including specific roles and job action sheets Plans for preparing for and responding to a mass patient event
* Plans for preparing for and responding to mass casualty events
* Plans for preparing for and responding to respiratory illness outbreaks
 |   |   |   |   |
| 2.2 | **Staff Training on Plans:** Undertake staff training and reinforce key aspects of the foregoing plans and systems, focusing on specific aspects related to managing a respiratory illness outbreak (e.g., use of PPE, communications, infection control, and managing surges of patients and mass casualties). See separate sections on these specific issues. Include individuals who work evenings, nights and weekends. |   |   |   |   |
| 2.3 | **Incident Command System (ICS) Principles:** Review with staff basic incident command system principles and ensure that staff understand theorganization’s ICS system and their roles in the system. |   |   |   |   |
| 2.4 | **Command Center Protocols:** Review command center protocols, resources and functions, particularly in the context of a respiratory illness outbreak. Ensure that protocols include guidelines on the circumstances under which and by whom the command center is to be activated, virtually or in person. Ensure that appropriate staff understand the activation protocols. |   |   |   |   |
| 2.5 | **Reaching Staff Wherever Located:** Ensure that staff wherever located (e.g., at off-site facilities) receive education regarding the foregoing plans and systems. |   |   |   |   |
| 2.6 | **Pandemic-Specific Protocols:** Develop and implement procedures for monitoring, identifying, and reporting symptoms and trends that may indicate suspected respiratory illness. This activity should be undertaken in coordination with the organization’s infection control program and local and state health departments and their requirements. |   |   |   |   |
| 2 | **EMERGENCY MANAGEMENT PROGRAM (Continued)** |  |  |  |  |
| 2.7 | **Authorities for Reporting Purposes:** Identify proper authorities, both internally and externally, to which suspected respiratory illness cases and other required information should be reported, including contact information to be used during both business and nonbusiness hours. |   |   |   |   |
| 2.8 | **Emergency Management Committee:** Establish or add to an existing emergency management committee that will comprise key staff who are capable of developing policy and protocols to respond to and manage the effects of a pandemic respiratory illness in the community. Staff should include the directors of medicine, infectious disease, pharmacy, nursing, emergency department, social work, materials management, security, and emergency management. |   |   |   |   |
| 2.9 | **Training Regarding Reporting Obligations**: Ensure that all appropriate staff are aware of the responsibility to report suspected respiratory illness outbreaks or any unusual manifestations or clusters of illness. |   |   |   |   |
| 2.10 | **Visual Reinforcement of Pandemic-Specific Issues:** Consider posting information in appropriate areas regarding possible symptoms, screening, infection control, and responses, reinforcing the importance of reporting certain symptoms or clusters and providing information on how to report such information internally and externally during business and nonbusiness hours. |   |   |   |   |
| 2.11 | **Agency Emergency Contact Directory**: Develop and continuously update a directory of contact information for key agencies and organizations that might be needed during an emergency. Ensure such directories are available in theemergency operations center, key departments and other relevant locations. Review Greater New York Hospital Association’s (GNYHA) contact directory. |   |   |   |   |
| 2.12 | **Develop Protocols for Contacting Agencies:** Develop protocols for when, how, for what purposes, and by whom key agencies and organizations are contacted for assistance. |   |   |   |   |
| 2.13 | **Review MOUs with Affiliates/Partners:** Review memoranda of understanding (MOUs) with affiliates and other partners to provide support or assistance during emergencies (e.g., to accept transfers of patients and to share supplies). |   |   |   |   |
| 2.14 | **Curtailing Admissions in General:** Review plans for when the facility should limit admissions in general. |   |   |   |   |
|  | **EMERGENCY MANAGEMENT PROGRAM (Continued)** |  |  |  |  |
| 2.15 | **Plans for Creating Surge Capacity:** Develop plans for creating surge capacity within the facility. |   |   |   |   |
| 2.16 | **Plans for Curtailing Services:** Identify services and activities that may need to be curtailed or cancelled during respiratory illness outbreak. |   |   |   |   |
| 2.17 | **Plans for Canceling Admissions and Procedures:** Review plan for canceling elective admissions and procedures, as needed. |   |   |   |   |
| 2.18 | **Plans for Moving Patients Internally:** Develop policies for moving patients between units internally to ensure optimal use of resources. |   |   |   |   |
| 2.19 | **Plans for Discharging Patients:** Review approach for reviewing acuity levels of patients in the event that transfer or discharge of patients becomes necessary. |   |   |   |   |

