MEDICAL OFFICE PREPAREDNESS PLANNER

A Tool for Primary Care Provider Offices

U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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Introduction

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Foreword

The importance of the role of the primary care provider (PCP) office in the community healthcare system has become increasingly evident with the emergence of the H1N1 novel influenza virus. Often serving as the entrance into the healthcare system, PCP offices can play a large role in alleviating surge on the hospital emergency department (ED). However, there seem to be gaps in communication between PCPs and public health, hospitals, and emergency management with regards to community pandemic influenza planning. Furthermore, many PCP offices lack their own internal pandemic plans.

For the purposes herein, the term "primary care provider" is used to describe those healthcare professionals who provide routine care to their patients. This is a broad category, and includes general practice, osteopathy, family medicine, internal medicine, pediatrics, obstetrics, and geriatrics. Put in perspective, the PCP is who a patient calls when they need care, whether they have influenza, chicken pox, or need a "checkup."

In February of 2008, the Centers for Disease Control and Prevention's (CDC's) Healthcare Preparedness Activity (HPA), in partnership with the Oak Ridge Institute for Science and Education (ORISE), began researching existing planning efforts being undertaken by PCP offices. Initial research indicated a lack of information geared towards both preparing the PCP office for an influenza pandemic and including the PCP office in community planning efforts.

Based on anecdotal accounts that providers lack sufficient time to devote to planning, it was suggested that office managers might be an untapped avenue for the planning process. HPA and ORISE contacted several office manager associations, including the Professional Association of Healthcare Office Management (PAHCOM) and the Medical Group Management Association (MGMA), to validate this idea. Both groups reported that often it is the office managers, rather than the providers, who are responsible for planning within the PCP office.

On September 19, 2008, HPA and ORISE hosted an hour-long session at the 20th Annual PAHCOM Conference entitled "Pan Flu 101." Participants were asked during the session to provide feedback regarding the state of planning in their offices. Ninety-one percent of the session participants stated their office had not begun developing a written pandemic influenza plan, and 64% said their office had yet to begin coordinating planning efforts with local and state public health and emergency management agencies.

Additionally, telephone conversations with MGMA further revealed the apparent gap between PCP offices and other community partners. Results of an informal survey conducted by MGMA

found that while most offices have emergency preparedness plans, 62% have not had drills within their offices, 71% have not participated in drills with a local hospital, and 84% have not participated in drills with governmental agencies in the last 12 months; and 68% do not know how to coordinate actions with state/local agencies.

Based on these results and the observations from the PAHCOM conference, it was determined that a stakeholder meeting was needed to develop tools to assist PCP offices with creating a pandemic influenza plan and integrating it into the broader community plan.

On August 24–26, 2009, a group of subject matter experts convened in Atlanta, Georgia, to begin work on developing tools for PCP offices. Participants included PCPs, office managers, hospitals, local and state public health departments, local and state emergency management agencies, professional associations, and federal stakeholders.

During the three-day (half day, full day, half day) meeting, 76 participants heard presentations describing some of the challenges facing PCP offices in planning for an influenza pandemic, and one community's approach to integrating PCP offices into their planning efforts. On the second day, participants engaged in facilitated activities aimed at developing a template for PCP offices to use to create an internal office pandemic influenza plan. In addition, they identified strategies for integrating the office plan with public health and emergency management plans in their community. On the final day of the meeting, participants outlined key components of the proposed planning tool, the Medical Office Preparedness Planner.

How to Use this Organizer

The Medical Office Preparedness Planner is a tool for PCPs and office managers to use to develop a pandemic influenza plan for their office, and then integrate their plan into the broader community plan. Likewise, it can also help familiarize community partners, such as public health and emergency management, with the planning, preparations, and challenges facing PCP offices in the event of a pandemic. It can be tailored to any PCP office, regardless of size, location, or resources.

There are four main components to the Planner: a planning calendar, a plan template, monthly workbook-style sections expanding the calendar, and a resource section. The Planner is set up to use a tab-divided system when printed.

Following this introduction, the first tab contains the planning calendar. The calendar is divided into 12 months; however, your office may choose to accelerate the process and work through the tasks in six to nine months. ***The planning calendar is a suggestion only, and tasks do not have to be completed in the order they are listed. In addition, not all planning tasks may pertain to your office. You are encouraged to tailor the Planner to meet your office's needs.***

The planning calendar is intended to guide your office through the process of creating a pandemic influenza plan from start to finish. ***Efforts have been made to evenly distribute tasks across a 12-month span. As a result, there may be tasks that your office determines should be accomplished at a different time than is indicated by the planning calendar.*** *In addition, schedules and patient loads may not always allow for completion of all tasks in a given month. Some tasks may need to be rolled over into subsequent months; likewise, some tasks may be completed earlier than listed.* ***Complete the tasks in the order that makes sense for your office.***

The planning calendar provides a snapshot view of tasks designed to help your office create a pandemic influenza plan, and integrate that plan with the rest of your community. Therefore, tasks in the planning calendar are brief.

Calendar pages are designed so that you may move them to the corresponding monthly tab if you wish. The back of each calendar page is blank, allowing room for notes.

The plan template offers an alternative to the planning calendar, should your office currently have a plan in place. It lists all planning tasks by their headings in alphabetical order, allowing you to easily identify tasks related to a specific topic (for example, staff-related considerations). The plan template references the monthly sections where each task can be found, allowing you to compare your plan with the template. The plan template can also be used to quickly develop a plan, should your office choose not to follow the 12-month process outlined in the planning calendar.

Twelve corresponding monthly tabs [monthly workbook-style sections] follow the plan template, and provide more information about each task. Each monthly tab contains detailed strategies, considerations, examples, resources, and action items to help your office complete the tasks for that month. You will see bracketed numbers (e.g., [1]) throughout the monthly workbook-style sections. These numbers will direct you to references listed beginning on page 43 in the resource section.

Page numbers for each task have been hyperlinked in both the calendar and template. Press the "Ctrl" key and click on the hyperlink to go directly to the corresponding page in the monthly workbook-style sections. To return to the planning calendar, click the hyperlink in the document header. Returning to the plan template requires scrolling to the plan template section.

The fourth component of the Planner, and the last tab, is the resource section. Here you will find checklists, examples, an acronym list, and a glossary.

It is important to note that the Medical Office Preparedness Planner is not intended to be used during an event. *It is a long-term planning tool. It is expected that many of the tasks will build upon your everyday plans and procedures. Some tasks may require only modifying an existing process, though some tasks may be new to your office entirely.*

The Medical Office Preparedness Planner is the result of a three-day meeting of subject matter experts held in Atlanta, Georgia, August 24–26, 2009.

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Planning Calendar

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Month 1

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Identify a pandemic influenza coordinator and planning committee members (Page 1)
- ❑ Identify your office's day to day operations manager (Page 2)
- ❑ Identify lines of succession and delegation of authority in the event of high absenteeism (Page 2)
- ❑ Identify your community's healthcare leaders (Page 3)
- ❑ Identify partners in the community, and their capabilities (Page 4)
- ❑ Update and maintain contact information for all community points of contact (Page 4)

Month 2

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Assign planning committee members responsibility for: (Page 1)
  - Creating or revising your office's pandemic plan
  - Monitoring public health advisories
  - Monitoring and reporting suspected or confirmed influenza cases to your local public health department
  - Participating in CDC's Clinician Outreach Communication Activity (COCA) conference calls
- ❑ Conduct a needs assessment to identify potential gaps and vulnerabilities (Page 2)
- ❑ Identify your office's essential business functions and develop a plan to determine how they will be maintained in the event of a pandemic (Page 3)
- ❑ Get access to your state's epidemiological website for reporting and monitoring of cases and alert notifications (Page 4)
- ❑ Register to receive regular updates about influenza, emerging infectious diseases, and other emergency preparedness and response information from your state Health Alert Network (HAN) (Page 4)
- ❑ Contact your local public health department's emergency coordinator to learn about pandemic influenza plans currently in place in your community and how they have been created and implemented (Page 6)

Month 3

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Assign responsibility for keeping up with CDC guidelines for infection control (Page 1)
- ❑ Fit test staff who use N95 respirators and maintain records of all fit testing (Page 1)
- ❑ Ensure staff have been trained in and are familiar with the incident command system (ICS) and understand your community's command structure (Page 3)
- ❑ Maintain current contact information for all staff (Page 4)
- ❑ Assign responsibility for reviewing the community's situational status on a routine or daily basis (Page 4)
- ❑ Assign responsibility for monitoring the office's level of influenza activity, and identify a process for reporting influenza cases and office status (e.g., operating hours) to your local public health department (Page 5)

Month 4

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Determine staff responsibilities in the event of a pandemic (Page 1)
- ❑ Assign responsibility for handling external communication for the office and identify strategies for handling requests for information from the media, partners, or the public (Page 2)
- ❑ Assign responsibility for monitoring supply inventory and reordering (Page 3)
- ❑ Identify triggers for implementing the pandemic plan, as well as returning to normal, or everyday, operations after the pandemic is over (Page 4)
- ❑ Identify and discuss legal concerns surrounding care with your local public health department and other appropriate partners (Page 5)
- ❑ Contact your local public health department, local emergency management agency, hospitals, and other community healthcare providers to determine what stockpiles exist in your area and the protocol or criteria to obtain them (Page 6)

Month 5

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Identify adequate storage for vaccines and ancillary supplies (Page 1)
- ❑ Consider whether your office will provide home visits in the event of a pandemic (Page 2)
- ❑ Determine which (if any) services will be cancelled or postponed in the event of a pandemic, and when they will be resumed (Page 2)
- ❑ Establish hours of operation for a pandemic, modifying current hours, if needed (Page 2)
- ❑ Enroll in CDC's U.S. Outpatient Influenza Like Illness Surveillance Network (ILINet) (Page 3)

Month 6

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Familiarize your staff with your state's proper laboratory and testing protocols (Page 1)
- ❑ Notify your local public health department of your testing capabilities and determine if rapid influenza test kits are available (Page 1)
- ❑ Identify the anticipated amount of vaccine and antiviral medication needed for patients and staff (Page 2)
- ❑ Identify supplies and their quantities needed in the event of a pandemic (Page 2)
- ❑ Identify the most appropriate methods of educating your patients and communicating changes in operating hours and services in the event of a pandemic (Page 3)
- ❑ Identify and address potential language and cultural barriers to communicating pandemic influenza information to patients (Page 3)

Month 7

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Implement a contract for hazardous waste disposal (Page 1)
- ❑ Train staff on the proper disposal of waste materials associated with influenza patients (Page 1)
- ❑ Contact your local public health department to familiarize yourself with your community's vaccine and antiviral distribution and dispensing plans, or to volunteer to be a point of dispensing (POD) (Page 2)
- ❑ Encourage staff members to develop their own personal or family preparedness plans (Page 3)
- ❑ Begin cross training your staff members, being sure to include any part time staff (Page 3)
- ❑ Develop strategies to extend your inventory, including a schedule for rotating stock (Page 4)

