

**NASA Occupational Health
Pandemic Response Plan
Checklist**

DRAFT

| | | Center: | | | | Comments |
|----|---|-------------|-------------|----------|-----------|----------|
| | | Not Started | In Progress | On-Going | Completed | |
| A. | Planning | | | | | |
| 1 | Is there Center level pandemic planning? | | | | | |
| 2 | Is the Center level pandemic planning managed by the security/preparedness functions of the Center as part of the Continuity of Operations (COOP) planning? | | | | | |
| 3 | Is there occupational health (OH) involvement and representation in the Center pandemic response planning committee? | | | | | |
| 4 | Is the Center human resources function involved? | | | | | |
| 5 | Has your human resource function considered thresholds of absenteeism and the impact to operations? | | | | | |
| 6 | Have the roles, responsibilities, and capabilities been defined in the plan? | | | | | |
| 7 | Have you secured support from senior management for the pandemic response plan? | | | | | |
| 8 | Are the Center pandemic plans fully integrated with the Center emergency response plans? | | | | | |
| 9 | Has the plan been reviewed and integrated in the local community pandemic plan? | | | | | |
| 10 | Have you updated the Office of the Chief Health and Medical Officer (OCHMO) on pandemic response planning? | | | | | |
| 11 | Have you identified an occupational health clinical coordinator to direct clinic planning and response efforts and communication? | | | | | |

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| 12 | Are periodic reviews and updates to the plan defined? | | | | | |
| B. Federal, State and Local Resources | | | | | | |
| 1 | Do you have a contact list of all internal resources available to you such as security, human resources, etc.? | | | | | |
| 2 | Do you have a contact list of all community resources such as local health department, area hospitals, etc.? | | | | | |
| 3 | Do you have a contacts and access to websites for Federal resources such as the CDC, HHS, WHO, etc? | | | | | |
| 4 | Does your plan address communication with key public health officials, healthcare partners, etc.? | | | | | |
| C. Surveillance | | | | | | |
| 1 | Are you conducting surveillance for infectious diseases? | | | | | |
| 2 | Have you developed a plan for enhancing surveillance to ensure recognition of pandemic viral infection? | | | | | |
| 3 | Does the plan address how to monitor pandemic updates daily, e.g., WHO, CDC, and NASA OH website? | | | | | |
| 4 | Do you have a methodology to monitor surveillance activities? | | | | | |
| D. Education and Training | | | | | | |

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| 1 | Has the pandemic plan been reviewed with the health care staff? | | | | | |
| 2 | Have special educational and training needs for all OH staff been identified and planned? | | | | | |
| 3 | Have you identified a plan for providing education to the general employee population on reducing the risk of infection, reducing the risk of transmission identifying symptoms of influenza, self care and when to seek medical treatment? | | | | | |
| 4 | Has a communication plan been developed to address different target groups, e.g., language and reading-level appropriate materials? | | | | | |
| E. Traveler Health | | | | | | |
| 1 | Are SOS services available to civil servants while on international travel reviewed with the traveler? | | | | | |
| 2 | Are you promoting travel awareness and increased sensitivity to hygiene and illness symptoms? | | | | | |
| 3 | Are you monitoring travel advisories? | | | | | |
| 4 | Do your international travel kits include hand sanitizer? | | | | | |
| 5 | Is there a screening protocol for returning travelers? | | | | | |
| F. Clinical Services | | | | | | |
| 1 | Is a system in plan for phone triage of patients to determine who needs evaluation to limit clinic visits to those medically indicated, need referral to healthcare provider, or consultation? | | | | | |

