

**PSYCHOLOGICAL AND SOCIOLOGICAL
PLANNING & ASSESSMENT TOOL:
A HEALTHCARE GUIDE FOR PANDEMIC FLU PLANNING**

**PLANNING TODAY FOR A PANDEMIC TOMORROW
PUBLICATION SERIES**

Prepared by the New Jersey Hospital Association

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New Jersey Hospital Association
Health Planning Department
760 Alexander Road
P.O. Box 1
Princeton, N.J.
08543-0001
609-275-4000
<http://www.njha.com>

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Pandemic Flu Planning Committee

Pamela Berman

Employment Consultant
Cooper Health Systems

John Brede

Director, Materials Management
Southern Ocean County Hospital
President, New Jersey Chapter of Materials Management Society

Patricia Daley

Executive Director
ONE of NJ

George DiFerdinando, MD

Adjunct Professor, Epidemiology
The New Jersey Center for Public Health Preparedness
UMDNJ School of Public Health

Sonny Fitzpatrick

Sales Vice President, Eastern Seaboard
McKesson Medical Surgical

Robert Foran

Assistant Vice President, Clinical Support Service
Southern Ocean County Hospital

Joseph Goss, BS, RRT

President
New Jersey Society for Respiratory Care

John Hailperin

Director, Managed Care
Raritan Bay Medical Center

Emro Krasovec

Vice President, Human Resources
Bayshore Community Hospital

Kevin McDonnell

Vice President, Operations
MMS/Caligor

Barbara Montana, MD

Medical Director, Health Emergency Preparedness and Response
New Jersey Department of Health & Senior Services

Amelia Muccio

Director of Disaster Planning
New Jersey Primary Care Association

Jennifer Prazak

Director of Market Management
VHA East Coast L.L.C.

James Pruden, MD

Chairman, Department of Emergency Medicine
St. Joseph Regional Medical Center

Vince Robbins

President and CEO
MONOC

Kathy Roye-Horn, RN, CSC

Director of Infection Control, Nurse Epidemiologist
Hunterdon Medical Center

Lou Sasso

E.M.S. Director
Robert Wood Johnson University Hospital

Jackie Sutton

Director of Pharmacy
Cooper Health System

Valerie Tantum

Special Projects
St. Barnabas Medical Center

Nancy Wilson

Director of Clinical Services/Infection Control
Carrier Clinic

Phyllis Worrell, MICP

Emergency Management Coordinator
Virtua Health

Psycho-Social Subcommittee

Ann Freitag

Employee Health Coordinator
Carrier Clinic

Philip T. McCabe

Health Educator
UMDNJ – Office of Public Health
Practices

Kemsey Mackey

Director, Behavioral Health
Morristown Memorial Hospital

Mary Pawlikowski

Chief Operating Officer
Carrier Clinic

Joanne Reilly

*Vice President/Administrator, Mental
Health Services*
Ramapo Ridge Psychiatric Hospital

Lorraine J. Ruocco, RN

Director of Nursing
Buttonwood Hospital of Burlington

Linda Rusch, RN, MS, CF

Vice President, Patient Care Services
Hunterdon Medical Center

Patrick Smith, M.D., PhD.

Administrator, Mental Health
South Jersey Healthcare – Bridgeton
Hospital

National Reviewers

Christine Grant, JD, MBA
CEO

Infectedetect
Former Commissioner New
Jersey Department of Health
and Senior Services

Dan Hanfling, MD

*Director of Emergency
Management and Disaster
Medicine*
Inova Fairfax Hospital

Eric Toner, PhD

Senior Associate
University of Pittsburgh
Medical Center
Center for Biosecurity

James Blumenstock

Deputy Commissioner
Association of State and
Territorial Health Officials

**James Stevenson,
Pharm. D, FASHP**

Pharmacy Director
University of Michigan Health
Systems

Jonathan Links, PhD

Professor
John Hopkins University and
Health System

NJHA Staff Consultants

Mary Ditri

*Director, Professional Practice
Clinical Affairs*

Project Consultants

Mary Danish

*Consultant, Emergency
Preparedness and Response*
Ms. Danish is also Corporate
Director, Emergency Preparedness
Cathedral Healthcare System

