# Article information:

Infection prevention disaster preparedness planning for long-term care facilities - ClinicalKey
<https://www-clinicalkey-com-au.libraryproxy.griffith.edu.au/>

# Article summary:

1. Long-term care facilities (LTCFs) are at increased risk during disasters due to their patient population, and infection prevention planning is essential.

2. Despite past disasters highlighting the need for LTCF preparedness, there is little guidance available for creating an infection prevention component in disaster plans.

3. LTCFs should have an infection prevention program in place, with designated coverage by an infection preventionist, and develop and maintain a comprehensive emergency operations plan that addresses infectious disease disasters.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Infection prevention disaster preparedness planning for long-term care facilities" provides a comprehensive guide for developing an infection prevention component of the disaster plan for long-term care facilities (LTCFs). The authors conducted a literature review and identified critical components of an infection prevention program, including infection prevention coverage, facility emergency operations plan (EOP), and infection transmission in LTCFs during disasters.

The article is well-researched and provides valuable insights into the challenges faced by LTCFs during disasters. However, there are some potential biases and limitations to consider. For example, the authors primarily focus on nursing homes as LTCFs, which may not be representative of other types of facilities. Additionally, the authors do not provide specific recommendations for addressing infectious disease disasters beyond allocating limited supplies of personal protective equipment and isolating large numbers of patients.

Furthermore, the article does not explore counterarguments or potential drawbacks to some of the proposed solutions. For instance, restricting visitors may have negative psychological effects on residents who rely on social interaction for their well-being. Additionally, nonpunitive sick leave policies may be difficult to implement in practice due to staffing shortages.

The article also lacks evidence to support some claims made. For example, the authors state that LTCF residents are more likely to be elderly, immobile, and on immunosuppressive medications than other populations but do not provide data to support this claim. Similarly, they suggest that LTCFs are less likely to have full-time infection prevention coverage than acute care hospitals but do not provide evidence to support this assertion.

Overall, while the article provides useful guidance for developing an infection prevention component of a disaster plan for LTCFs, it is important to consider potential biases and limitations when implementing these recommendations in practice. Further research is needed to address gaps in knowledge related to infectious disease disaster planning for LTCFs.

# Topics for further research:

* Psychological effects of visitor restrictions in long-term care facilities during disasters
* Alternatives to isolating large numbers of patients in LTCFs during infectious disease disasters
* Staffing shortages and implementation challenges for nonpunitive sick leave policies in LTCFs
* Demographic characteristics of LTCF residents and their susceptibility to infectious diseases during disasters
* Comparison of infection prevention coverage in LTCFs versus acute care hospitals
* Best practices for infectious disease disaster planning in LTCFs beyond the scope of the article

# Report location:

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