Month 8

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Examine human resources policies and revise them for a pandemic situation, if necessary (Page 1)
- ❑ Develop strategies for addressing staff concerns and mental health (Page 1)
- ❑ Identify strategies for dealing with a 30% to 40% reduction in staffing due to illness and caring for ill family members (Page 2)
- ❑ Develop a plan for staff members to telecommute, if applicable (Page 2)
- ❑ Revise or develop an occupational health plan for your office (Page 3)
- ❑ Identify and address potential compensation and reimbursement issues (Page 4)

Month 9

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Identify strategies for limiting exposure of well patients to suspected influenza patients (Page 1)
- ❑ Educate patients about influenza symptoms and preventive measures, including social distancing and other non pharmaceutical interventions (Page 1)
- ❑ Determine patient scheduling policies and, if applicable, consider developing prioritization schedules for patient visits (Page 3)
- ❑ Develop policies for accepting and treating new patients and family members of existing patients (Page 3)
- ❑ Develop triage plans to limit the number of patients your office sees; consider rapid triage (inside or outside the office), drive through services , and internal and external referral and transfer procedures (Page 4)
- ❑ Develop or update agreements with partners that include provisions to share staff, supplies, or office space (Page 7)

Month 10

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Maintain contact information for all vendors (Page 1)
- ❑ Determine if other provider offices have the same vendors (Page 1)
- ❑ Develop or update written agreements and priority designations with your vendors for supply and resupply of critical services or equipment in the event of a pandemic (Page 1)
- ❑ Verify vendors have contingency plans for supplies (Page 2)
- ❑ Discuss financing options with vendors (Page 2)
- ❑ Develop memoranda of understanding (MOU) with your contracted environmental services providers to ensure services are maintained in the event of a pandemic (Page 3)

Month 11

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Consider implementing access controls to ensure staff safety (Page 1)
- ❑ Consider a plan to secure medications and supplies (Page 1)
- ❑ Contact utility providers to discuss prioritization and timeline for restoration of services in the event of disruption (Page 2)
- ❑ Develop a utility failure plan that includes a partnership with public health and emergency management for maintaining office operations and vaccine storage requirements (Page 2)
- ❑ Develop a procedure for disinfecting equipment such as beds, chairs, and lights, and magazines, toys, and similar items in patient areas (Page 3)
- ❑ Develop or obtain just in time pandemic influenza training for staff (Page 4)

Month 12

Mon	Tue	Wed	Thu	Fri	Sat	Sun

- ❑ Familiarize yourself with your community's fatality management capabilities (Page 1)
- ❑ Share the office plan with your staff members and clearly communicate what activities are expected of them in the event of a pandemic (Page 2)
- ❑ Train staff on the office plan and exercise the plan as applicable (Page 2)
- ❑ Participate in community pandemic influenza planning and exercises with your hospitals, local public health department, emergency management agency, and other community emergency response agencies (Page 3)
- ❑ Participate in community drills for stockpile distribution and dispensing (Page 3)
- ❑ Integrate your office into the community's pandemic influenza plan by coordinating with your local public health department, emergency management agency, hospitals, and other healthcare providers to deliver patient care (Page 4)

Plan Template

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This template lists all planning tasks by their headings in alphabetical order and references the monthly sections where each task can be found.

Chain of Command				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 1, Page 2	Identify your office's day-to-day operations manager			
Month 1, Page 2	Identify lines of succession and delegation of authority in the event of high absenteeism			
Month 1, Page 3	Identify your community's healthcare leaders			
Month 3, Page 3	Ensure staff have been trained in and are familiar with the incident command system (ICS) and understand your community's command structure			

Communication				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 4, Page 2	Assign responsibility for handling external communication for your office and identify strategies for handling requests for information from the media, partners, or the public			

Communication				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 6, Page 3	Identify the most appropriate methods of educating your patients and communicating changes in operating hours and services in the event of a pandemic			
Month 6, Page 3	Identify and address potential language and cultural barriers to communicating pandemic influenza information to patients			

Community Integration				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 1, Page 4	Identify partners in the community, and their capabilities			
Month 1, Page 4	Update and maintain contact information for all community points of contact			
Month 2, Page 6	Contact your local public health department's emergency coordinator to learn about pandemic influenza plans currently in place in your community and how they have been created and implemented			
Month 7, Page 2	Contact your local public health department to familiarize yourself with your community's vaccine and antiviral distribution and dispensing plans, or to volunteer to be a point of dispensing (POD)			

Community Integration				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 12, Page 3	Participate in community planning and exercises with your hospitals, local public health department, emergency management agency, and other community emergency response agencies			
Month 12, Page 3	Participate in community drills for stockpile distribution and dispensing			
Month 12, Page 4	Integrate your office into the community's pandemic influenza plan by coordinating with your local public health department, emergency management agency, hospitals, and other healthcare providers to deliver patient care			

Continuity of Operations Plan (COOP)				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 2, Page 3	Identify your office's essential business functions and develop a plan to determine how they will be maintained in the event of a pandemic			

Education and Training				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 11, Page 4	Develop or obtain just-in-time pandemic influenza training for staff			
Month 12, Page 2	Share the office plan with your staff members and clearly communicate what activities are expected of them in the event of a pandemic			
Month 12, Page 2	Train staff on the office plan and exercise the plan as applicable			

Environmental Services				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 7, Page 1	Implement a contract for hazardous waste disposal			
Month 7, Page 1	Train staff on the proper disposal of waste materials associated with influenza patients			
Month 10, Page 3	Develop memoranda of understanding (MOU) with your contracted environmental services providers to ensure services are maintained in the event of a pandemic			

Fatality Management				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 12, Page 1	Familiarize yourself with your community's fatality management capabilities			

Financing				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 8, Page 4	Identify and address potential compensation and reimbursement issues			

Gaps and Vulnerabilities				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 2, Page 2	Conduct a needs assessment to identify potential gaps and vulnerabilities			

Infection Control				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 3, Page 1	Assign responsibility for keeping up with CDC guidelines for infection control			
Month 3, Page 1	Fit test staff who use N95 respirators and maintain records of all fit testing			
Month 9, Page 1	Identify strategies for limiting exposure of well patients to suspected influenza patients			

Infection Control				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 9, Page 1	Educate patients about influenza symptoms and preventive measures, including social distancing and other non-pharmaceutical interventions			
Month 11, Page 3	Develop a procedure for disinfecting equipment such as beds, chairs, and lights, and magazines, toys, and similar items in patient areas			

Inventory and Resupply				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 4, Page 6	Contact your local public health department, local emergency management agency, hospitals, and other community healthcare providers to determine what stockpiles exist in your area and the protocol or criteria to obtain them			
Month 5, Page 1	Identify adequate storage for vaccines and ancillary supplies			
Month 6, Page 2	Identify the anticipated amount of vaccine and antiviral medication needed for patients and staff			
Month 6, Page 2	Identify supplies and their quantities needed in the event of a pandemic			

Inventory and Resupply				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 7, Page 4	Develop strategies to extend your inventory, including a schedule for rotating stock			
Month 9, Page 7	Develop or update agreements with partners that include provisions to share staff, supplies, or office space			

Laboratory Services				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 6, Page 1	Familiarize your staff with your state's laboratory and testing protocols			
Month 6, Page 1	Notify your local public health department of your testing capabilities and determine if rapid influenza test kits are available			

Legal and Ethical Issues				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 4, Page 5	Identify and discuss legal concerns surrounding care with your local public health department and other appropriate partners			

Occupational Health Plan				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 8, Page 3	Revise or develop an occupational health plan for your office			

Planning Committee				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 1, Page 1	Identify a pandemic influenza coordinator and planning committee members			

Planning Committee				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 2, Page 1	Assign planning committee members responsibility for: • Creating or revising your office's pandemic plan • Monitoring public health advisories • Monitoring and reporting suspected or confirmed influenza cases to your local public health department • Participating in CDC's Clinician Outreach Communication Activity (COCA) conference calls			

Safety and Security				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 11, Page 1	Consider implementing access controls to ensure staff safety			
Month 11, Page 1	Consider a plan to secure medications and supplies			

Staff-Related Considerations				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 3, Page 4	Maintain current contact information for all staff			
Month 3, Page 4	Assign responsibility for reviewing your community's situational status on a routine or daily basis			
Month 4, Page 1	Determine staff responsibilities in the event of a pandemic			
Month 7, Page 3	Encourage staff members to develop their own personal or family preparedness plans			
Month 7, Page 3	Begin cross-training your staff members, being sure to include any part-time staff			
Month 8, Page 1	Examine human resources policies and revise them for a pandemic situation, if necessary			
Month 8, Page 1	Develop strategies for addressing staff concerns and mental health			
Month 8, Page 2	Identify strategies for dealing with a 30% to 40% reduction in staffing due to illness and caring for ill family members			
Month 8, Page 2	Develop a plan for staff members to telecommute, if applicable			

Surge Planning				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 4, Page 4	Identify triggers for implementing the pandemic plan as well as returning to normal, or everyday, operations after the pandemic is over			
Month 5, Page 2	Consider whether your office will provide home visits in the event of a pandemic			
Month 5, Page 2	Determine which (if any) services will be cancelled or postponed in the event of a pandemic and when they will be resumed			
Month 5, Page 2	Establish hours of operation for a pandemic, modifying current hours if needed			
Month 9, Page 3	Determine patient scheduling policies and, if applicable, consider developing prioritization schedules for patient visits			
Month 9, Page 3	Develop policies for accepting and treating new patients and family members of existing patients			

Surveillance and Detection				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 2, Page 4	Get access to your state's epidemiological website for reporting and monitoring of cases and alert notifications			
Month 2, Page 4	Register to receive regular updates about influenza, emerging infectious diseases, and other emergency preparedness and response information from your state Health Alert Network (HAN)			
Month 3, Page 5	Assign responsibility for monitoring your office's level of influenza activity, and identify a process for reporting influenza cases and office status (e.g., operating hours) to your local public health department			
Month 5, Page 3	Enroll in CDC's U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet)			

Triage				
Month	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 9, Page 4	Develop triage plans to limit the number of patients your office sees; consider rapid triage (inside or outside the office), drive-through services, and internal and external referral and transfer procedures			

Utilities				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 11, Page 2	Contact utility providers to discuss prioritization and timeline for restoration of services in the event of disruption			
Month 11, Page 2	Develop a utility failure plan that includes a partnership with public health and emergency management for maintaining office operations and vaccine storage requirements			

Vendors				
Location in Organizer	**Task**	**Date Assigned**	**Date Completed**	**Date Last Updated**
Month 4, Page 3	Assign responsibility for monitoring supply inventory and reordering			
Month 10, Page 1	Maintain contact information for all vendors			
Month 10, Page 1	Determine if other provider offices have the same vendors			
Month 10, Page 1	Develop or update written agreements and priority designations with your vendors for supply and resupply of critical services or equipment in the event of a pandemic			
Month 10, Page 2	Verify vendors have contingency plans for supplies			
Month 10, Page 2	Discuss financing options with vendors			

Monthly Workbook–Style Sections

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Month 1

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- ❑ *Identify a pandemic influenza coordinator and planning committee members*

  The pandemic influenza coordinator leads the planning committee. This person serves as the point of contact for community partners, and oversees the pandemic planning process for your office. Depending on the size of your planning committee, the coordinator may or may not have additional responsibilities.