Stuart Weiss, MD

Partner
MEDPREP Consulting Group, LLC

Stacey Wacknov

Medical Editor

New Jersey Hospital Association Staff

Project Leaders

Valerie Sellers

*Senior Vice President, Health
Planning and Research*

Colleen Picklo

*Operations Manager,
Pandemic Influenza Project
Manager*

Charles J. Martino

Intern

INTRODUCTION

Through the use of a detailed assessment and planning tool, hospitals can review existing policies and procedures, identify gaps, adopt new policies and procedures and generate a pandemic influenza plan that will facilitate a more effective response during a crisis. This tool will assist hospitals in developing and adopting new policies that will be required to protect employees, patients and the hospital itself. The planning and assessment tool identifies critical elements within each module related to hospital operations during an emergency situation. In addition, the tool provides a variety of sample policies and procedures that facilities may elect to use in their planning process.

Critical areas to address when planning for a pandemic include:

Clinical Care	Leadership
Communication	Legal/Regulatory
Ethics	Operations
Finance	Psycho-Social
Human Resources	Supplies/Logistics/Support Services

How to Use This Module

Hospitals should form multi-disciplinary work teams to develop policies and procedures relating to each of the critical areas identified above. Diverse perspectives will help ensure that all issues or concerns that may be raised during a pandemic can be brought to the table while in the planning process.

The modules are to be used as a guide to facilitate discussion and to ensure that key points related to a topic such as human resources are identified and addressed in the planning process. Sample policies and/or procedures are provided; these policies and procedures are by no means all inclusive, and hospitals should not interpret the sample policies as what *must* be adopted. Sample policies are provided to assist a hospital in developing a policy that is consistent with the culture and values of the organization. Hospitals are not required to adopt any of the sample policies and procedures; they are intended simply to serve as a resource and guide in the planning process. *They are not reflective of a standard of care.*

Upon completion of the 10 modules reflected in *Planning Today for a Pandemic Tomorrow*, a "cross-walk" will be developed. This cross-walk will provide guidance for other module areas that should be referenced when developing policies and procedures. For example, when examining a Human Resources policy, the Legal and Regulatory module may need to be reviewed.

And finally, the information reflected in the planning and assessment tool modules is intended to be used as a fluid and flexible resource in dealing with the problems associated with a pandemic influenza outbreak. It is based on existing information, therefore hospitals should routinely review their plan to ensure new information is incorporated into policies and procedures as necessary.

PSYCHOLOGICAL AND SOCIOLOGICAL MODULE

Mental health is a complicated subject that requires experienced and professional care. Attention to psychosocial care will become increasingly more complex in a crisis environment with a lack of space, tired healthcare providers, and high rates of morbidity and mortality. In response to a flu pandemic, mental health services can range from the provision of psychosocial education, psychological first aid and crisis counseling, to more intensive clinical support services. Some of the emotional and behavioral consequences of a pandemic may be mitigated by preparedness efforts that facilitate resiliency.

The two primary strategies for coping with the emotional impact of a pandemic are preparedness and education. This module will help with preparedness efforts and knowledge of community resources. Establishing partnerships will also contribute to an effective planning process. New Jersey's mental health system, which is similar to systems in other states, consists of public and private providers of community-based outpatient and inpatient services, as well as a cadre of statewide crisis counselors.

Some preparation issues specific to mental health services include:

- Addressing the needs of at-risk populations such as children and the elderly; people with developmental disabilities; people with scarce economic resources; and people who have limited or no access to the healthcare system on a regular basis (e.g., undocumented aliens, non-English speakers, low income pregnant women, etc.).
- Engaging individuals separated from families and friends who may have had their normal support systems and coping mechanisms reduced or disrupted.
- Possible disruption of normal rituals for death and dying (e.g., funerals or other ceremonies), and the impact this may have on individuals' grieving processes.
- Possible impeded, delayed or completely disrupted ability to gather publicly to practice faith-based rituals.
- Possible limitation of the ability to provide face-to-face mental health services and the consequent need to explore alternative means of care as the pandemic progresses.