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| 2 | Is there a screening protocol for pandemic influenza? | | | | | |
| 3 | Are clinical management protocols for suspected and confirmed cases of pandemic influenza available for staff including triage and isolation? | | | | | |
| 4 | Does your plan include a strategy for updating health care workers on modifications to clinical guidelines, influenza updates, etc.? | | | | | |
| 5 | Have you identified the essential occupational health services required to be continued in the event of a pandemic? | | | | | |
| 6 | Has an alternative care site been identified to manage an increased patient load? | | | | | |
| 7 | Is there a contingency plan for the alternative care facility that addresses equipment and supplies? | | | | | |
| 9 | Does the plan address security measures for the clinic? | | | | | |
| G. Medical Supplies | | | | | | |
| 1 | Have you identified at least 2 vendors for obtaining medical supplies? | | | | | |
| 2 | Do you have an adequate supply of the following medical supplies (3 to 5 days at a minimum): | | | | | |
| a. | N-95 masks for health care providers? | | | | | |
| b. | Fluid resistant masks with Bacterial Filtration Efficiency of 96% for non-health care workers? | | | | | |
| c. | Gloves? | | | | | |
| d. | Alcohol based hand sanitizer? | | | | | |

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| e. | Disinfectant wipes and/or EPA approved disinfectants and solutions? | | | | | |
| f. | Disposable thermometer strips or ear thermometer? | | | | | |
| g. | Disposable gowns? | | | | | |
| 3 | Is there a method of tracking medical supply inventory? | | | | | |
| 4 | Are all health care providers who may wear N-95 masks in the OSHA Respiratory Protection Program? | | | | | |
| H. Vaccines and Medications | | | | | | |
| 1 | Have all health care workers been offered influenza vaccine? | | | | | |
| 2 | Have you identified your high risk employees that will be priority group to receive influenza vaccine in the event of a vaccine shortage? | | | | | |
| 3 | Has the influenza vaccine program been promoted and offered to all employees? | | | | | |
| 4 | Have you published any risk communication on the swine flu vaccine and the differences with this year's seasonal vaccine? | | | | | |
| 5 | Have you reviewed and updated your medication management procedures for the procurement, storage, security and access to the vaccine during a pandemic? | | | | | |
| 6 | Have you determined a range of antibiotics to stock for treatment of disease complications, if within your scope of care and statement of work for mission critical personnel? | | | | | |
| 7 | Do you have a policy for the use of antiviral drugs consistent with CDC guidelines? | | | | | |

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| I. | Staffing | | | | | |
| 1 | Do you maintain a current roster of active and formerly active health care personnel available to support clinic operations? | | | | | |
| 2 | Has staffing capacity been evaluated and provisions made for additional staff and for operation with significant staff reduction? | | | | | |
| 3 | Have you determined competency level and training needs of additional staff? | | | | | |
| 4 | Do you have a policy for verifying credentials for temporary or voluntary workers? | | | | | |
| 5 | Is there a plan to monitor healthcare workers for febrile respiratory illness on a daily basis once pandemic illness is apparent locally? | | | | | |
| 6 | Do you have a plan for managing health care workers with respiratory symptoms? | | | | | |
| 7 | Does your plan address protecting health care workers at high risk (e.g., pregnant workers) for complications of influenza by reassigning low-risk duties? | | | | | |
| 8 | Is EAP available to provide psychological support to health care staff and employees? | | | | | |
| J. | Infection Control | | | | | |
| 1 | Do you have an written infection control plan that includes recommendations for pandemic influenza? | | | | | |
| 2 | Is staff provided with annual infection control training? | | | | | |

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| 3 | Are hand washing signs posted in eating, rest room facilities, examination rooms, etc.? | | | | | |
| 4 | Do you have signage for patients to notify the receptionist or triage nurse if they are having symptoms of pandemic influenza? | | | | | |
| 5 | Does your infection control plan have protocols for isolating patients with known or suspected influenza, e.g., separate waiting area or distribution of masks to ill employees? | | | | | |
| 6 | Does your clinic have signage posted on respiratory hygiene and cough etiquette, i.e., CDC poster? | | | | | |
| 7 | Does your plan address distributing masks to symptomatic employees, provide facial tissues in waiting area, receptacle for disposal of tissues, and hand hygiene materials in reception area and exam rooms? | | | | | |
| 8 | Have you identified separate exam rooms in the clinic for patients with symptomatic pandemic influenza? | | | | | |
| 9 | Do you have a policy in place requiring health care providers to use Standard and Droplet Precautions? | | | | | |
| 10 | Does your policy include protection of reception and triage personnel at the initial point of patient contact? | | | | | |
| 11 | Are there measures to protect health care worker family members and close contacts from secondary occupational exposure? | | | | | |

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