## Pandemic/Epidemic Threat Risk Assessment

Testing can mitigate the spread of disease within a facility. An effective assessment informs proposed actions by focusing attention and resources and identifying appropriate mitigation methods including testing. This assessment can help identify the threat of disease spread into and within the facility. This assessment should be completed annually, whenever conditions change and when a disease testing plan is activated.

To complete this assessment, choose one answer in each row. If you answer high for the first question, the threat is high and no further assessment is needed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Low** | **Medium** | **High** |
| 1. Case status in facility (Resident or staff from facility exposure within the last 2 weeks) | * None | * - | * 1 or more (Automatic High) |
| 1. Case status in facility (Staff positive from community exposure within the last 2 weeks) | * None | * Staff member has not worked in/visited the facility within the last 72 hours | * Worked in the facility while ill or with 72 hours of becoming symptomatic or testing positive |
| 1. Case activity level in community (Family member of a staff or a resident) | * None | * Staff member /visitor has not worked in/visited the facility within the last 72 hours | * Worked in/visited the facility while ill or with 72 hours of becoming symptomatic /testing positive |
| 1. [Case activity level](https://www.health.state.mn.us/diseases/coronavirus/stats/index.html#wcrmap1) in community (from state) | * 10 or less cases per thousand within 20 miles | * 11 to 100 cases per thousand within 20 miles or close to another LTC facility experiencing an outbreaks | * Greater than 100 cases per thousand within 20 miles or, shared staff with a COVID-19-positive facility |
| 1. Size of the facility | * Less than 10 residents | * 10 to 100 residents | * Greater than 100 residents |
| 1. Design of the facility | * All single resident rooms with own bathroom and isolated air handing | * Single rooms with shared bathrooms, or HEPA filtered multiple air handlers covering small number of rooms | * Double rooms, building HVAC/ air handling |
| 1. Facility Continuity Plans[[1]](#footnote-1) | * Approved and tested plans | * Draft plans | * No plans |
| 1. Staffing model | * Dedicated staff with low turnover | * Some areas prone to turnover but leadership engaged | * High turnover rate, staff work multiple jobs |
| 1. Infection Prevention Measures in place per the Disease Characteristics Rating and CDC/MDH recommendations[[2]](#footnote-2) | * Fully implemented with training provided to staff at least monthly | * Implemented with training | * Partially implemented with training on some aspect |
| Score | Low answers in all rows = LOW | At least one Medium answer (with no more than one high answer in rows 2-9) = MEDIUM | Row 1 High = High  Two high answers (in any row) = HIGH |

*Note: If your local or state public health department has completed an assessment of the pandemic/epidemic threat/risk, your facility risk cannot be lower than the government’s assessment. The facility assessment can be higher.*

## Disease Characteristics

This section should be assessed by MDH and/or the facility’s Medical Director. The disease characteristic can affect the above threat rating. If the disease characteristics are unknown or in the high category, the threat listed above should be moved up a category, i.e. medium becomes high.

|  |  |  |  |
| --- | --- | --- | --- |
| Disease Characteristics Rating | **Low** | **Medium** | **High[[3]](#footnote-3)** |
| * Incubation period | 1-3 days | 3-7 days | 7+ days/ |
| * Infection shed before onset of symptoms | 0 days | 1 to 3 days | 4+ days |
| * Severity of the disease in served population | Low impact | Medium impact | High impact |
| * Mortality | Less than 0.1% | Between 0.1 and 2% | Greater than 2% |
| * General population immunity to disease | Greater than 80% | 50 to 60% | Less than 50% |
| Score | Low answers in all rows = low score | At least one Medium answer (with no high answer) = Medium | At least one high answer (in any row) = a high score |

### Threat-based Testing

There are several steps that should be taken when determining the appropriate frequency and type of testing.

* Review any guidance provided by MDH, CDC, CMS and other health authorities. Coordinate for further clarification of any provided guidance with local Public Health and MDH Case Manager, if assigned.
* Assess the threat/risk to your facility (see assessment above).

If there is not clear guidance provided by MDH, CDC or CMS regarding testing requirements, the table below can be used to create a scaled testing plan table to include in your facility’s testing plan.

|  | **Low** | **Medium** | **High** |
| --- | --- | --- | --- |
| Ongoing Surveillance[[4]](#footnote-4) |  |  |  |
| Initial prior to allowing visitors after lockdown[[5]](#footnote-5) |  |  |  |
| Symptomatic[[6]](#footnote-6) |  |  |  |
| Outbreak mitigation[[7]](#footnote-7) |  |  |  |

*Note: LTC staff includes volunteers and vendors who are in the facility on a routine basis.*

*Below is an example of how the table could be filled for inclusion in your facility’s testing plan.*

|  | **Low** | | **Medium** | | **High** | |
| --- | --- | --- | --- | --- | --- | --- |
|  | SNF | AL | SNF | AL | SNF | AL |
| Ongoing Surveillance | Random Testing | None | Random Testing (X% per week) | Random Testing (X% per week) | Facility-wide Testing | Routine Testing |
| Initial prior to allowing visitors after lockdown | One round of Facility-wide Testing | Random Testing of Residents and Staff | At least 1 round of Facility-wide Testing | Test all staff and residents who have been outside the facility | Facility-wide Testing until no positives | Building-wide Testing |
| Symptomatic | - | - | - | - | Test Symptomatic Resident/Staff and their contacts | Test Symptomatic Resident/Staff and their contacts |
| Outbreak mitigation | - | - | - | - | Facility-wide Testing | Building-wide Testing |

1. Continuity Planning for staff shortages as well as ensuring adequate supplies of PPE and other critical resources should occur prior to testing and at least annually. The facility should have a contingency staffing plan in place in the case that positive results are returned on a significant number of staff employed. [Attach staffing plan template link] [↑](#footnote-ref-1)
2. Includes, but not limited to, adequate PPE, hand hygiene, respiratory protection program, review of healthcare associated infections, employee illness tracking, staff/visitor screening, and isolation practices [↑](#footnote-ref-2)
3. Any unknown is automatically in the high category. [↑](#footnote-ref-3)
4. Surveillance testing is done systematically for portions of the population at risk and, in an asymptomatic disease, serves as an early warning that disease is present and potentially circulating. [↑](#footnote-ref-4)
5. Initial testing identifies state of prevalence at the beginning of surveillance testing and determines whether ongoing point prevalence testing is recommended. [↑](#footnote-ref-5)
6. Tests completed for residents or staff because of symptoms consistent with pandemic/epidemic. [↑](#footnote-ref-6)
7. This is sequential testing of a population at risk done for purposes of interrupting transmission once disease has been identified in staff or resident. [↑](#footnote-ref-7)