This module will provide guidance to psychiatric facilities; acute care hospitals that treat psychiatric patients; and facilities that do not typically receive or treat patients with psychiatric and behavioral management needs, but who will be faced with the challenge of doing so during a pandemic.

PSYCHOLOGICAL AND SOCIOLOGICAL MODULE

In the sections that follow, a series of planning/policy tasks are broken down by essential mental health services expertise areas. They are discretionary and are representative of the issues that *should* be considered. These tasks include:

- A. General Preparations
- B. Need Assessment
- C. Provider Collaboration
- D. Community Collaboration
- E. Staff Education and Training
- F. Community Education
- G. Supplies and Logistics
- H. Resources
- I. Patient Care
- J. Traumatic Stress
- K. Children and Adolescents
- L. At-Risk Populations
- M. Grief and Mourning
- N. Post-Pandemic Recovery

Associated with each section are appendices and/or suggestions to refer to other toolkit modules that offer additional details, tips and/or further explanation of important considerations for each task. Careful planning in these areas will assure that mental health needs run smoothly under the extreme conditions of a pandemic.

A. GENERAL PREPARATIONS

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Develop processes to: <ul style="list-style-type: none"> ✓ Provide care for patients new to mental health services ✓ Maintain care of current patients ✓ Support all staff ✓ Support responders within the community ✓ Become familiar with existing resources for referrals ✓ Ensure effective leadership 					
2	Identify flu pandemic mental health planning committee. Recommended participants may include: <ul style="list-style-type: none"> ✓ Trauma specialists ✓ Pharmacists ✓ Mental health staff ✓ Human resources ✓ Organized medical and psychiatric Staff ✓ Nursing ✓ Administrative staff ✓ Social workers ✓ Counselors ✓ Pastoral care ✓ County mental health administrators ✓ Local mental health center ✓ Health care consumers 					
3	Identify process to utilize volunteer mental health providers.					

A. GENERAL PREPARATIONS CONTINUED

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>4 Obtain a copy of your state/county/local pandemic influenza plan(s) and review what mental health services government(s) will provide (e.g., statewide crisis counselors or training for disaster counselors). Ensure knowledge of how to access these resources. http://www.state.nj.us/health/flu/panflu_plan.shtml</p>					
<p>5 Identify essential services for patients to access care (e.g., transportation to and from residential and community-based providers).</p>					
<p>6 Determine priority of groups that can and will be served based on availability of resources (e.g., patients, staff, families, community, etc.). Based on information provided by public health authorities, determine primary and secondary areas where they will be served.</p>					

A. GENERAL PREPARATIONS CONTINUED

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>7</p> <p>Determine in advance if licensing regulations related to psychiatric services will be suspended under a declared state of emergency. If so, develop a mechanism to communicate such changes with staff. Develop contingencies for alternate practices in the event they are not waived.</p>					
<p>8</p> <p>Consider using/establishing call and/or screening centers as suicide hotlines. Obtain information and brochures on existing hotlines (e.g., 211 for information and referral; mental health helpline 877-294-HELP). Explore if call lines can be used for reverse 911.</p>					
<p>9</p> <p>Consider developing emergency kits for mental health needs. Contents might include:</p> <ul style="list-style-type: none"> ✓ Recreational items such as pens, pencils, paper, books, toys. ✓ If appropriate, religious items such as rosary beads, prayer books, bibles. ✓ Other items that provide comfort to children, adults and the elderly. <p>Consider adding items to the Hospital Emergency Incident Command System (HEICS) kits. Collaborate with community agencies to facilitate distribution.</p>					

B. NEED ASSESSMENT

In your plan, consider the following:

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>Consider specific populations that may increasingly seek or need services during and after a pandemic:</p> <ul style="list-style-type: none"> ✓ Individuals with substance abuse issues ✓ Individuals threatening or attempting suicide ✓ Inmates ✓ Older and disabled individuals with little or no support system ✓ Individuals with developmental disabilities ✓ Individuals with limited English proficiency <p>1</p>					
<p>Create contingency plans for:</p> <ul style="list-style-type: none"> ✓ Subsets of population distressed to the point of significant behavioral changes. ✓ Mass fear attributed to perceived or real high risk of infection and/or likelihood of death. <p>2</p>					