  The planning committee develops the pandemic plan and ensures the office is prepared for a pandemic. The size of your planning committee may vary. A planning committee should include representation from all of your staffing units. This ensures diversity of opinions as well as addressing the unique needs of each unit. Consider including on the planning committee:

  - *Administrative staff*
  - *Medical staff*
  - *Nursing staff*
  - *Reception staff*

  If applicable:

  - *Clinic laboratory staff*
  - *Environmental services staff*
  - *Volunteers*

Chain of Command

- ❑ *Identify your office's day-to-day operations manager*

The day-to-day operations manager is the person in charge of overseeing your office's actions. In the event of a pandemic, this person is responsible for ensuring that the office is following the pandemic plan, making decisions regarding staff responsibilities, and implementing pandemic policy changes. Your day-to-day operations manager should be on your pandemic planning committee and should be familiar with the plan for your office.

- ❑ *Identify lines of succession and delegation of authority in the event of high absenteeism*

It is important to create a line of succession and delegate authority. If your day-to-day operations manager is unable to fulfill his or her role, knowing who will assume leadership will help ensure your office is functioning according to your pandemic plan.

First Line of Succession

This person is in charge when the day-to-day operations manager is unable to fulfill his or her role.

Second Line of Succession

This person is in charge when both the day-to-day operations manager and the first line of succession are unable to fulfill their roles.

Third Line of Succession

This person is in charge when the day-to-day operations manager, the first line of succession, and the second line of succession are unable to fulfill their roles.

- ❑ *Identify your community's healthcare leaders*

In addition to identifying your office's chain of command, you should identify your community's healthcare leaders and chain of command in the event of a pandemic. Knowing who these leaders are will help you integrate your office into the community's plan.

Your community may use the incident command system (ICS) to coordinate pandemic response efforts and resource sharing. Contact your local public health department or emergency management agency to find out who the leaders are in your community and how your office will fit into your community's coordination structure in the event of a pandemic.

The *Resources* tab contains a brief introduction to ICS.

Community Integration

- ❑ *Identify partners in the community, and their capabilities; consider:*
  - *Local health department*
  - *State health department*
  - *Local emergency management agency*
  - *State emergency management agency*
  - *Local hospitals and hospital associations*
  - *Other healthcare providers*
  - *Schools and universities*
  - *Faith-based organizations*
  - *Non-profit organizations*
  - *Suppliers and vendors*
  - *Community action groups*
  - *Government officials*
  - *Insurers*
  - *Legal counsel*

In the event of a pandemic you may work with various partners to find the best way to handle the increased number of ill patients in your community. Knowing who your office can contact for help is an important part of planning for a pandemic.

When you identify your partners, keep in mind that even within the same sector (e.g., schools and universities), each partner's capabilities will be different. For example, if your community has two universities, one may have nursing students who can help in your office and the other may have extra supplies they can give you, such as masks and gloves.

- ❑ *Update and maintain contact information for all community points of contact*

It is important to keep a list of your community partners and their contact information. Having this information readily available can save time and reduce confusion in the event of a pandemic. Make sure you update this list regularly.

A resource that may help you compile contact information is available at *http://www.ready.gov/america/local/index.html*. This site lists contact information for local emergency management agencies in every state [1].

Month 2

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Planning Committee

- ❑ *Assign planning committee members responsibility for:*
  - *Creating or revising your office's pandemic plan*
  - *Monitoring public health advisories*
  - *Monitoring and reporting suspected or confirmed influenza cases to your local public health department*
  - *Participating in CDC's Clinician Outreach Communication Activity (COCA) conference calls*

The CDC Emergency Communication System's Clinician Communication Team manages the Clinician Outreach Communication Activity (COCA) to ensure that clinicians have the up-to-date information they need. COCA is designed to provide two-way communication between clinicians and the CDC about emerging health threats such as pandemics, natural disasters, and terrorism.

COCA operates in order to:

- Help clinicians provide the best possible care to patients by supplying them with the most current and reliable information.
- Disseminate evidence-based health information and public health emergency messages to clinicians.
- Provide and promote emergency preparedness and response training opportunities.
- Obtain feedback from healthcare provider audiences to help improve emergency communications to clinicians.
- Identify clinical issues during emergencies to help direct communication strategy and outreach to clinicians.

Clinicians have varying information needs, so COCA provides a variety of products and services to serve these diverse needs including: email updates about new/updated CDC information on emerging health threats; training and conference announcements; direct email access for questions and feedback via coca@cdc.gov ; and Continuing Education opportunities, including COCA Conference Call presentations [2].

Gaps and Vulnerabilities

- ❑ *Conduct a needs assessment to identify potential gaps and vulnerabilities*

Before you can begin planning for a pandemic, you need to identify your risks. A needs assessment identifies the potential impacts a pandemic may have on your office.

It may be helpful to evaluate your office's strengths, weaknesses, opportunities, and threats when conducting your needs assessment. This is called a SWOT analysis. You should begin by determining your objective(s) when doing a SWOT analysis. In this case, one objective might be to continue to see patients in a pandemic.

Once you have determined your objective(s), you can begin your SWOT analysis.

Strengths are the things your office does or has that will help you achieve your objective(s). An example might be that you routinely separate infectious from non-infectious patients.

Weaknesses are the things your office does not do or have that can prevent you from achieving your objective(s). An example might be that you do not usually have surgical masks in stock.

Opportunities are external things that can help you achieve your objective(s). For example, a strong relationship with your local public health department might help your office continue to see patients by assisting you with planning or resources.

Threats are external things that can keep you from achieving your objective(s). An example might be high absenteeism.

Continuity of Operations Plan (COOP)

- ❑ *Identify your office's essential business functions and develop a plan to determine how they will be maintained in the event of a pandemic*

  Essential functions are those functions or activities that must continue in order to keep your office running.

  To identify your essential functions, make a list of all the functions your office performs, for example, recordkeeping. Once you have a list, you can begin to determine which are essential. Many will be easily identified as essential or non-essential. If you are unsure whether a function is essential, consider what will happen if the function is not performed.

  You should also identify your minimum healthcare team mix, or the minimum staff your office needs to continue functioning. It may be beneficial to identify positions, rather than individual staff members.

  It is also a good idea to identify the resources required to perform the essential functions. This gives your office an idea of the minimum resources your office needs to operate.

  For example, if you have determined that recordkeeping and submitting insurance claims are essential functions, your required resources might include computers, patient sheets, and staff who can perform data entry.

  Other things your office should consider when developing a COOP plan are computer and Internet access, and work-from-home or telecommuting capabilities.

Surveillance and Detection

- ❑ *Get access to your state's epidemiological website for reporting and monitoring of cases and alert notifications*

  Your state's epidemiological website may be a source for reporting suspected or confirmed influenza cases. It may also be a way for your office to receive additional information about influenza activity throughout your state.

- ❑ *Register to receive regular updates about influenza, emerging infectious diseases, and other emergency preparedness and response information from your state Health Alert Network (HAN)*

  The HAN is a nationwide program, providing vital health information and the infrastructure to support the dissemination of that information at the state and local levels and beyond. It links local public health departments to one another and to other organizations critical for preparedness and response: community first responders, hospital and private laboratories, state public health departments, the CDC, and other federal agencies.

  The HAN is intended to ensure that each community has rapid and timely access to emergent health information; a cadre of highly-trained professional personnel; and evidence-based practices and procedures for effective public health preparedness, response, and service on a 24/7 basis. In addition, the HAN enables local health officials to instantaneously access and share disease reports, response plans, and CDC diagnostic and treatment guidelines; and allows local, state, and federal health authorities to communicate and coordinate rapidly and securely with each other and with law enforcement agencies.

The HAN consists of:

- A high-speed, continuous, secure connection to the Internet, access to public health information, and front-line staff skilled in the use of electronic information and communications technology
- Distance-learning capacity, via satellite- and Web-based technologies, for continuous upgrading of skills in preparedness for bioterrorism and other health threats
- Early warning systems, such as broadcast fax, to alert local, state, and federal authorities and the media about urgent health threats and about the necessary prevention and response actions

Currently, the HAN messaging system directly and indirectly transmits Health Alerts, Advisories, and Updates to more than one million recipients.

Health Alerts convey the highest level of importance, and warrant immediate action or attention.

Health Advisories provide important information for a specific incident or situation, but may not require immediate action.

Health Updates provide updated information regarding an incident or situation, and are unlikely to require immediate action.

Your local public health department can help you sign up for the HAN [3, 4, 5].

Community Integration

- ❑ *Contact your local public health department's emergency coordinator to learn about pandemic influenza plans currently in place in your community and how they have been created and implemented*

  Many of your community partners may have pandemic plans in place. Your local public health department can help you identify these existing plans. These partners may be able to help if you are having trouble creating your pandemic plan. In addition, knowing how your partners worked through their planning process can help you integrate your office plan into the community plan.

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Infection Control

- ❑ *Assign responsibility for keeping up with CDC guidelines for infection control*

  It may be beneficial to assign someone in your office the responsibility of keeping up with CDC recommendations in case your typical practices need to be modified to handle an increase in patients. This person should also update your staff on any changes in CDC guidance. The CDC posts updated recommendations for infection control, as well as prophylaxis and treatment, on their website: *http://www.cdc.gov/Flu/protect/keyfacts.htm* or *http://www.cdc.gov/h1n1flu/guidance/* [6, 7].

  Make sure your staff is aware of proper hand-washing techniques, cough etiquette, waste disposal, and standard droplet precautions. Include education on the appropriate use of personal protective equipment (PPE), as well as properly putting on and taking off disposable respirators. Information on the use of facemasks and respirators in healthcare centers can be found at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm[8].

- ❑ *Fit test staff who use N95 respirators and maintain records of all fit testing*

  Using respirators requires fit testing, training and medical clearance. Facemasks may be considered in place of respirators, although facemasks are not as effective in preventing inhalation of small particles, one potential route of influenza transmission. There is limited evidence that using a respirator without fit testing may still provide better protection than a facemask. Make sure your office has trained someone to provide fit testing for N95 respirators, and keep records of all fit testing. The Occupational Safety and Health Administration's (OSHA) website has instructions for fit testing: http://www.osha.gov/SLTC/etools/respiratory/fittesting.html [9].