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| 3 | **INTERNAL COMMUNICATIONS** |  |  |  |  |
|   | Note: Internal communications with staff are important during any type of event. However, broad-based and regular communications are particularly key during a respiratory illness outbreak in order to identify, contain and manage such an event, particularly with respect to communicating and reinforcing strict compliance with recommended infection control measures and in order to ensure the protection and well-being of the workforce. Risk communication messaging is critical to ensuring that staff are able and willing to perform their role safely during a pandemic. |
| 3.1 | **Effective Mechanisms for Dissemination of Information:** Review mechanisms for the prompt dissemination of key information to staff regarding the event, including global emails and mass notification systems. As part of this mechanism, consider development of mechanisms for reaching both full-time and voluntary members of the medical staff as well as workers in off-site locations, such as primary care centers. |   |   |   |   |
| 3.2 | **Importance of Regular Communications:** Ensure system contemplates regular and clear communications with staff regarding the event, the organization’s response, including whether the organization’s emergency management plan and emergency operations center have been activated, and staff roles. |   |   |   |   |
| 3.3 | **Reinforcement of Security and ICS:** Ensure there are systems to continuously reinforce security measures, basic incident command system structure, and key elements of facility’s plans as needed. |   |   |   |   |
| 3.4 | **Materials Outlining Plans:** Consider developing, in advance, basic information about the organization’s incident command system, emergency management plan, emergency operations center, security measures, and specific symptoms and responses to a respiratory illness outbreak that can be included in communications to staff during the event. |   |   |   |   |
| 3.5 | **Specific Responsibility for Developing Messages:** Designate individuals or department with specific responsibility for developing messages for staff during the event, focusing on information needs of different staff groups and ensuring that information is readily available, succinct, targeted, and updated regularly. |   |   |   |   |
| 3.6 | **Regular Communication:** Communicate regularly with staff about infection control, worker protection, patient management, and reporting requirements. |   |   |   |   |
| 3.7 | **Mechanisms to Impart Information Quickly:** Consider developing visual means to communicate information, such as diagrams, signs, posters and other mechanisms that can impart information quickly and broadly. |   |   |   |   |
| 3.8 | **Minimizing Overload of Information:** Attempt to avoid too much information, particularly from diverse sources. |   |   |   |   |
|   | **Recommendation** | **Action Item** | **Responsible Parties** | **Due Date** | **Status** |
| 4 | **EXTERNAL COMMUNICATIONS** |
|   | Note: The ability to monitor and successfully evaluate and participate in external information and support resources is critically important during an infectious disease outbreak in order to receive prompt information regarding patient screening, management and recommended infection control measures, as well as to obtain assistance for your own organization. |
| 4.1 | **External Alert and Advisory Systems:** Identify all communication and alert systems, key outside agencies, and organizations from which the facility might require information and assistance in order to respond and manage successfully during a respiratory illness outbreak. |   |   |   |   |
| 4.2 | **Understanding External Response Systems**: Ensure that the facility understands, in general terms, the response plans and roles of those systems, agencies and organizations. |   |   |   |   |
| 4.3 | **Linkage With Response Systems:** Ensure that the facility understands and is part of the mechanism for obtaining information and assistance from those systems, agencies or organizations, as appropriate. |   |   |   |   |
| 4.4 | **Designated Staff for Receiving Alerts:** Designate individuals who should receive alerts and other advisories via email or other means from public health authorities, law enforcement, and emergency management agencies, and relevant organizations. Ensure that those individuals are listed in related communication directories and transmission lists (listservs). |   |   |   |   |
| 4.5 | **Updated Information in Communication Directories**: In particular, review the facility’s key staff contacts in the Communications Directory of the New York State Department of Health’s (NYSDOH) Health Provider Network, NYSDOH's Health Commerce, New York City’s Health Alert Network, GNYHA or Health and Hospitals (H+H) Juvare, and other relevant state and local health alert networks. Add new contacts and update information as needed. |   |   |   |   |
| 4.6 | **Logon Rights for Systems as Required:** Where special access rights might be required, ensure that all appropriate personnel and their backups are familiar with and secure logon rights to access resources available for informing providers regarding emergencies, alerts, and recommended actions (e.g., SitStat 2.0, Juvare, the NYSDOH Health Provider Network, the NYSDOH Health Emergency Response Data System or HERDS, and the NYC DOHMH Health Alert Network). |   |   |   |   |

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|  | **EXTERNAL COMMUNICATIONS (Continued)** |
| 4.7 | **Monitoring Alert Systems:** Assign appropriate staff to monitor emails, phones, or other communications from key external sources to identify alerts promptly at the outset of an event and during the course of the event. Ensure those staff members are trained to share relevant information with appropriate individuals or pursuant to appropriate systems internally. |   |   |   |   |
| 4.8 | **Credentialing Staff to Input Data:** Credential and train sufficient numbers of individuals to input data and other requested information in Health Emergency Response Data System (HERDS) or other similar data collection systems, ensuring that there are qualified individuals for all shifts, including weekends and nights. |   |   |   |   |
| 4.9 | **Testing Passwords:** Request individuals with access to HERDS and other similar data and information systems test their passwords and use the relevant systems regularly to ensure familiarity with them. |   |   |   |   |
| 4.10 | **Preparation for Data Requests:** Consider what data elements are likely to be collected during a respiratory illness outbreak and develop a plan for being able to readily collect those data. When possible, determine how those questions will be requested via HERDS or other data collection systems. Ensure that departments that will be called upon to provide data know those data elements in advance. |   |   |   |   |
| 4.11 | **Referrals of Requests to Public Affairs Office**: Reinforce that requests for information from external services should be referred to the public affairs office. |   |   |   |   |
| 4.12 | **Development of Key Talking Points:** Ensure that public affairs office is familiar with the facility’s planning, plans and key developments before and during an outbreak. Develop key talking points for communicating with the media and the public to ensure accurate and timely information. |   |   |   |   |
| 4.13 | **Development of Materials for Patients and Public:** Develop materials that can be posted on the facility’s website and distributed to patients, families and visitors. Materials should inform public about respiratory illness, transmission prevention, and recommended/available treatment. Include points on why certain types of care or testing might not be provided. Consider preparing visual alerts and other similar signage. |   |   |   |   |