B. NEED ASSESSMENT CONTINUED

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
Identify existing mental health populations – those currently utilizing services as well as those that may require services: <u>Patients</u> ✓ Inpatient ✓ Outpatient <u>Community</u> ✓ Residential psychiatric health ✓ DDD facilities ✓ State psychiatric hospital ✓ Prisons (state, county, local) ✓ Work release programs ✓ Visitors ✓ Schools ✓ Senior housing ✓ Out-of-home placement locations for children <u>Employees/Volunteers</u>					
4					
5					

C. PROVIDER COLLABORATION

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Secure Memoranda of Understanding (MOUs) with local rehabilitation agencies, behavioral health agencies, outpatient centers, etc. for use of their services and/or staff during a pandemic in the event any of their normal programs or services are suspended. C1					
2	Ensure facility has placement protocols for community-based and other behavioral health organizations specializing in at-risk patient needs.					
3	Collaborate with acute care hospitals and other providers of care, including: <ul style="list-style-type: none"> ✓ Home health agencies ✓ Long-term care facilities ✓ Federally-qualified health care centers ✓ Etc. Ensure these providers include mental health assessments into their triage protocols. C2					
4	Collaborate with acute care hospitals to determine their capabilities to accept and treat forensic patients (prisoners), including providing appropriate security. (This particularly applies to psychiatric facilities that treat acutely ill patients.)					

D. COMMUNITY COLLABORATION

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Create materials to educate the public about traumatic stress, grief, and mental illness in a time of crisis. Coordinate with government public health services so information is consistent. D1					
2	Collaborate with public health authorities to develop a "Mental Health Medical Reserve Corp (MRC)" comprised of outpatient mental health specialists and members of faith-based organizations.					
3	Collaborate with local, county and state corrections agencies to ensure integration into planning process.					
4	Participate in drills with community organizations/agencies and acute care hospitals, focusing on transferring of patients when surge capacity has been exhausted.					
5	Recognize the critical role that clergy and laity can play in responding to the emotional needs of people within the community. Provide "psychological first aid" training to members of the faith-based community. D2					

E. STAFF EDUCATION AND TRAINING

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	<p>Develop a staff mental health program that:</p> <ul style="list-style-type: none"> ✓ Provides targeted education about patient and staff mental health needs during a pandemic. ✓ Provides risk reduction strategies and infection control practices. ✓ Teaches pandemic coping skills. ✓ Provides continuing education on an annual basis. <p>E1, E2, E3</p>					
2	<p>Identify scope-of-practice issues for dispensing medications during a pandemic. (See Legal module.)</p>					
3	<p>Ensure hospital has a process to identify hospital staff with crisis and screening management experience.</p>					
4	<p>Develop information for your staff about mental health risks and create mechanisms (e.g., staff hotline, dedicated e-mail address, etc.) to answer real-time questions.</p>					
5	<p>Identify staff trainers to educate employees regarding pandemic.</p>					
6	<p>Determine the availability of employee assistance services for staff support.</p>					
7	<p>Based on assessment, identify staff that may require additional training and support, and/or need to be reassessed more frequently. E2</p>					

E. STAFF EDUCATION AND TRAINING CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
8	Educate staff on normal vs. abnormal bio-psychosocial reactions to stress that may be triggered by an outbreak. D1					
9	Educate staff about mental health triage. E2, E3					
10	Provide training to existing personnel that are not formally educated, trained and/or certified as behavioral health providers. E3					
11	Assist staff in developing personal advance disaster plans for themselves and their families. E4, E5					
12	Prepare staff with self-care strategies. Provide guidance and methods for coping such as: ✓ Writing down thoughts and feelings. ✓ Avoiding alcohol, caffeine and self-medicating with prescription and/or recreational drugs. ✓ Using exercise, meditation, sleep and other relaxation techniques. ✓ Minimizing over-identification with victims and their families.					