General Procedures for Properly Putting on and Taking Off a Disposable Respirator

CDC

- Before handling the respirator, wash hands thoroughly with soap and water.
- If you have used a respirator before that fit you, you should use the same make, model and size.
- Inspect the respirator for damages. If your respirator has been damaged – DO NOT USE IT. Get a new one.
- Anything that comes between the respirator and your face will make the respirator less effective. Do not allow facial hair, hair, jewelry, glasses or clothing to come between your face and the respirator, or interfere with the placement of the respirator on the face.

If respirators are used for people performing work-related duties, employers must comply with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard, 29 CFR 1910.134. Consult www.OSHA.gov for more information.

Put the respirator on correctly: NOTE: Follow the instructions that come with the respirator. Manufacturer instructions for many NIOSH approved disposable respirators can also be found at: http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/

1 Position the respirator in your hands with the nosepiece at your fingertips.

2 Cup the respirator in your hand, with the nosepiece at your fingertips, allowing the headbands to hang freely below your hand.

3 Position the respirator under your chin with the nosepiece up. The top strap goes over your head, resting high at the top back of your head. The bottom strap is positioned around the neck and below the ears. The straps do not cross over one another. If there is only 1 headband, it should rest high at the back of your head.

4 Most disposable respirator models have a metal nose clip. Place your fingertips from both hands at the top of the metal nose clip. Slide your fingertips down both sides of metal nose strip to mold the nose area to the shape of your nose.

Always check your fit when you wear a respirator. There are two steps to assessing the fit.

1 First, place both hands completely over the respirator, then take a quick breath in to check whether the respirator seals tightly to the face. Be careful not to disturb the position of the respirator.

2 Next, place both hands completely over the respirator and exhale.

3 If during either step, air leaks around the nose, readjust the nosepiece as described above. If air leaks at the mask edges, work the straps back along the sides of your head until a proper seal is achieved.

4 If you cannot achieve a proper fit and seal, ask for help from someone else, try a different size in that respirator model, or try a different respirator model. Different models of respirators may fit faces differently. Do NOT attempt to get a better fit by tying the straps into "knots" to shorten them.

When taking off a respirator

1 Front of respirator may be contaminated —DO NOT TOUCH!

2 Grasp bottom strap and pull over back of head without touching respirator, then with top strap and carefully remove.

3 Discard in waste container and wash your hands thoroughly after removing the respirator.

WASH YOUR HANDS THOROUGHLY AFTER REMOVING THE RESPIRATOR

[10]

Chain of Command

- ❑ *Ensure staff have been trained in and are familiar with the incident command system (ICS) and understand your community's command structure*

  Your community may use ICS to coordinate pandemic response efforts and resource sharing. Contact your local public health department or emergency management agency to find out how your office will fit into your community's ICS in the event of a pandemic.

  Free ICS training is available from the Federal Emergency Management Agency's (FEMA's) website: *http://training.fema.gov/IS/NIMS.asp* [11].

  The *Resources* tab contains a brief introduction to ICS.

Staff-Related Considerations

- ❑ *Maintain current contact information for all staff*

  It is important to update contact information, including e-mail addresses and cell phone numbers, for your staff on a regular basis. You can do this during staff meetings, performance reviews, or staff trainings.

  You should have several methods of contacting your staff. In addition to telephone calls, you can use e-mail, text messages, a practice website, and a staff-only hotline with pre-recorded messages detailing the situation. It is important to know the best way to contact each staff member.

- ❑ *Assign responsibility for reviewing your community's situational status on a routine or daily basis*

  It is important that someone is assigned the responsibility of keeping up with your community's situational status, and relaying the information to your office's day-to-day operations manager. It is possible that the number of influenza patients, resources, and staff will change daily in a pandemic. Keeping up with the current situational status will help you stay informed and identify how information and events will impact your office.

Surveillance and Detection

- ❑ *Assign responsibility for monitoring your office's level of influenza activity, and identify a process for reporting influenza cases and office status (e.g., operating hours) to your local public health department*

  Monitoring the number of patients with influenza may help you determine when to implement your pandemic influenza plan, and when to return to normal operations. Likewise, monitoring the number of staff with influenza may signal the need for altered staffing schedules. Monitoring may help your office examine your infection control practices if any of your staff become sick.

  Knowing the number of cases, as well as more specific information such as the ages of those affected and the severity of their symptoms can help your local public health department identify ways to keep the virus from spreading. Contact your local public health department to determine how you will report suspected or confirmed influenza cases in the event of a pandemic. It is possible you will need to modify your current reporting methods as the pandemic progresses to accommodate the increase in patients. In some cases, you may be asked to report cases by telephone, or you may be asked to report them in writing. The amount of time allowed before reporting cases may also vary.

  In addition to reporting influenza cases to your local public health department, it is important to let them know your office's status. If your office decides to modify office hours, patient scheduling policies, or is short on staff or supplies, your local public health department can help get this information to your partners and the public.

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Staff-Related Considerations

- ❑ *Determine staff responsibilities in the event of a pandemic*

  It is possible that staff responsibilities will change in the event of a pandemic. For example, responsibilities may increase due to absenteeism. You may want to consider assigning backup responsibilities to ensure all responsibilities are covered due to sickness.

Communication

- ❑ *Assign responsibility for handling external communication for your office and identify strategies for handling requests for information from the media, partners, or the public*

  It is important to assign someone the responsibility of communicating with the media and community partners. Your community may choose to operate under the Incident Command System (ICS) and may choose to set up a Joint Information Center (JIC). They will need a contact person to keep them informed of your situation.

Vendors

- ❑ *Assign responsibility for monitoring supply inventory and reordering*

  Designate responsibility for monitoring your office's supplies and reordering when necessary. It may be helpful to keep a log of supplies as they are used, so that those supplies can be reordered before your supply is exhausted. Make sure you have assigned a backup person to monitor inventory in the event of absenteeism.

Surge Planning

- ❑ *Identify triggers for implementing the pandemic plan as well as returning to normal, or everyday, operations after the pandemic is over*

  Knowing when the office will implement the pandemic plan is crucial to effectively managing an increase in patients.

  You will need to determine when the office will return to normal operations and what to do to recover from the pandemic. This may be difficult to determine but will help you maintain services.

  Your local public health department can help you define triggers and can help you identify when your community partners will activate and deactivate their plans.

Legal and Ethical Issues

- ❑ *Identify and discuss legal concerns surrounding care with your local public health department and other appropriate partners; consider:*
  - *Allocation of scarce resources*
  - *Altered standards of care*
  - *Declaration of emergency*
  - *Emergency Use Authorizations (EUAs)*
  - *Indemnity*
  - *Limited use of antivirals and vaccines*

It is important to identify any potential legal risks your office may face in the event of a pandemic. Identifying those risks before a pandemic begins puts your office in a better position to protect your staff, patients, resources, and revenue.

CDC has an online course on EAUs that can be accessed at http://emergency.cdc.gov/training/eua/index.html [12]. An EUA may be issued by the Food and Drug Administration (FDA) to allow either the use of an unapproved medical product or approved medical product for unapproved use in diagnosing, treating, or preventing serious or life-threatening diseases or conditions caused by biological, chemical, radiological, or nuclear agents. Check the FDA website regularly for updates in the event of a pandemic [13].

There may be a shortage of antivirals and vaccines during a pandemic. If vaccines and antivirals are prioritized, it is important to have a clear understanding of the priority groups. Use the CDC guidelines to identify high-risk groups. Be prepared to address staff concerns.

The American Health Lawyers Association has developed *A Checklist of Key Legal Issues for Healthcare Providers* that may be helpful in addressing liability and ethical questions related to restrictions in care caused by shortages of supplies or resources. This document can be accessed at *http://www2a.cdc.gov/phlp/docs/Pan-Flu08.pdf* [14].

Inventory and Resupply

- ❑ *Contact your local public health department, local emergency management agency, hospitals, and other community healthcare providers to determine what stockpiles exist in your area and the protocol or criteria to obtain them*

  CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (e.g., terrorist attack, influenza pandemic, earthquake or other natural disaster) severe enough to deplete local and state supplies. Once federal and local authorities agree that the SNS is needed, medicines and medical supplies will be delivered to the requesting state or territory. Each state has plans to receive, distribute, and dispense SNS medicine and medical supplies to local communities as quickly as possible. SNS assets are currently free of charge.

  Contact your local public health department and emergency management agency to request SNS supplies in the event of a pandemic.

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Inventory and Resupply

- ❑ *Identify adequate storage for vaccines and ancillary supplies*

  Due to the need to store more supplies than normal in preparation for a pandemic, it is important to analyze and identify all storage spaces available within your office. You may want to consider alternative storage locations. For example, you may be able to use part of your laboratory space to store supplies. You may also consider storage locations outside your office.

  When considering where to store vaccines and ancillary supplies, keep in mind that you will need cold storage for vaccines, including any increased supplies of the influenza vaccine.

Surge Planning

- ❑ *Consider whether your office will provide home visits in the event of a pandemic*

  It is possible that some of your patients will be unable to come to your office to be seen in the event of a pandemic. If you will provide home visits for these patients, you need to determine when, how, and for whom home visits will be provided.

- ❑ *Determine which (if any) services will be cancelled or postponed in the event of a pandemic and when they will be resumed*

  Depending on the severity of the pandemic, your office may experience more patients seeking care than you are able to see. Certain services, such as annual physicals, may need to be postponed in order to reserve appointments for patients affected by the pandemic. In addition, you may be able to cancel some appointments by conducting follow-ups via telephone.

- ❑ *Establish hours of operation for a pandemic, modifying current hours if needed*

  It may become necessary to modify your hours of operation in the event of a pandemic. Staff absenteeism may require the office to reduce the number of patients seen on a daily basis. On the other hand, your staff may choose to work overtime in order to see additional patients after normal business hours.

  Make sure you communicate your pandemic operating hours to your local public health department and other community partners prior to a pandemic, as well as during a pandemic should your hours change.

Surveillance and Detection

- ❑ *Enroll in CDC's U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet)*

  The Epidemiology and Prevention Branch in the Influenza Division at CDC collects, compiles, and analyzes information on influenza activity year-round in the United States and produces FluView, a weekly report from October through mid-May. The U.S. influenza surveillance system is a collaborative effort between CDC and its many partners in state, local, and territorial health departments, public health and clinical laboratories, vital statistics offices, healthcare providers, clinics and emergency departments.

  Information on patient visits to healthcare providers for influenza-like illness (ILI) is collected through the U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet). Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. Sites with electronic records use an equivalent definition as determined by the state public health authorities.

  The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline [15].

  Your local public health department can help you enroll in ILINet. To report ILI information to CDC, go to *http://www2a.cdc.gov/ilinet/* [16].