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| 5 | **STAFFING**  |  |  |  |  |
| 5.1 | Note: Staff availability is one of the biggest challenges during a respiratory illness outbreak due to surges of patients, staff illnesses and concerns, and other factors. As a result, anticipating alternate staffing plans, staff education and staff needs are key to ensuring as many members of a facility’s staff as possible are available. |
| 5.2 | **Incident Staffing Plan:** Develop plans that identify staffing needs and mechanisms for meeting those needs during the course of a respiratory illness outbreak, taking into account the specific and special services that might be required during an outbreak, the types of patients that will be most affected, large surges of patients, and workforce shortages. |   |   |   |   |
| 5.3 | **Addressing Staffing Needs:** Plans for meeting staffing needs should include consideration of adjusting shift schedules; curtailing time off; possible curtailment of other services and/or canceling elective admissions and procedures, thereby freeing up staff; and the possibility of curtailing nonpatient care activities. |   |   |   |   |
| 5.4 | **Emergency Department Staffing Plan:** Develop specific staffing plans for the emergency department in anticipation of surges of patients, including those with respiratory illness, those with other emergent needs and the worried well. |   |   |   |   |
| 5.5 | **Alternate Care Site Staffing Plan:** Develop specific staffing plans for areas that might be established to accommodate surges of patients in the emergency department as well as outpatient and inpatient areas, anticipating that such areas might be in locations not typically used for such purposes. |   |   |   |   |
| 5.6 | **Central Support Staff:** Consider staffing plans for critical support functions to maintain workforce during an outbreak. |   |   |   |   |
| 5.7 | **Inventory of Staff Skills:** Develop and review inventory of staff skills and training in anticipation of possibility of moving staff to areas where they are not normally assigned due to staff shortages or increased patient and administrative needs. Consider cross-training of staff into as many positions as possible.  |   |   |   |   |
| 5.8 | **Cross-Train Staff:** Cross-train or develop materials to cross-train staff regarding undertaking duties they are not normally assigned, including in areas established to accommodate surges of patients. Consider the need to cross-train individuals to assist the infection control areas. |   |   |   |   |

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| 5 | **STAFFING (Continued)** |  |  |  |  |
| 5.9 | **Process for Credentialing Staff:** Develop a process for credentialing staff, if needed, to undertake duties they are not normally assigned, including in areas established to accommodate surges of patients. |   |   |   |   |
| 5.10 | **Credentialing in Advance:** To the extent feasible and if needed, credential staff in advance to undertake duties they are not normally assigned, including in areas established to accommodate surges of patients. |   |   |   |   |
| 5.11 | **Trainees and Students:** Develop plans for engaging trainees and students and their related training needs. |   |   |   |   |
| 5.12 | **Education Regarding Staffing Plans:** Educate staff regarding the foregoing plans, including the possibility that they might perform duties they might not normally perform and in locations where they do not normally work. |   |   |   |   |
| 5.13 | **Education Regarding Incident**: Educate staff in advance of and continuously during a respiratory illness outbreak regarding symptoms of suspected respiratory illness, how they can protect themselves and their families, and what to do if they suspect they are ill. |   |   |   |   |
| 5.14 | **Education Regarding Infection Control:** Educate staff in advance of and continuously during a respiratory illness outbreak regarding the importance of strict adherence to recommended infection control measures. Ensure that all staff are included in the training, including registrars, housekeeping, engineering and security personnel. |   |   |   |   |
| 5.15 | **Education Regarding Vaccines and Antivirals:** Educate staff in advance of and continuously during a respiratory illness outbreak regarding the availability and impact of vaccines and antivirals, as applicable. |   |   |   |   |
| 5.16 | **Education Regarding Alternate Sites and Care**: Educate staff regarding the facility’s plan for delivering care in alternate sites or areas in the event that there is a surge of patients. |   |   |   |   |
| 5.17 | **Education Regarding Collecting Specimens:** Educate appropriate staff regarding specimen collection and related processes. |   |   |   |   |
| 5.18 | **Reaching All Staff:** In developing and providing education, consider how to reach staff that might not have access to computers or similar means to receive information. Consider using posters, briefings, memos and hotlines. |   |   |   |   |