E. STAFF EDUCATION AND TRAINING CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
13	Educate staff on how to recognize the distinct signs that a pandemic is creating unique stressors such as: <ul style="list-style-type: none"> ✓ Quarantine ✓ Social distancing ✓ Isolation from friends and family ✓ Sheltering in place ✓ Loss of control ✓ Sense of helplessness ✓ Sense of hopelessness ✓ Fear of contagion ✓ Normal coping strategies may not be an option due to disease nature 					
14	Educate staff on traumatic stress risks and treatment for patients and family members. Focus on increased risk to: <ul style="list-style-type: none"> ✓ Single parents ✓ Veterans ✓ Recently bereaved ✓ Elderly ✓ Children ✓ Survivors of significant events, such as 9/11 or other terrorist or natural disasters. 					
15	Counsel staff on factors such as age, religious beliefs, native languages (verbal and body language/gestures) and cultural norms when assisting someone who is in grief. E6					

E. STAFF EDUCATION AND TRAINING CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
16	Educate/train staff to respond to and support grieving families when communication is limited to phone and/or e-mail.					
17	Develop mechanism for ongoing, timely education of staff with feedback loops for identifying on-the-fly inclusion of additional topics as needed.					
18	Ensure staff are advised of where to refer patients who utilize existing community services (e.g., methadone clinics, food pantries, etc.). Include primary and secondary outlets/contact information.					

F. COMMUNITY EDUCATION

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Educate local community on factors that may contribute to overwhelming stress and identify strategies for coping. D1					
2	Educate community on normal vs. abnormal bio-psychosocial reactions to stress that may be triggered by an outbreak. F1					
3	Create quarantine explanation materials to minimize the stigma associated with this infection control process. Develop messages in conjunction with government public health services in order to ensure message consistency. (See HR Module)					
4	Educate parents, guardians and caregivers regarding the signs and symptoms that children may display when reacting to stressful situations, such as: <ul style="list-style-type: none"> ✓ Angry outbursts ✓ Withdrawal from activities and friends ✓ Nightmares or changes in sleep patterns ✓ Depression ✓ Anxiety ✓ Alcohol or drug use problems ✓ Dangerous risk-taking behaviors 					

F. COMMUNITY EDUCATION CONTINUED

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>5</p> <p>Distribute resources identifying traumatic stress management techniques, such as:</p> <ul style="list-style-type: none"> ✓ Getting timely, accurate information from credible sources. ✓ Maintaining a normal daily routine as much as possible. ✓ Limiting exposure to graphic news stories and images. ✓ Talking and sharing thoughts and feelings with others. ✓ Identifying personally effective coping skills from other extremely stressful life situations. ✓ Staying connected to family, friends and supporters, as much as possible. ✓ Drawing upon spirituality or personal beliefs for comfort. ✓ Expression through writing, drawing and other art forms. 					

G. SUPPLIES AND LOGISTICS

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Inventory all pharmaceutical and other supplies and ensure sufficient vendor resources prior to, during and after a pandemic. (See Supplies, Logistics and Support Services module.)					
2	Identify drug classifications where payers may apply quantity ordered or order frequency restrictions, particularly psychiatric medications.					
3	Determine quantity of prophylactic antibiotics, anti-virals and other medications needed to sustain an active work force. (See HR module.)					
4	Determine process to access existing medications on site. Consider how to prioritize distribution.					
5	Discuss ability to stockpile psychiatric and other medications that may be needed to support both patients and staff.					
6	Determine what medications are included in the State's strategic stockpile and how they will be distributed. Incorporate that process into your plan.					

H. RESOURCES

In your plan, consider the following:

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>Identify resources related to psychosocial services, including:</p> <p><u>Mental Health Services</u></p> <ul style="list-style-type: none"> ✓ State ✓ County (e.g., county mental health administrator; trauma/loss coalition) ✓ Local ✓ Private ✓ Colleges and universities <p><u>Faith-Based Resources</u></p> <ul style="list-style-type: none"> ✓ Pastoral care – internal/external ✓ Community resources <p><u>Social Services</u></p> <ul style="list-style-type: none"> ✓ County health departments H1 ✓ County department of human services ✓ County board of social services ✓ Broad community resources ✓ Acute care hospitals ✓ Home health agencies ✓ Nursing homes <p><u>Contract Services</u></p> <ul style="list-style-type: none"> ✓ Suicide Hotline/EAP ✓ Ancillary services ✓ Staffing services ✓ Specific department services 					