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Laboratory Services

- ❑ *Familiarize your staff with your state's laboratory and testing protocols*

  State and national influenza surveillance information on circulating influenza virus types and influenza A virus subtypes can be helpful in determining the most likely influenza viruses circulating and their antiviral susceptibilities. National information on circulation of influenza viruses is updated weekly at http://www.cdc.gov/flu/weekly/ [17].

  Before you collect specimens, contact your local public health department to facilitate transport and timely diagnosis at a state public health laboratory. State public health laboratories perform testing to determine influenza type and subtype on all submitted samples that are positive for influenza.

- ❑ *Notify your local public health department of your testing capabilities and determine if rapid influenza test kits are available*

  Make sure your local public health department is aware of your testing capabilities. Other healthcare providers in your community may look to your office for assistance with testing samples, or your office may be able to utilize the services of others for your own testing purposes.

  Commercial rapid diagnostic tests are available that can detect influenza viruses within 15 minutes. These rapid tests differ in the types of influenza viruses they can detect and whether they can distinguish between influenza types. Different tests can detect 1) only influenza A viruses; 2) both influenza A and B viruses, but not distinguish between the two types; or 3) both influenza A and B and distinguish between the two [18].

  In order to get accurate lab cultures, make sure your staff is properly trained on the technique to collect a sample for the rapid influenza test. Staff should periodically review testing directions if they do not perform rapid tests on a routine basis, to keep their skills current.

  Contact your local public health department to determine if rapid influenza test kits are available in your community. Consult the CDC guidelines on interpretations of rapid tests.

Inventory and Resupply

- ❑ *Identify the anticipated amount of vaccine and antiviral medication needed for patients and staff*

  Knowing how many vaccines and antiviral medications your office might need for patients and staff is important to prevent shortages. Estimate the amount your office will need and communicate that number in a timely manner to your local public health department.

- ❑ *Identify supplies and their quantities needed in the event of a pandemic; consider:*

  - *Antibiotics*
  - *Antiviral medication*
  - *Biohazard trash bags*
  - *IV lines and poles*
  - *Oral rehydration (Gatorade)*
  - *Personal protective equipment (PPE)*
  - *Sharps disposal containers*
  - *Test kits and other laboratory supplies*
  - *Vaccines*

  Estimate your anticipated consumable resources (such as masks, gloves, gowns, and medical supplies) based on the assumption that patient volume will increase in a pandemic. When creating your list, identifying the amount utilized during normal operations will help your office estimate the additional supplies needed. Your local public health department can help you estimate the number of patients to expect in the event of a pandemic, as well as provide guidance on getting additional supplies.

Communication

- ❑ *Identify the most appropriate methods of educating your patients and communicating changes in operating hours and services in the event of a pandemic; consider:*
  - *Signage in office*
  - *Telephone*
  - *E-mail*
  - *Text message*
  - *Website*
  - *Hotline(s)*
  - *Pre-recorded messages*
  - *Printed material or mailings*

  You should have several methods of communicating with patients. Consider using pre-recorded messages to provide information, such as influenza symptoms, hours of operation, and treatment policies. A website is a highly visible place for information. Another option is to include educational materials in envelopes with billing statements. Use your local media to disperse information quickly.

- ❑ *Identify and address potential language and cultural barriers to communicating pandemic influenza information to patients*

  Language and cultural barriers can become an issue in the primary care setting, especially during a pandemic. Identify the primary language(s) and culture(s) in your community and have tools and resources available in your office to better communicate with your patients. You may want to consider having signage hanging in your office in English and the predominant language(s) of your community.

  Your local public health department can help you obtain materials in additional languages, or you can go to the CDC website: *http://www.cdc.gov/h1n1flu/freeresources.htm* [19]. Additionally, AT&T has a language assistance program that may be beneficial. You can access AT&T's language service at: *http://www.usa.att.com/traveler/access_numbers/view.jsp?group=language* [20].

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Environmental Services

- ❑ *Implement a contract for hazardous waste disposal*

  Because biohazard waste must be disposed of by different means than regular waste, make sure your office has a contract in place with a specific company that will be able to properly dispose of hazardous waste on a more frequent basis in the event of a pandemic.

- ❑ *Train staff on the proper disposal of waste materials associated with influenza patients*

  To prevent your staff from being exposed to and contaminated with infectious waste, you should train your staff on appropriate waste disposal techniques:

  - Use standard precautions when working with solid waste that may be contaminated with influenza outside of patient isolation areas.
  - Use personal protective equipment as is currently required by your state (e.g., gloves) when handling open waste containers.
  - No changes in waste containment need to be made during periods of influenza activity (e.g., single bag lining for routine clinic wastes, appropriate labeled containment for regulated medical wastes).
  - Current medical waste procedures should be used to characterize, handle, and treat medical waste in accordance with state and federal regulations.
  - Medical waste that has been treated can be safely disposed in municipal solid waste landfills as per normal procedures.

Community Integration

- ❑ *Contact your local public health department to familiarize yourself with your community's vaccine and antiviral distribution and dispensing plans, or to volunteer to be a point of dispensing (POD)*

  Maintaining a relationship with your local public health department is very important. It will be a key resource for your office while planning for, as well as during, a pandemic. Your local public health department is likely to be involved in coordinating distribution of supplies in your community.

  Communicating your needs, such as for antivirals and vaccine, to your health department is essential to keeping your office functioning during a pandemic. Accurate allocation of these supplies could help prevent a shortage within your office.

  Having a plan for administering vaccines in the event of a pandemic can help reduce stress among your staff and patients. Your local public health department can help you create or modify your plan.

Staff-Related Considerations

- ❑ *Encourage staff members to develop their own personal or family preparedness plans*

  Encourage your staff members to have a personal or family preparedness plan. This will help them feel prepared at home and may reduce anxiety over leaving loved ones at home in order to work. There are many resources for creating personal or family preparedness plans available through your local public health department or emergency management agency, or the CDC website: *http://emergency.cdc.gov/preparedness/* [21].

  "Preparedness Parties" are popular ways to encourage family preparedness planning. At these parties, guests create emergency kits and develop family plans. Similar to a potluck, each guest brings several preparedness items to share. For example, one guest might bring 10 flashlights, another 10 can openers, etc. Guests exchange items, enabling each guest to create an emergency kit. Examples of family preparedness plans can be found on the American Red Cross's website, or at Ready America, *http://ready.adcouncil.org/beprepared/fep/index.jsp* [22, 23]. By incorporating refreshments and even games, your preparedness planning can turn into a fun event.

- ❑ *Begin cross-training your staff members, being sure to include any part-time staff*

  Cross-train staff to perform multiple roles as needed. For example, you may choose to train your nursing staff to also schedule appointments, or your administrative staff to also prepare patient rooms. Make sure your staff is trained on any new equipment.

Inventory and Resupply

- ❑ *Develop strategies to extend your inventory, including a schedule for rotating stock*

  It will likely be necessary to adjust your use of supplies in a pandemic. Developing strategies to "stretch" your supplies can help alleviate some of the concerns surrounding inventory and resupply. For example, you may choose to cohort patients in order to optimize PPE. Doing so allows staff to treat multiple patients at a time without needing to change PPE.

  If your office has "use and reuse" policies for supplies, it may be a good idea to revise them for a pandemic situation. If you do not have these policies, you may want to consider developing them.

  You may consider prioritizing the supplies that your office will need to reorder. This may be particularly true with vaccines, depending on your available cold storage. During a pandemic, your office may reduce the amount of non-pandemic vaccines being ordered to allow more storage space for the pandemic vaccine.

  Pharmaceutical representatives may be able to provide sample medications for your office. In this case, you may be able to extend your inventory by using these samples in place of prescriptions.

  It is a good idea to create a schedule for rotating your inventory if your office does not currently have one. Different medications and supplies can be stored longer than others. A set schedule ensures supplies do not go unused and are always current.

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Staff-Related Considerations

- ❑ *Examine human resources policies and revise them for a pandemic situation, if necessary*

  Plan to support your staff by addressing break times, flexible work hours, time off, and counseling support services. Staff pay is an issue you need to address in your plan. If you have an overtime pay policy, determine if it will apply to a pandemic situation, and if not, revise it. You may need to revise your current vacation, sick leave, family medical leave, and disability policies. Depending on federal guidelines, it may be several days before a staff member(s) is able to return to work after being sick or taking care of sick family members.

- ❑ *Develop strategies for addressing staff concerns and mental health*

  Mental health support and counseling can help alleviate some of the stress and concerns your staff members may have during a pandemic. If you have an EAP, you may be able to incorporate it with your staff support plan. There may be other support resources in your community, such as faith-based organizations and mental health agencies.

  A pandemic is a sustained event, which can impact staff morale. You may want to consider providing incentives and recognition to staff members to let them know you appreciate their dedication. For example, you might bring lunch for them one day, or offer extra time off in exchange for working longer shifts. Another suggestion is to trade healthcare services with local massage therapists for staff massages. Ongoing appreciation programs boost morale not only during a pandemic, but also during everyday operations.

- ❑ *Identify strategies for dealing with a 30% to 40% reduction in staffing due to illness and caring for ill family members*

  It may become necessary to modify staffing schedules. Develop an absence control plan, considering flexible and staggered staffing schedules. This plan can help relieve staff fatigue. You may want to consider rotating staff members and using alternative work schedules to allow them some time away from the office.

  In a pandemic it may be important to track which staff are ill and unable to work. This will help you identify any responsibilities that may need to be reassigned or bring in additional staff.

- ❑ *Develop a plan for staff members to telecommute, if applicable*

  Advances in technology have made telecommuting possible for some primary care providers. Telehealth uses electronic information and technologies, such as videoconferencing, to provide patient care or education at a distance. The distance can be in the next room or in the next city.

  Telehealth may not be possible for your office; however, you may find that some of your staff can do their jobs from home. For example, your reception staff may be able to schedule appointments from home via telephone. When developing a plan for staff members to work from home, it is important to consider any needs they may have regarding communication equipment and computer software.

  There may be legal issues to consider with regard to teleworking. Check with your local public health department or an attorney to address these issues.

Occupational Health Plan

- ❑ *Revise or develop an occupational health plan for your office; consider including:*
  - *Staff vaccinations*
  - *Staff screening for influenza symptoms*
  - *Providing vaccines and antivirals for high-risk family members*
  - *Recordkeeping*

Keeping your staff members healthy is vital to keeping your office running smoothly during a pandemic. When a staff member is home sick, the rest of the staff must take on extra work. This added burden can lead to fatigue and burnout.

Plan to vaccinate your staff members as soon as possible to offer them the most protection against infection. In your vaccine plans, you may want to include plans or schedules for vaccinating your staff. Determining a prioritization schedule in the event vaccine or antivirals become limited will help identify which of your staff will be first in line to receive vaccine or antivirals. In addition, make sure you have addressed with your staff whether or not vaccines will be mandatory in your office. Consider providing vaccines and antivirals for their family members who are considered high risk.

