



Pandemic Preparedness
Checklist for Primary Care
Practices and Practitioners

Pandemic Preparedness Checklist for Primary Care Practices and Practitioners

Task / Activity	Yes/No	N/A	Next Steps
1. Planning			
1.1 Has the practice / agency or its landlord developed an emergency or disaster plan to ensure continuity of services in the event that community services are disrupted (e.g., lack of water, hydro, food, natural gas, transportation systems)?			
1.2 Are emergency / continuity plans reviewed / updated regularly?			
1.3 Does the business continuity plan include strategies to maintain access to pharmaceuticals during an emergency (e.g., plans to ensure that pharmaceuticals that require refrigeration can be maintained at an appropriate temperature, arrangements with a local pharmacist to ensure an ongoing supply of commonly used medications)?			
1.4 Does the practice / agency have a plan for responding to an influenza pandemic?			
1.5 Is the plan reviewed / updated regularly?			
1.6 Is the practice / agency aware of / involved in pandemic planning with other health care organizations in the community (e.g., local public health unit, other primary care practices / community agencies, emergency medical services, acute care hospitals, long-term care homes, transportation services)?			
1.7 Does the local pandemic influenza plan include criteria to determine where and how people will be cared for in the event of a pandemic?			
2. Chain of Command / Command Centre			
2.1 Has the practice / agency identified the person responsible for implementing the pandemic plan, and who will take over if that person falls ill (i.e., chain of command)?			
2.2 Are all practitioners / staff aware of their roles / responsibilities during a pandemic outbreak?			
2.3 Is there a designated area where staff can obtain information on directives or other information related to a pandemic?			
2.4 Does the practice / agency have someone responsible for ensuring it fulfills its requirements under the Occupational Health and Safety Act?			

3. Maintaining Essential Services			
3.1 Has the practice / agency identified essential primary care services that must be maintained during a pandemic?			
3.2 Has the practice / agency identified primary care services that could be deferred?			
3.3 Does the practice / agency maintain a list of patients who might be vulnerable during a pandemic and need support (e.g., people who live alone, people with complex medical needs)?			
3.4 Has the practice / agency identified plans to support vulnerable patients during a pandemic?			
4. Supply Chains			
4.1 Has the practice / agency identified the supplies including cleaning supplies and personal protective equipment required during an influenza pandemic? (See Chapter 10 for supplies template)			
4.2 Has the practice / agency developed a four-week stockpile of supplies and equipment?			
4.3 Will the practice's usual suppliers be able to fulfill contracts during an influenza pandemic? If not, does the practice / agency have a back-up source of supply?			
5. Human Resources			
5.1 Does the practice / agency have a staffing contingency plan to cope with staff absences during a pandemic? (e.g., delegating tasks, using administrative staff to provide some services, sharing staff with other primary care practices)?			
5.2 Does the local pandemic plan include strategies to support primary care providers during a pandemic (e.g., child care, transportation, psychosocial support, meals, accommodation, assistance with pet care)?			
5.3 Does the practice / agency have a plan to ensure staff continue to be paid during a pandemic?			
5.4 Do key practitioners / staff have personal disability insurance?			

6. Education and Training			
6.1 Has the practice / agency conducted a risk assessment for all staff to determine their need for personal protective equipment?			
6.2 Does the practice / agency provide ongoing pandemic training and education, including the donning and removal of personal protective equipment?			
6.3 Has the practice / agency arranged for fit testing for practitioners / staff who, based on the type of contact they have with influenza patients, have to wear N95 respirators?			
6.4 Does the pandemic plan specify who is responsible for the training program?			
6.5 Does the practice / agency include its pandemic plan / pandemic education material in staff orientation programs?			
7. Communications			
7.1 Is the practice / agency on the ministry's and the local health unit's distribution list for information about a pandemic?			
7.2 Does the practice / agency provide culturally appropriate and accessible information / education for patients about preventing and treating influenza? (See MOHLTC website for resources).			
7.3 Does the practice / agency have a plan for communicating with staff and patients during a pandemic (e.g., recorded phone messages instructing them where to go for care and information)?			
8. Prevention			
8.1 Does the practice / agency promote annual influenza immunization of staff and patients / clients?			
8.2 Does the practice / agency actively promote hand hygiene and cough etiquette?			
8.3 Do staff and patients have easy access to adequate amounts of alcohol-based hand rub, soap, paper towels, and disposable tissues?			
8.4 Are the practice / agency's cleaning practices consistent with best practices?			
8.5 Does the practice / agency routinely assess patients / clients for febrile respiratory infection (FRI) and / or influenza-like illness (ILI)?			
8.6 Has the practice / agency identified any changes to the physical environment (i.e., engineering controls) that could reduce the spread of influenza?			
8.7 Has the practice / agency identified any changes to practices and procedures (i.e., administrative practices) that could reduce the spread of influenza?			
8.8 Does the practice / agency encourage staff to report FRI or ILI symptoms?			

Reference: Ontario Health Plan for an Influenza Pandemic, August 2008