I. PATIENT CARE

In your plan, consider the following:

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>1</p> <p>Develop process to facilitate internal communication with the deaf, hard-of-hearing and limited English proficiency patients when necessary. Include use of interpreters, if available.</p>					
<p>Prepare for:</p> <ul style="list-style-type: none"> ✓ Surge of large patient numbers. ✓ "Walk-ins" and "drive-ins." ✓ Diverse population seeking care. ✓ Large numbers of "worried well." ✓ Transfers of patients from acute care and long-term care settings. 					
<p>2</p> <p>Identify, review and discuss possible alternate standards of care:</p> <ul style="list-style-type: none"> ✓ Discuss and agree upon criteria and options. ✓ Ensure changes in standards are consistent with ethics of the organization. ✓ Explore and address potential legal and regulatory issues associated with alternate standards of care. ✓ Educate staff on decisions and trigger points. <p>(See Ethics and Legal/Regulatory modules)</p>					
<p>3</p>					

I. PATIENT CARE CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
4	<p>Develop patient status assessment procedure, suggestive of the SEIRV triage model: S – Susceptible E – Exposed I – Infected R – Removed V – Vaccinated <i>Source: Burke, Jr., MD, et.al.</i></p>					
5	<p>Respond to psychiatric emergency with additional triage procedure that includes the following assessments: ✓ Is the patient displaying violent behavior? If yes, employ safety tactics and ensure both staff and patient safety. ✓ Perform a screening assessment. C2 ✓ Determine cause: organic (dementia, delirium), functional (cognitive, affective or personality disorders), or medical. ✓ Determine potential for and harm risk level for patient/family to self/others. ✓ Utilize tool to assess at-risk behaviors such as homicidal or suicidal tendencies. ✓ Treatment plan and follow-up.</p>					
6	<p>Develop plan to convert single-bed rooms to double-bed rooms to safely and appropriately cohort patients. (See Supplies, Logistics and Support Services module.)</p>					

I. PATIENT CARE CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Develop discharge criteria to include placement homes, skilled nursing facilities, behavioral health agencies providing alternative levels of care, and/or other settings.					
8	Ensure provided services are culturally and linguistically appropriate.					
9	Determine if patient visitation should be restricted and to what extent. If facility elects to restrict access, prepare for psychological and behavioral consequences that may occur. (See Operations module.)					

J. TRAUMATIC STRESS

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Utilize mitigation strategies to lower the risk of traumatic stress in staff. E1					
2	Prepare to address needs of quarantined individuals. Recognize any emotional stress that quarantine may cause.					
3	Work with essential staff to minimize negative mental health effects and foster resiliency. Reinforce the importance of recognizing that traumatic stress is often a natural by-product of: <ul style="list-style-type: none"> ✓ Stress ✓ Grief ✓ Lack of rest ✓ Depression ✓ Caring for a sick family member ✓ Increased morbidity and mortality J1 					
4	Explore programs/interventions that focus specifically on initial distress caused by traumatic events (e.g., psychological first aid). E2, E3					
5	Identify patients/staff that already receive mental health services and ensure continuity of care, including medication access.					

J. TRAUMATIC STRESS CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6	Administer Post Traumatic Stress Disorder (PTSD) self-diagnostic test to all staff as necessary, especially as pandemic progresses. J2					
7	Address the needs of individuals previously exposed to traumatic events. Recognize the unique issues associated with a pandemic that may cause increased or returned symptoms.					