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| 5 | **STAFFING (Continued)** |  |  |  |  |
| 5.19 | **Canceling Vacation:** Educate staff regarding circumstances that might require cancelation of travel or vacation plans. |   |   |   |   |
| 5.20 | **Processes for Recalling Staff:** Develop and review process for recalling, contacting, and/or providing information to staff, both employed and voluntary, during a respiratory illness outbreak. |   |   |   |   |
| 5.21 | **Staff Contact Directory:** Ensure there is a directory of contact information for staff, both employed and voluntary, that includes redundant means of communication with staff. |   |   |   |   |
| 5.22 | **Process for Updating Contact Information:** Develop a process for continuously updating contact information for staff. |   |   |   |   |
| 5.23 | **Availability of Staff Contact Information:** Make certain the directory is available to appropriate key staff at all times and in appropriate locations such as the command center. |   |   |   |   |
| 5.24 | **Employee Access:** Educate employees on alternative routes for access to the facility in the event access is limited. |   |   |   |   |
| 5.25 | **Employee Transportation:** Consider developing a plan for transporting staff from off-site areas to the facility. |   |   |   |   |
| 5.26 | **Addressing Staff Needs:** Develop and review plans for addressing staff needs and concerns during periods that the organization’s emergency plan is activated including staff concerns about families, rest cycles, food service, child care, and stress relief or debriefing. |   |   |   |   |
| 5.27 | **Community Services for Staff:** Review community resources (e.g., hotel rooms) that might be needed to accommodate staff. |   |   |   |   |
| 5.28 | **Family Disaster Plans:** Encourage staff to create and test family disaster plans that include an emergency communication plan and mechanisms for caring for family members while staff is at work. |   |   |   |   |
| 5.29 | **Staff From Other Facilities:** Have a process for credentialing staff who come from other facilities, commensurate with requisite disaster privileging requirements and procedures. |   |   |   |   |
| 5.30 | **Pre-Credentialing Staff:** Consider pre-credentialing staff who might come from other network or affiliated facilities or from partner facilities under memoranda of understanding. |   |   |   |   |

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| 5 | **STAFFING (Continued)** |  |  |  |  |
| 5.31 | **Volunteers in Support Positions:** Identify tasks that volunteers can take over that may not require formal credentialing, such as assistance with phones. |   |   |   |   |
| 5.32 | **Medical Reserve Corps:** Ensure facility understands outside volunteer services and corps, their credentials, and how to request assistance. |   |   |   |   |
| 5.33 | **Education of Volunteer Staff:** Have in place a process for educating volunteer staff. |   |   |   |   |
| 5.34 | **Identification and Supervision of Volunteer Staff:** Have in place a process for identifying and supervising volunteer staff. |   |   |   |   |
| 5.35 | **Employment Policies:** Review employment and payment policies that might incentivize staff to work when ill and determine whether they need to be modified during a respiratory illness outbreak. |   |   |   |   |
| 5.36 | **Public Information:** To minimize confusion, consider having organization updates go through the public information officer or similar office. |   |   |   |   |