You may also want to consider implementing daily staff member screenings for influenza symptoms, in order to reduce spread of the virus among them. Conduct daily brief checks to monitor body temperatures and respiratory status before opening the office.

Remember that recordkeeping for your employees is just as important as recordkeeping for your patients. This serves as protection for them as well as for you in the future. Vaccines, medications and fit testing all need to be kept on record.

Financing

- ❑ *Identify and address potential compensation and reimbursement issues*

  Develop a plan to compensate staff. You will need to determine how to compensate staff for additional hours worked.

  It is important to know what your insurance providers' policies are in the event of a pandemic. Identify any exclusions or limitations and determine how these will affect your office; consider:

  - *Workers compensation*
  - *Health insurance*
  - *Disability insurance*
  - *Life insurance*
  - *Business travel insurance*
  - *Business interruption insurance*
  - *General liability insurance*

  In addition, make sure your insurance providers are aware of your pandemic influenza plan. This will help them gain a sense of your office's liability risk and may prompt them to lift or revise any exclusions and limitations.

  Your office may want to consider opening a line of credit or taking out a small business loan for expenses incurred in the event of a pandemic. It is possible that with the increase in patients, reimbursement from insurers may be delayed. A backup plan for financing your operations will help ensure your office is able to continue functioning.

Month 9

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Infection Control

- ❑ *Identify strategies for limiting exposure of well patients to suspected influenza patients*

  To help prevent the spread of the virus, try to minimize exposure between well and sick patients in your office. If possible, it is recommended that you separate influenza patients from non-influenza patients to prevent exposure to the virus. A separate room can be designated as the waiting room for influenza patients, or you can separate your waiting area in half using barriers such as plastic sheeting. Additionally, scheduling influenza and non-influenza patients during specific hours, such as well patients in the morning and sick patients in the afternoon, can help reduce the likelihood of exposure.

  Develop respiratory etiquette standards for patients to follow. This may include having tissues, masks, and hand sanitizer gel available in the waiting area. You may also consider hanging respiratory etiquette posters in your office.

- ❑ *Educate patients about influenza symptoms and preventive measures, including social distancing and other non-pharmaceutical interventions*

  Your local public health department may issue Public Service Announcements (PSAs) during a pandemic. These messages are a good way to get information about influenza symptoms and preventative measures to your patients. Communicate with your local public health department about the information being delivered in these PSAs.

  Your patients and their caregivers will also need information about your office policies. You may decide to post signs in your office or send mailings to your patients indicating symptoms that may necessitate being seen by a healthcare provider, changes in office hours, and policies regarding new patients. Make sure your staff is educated about the symptoms of and control measures for the pandemic strain.

  While vaccines, hand hygiene, and cough etiquette are important when trying to prevent transmission of the virus, social distancing is another important tool. Social distancing means limiting the contact between people, such as closing schools or canceling public events. Social distancing can also mean staying at home when ill.

You can print educational materials directly from the CDC website: *http://www.cdc.gov/flu/freeresources/* [24]. In addition, check with your local public health department to obtain educational materials and keep them readily available in your waiting room and patient exam areas. More information on social distancing and other non-pharmaceutical interventions (such as voluntary isolation when ill) can be found at: *http://www.flu.gov/professional/community/commitigation.html* [25].

Surge Planning

- ❑ *Determine patient scheduling policies and, if applicable, consider developing prioritization schedules for patient visits*

  In the event of a pandemic, it may become necessary to adjust your patient scheduling policies. For example, you might consider scheduling well patients and sick patients for different days, or different times of day (such as well patients in the morning and sick patients in the afternoon.) You might also decide to prioritize appointments so that the most critical patients are treated or transferred first.

  If a pandemic occurs, you may decide to prioritize your patients to reduce the strain on your staff and supplies. Routine appointments and preventative visits may be able to be conducted over the telephone, or postponed until after the pandemic. Depending on the severity of the pandemic, you may also need to determine how your office will prioritize acutely ill patients and those with chronic illnesses. In addition, you will need a plan for rescheduling any cancelled appointments once the pandemic is over.

- ❑ *Develop policies for accepting and treating new patients and family members of existing patients*

  During a pandemic your office will likely see more patients than usual. It is important to determine ahead of time whether your office will accept new patients, including family members of your existing patients.

Triage

- ❑ *Develop triage plans to limit the number of patients your office sees; consider rapid triage (inside or outside the office), drive-through services, and internal and external referral and transfer procedures*

  Developing triage plans may help decrease your patient load during a pandemic. Triage can take place inside your office, such as in the waiting room, or outside your office, such as telephone triage.

  Triaging patients inside the office might mean that patients with mild illnesses are evaluated in the waiting room, perhaps through the use of an algorithm or screening form, given a prescription, and sent home. Your office may decide to use pre-existing algorithms instead of creating new ones. Two examples of triage algorithms are the START and JumpSTART triage algorithms [26, 27]. A triage and screening form allows your office to quickly assess a patient in order to determine the appropriate level of care needed. The triage form on the following pages was developed by John Krueger, MD, for the Cherokee Nation Health System. Dr. Krueger is the Medical Director at the Will Rogers Health Center in Nowata, Oklahoma, and Chair of the Infectious Disease Committee at W.W. Hastings Hospital in Tahlequah, Oklahoma. This form is for educational purposes only, and not endorsed for actual patient use. By using the form, your office assumes full responsibility for the content contained therein.

  If your office has the ability to conduct drive-through services, you may be able to further decrease your patient load. A common drive-through service is providing vaccinations. Using this type of triage will reduce the number of patients in your waiting room, the number of staff needed to see patients, and the time it takes to see each patient.

  It may become necessary to divert some patients to other healthcare providers or alternate care sites. For example, your community may choose to set up an alternate care site for influenza patients. In this case, your office would divert patients with influenza symptoms to this site. Creating a policy for diverting patients prior to a pandemic will help reduce confusion, and it may lighten your patient load. Make sure your community partners are involved in any plans for diverting patients.

  See months 1, 2, 7, and 12 for more information on coordinating with community partners.

v1.0.1 ILI (Influenza Like Illness) Triage and Screening Form 1

Name *Last* *First*				**Chart / ID #**	
Date of Birth *Month* *Day* *Year*				**Employee ID**	
Type of Triage ☐Telephone	☐On Site	☐Internet/Mobile	☐Other	**Designation** ☐ Employee	☐ Patient
Chief Complaint					
History of Present Illness:					

Clinical Criteria for Influenza-Like Illness: In the context of circulating influenza in the community, (1) a temperature greater than 100.4° F (38°C) *and* (2) at least one of the following: cough, or sore throat, or shortness of breath. Additional features of H1N1 influenza may include body aches, rhinorrhea, sneezing, headache, malaise, oral pain, otalgia and swollen lymph nodes. Abdominal symptoms such as pain, nausea, and vomiting have been seen as well in smaller degrees with the novel influenza A H1N1 virus, generally in children.

Screening Questions

1. Temperature	Onset Date	Assessment Type	Method Used	Date
☐Fever > 100.4°F (38°C)		☐Obtained ☐Reported		

2. Symptoms
☐ Cough ☐ Sore Throat ☐ Shortness of Breath ☐ No Secondary Criteria Symptoms ☐ Other

If the above criteria for influenza-like illness are positive, proceed to Question 4, as the patient meets criteria for ILI like illness. Question 3 should be used to help screen for exposure. If exposure is known, or highly suspected, proceed to question 4.

3. Exposure Within the last 10 days, have you been within three feet of someone with Pneumonia, influenza, or flu-like symptoms?
☐ Yes ☐No ☐ Clinically Suspected ☐Clinically Confirmed

4. Risk Category Do you have a high risk health condition?
☐Pregnancy ☐Age 6 mos. to 24 years ☐Advanced Age ☐ Contact or Caregiver for children under 6 months of age
Age 25 to 64 years *with* ☐Lung Disease ☐Heart Disease ☐Endocrine ☐Obesity ☐Immune Suppressed State ☐Other

5. Level of Awareness
☐Alert and Oriented to: ☐Person ☐Place ☐Time ☐Confused ☐Lethargic ☐Other

6. Apparent Illness Level ☐Patient Reported ☐Clinically Observed or Suspected
☐Well ☐Mildly Ill ☐Moderately Ill ☐Severely Ill ☐Worried ☐Exposed ☐Possibly Exposed ☐Other

7. Immunization History ☐Immunization History Unknown

☐Seasonal Influenza	*Date*	☐Pneumococcal Vaccine	*Date*
☐Novel H1N1 Dose 1	*Date*	☐Novel H1N1 Dose 2	*Date*

Assessment

Disease
☐ILI (Influenza Like Illness) ☐In Facility ☐Out of Facility
☐Non -ILI
☐Disease State Unknown. Further Evaluation Required.

Severity
☐Well ☐Mildly Ill ☐Moderately Ill ☐Severely Ill ☐Unknown

ILI Exposure
☐High Risk ☐Low Risk ☐Suspected

This form is to be used when screening large groups for pandemic influenza, in a clinical/hospital intake situation or in a triage situation or for persons calling healthcare facilities presenting with questions regarding ILI. Everyone's temperature should be taken if the person is presenting in person, and an ILI Screening Form should be filled out for those with a temperature *greater than* 100.4°F (38°C). For those persons utilizing other mediums such as telephone or e-mail/chat, etc., they should be instructed in the correct methods for assessing temperature. Additionally, the form may also be used to screen ill or suspected ill or exposed employees.

