Pandemic Influenza Plan Review Checklist

**Jurisdiction:** **Plan Reviewer:** **Date the plan was written:** **Date of Review:**

Note: These are some of the common elements found in basic plans plus elements specific to pandemic influenza. Some items listed here might not be appropriate for your plan or situation. Plans should fit the community in which they were developed.

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| --- | --- | --- | --- | --- | --- |
| **Element** | Yes | No | Needs to be created or updated **Yes No** | | Target date for creation or update |
| **Approval Signature Page** *(Jurisdictional authority approving the plan)* |  |  |  |  |  |
| **Record of Changes** |  |  |  |  |  |
| **Record of Distribution** |  |  |  |  |  |
| **Table of Contents** |  |  |  |  |  |
| **Purpose Statement** |  |  |  |  |  |
| **Scope**  *(States the limits to which the plan can be implemented)* |  |  |  |  |  |
| **Situation**  *(Describes what impact widespread influenza would have on your county or tribe)* |  |  |  |  |  |
| **Planning Assumptions**  *(Lists what must be in place or exist in order for the plan to be used)* |  |  |  |  |  |
| **Roles & Responsibilities**  *(Describes emergency responsibilities of the local Public Health Board, public health officials, lead PH officer or Tribal Chairs, and Tribal Health Directors, and other emergency response partners)* |  |  |  |  |  |
| **Concept of Operations**  (*1. The steps or processes to implementing the functions for a Pan Flu response; 2. Includes strategies for implementing the plan; 3. Often includes a statement acknowledging the adoption of the National Incident Management System (NIMS) and the policies on training for personnel to ensure compliance with NIMS requirements)* |  |  |  |  |  |
| **Risk Communications** (Public information procedures; could exist as another plan and only need reference in the Pan Flu plan) |  |  |  |  |  |
| **Tactical Communications** (How information can be sent and received during a pan flu event; could exist as another plan and only need reference in the Pan Flu plan) |  |  |  |  |  |
| Plan Review and Maintenance*(State how and when the plan is reviewed. Usually includes a statement about exercise and training of the plan)* |  |  |  |  |  |

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| **Optional Elements for a Pandemic Influenza Plan** | Yes | No | Needs to be created or updated **Yes No** | | Target date for creation or update |
| **Mass Care elements specific to public health**  *(Shelter health, temporary clinic, provisions for mental health, etc.)* |  |  |  |  |  |
| **Appropriate Memos of Understanding (MOU) or Agreement (MOA)** |  |  |  |  |  |
| **Mass Fatality responsibilities**  *(State which agency, or agencies, is responsible for mass fatality management in your jurisdiction)* |  |  |  |  |  |
| **Resource providers or request procedures** |  |  |  |  |  |
| **A list of references pertinent to the plan** |  |  |  |  |  |