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|   | **Recommendation** | **Action Item** | **Responsible Parties** | **Due Date** | **Status** |
| 6 | **OCCUPATIONAL HEALTH AND INFECTION CONTROL** |  |  |  |  |
|   | Note: At all times, but particularly during a respiratory illness outbreak, it is important to reinforce strict adherence to infection control recommendations in order to protect both patients and staff. Similarly, it is important to have considered policies and procedures for addressing staff who may become ill during a respiratory illness outbreak. |
| 6.1 | **Training on Infection Control:** Protect workers through continuous training regarding strict adherence to recommended infection control measures. |   |   |   |   |
| 6.2 | **Importance of PPE:** Reinforce importance of proper use of PPE, including donning, wearing and removing PPE. |   |   |   |   |
| 6.3 | **Environmental**: Develop environmental services room decontamination and waste stream plans.  |   |   |   |   |
| 6.4 | **Protocols for Staff With Illness:** Develop protocols for screening and addressing staff with symptoms of respiratory illness, including when to return to work. |   |   |   |   |
| 6.5 | **Instructions for Staff:** Provide staff with instructions on what to do if they have an onset of respiratory symptoms, both while at home and while on the job. Consider mechanisms for minimizing transmission once they are identified. |   |   |   |   |
| 6.6 | **Employment and Payment Policies**: Review employment and payment policies that might incentivize staff to work when ill and determine whether they need to be modified during n respiratory illness outbreak. |   |   |   |   |
| 6.7 | **Returning to Work:** Develop a policy on when and how staff with respiratory illness can return to work. |   |   |   |   |
| 6.8 | **Policy on High-Risk Employees:** Develop policy for addressing staff at high risk for respiratory illness complications and when to reassign them to low-risk duties. |   |   |   |   |
| 6.9 | **Policy on Staff Staying Home:** Develop a policy for workers who need to stay home to care for family members who are sick or who are affected by the closure of schools and care centers. |   |   |   |   |
| 6.10 | **Policy on Refusing to Work:** Develop a policy for handling workers who refuse to work with respiratory illness patients. |   |   |   |   |
| 6.11 | **Provision of Psychosocial Support:** Provide psychosocial services to health care workers and families to sustain workforce. |   |   |   |   |
| 6.12 | **Plan for Administering Vaccines:** Monitor information about availability of vaccine for COVID-19. Develop plans for rapidly administering vaccines to personnel, as appropriate, working with local and state departments of health. Anticipate the need for specific counseling, screening, tracking and reporting requirements related to the vaccines. |   |   |   |   |
| 6 | **OCCUPATIONAL HEALTH AND INFECTION CONTROL (Continued)** |  |  |  |  |
| 6.13 | **Estimates of Vaccine Needs:** As vaccine becomes available, develop estimates of quantities of vaccine needed for staff and patients. |   |   |   |   |
| 6.14 | **Prioritization Plans for Allocating Vaccines:** Develop prioritization plans for administering vaccines during times of shortages or gradual distributions of supplies, in accordance with governmental programs and recommendations. |   |   |   |   |
| 6.15 | **Staff Outside of Facility**: Develop a policy for documentation of vaccine administration of staff outside the facility. |   |   |   |   |
| 6.16 | **Plan for Administration of Antivirals:** As antivirals that are effective against COVID-19 are identified and become available, develop a plan for providing antivirals to staff in accordance with supplies and governmental programs and recommendations. |   |   |   |   |
| 6.17 | **Education of Staff:** Educate staff regarding the foregoing plans, and ensure that managers are familiar with the foregoing plans. |   |   |   |   |

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| 7 | **COMMUNICATION SYSTEMS AND PROTOCOLS** |  |  |  |  |
|   | Note: Well-functioning communication systems during any emergency or event are critical. However, during a respiratory illness outbreak, ensuring the ability to communicate up to date information regarding the course of the outbreak and to obtain assistance may be the key to minimizing transmission, ensuring effective patient care, and protecting a facility’s workforce. |
| 7.1 | **Review Vulnerabilities:** Review communication system vulnerabilities. In reviewing vulnerabilities, consider disruptions in power and related disruptions in communication systems that might occur with movement of services and locations for delivering care. See section on Equipment, Supplies and Services. |   |   |   |   |
| 7.2 | **Redundant Systems:** Develop and clearly identify availability of redundant means of communications, including telephones, cell phones, data lines, two-way radios, internally and for key staff. |   |   |   |   |
| 7.3 | **Extra Supplies:** Consider maintaining extra supplies of cellular phones, two-way radios, or other means of communication for internal use. |   |   |   |   |
| 7.4 | **Staff Training:** Ensure and test ability of appropriate staff to use redundant means of communications (e.g., radios). Instruct staff on circumstances under which they should carry with them certain forms of communications. |   |   |   |   |
| 7.5 | **Test Systems:** Test key communication systems, including radios, pagers and other redundant means of backup communication. |   |   |   |   |
| 7.6 | **Availability of Enhanced Services:** Determine whether communication system or servicer can provide enhanced services or support during emergencies. |   |   |   |   |
| 7.7 | **Daily Radio Checks:** If the facility is connected to an emergency radio system (e.g., New York City Office of Emergency Management), conduct daily check on the radio. |   |   |   |   |