[28]

Used with permission

Disposition			
Call 911			
☐Patient to Call 911		☐Call Placed to 911 on behalf of patient	
Go to ER			
☐Patient directed to take private vehicle to ER	☐Non-emergency transport to ER arranged	☐Emergency transport to ER arranged	
☐Mask placed on patient	Type:	By:	
☐O_2 placed on patient	Liters:	By:	Time:
☐Vitals Obtained Temp:	RR:	SaO_2(%):	HR: BP: /
☐Medications given per protocol	Meds:	By:	Time:
☐ER Staff Notified	☐ER Clinician Notified	Name:	Time:
☐Patient Notified	☐Clinical Status of Patient	☐PPE for Patient	☐Appropriate ER Triage Site
☐EMS Notified	☐Clinical Status of Patient	☐PPE for EMS / Patient	☐Appropriate ER Triage Site
☐Staff Clinician Notified	Name:	Time:	
HH or CHR			
☐Home Health Agency notified/dispatched for immediate evaluation		☐Community Health Resource dispatched for immediate evaluation	
Out of Clinic			
☐Patient directed to come to clinic		☐Patient directed to other location	
☐Patient directed to stay home, information, OTC treatments, reassurance, and suggestions for health maintenance given			
☐Patient directed to avoid work until afebrile for	Days:	Hours:	
☐Warnings for prolonged illness, change in symptoms, and when to call triage or ER given to patient.			
Patient advised of ILI protocols:			
☐Hand Washing	☐Use of alcohol based gels	☐'Cover the Cough'	☐'Leave Work Now'
☐Social Distancing	☐Wearing a Mask	☐Home Resources	☐Preventing Transmission
Patient advised to adhere to the following protocols upon reaching clinic:		(Clinical Infectious Spread Reduction)	
☐Put on gloves	☐Put on Mask	☐Put on Gown	
☐Call from car	☐Call from outside facility core at provided phone	☐Well person to Desk	
☐Proceed to alternative check-in and lobby site		☐Proceed to alternative exam area	
In Clinic / Pre-Clinic Staging Area			
☐Patient directed to come to clinic		☐Patient directed to other location	
☐Patient directed to stay home, information, OTC treatments, reassurance, and suggestions for health maintenance given			
☐Patient directed to avoid work until afebrile for	Days:	Hours:	
☐Warnings for prolonged illness, change in symptoms, and when to call triage or ER given to patient.			
Patient advised of ILI protocols:			
☐Hand Washing	☐Use of alcohol based gels	☐'Cover the Cough'	☐'Leave Work Now'
☐Social Distancing	☐Wearing a Mask	☐Home Resources	☐Preventing Transmission
Patient advised to adhere to the following protocols upon reaching clinic:		(Clinical Infectious Spread Reduction)	
☐Put on gloves	☐Put on Mask	☐Put on Gown	
☐Call from car	☐Call from outside facility core at provided phone	☐Well person to Desk	
☐Proceed to alternative check-in and lobby site		☐Proceed to alternative exam area	
Referred to Triage Clinician			
☐Patient referred to triage clinician			
Referred to ID Triage Consultant			
☐Patient referred to ID triage consultant			
Notes			

Inventory and Resupply

- ❑ *Develop or update agreements with partners that include provisions to share staff, supplies, or office space; consider:*
  - *Local public health*
  - *Other healthcare providers*
  - *Veterinary offices*
  - *Dental offices*
  - *Pharmacies*
  - *Universities and schools*
  - *Private organizations*

There may be partners in your community who are able to provide additional resources during a pandemic. By having agreements in place before a pandemic occurs, you will have the supplies you need. The *Resources* tab has descriptions and examples of agreements between partners.

If your local public health department clinic does not plan to see patients during the pandemic, they may have resources to share. Also consider other healthcare providers. It may be possible to partner with another primary care provider in your community to share supplies and patient loads. Specialty clinics and providers, such as dermatologists and plastic surgeons, may also be available to augment your staff. Veterinarians and dentists may be able to help give vaccines or treat minor injuries. Lastly, retail and private pharmacies may be able to assist your office.

University and school clinics closed due to school holidays or for other reasons may also be able to provide staff and supplies to your office. Private organizations may be able to provide resources such as office and storage space, or administrative staff.

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Vendors

- ❑ *Maintain contact information for all vendors; consider vendors for:*
  - *Medications*
  - *Medical supplies*
  - *Oxygen*
  - *Laboratory services*
  - *Environmental services*
  - *Internet services*

When identifying points of contact for your vendors, it is a good idea to identify primary and backup contacts.

In addition to your current vendors, it may be useful to identify additional vendors you may be able to use in a pandemic. You may even want to think about commercial vendors, such as hardware stores and retail pharmacies, for supplies.

- ❑ *Determine if other provider offices have the same vendors*

If other provider offices have the same vendors your office does, you will need to contact your vendors to determine how they will allocate their supplies. For example, will orders be filled on a first-come, first-served basis, or will supplies be rationed so that all offices receive them?

- ❑ *Develop or update written agreements and priority designations with your vendors for supply and resupply of critical services or equipment in the event of a pandemic*

Include information about prices and payments in your written agreements. Your vendor may consider postponing payment for supplies until after the pandemic, or you may be able to negotiate a discounted rate or payment plan.

- ❑ *Verify vendors have contingency plans for supplies*

  Contact your vendors to find out about their contingency plans. This will ensure your office will get the supplies you need. Make sure the plan is specific and includes what your vendors will provide.

- ❑ *Discuss financing options with vendors*

  You may be able to negotiate with your vendors to lower your costs in the event of a pandemic; for example, your vendors may be willing to offer a discounted price for larger quantities of supplies. They may be willing to lower prices after a pandemic in order to assist your office as you return to normal operations.

  You may want to consider invoking *force majeure*[1] clauses for liability protection in the event of a pandemic. This frees your office from any obligations negotiated with your vendors. For example, invoking *force majeure* may mean that your office is able to purchase supplies from multiple vendors, rather than relying exclusively on one.

[1] *http://www.library.yale.edu/~llicense/forcegen.shtml*

Environmental Services

- ❑ *Develop memoranda of understanding (MOU) with your contracted environmental services providers to ensure services are maintained in the event of a pandemic*

  Contact your environmental services providers to find out about their contingency plans. This will ensure your office will get the services you need. Make sure the plan is specific. If your contracted environmental services providers are unable to provide services, having an MOU in place can help ensure your office's environmental needs are met in the event of a pandemic. Discuss with your providers how they will ensure your office receives services.

  Due to the high influx of patients during a pandemic, you should anticipate higher amounts of waste disposal and laundry and the need for more frequent pickup. Make sure these issues are discussed and addressed in your contracts.

  Disposable linens and patient gowns may help reduce some of your office's laundry needs during a pandemic. Consider having these items on hand in case laundry services are delayed, or the influx of patients exceeds your linen supply.

  The *Resources* tab includes a sample MOU.

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Safety and Security

- ❑ *Consider implementing access controls to ensure staff safety*

  During a pandemic it is possible that your office will encounter patients demanding to be seen or given the vaccine. Although unlikely, it is a good idea to develop a plan to ensure your staff is safe in the event that a patient becomes unruly.

  It is likely that some patients will demand services or challenge staff in order to get answers. This can be stressful on your staff. Media messaging to the public to respect healthcare workers can go a long way towards increasing patients' gratitude and patience.

  It is important to have a system in place for alerting your staff to a potential security threat in the office. Make sure your staff is familiar with procedures to take in the event that office security is compromised.

- ❑ *Consider a plan to secure medications and supplies*

  It may be helpful to assign someone the responsibility of locking up critical supplies, such as medications, vaccines, and masks. In addition, make sure you have identified a secure location away from patient areas. You may want to consider coordinating with your local law enforcement agency to provide security and crowd management in the event of a pandemic.

Utilities

- ❑ *Contact utility providers to discuss prioritization and timeline for restoration of services in the event of disruption*

  It is a good idea to contact your local utility providers to discuss restoration of services in the event of a pandemic. This can help ensure your office is given priority if services are disrupted.

- ❑ *Develop a utility failure plan that includes a partnership with public health and emergency management for maintaining office operations and vaccine storage requirements*

  If your office loses electricity, it is important to have a backup plan in place. If possible, consider purchasing generators to provide power to vaccine cold storage. Make sure your office has flashlights and portable radios in case of power loss.

  In addition, your local public health department and emergency management agency may be able to provide backup electricity sources, technology support, or temporary cold storage for vaccines.

Infection Control

- ❑ *Develop a procedure for disinfecting equipment such as beds, chairs, and lights, and magazines, toys, and similar items in patient areas*

  Make sure your office has a written procedure for disinfecting items such as exam lights and patient beds and chairs in both waiting rooms and patient areas. Disinfecting these items properly after each patient can help reduce the likelihood of the virus spreading.

  Make sure your waiting rooms and other patient areas have hand sanitizer gels available. Consider removing all magazines and children's toys from the waiting room. You may want to replace these with videos.

Education and Training

- ❑ *Develop or obtain just-in-time pandemic influenza training for staff*

  While specific information on the severity and strain will not be available prior to the pandemic, your staff should be familiar with the term pandemic and what such a situation means for your office. There are many pandemic planning training videos, Webcasts, and courses offered both online and in person. Several of these trainings can be accessed from the CDC website: *http://www.cdc.gov/flu/professionals/training/* and *http://www.cdc.gov/flu/freeresources/media.htm* [29, 30].

Month 12

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Fatality Management

- ❑ *Familiarize yourself with your community's fatality management capabilities*

  Although it is unlikely a patient will die in the office, family members may call your office to ask what to do if a patient dies at home. Knowing your community's fatality management capabilities will help your office handle patient deaths in an efficient manner. In addition to determining the available body storage in your community, it is important to identify points of contact for mortuary services.

  It is also important to be aware of your community's protocols for reporting and certifying deaths. Make sure you have contact information for those individuals, including the medical examiner or coroner, who are able to certify deaths in the event your providers cannot.

Education and Training

- ❑ *Share the office plan with your staff members and clearly communicate what activities are expected of them in the event of a pandemic*

  Making sure your office staff knows your pandemic plan is very important. Your staffing policies will most likely change in a pandemic. Your staff needs to know about these changes before the pandemic happens. It is important to involve your staff members in the planning process so their needs are met.

  Once you have your plan developed, schedule time to go over it with your staff. Answer any questions they may have. By doing this, your staff will know who to contact, where to find the plan, and what their responsibilities are if a pandemic occurs.

- ❑ *Train staff on the office plan and exercise the plan as applicable*

  Regularly train your staff on the office plan to ensure they are familiar with it and understand their responsibilities in the event of a pandemic. Exercise the internal office plan to ensure that it is functional and practical for your office. If your office plan is integrated into the community plan, participate in community-wide exercises when possible. This will help ensure effective coordination between your office and other community partners.

Community Integration

- ❑ *Participate in community pandemic influenza planning and exercises with your hospitals, local public health department, emergency management agency, and other community emergency response agencies*

  Exercises allow your community to practice the plan and make sure it will work. During an exercise, the plan's strengths and weaknesses are identified, and recommendations are made for improvement. Your participation will help integrate your office's plan into the community's pandemic plan.

  You can exercise the entire plan, or pieces of a plan. For example, your community may decide to focus an exercise on alternate care facilities.

  There are different ways to exercise. Tabletop exercises bring partners together to work through a scenario. Participants discuss the plan and each agency's actions, identifying potential gaps in communication and coordination. In a full-scale exercise, participants are in the field acting out the plan. In other words, a full-scale exercise simulates an event.

- ❑ *Participate in community drills for stockpile distribution and dispensing*

  If your community plans to receive SNS supplies, there is likely a plan for distributing and dispensing them in the community. Participating in drills designed to test the community's distribution and dispensing plan can help ensure your office receives the supplies you need in a timely manner in the event of a pandemic. Your local public health department can help your office get involved in community distribution and dispensing drills.