K. CHILDREN AND ADOLESCENTS

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Develop network of internal and qualified volunteer practitioners specializing in child psychiatry or grief counseling, as well as local community-based supports (e.g., churches or schools).					
2	Prepare to address an increased number of children experiencing the grief of the loss of their parents, guardians or caregivers.					
3	Identify appropriate state agency(ies) that will facilitate placement of orphaned children.					
4	Review resources to assist in addressing the emotional needs of children. K1					

L

L. AT-RISK POPULATIONS

In your plan, consider the following:

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>1</p> <p>Plan pandemic provisions for at-risk populations, including:</p> <ul style="list-style-type: none"> ✓ Blind/visually impaired ✓ Deaf and hard-of-hearing ✓ Dual diagnosis ✓ Limited English proficiency ✓ Developmentally disabled ✓ Physically disabled ✓ Elderly L1 ✓ Veterans ✓ Forensic patients (prisoners) <p>http://www.astho.org/index.php?template=at_risk_populations_project.html</p>					
<p>2</p> <p>Prepare for increased number of patients with substance abuse issues. Treatment and counseling modalities should be appropriate for adolescent, adult and elderly populations, including first time, continued, and repeat/exacerbated substance abusers.</p>					
<p>3</p> <p>Prepare for increased number of patients seeking maintenance medications (e.g., methadone).</p>					

L. AT-RISK POPULATIONS

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
4	<p>Due to restricted social interaction during a pandemic, prepare to assist patients experiencing interruption in support systems/programs offered by facility (e.g., 12-step meetings). Consider conducting on-line meetings or free conference calls; support patients in understanding the effectiveness of alternate means of support.</p>					

M

M. GRIEF AND MOURNING

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Identify facility staff and community members trained in grief support and critical incident stress debriefing. Approach for inclusion in volunteer crisis network.					
2	Identify members of pastoral staff and faith-based community who may assist in providing spiritual support.					
3	Contact agencies such as Rainbows, GROWW, GriefCare and others that provide support for children and families to determine what support services or resources they can provide during a pandemic.					
4	Reach out to teachers and traumatic loss coalitions for assistance with childhood grief support.					
5	As best possible, establish an environment for grieving so that families may have privacy if they so desire. (See Operations module.)					
6	Ensure availability of pamphlets or papers on grief to distribute to families who may need assistance. J1, K1					

M. GRIEF AND MOURNING

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
<p>Ensure that patients and grieving family members receive care without sacrificing valuable beds and time. Consider the following options:</p> <ul style="list-style-type: none"> ✓ Collaborate with community hospice agencies and/or establish a Palliative Care Alternate Care Site (ACS) that would allow deaths to occur in an environment designed to aid both the patient and the family. ✓ Coordinate with home health agencies and home-based hospice services to arrange for palliative care and family support for patients more appropriately placed at home. ✓ Establish private area where the deceased patient's family can go to be alone with the decedent (if permitted by State Department of Health). ✓ Identify appropriate personnel to provide information, support, and action planning for both staff and patient families. ✓ Verify State plan regarding mortuary services and determine impact on family and friends (e.g., delay in body release; mass grave burial; immediate removal of body from premises, etc.). ✓ Provide families with information on toll-free mental health help lines and additional links to services. 					

N. POST-PANDEMIC RECOVERY

In your plan, consider the following:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Assess employees' emotional wellness to determine any long-term trauma as a result of pandemic.					
2	Identify particular emotional impact trends, conditions or issues for employees.					
3	Identify at-risk employees for continued stress or PTSD during recovery, as well as employees who may be in need of more intense post-pandemic attention.					
4	Recognize and address emotional needs of employees that lost friends, family or co-workers.					
5	Recognize that employees will encounter co-workers, patients and friends that will seek their support and guidance during and following the pandemic. Consider providing psychological first aid training to employees without mental health experience. E3					

N. POST-PANDEMIC RECOVERY CONTINUED

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6 Review existing employee programs and determine if they will be effective in addressing employee needs following a pandemic.					
7 Provide opportunity for staff to discuss feelings and concerns related to their experiences during and following the pandemic.					
8 Ensure staff is aware of services to assist them in "recovering" from the pandemic experience. Meet with supervisors to solidify their support of employees seeking such help.					
9 Provide support to employees that may harbor negative feelings toward co-workers that chose not to work. In turn, provide support to employees that chose not to work, or were told not to work, as they try to re-establish their work routine.					
10 Continue to educate staff about the long-term effects of stress and available coping services.					