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|   | **Recommendation** | **Action Item** | **Responsible Parties** | **Due Date** | **Status** |
| 8 | **EQUIPMENT, SUPPLIES AND SERVICES** |  |  |  |  |
|   | Note: The availability of well-functioning and necessary equipment, supplies, and services is critical for all aspects of health care operations but especially during a respiratory illness outbreak when certain PPE, pharmaceuticals, and medical surgical supplies are important for treatment, infection control, and testing purposes. |
| 8.1 | **Critical Scarce Supplies:** Identify, inventory, and consider increasing inventory, to the extent feasible and appropriate, of specific critical assets and supplies required during a respiratory illness outbreak, including personal protective equipment, pharmaceutical supplies, and laboratory tests and equipment.  |   |   |   |   |
| 8.2 | **Basic Supplies**: Identify, inventory and consider increasing inventory, to the extent feasible and appropriate, of basic assets and supplies that may be required to care for a surge of patients during a respiratory illness outbreak. |   |   |   |   |
| 8.3 | **Rotation of Supplies:** Pending need, rotate critical assets and supplies, as appropriate (e.g., pharmacy supplies). |   |   |   |   |
| 8.4 | **Needs of Off-Site Locations or Alternative Sites:** In undertaking the foregoing planning, consider needs of off-site locations as well as possible alternative sites and areas that may be established to care for a surge of patients. |   |   |   |   |
| 8.5 | **PPE Needs:** With respect to PPE that will be needed during a respiratory illness outbreak, review recommendations from public health authorities to determine what PPE might be required. Identify locations of PPE available for this purpose and consider limiting access to such supplies to control their availability. |   |   |   |   |
| 8.6 | **Screening and Fit Testing**: Undertake annual health screenings and fit testing for staff who will utilize PPE, according to recommended standards. |   |   |   |   |
| 8.7 | **Emergency Contact Information:** Develop a list of emergency contact information for key vendors, suppliers and service companies. |   |   |   |   |
| 8.8 | **Governmental Assessments of Supply Needs and Availability:** Ensure that facility is actively participating in local, state and other systems for assessing supply needs and availability. See Section on External Communications and use of HERDS and other data gathering systems. |   |   |   |   |
| 8.9 | **Stockpiles**: Understand contents of available emergency stockpiles and criteria and how to request those assets. |   |   |   |   |
| 8.10 | **Tracking Supplies:** Develop a mechanism for tracking supplies and services throughout the facility that takes into account the possibility of rapid consumption of certain supplies and services and opening of alternate care sites. |   |   |   |   |
| 8 | **EQUIPMENT, SUPPLIES AND SERVICES (Continued)** |  |  |  |  |
| 8.11 | **Isolation Rooms:** Create inventory of available isolation and airborne infection isolation rooms and review procedure for maintaining and monitoring the rooms to ensure that airflow remains negative pressure. |   |   |   |   |
| 8.12 | **Cohorting Areas/Units:** Pre-identify rooms or units that could be used for caring for respiratory illness patients, both on an inpatient and outpatient basis, and anticipate the equipment, supplies and services needed for those areas, taking into account power and other needs and services. |   |   |   |   |
| 8.13 | **Conversion of Units:** Anticipate conversion of units or areas for cohorting of infectious patients and the equipment, supplies and services needed for those areas. |   |   |   |   |
| 8.14 | **Surge or Alternate Care Areas:** Anticipate establishment of areas for addressing the needs of a surge of patients, both with respiratory illness and with other presenting problems, and the equipment, supplies and services that will be needed for those areas. |   |   |   |   |
| 8.15 | **Vendor and Service Agreements:** Review agreements with vendors and service providers and understand when and how they will provide priority deliveries or service if requested, recognizing that in broad-based emergencies, supplies and services might not be available. |   |   |   |   |
| 8.16 | **Laboratory Services:** Review capabilities and resources available to provide key laboratory services. Arrange for contracted laboratory to provide specimen testing (to enhance facility’s in-house capabilities in the event of a large volume of specimens), if needed. |   |   |   |   |
| 8.17 | **Emergency Power:** Review procedures for using emergency generators. Ensure that appropriate personnel know how to hook up generator and where. Review what operations and areas are serviced by an emergency generator (and what operations and areas are not). |   |   |   |   |
| 8.18 | **Contingency Plans:** Review operations and services that are not supported by an emergency generator and what contingency plans might be required for those services should power be disrupted, particularly in light of movement of services and locations for delivering care. |   |   |   |   |
| 8.19 | **Infrastructure Supplies:** Review fuel and other critical infrastructure supplies. |   |   |   |   |

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| 8 | **EQUIPMENT, SUPPLIES AND SERVICES (Continued)** |  |  |  |  |
| 8.20 | **Morgue Services:** Review the facility’s capacity for morgue services, including capacity for refrigeration and related supplies. Consider areas that could be used as temporary morgue space. Understand the region’s plan for addressing mass casualties and morgue capabilities, including the development of temporary sites to accommodate morgue surge. Work with local and state authorities to expedite handling of victims. |   |   |   |   |
| 8.21 | **Allocation Plan:** Develop a plan for allocating scarce equipment, supplies and services. Take into consideration need to cohort patients or certain services in order to address supply and other shortages. |   |   |   |   |

