## Nursing Home Incident Command (NHICS): Infectious Disease Inject #1

October 13th, 11am. The Public Health Department is now issuing a warning about the rising number of flu-like cases in the county – this is actually a novel virus, and no vaccination is readily available yet. Five (5) more of your ambulatory residents have fallen ill to the ILI outbreak. You are struggling to maintain staffing levels at the 3.5/2.4 ratios due to staff illness, and have already exhausted your emergency staffing strategies. In addition, your particulate respirators, Tamiflu, IV fluids and other emergency supplies are running low, and it is becoming increasingly difficult to find these resources in your area. Your normal delivery schedule for medication and linens is delayed an additional 2-3 days because your vendors are struggling to find healthy employees to drive the trucks. It is becoming increasingly difficult to provide continuity of care to your residents while meeting the Requirements of Participation. You are falling below the 3.5 ratio and currently borrowing four (4) staff from a sister facility, however their center is now also impacted and they need to return to their own facility as soon as possible. The staff that you have managed to keep healthy and working are showing signs of burnout and fatigue, making them more susceptible to falling ill as well.

**Update your Incident Action Plan with this new information, and adjust your objectives if necessary.**

**Emergency Staffing:**

1. What additional actions can your staff take to protect the rest of the residents, staff, family, and visitors?
2. What additional emergency staffing measures can you take if you have already activated your staffing policies and procedures?
3. If you cannot staff your building, what actions need to be taken at this time?

**Crisis Standards of Care:**

1. If you are not able to resupply crucial medications for any of your residents because of the disruption in the supply chain, what actions can be taken to triage residents’ needs, and who will carry this out?

**Alternate Care Sites:**

1. If the pandemic outbreak continues to impact staffing and resupply, what alternate care sites could you possibly move your residents to in order to provide safe care to (at least) the non-ILI affected residents?