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|   | **Recommendation** | **Action Item** | **Responsible Parties** | **Due Date** | **Status** |
| 9 | **SECURITY** |  |  |  |  |
|   | Note:Controlling access to a facility may become important for the purposes of maintaining infection control, managing a surge of patients or worried well, and protecting the safety of patients and staff. This may be particularly so during an outbreak, when there may be an increased demand or services, long waiting times for care, and disagreements with respect to the care and treatment available. |
| 9.1 | **Vulnerability Assessment:** Undertake a security vulnerability assessment and review security procedures for all locations, considering potential need to limit access and control a surge of patients or worried well. |   |   |   |   |
| 9.2 | **Ability to Limit Access:** Specifically review the facility’s perimeter access and assess the ability to secure and limit access to the facility, if necessary. |   |   |   |   |
| 9.3 | **Limiting Access:** Develop a plan on when and how to limit access if needed. |   |   |   |   |
| 9.4 | **Signage Needs:** Identify process for preparing signs to inform staff and the public of limitations on access. |   |   |   |   |
| 9.5 | **Staff Identification:** Educate staff (including during orientation for new staff) as to the importance of carryingidentification badges at all times and as to the importance of other security procedures. |   |   |   |   |
| 9.6 | **Visitor Access:** Review visitor policies and consider when and how visitation should be limited. For facilities without visitor pass systems, consider implementing such a system. |   |   |   |   |
| 9.7 | **Vendor Access:** Review policies for vendors, and consider when and how to restrict vendor access. Educate staff regarding checking vendor credentials and reporting unusual activity. |   |   |   |   |
| 9.8 | **Increased Security:** When access has been limited, have security staff patrol inside and outside the facility. Provide increased security, as appropriate. Consider availability of contracted vendors to augment security. |   |   |   |   |
| 9.9 | **Coordination With Law Enforcement:** Develop a mechanism for notifying local law enforcement agencies when access may be restricted and for requesting assistance when needed, recognizing that there might be broad demands on law enforcement agencies. |   |   |   |   |
| 9.10 | **Staff Education:** Educate staff in advance on the possibility of the need to limit access. Instruct all staff to be on alert for suspicious or disruptive activity and to report it to appropriate parties. |   |   |   |   |

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| 9 | **SECURITY (Continued)** |  |  |  |  |
| 9.11 | **Emergency Department:** Review security measures in emergency departments and consider the need to limit the number of areas of ingress and the number of visitors. |   |   |   |   |
| 9.12 | **Alternate Care Sites:** Anticipate that the facility might establish alternate care sites and review the need for limiting access and security in those areas. |   |   |   |   |
| 9.13 | **Backup Capability:** Confirm that security equipment vendors have backup capability |   |   |   |   |
| 9.14 | **Supplies:** Secure appropriate areas of the buildings, storage areas, equipment, and vehicles to prevent disruption and theft of supplies that may be in demand during an respiratory illness outbreak. |   |   |   |   |
| 9.15 | **Nonessential construction:** Consider the need for reducing or suspending nonessential construction or repair work. |   |   |   |   |
| 9.16 | **Crowd Direction:** Consider training nonclinical staff to assist with crowd direction and control if needed. |   |   |   |   |
| 9.17 | **Lockdown:** Develop plans and protocols for locking down the facility, if necessary. |   |   |   |   |

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| 10 | **PLANNING FOR ENHANCED SURGE CAPACITY** |  |  |  |  |
|   | Note: The foregoing sections cover many of the issues that might arise during a respiratory illness outbreak and the related surge of patients. However, the following guidelines review and bring together the special surge capacity considerations that facilities should include in their planning activities. |
| 10.1 | **Plan for Prompt Screening and Isolation:** Plan for the need to promptly screen and separate suspect respiratory illness patients at all entrances and in emergency departments, outpatient areas and inpatient areas. |   |   |   |   |
| 10.2 | **Minimizing Risk of Transmission:** Develop a plan for triage, screening, treatment, and admission that minimizes risk of transmission to staff, visitors and other patients. |   |   |   |   |
| 10.3 | **Separate Triage and Waiting Areas:** Establish separate triage and waiting areas in the emergency department for individuals with respiratory symptoms. |   |   |   |   |
| 10.4 | **Plans for Pediatric Patients:** Consider tailored staffing model for rapid triage, screening and treatment of patients, taking into consideration the possibility that many patients may be pediatric patients. |   |   |   |   |
| 10.5 | **Training for Staff:** Educate staff regarding the facility’s plan and when to employ rapid triage techniques. |   |   |   |   |
| 10.6 | **Patient Support in Waiting Areas:** If waiting times are lengthy, designate staff to support patients waiting in emergency department, including reinforcement of infection control measures. |   |   |   |   |
| 10.7 | **Strict Adherence to Infection Control Measures:** Develop plans for rapid and continuous training and enforcement with regard to strict adherence to recommended infection control measures. |   |   |   |   |
| 10.8 | **Staffing Plans:** As situation progresses, constantly review overall staffing needs in accordance with guidelines set forth in section on Staffing Availability, Education, and Needs. |   |   |   |   |
| 10.9 | **Plan for Increased Supply Needs:** Develop plan for addressing increased supply needs related to caring for respiratory illness patients. |   |   |   |   |
| 10.10 | **Plans for Completing Screening and Treatment Outside ED:** Develop plans for completing screening and treatment in areas outside of the emergency department in the event that emergency department capacity and capabilities are threatened. |   |   |   |   |

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| 10 | **PLANNING FOR ENHANCED SURGE CAPACITY (Continued)** |  |  |  |  |
| 10.11 | **Alternate Care Site Plans:** Plans for alternate care sites should include specific areas to be used, staffing, supplies and services required by that location, as well as mechanisms for creating patient records, logs and other emergency department and patient care requirements. |   |   |   |   |
| 10.12 | **Plans for Surge of Inpatients:** Develop plans for how and where the facility would accommodate a surge of inpatients, in particular, respiratory illness patients. Considerations might include cohorting patients, opening closed units, using ambulatory areas, discharging/transferring patients, closing nonessential services, creating designated isolation space, and use of nonpatient care space. |   |   |   |   |
| 10.13 | **Plans for Addressing Essential Medical Services:** In the event of an overwhelming surge of patients to the facility, consider how to address essential medical services other than respiratory illness patients. |   |   |   |   |
| 10.14 | **Surge Capacity Team:** Establish a surge capacity team that evaluates patient care needs and identifies beds, staffing and services needed to accommodate those needs. |   |   |   |   |
| 10.15 | **Medical Records Impact:** Anticipate the possibility that there will be different approaches to maintaining patient records in the alternate care or surge space. |   |   |   |   |
| 10.16 | **Signage Needs:** Develop signage that can direct and instruct patients, families, and visitors on the triage, screening and treatment process. Ensure that signage is translated into key languages. |   |   |   |   |
| 10.17 | **Plans for Curtailing Services and Canceling Admissions:** Develop plans for when to cancel elective admissions and procedures ,as well as when to curtail nonessential services. |   |   |   |   |
| 10.18 | **Plans for Rapid Discharges:** Develop plans for implementing rapid discharge of patients. |   |   |   |   |
| 10.19 | **System for Addressing Legal and Ethical Issues:** Develop a system for addressing clinical, ethical and other issues raised by the need to allocate care and services. |   |   |   |   |
| 10.20 | **Admission Criteria:** Consider need to limit admissions to only individuals with severe complications or those unable to be cared for at home. |   |   |   |   |
| 10.21 | **Tracking Systems:** Ensure that systems for tracking patients or other aspects of record keeping take into account patients placed in nontraditional locations. |   |   |   |   |

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| 10 | **PLANNING FOR ENHANCED SURGE CAPACITY (Continued)** |  |  |  |  |
| 10.22 | **Communication With Staff in Alternate Care Locations:** Develop plans for ensuring that systems for educating, alerting and communicating with staff and patients will extend to staff and patients in nontraditional areas. |   |   |   |   |
| 10.23 | **Plans for Assignment of Patients:** Develop a plan for assigning patients based on symptoms, precautions and space. |   |   |   |   |
| 10.24 | **Plan for Extending Outpatient Hours:** Consider need to extend hours in outpatient areas and clinics. |   |   |   |   |

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|   | **Recommendation** | **Action item** | **Responsible Parties** | **Due Date** | **Status** |
| 11 | **Emergency Department**  |  |  |  |  |
|   | Note: The ED is often the most critical point of entry into patient surge throughput. As the ED goes, often the hospital follows. |
| 11.1 | **Prescreening at Entrance to ED:** Consider whether to assign an appropriate individual to prescreen individuals at the emergency department entrance to determine whether the patient is presenting with respiratory illness or has concerns about respiratory illness. Determine screening process and location (e.g., curb side screening prior to entry, supplemental screening at intake, etc.). |   |   |   |   |
| 11.2 | **EMTALA:** Review NYS EMTALA Flexibility Guidance for use without a waiver. Medical screening examination does not have to take place in the ED. Hospitals may move individuals who are recognized by qualified staff, as presenting with a low triage level, but who require an medical screening examination to be diverted out of their dedicated emergency departments to another part of the hospital in order to provide the required exam.  |   |   |   |   |
| 11.3 | **Immediate Isolation:** Determine how suspect cases will be isolated from other waiting patients and during ED care. |   |   |   |   |
| 11.4 | **Personal Hygiene Reminders:** Emphasize hand and respiratory hygiene and other infection prevention techniques through education, policies, signage and easy availability of supplies. |   |   |   |   |
| 11.5 | **Referrals:** Develop referral plans for patients that do not need emergency care. |   |   |   |   |
| 11.6 | **Bundling Care:** Develop care plans that reduce the number of staff caring for suspected/confirmed cases and develop protocol for care. |   |   |   |   |
| 11.7 | **Plan for Increasing ED Staff:** Develop plan for increasing staffing in the emergency department to address increased demand. |   |   |   |   |
| 11.8 | **Monitor ED Capacity:** Monitor ability to triage, screen and treat in the emergency department by evaluating number of visits attributable to respiratory illness, number of visits requiring hospitalization, capacity of emergency department, resources of the facility, and ambulance rerouting. |   |   |   |   |
| 11.9 | **Pediatric Patients:** Assure the specific needs of pediatric and at-risk populations are addressed in surge capacity planning.  |   |   |   |   |
| 11.10 | **Patient Support:** Provide patients and families with information about stress responses, resilience and available professional mental health/behavioral health resources.  |   |   |   |   |
| 11.11 | **Immediate Palliative Care:** Develop palliative care plans for implementation when needed.  |   |   |   |   |

References:

1. Greater NY Hospital Association H1N1 Pandemic Planning Guidance, 2009
2. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>