- ❑ *Integrate your office into the community's pandemic influenza plan by coordinating with your local public health department, emergency management agency, hospitals, and other healthcare providers to deliver patient care*

  A pandemic will place a huge burden on the U.S. healthcare system. Published estimates based on extrapolation of the 1957 and 1968 pandemics suggest that there could be 839,000 to 9,625,000 hospitalizations, 18 to 42 million outpatient visits, and 20 to 47 million additional illnesses, depending on the attack rate of infection during the pandemic. Estimates based on extrapolation from the more severe 1918 pandemic suggest that substantially more hospitalizations and deaths could occur. The demand for inpatient and intensive-care unit (ICU) beds and assisted ventilation services could increase by more than 25% under the less severe scenario. Pre-pandemic planning by healthcare facilities is therefore essential to provide quality, safe uninterrupted care to ill persons, and to prevent further spread of infection. Effective planning and implementation will depend on close collaboration among state and local health departments, community partners, and neighboring and regional healthcare facilities [31].

  Unlike an isolated event such as a hurricane or building collapse, a pandemic will affect the country as a whole simultaneously. It is unlikely that communities will receive help from either federal or state governments. This means that everyone within the community must work together to deliver safe patient care while preserving resources.

  Community pandemic plans ensure that all partners are working together under a common framework. If you work with your partners to determine how to handle an increased number of patients with limited resources, your community will likely experience less disruption. Efficient coordination will enable your office to share resources, staff, and patient load with community partners.

  It is just as important to work with your community partners to revise your community plan after a pandemic. Share what your office learned, in addition to challenges and strategies employed. This information will help ensure that your community's plan is updated and applicable to your office and other primary care providers in your community.

Resources

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Contents

This section includes the following resources:

The following checklists are additional resources your office can use when developing your pandemic influenza plan.

Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC)

- ❑ *Medical Offices and Pandemic Influenza Planning Checklist [32]*
- ❑ *Business Pandemic Influenza Planning Checklist [33]*
- ❑ *10 Steps You Can Take: Actions for Novel H1N1 Influenza Planning and Response for Medical Offices and Outpatient Facilities [34]*

American Academy of Family Physicians (AAFP)

- ❑ *Checklist to Prepare Doctors' Offices for Pandemic Influenza [35]*
- ❑ *Business Planning Checklist to Prepare Family Medicine Offices for Pandemic Influenza [36]*

Medical Offices and Clinics Pandemic Influenza Planning Checklist

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help medical offices and ambulatory clinics assess and improve their preparedness for responding to pandemic influenza. This checklist is modeled after a pandemic preparedness checklist for hospitals and should be used in conjunction with guidance on healthcare preparedness planning in Supplement 3 of the HHS Pandemic Influenza Plan. Many of the issues included in the checklist are also relevant to other outpatient settings that provide episodic and chronic healthcare services (e.g., dental, podiatric, and chiropractic offices, ambulatory surgery centers, hemodialysis centers). Given the variety of healthcare settings, individual medical offices and clinics may need to adapt this checklist to meet their unique needs. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. Medical offices and clinics can use this tool to identify the strengths and weaknesses of current planning efforts. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and it will be necessary to monitor selected websites for new and updated information.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
☐	☐	☐	Pandemic influenza has been incorporated into emergency management planning for the organization.
☐	☐	☐	A planning committee[1] has been created to specifically address pandemic influenza preparedness for the medical office or clinic.
☐	☐	☐	A person has been assigned responsibility for coordinating preparedness planning for the practice or organization (hereafter referred to as the pandemic influenza response coordinator). (Insert name, title and contact information) _____
☐	☐	☐	Members of the planning committee include the following: (Insert below or attach list with name, title and contact information for each) Administration: _____ Medical staff: _____ Nursing: _____ Reception personnel: _____ Environmental services (if applicable): _____ Clinic laboratory personnel (if applicable): _____ Other member(s): _____
☐	☐	☐	A point of contact (e.g., person assigned infection control responsibility for the organization or an outside consultant[2]) for questions/consultation on infection control measures to prevent transmission of pandemic influenza has been identified. (Insert name, title, and contact information) _____ _____

1. The committee could be very small (e.g., two or three staff members) or very large, depending on the size and needs of the organization.
2. Formal memorandum of understanding or contract may be needed if an outside consultant is used.

March 6, 2006
Version 2.2

3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
			❑ The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including notification when updated plans are created. (For more information on state and local planning, see www.hhs.gov/pandemicflu/plan/part2.html#overview)
			❑ A list or database has been created with contact information on patients who have regularly-scheduled visits and may need to be contacted during a pandemic for purposes of rescheduling office visits or assigning them to another point of care. (Insert location of list/database)
			_____
❑	❑	❑	**A plan is in place to provide an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza.**
			❑ A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, maintain a record of attendance at education and training programs). (Insert name, title and contact information)
			_____
			❑ Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of medical and nursing personnel have been identified. (http://www.cdc.gov/flu/professionals/training/)
			❑ Language and reading-level appropriate materials on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) appropriate for professional, allied and support personnel have been identified and a plan is in place for obtaining these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm)
			❑ Education and training includes information on infection control measures to prevent the spread of pandemic influenza. www.hhs.gov/pandemicflu/plan/sup4.html
❑	❑	❑	**Informational materials for patients on pandemic influenza that are language and reading-level appropriate for the population being served have been identified, and a plan is in place to obtain these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm)**
			❑ The roles of medical and nursing personnel in providing health care guidance for patients with pandemic influenza have been established.
❑	❑	❑	**A plan for triage and management of patients during a pandemic has been developed.**
			❑ A system is in place for phone (and e-mail, where appropriate) triage of patients to determine who requires a medical evaluation, to limit office visits to those that are medically necessary.
			❑ Plans have been developed to manage patient care at the height of the pandemic including the following possibilities:
			• Temporarily canceling non-essential medical visits (e.g., annual physicals).
			• Designating separate blocks of time for non-influenza and influenza-related patient care.
			❑ Local plans and criteria for the disposition of patients following a medical evaluation (e.g., hospitalization, home health care services, self- or family-based care at home) have been discussed with local hospital and health care agencies and local health department. (Flexibility will be necessary based on hospital bed capacity)
❑	❑	❑	**An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza see www.hhs.gov/pandemicflu/plan/sup4.html)**
			❑ A specific waiting room location has been designated for patients with symptoms of pandemic influenza that is segregated from other patients awaiting care. (This may not be feasible in very small waiting rooms, in which case the emphasis may be on use of masks as noted below)

3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
			❑ The management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work location.
			❑ The ability to monitor seasonal influenza vaccination of healthcare personnel.
			❑ The offer of annual influenza vaccine to medical office or clinic personnel.
❑	❑	❑	**Issues related to surge capacity (i.e., dealing with an influx of patients and staff and supply shortages) during a pandemic have been addressed. (For more information see www.hhs.gov/pandemicflu/plan/sup3.html#surge)**
			❑ Plans for managing a staffing shortage within the organization due to illness in personnel or their family members have been addressed.
			❑ Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (e.g., "snow days," school closures) are implemented. (www.pandemicflu.gov/planguide/checklist.html; www.pandemicflu.gov/planguide/familyhealthinfo.html)
			❑ The minimum number and categories of personnel necessary to keep the office/clinic open on a given day have been determined.
			❑ Plans for either closing the office/clinic or recruiting temporary personnel during a staffing crisis have been addressed.
			❑ Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products, medical supplies) have been estimated.
			❑ A primary plan and contingency plan to address supply shortages have been developed and each details procedures for acquisition of supplies through normal channels, as well as requesting resources when normal channel resources have been exhausted.
			❑ Plans include stockpiling at least a week's supply of consumable resources, including all necessary medical supplies, when there is evidence that pandemic influenza has reached the United States.

1.3 Establish policies to be implemented during a pandemic:

Completed	In Progress	Not Started	
☐	☐	☐	Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
☐	☐	☐	Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
☐	☐	☐	Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).
☐	☐	☐	Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
☐	☐	☐	Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
☐	☐	☐	Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

1.4 Allocate resources to protect your employees and customers during a pandemic:

Completed	In Progress	Not Started	
☐	☐	☐	Provide sufficient and accessible infection control supplies (e.g.hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
☐	☐	☐	Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
☐	☐	☐	Ensure availability of medical consultation and advice for emergency response.

1.5 Communicate to and educate your employees:

Completed	In Progress	Not Started	
☐	☐	☐	Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
☐	☐	☐	Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
☐	☐	☐	Ensure that communications are culturally and linguistically appropriate.
☐	☐	☐	Disseminate information to employees about your pandemic preparedness and response plan.
☐	☐	☐	Provide information for the at-home care of ill employees and family members.
☐	☐	☐	Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.
☐	☐	☐	Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

1.6 Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
☐	☐	☐	Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
☐	☐	☐	Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
☐	☐	☐	Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
☐	☐	☐	Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.

10 Steps You Can Take: Actions for Novel H1N1 Influenza Planning and Response for Medical Offices and Outpatient Facilities

It is critical to ensure medical offices and other outpatient facilities (e.g., outpatient/ambulatory clinics, outpatient surgery centers, urgent care centers, physical therapy/rehabilitation offices or clinics) that provide routine, episodic, and/or chronic healthcare services can manage an increased demand for services in the midst of a novel H1N1 influenza outbreak. Ensuring a sustainable community healthcare response will be important for a likely recurrence of novel H1N1 influenza [34].

1. ***Develop a Business Continuity Plan***–*Novel H1N1 flu outbreaks will impact your organization, employees, suppliers of critical materiel, and your family. Identify your office/clinic's essential functions and the individuals who perform them. Make sure you have trained enough people to properly work in these essential functions and allow for potential absenteeism. Develop a plan that will sustain your core business activities for several weeks. Make sure you have alternate plans for critical supplies in case there is disruption in your supply chains.*

2. ***Inform employees about your plan for coping with additional surge during a pandemic***–*Provide clear and frequent communication to ensure that your staff is aware and understand the plan. Explain any policies and procedures that will be used to protect staff and your patients, and to manage a surge of patients. Improve the resiliency of your staff by advising that employees have a pandemic family plan or personal plans.*

3. ***Plan to operate your facility if there is significant staff absenteeism***–*Are you ready for 20% to 40% of your employees not being able to come to work? Cross training your staff is key to resilience should significant staff absenteeism occur. What else can be done to ensure continuity of operations with reduced staff?*

4. ***Protect your workplace by asking sick employees to stay home***–*Be sure to ask sick staff to stay home. All personnel should self monitor daily for signs and symptoms of febrile respiratory illness. Staff who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor. Be sure to align your sick leave policies so ill staff can stay home.*

5. ***Plan for a surge of patients and increased demands for your services***–*Consider using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with flu at home. Consider extending your hours of operation to include telephone triage of patients during a community outbreak.*

6. ***Care for patients with novel H1N1 flu in your facility***–*Make plans to screen patients for signs and symptoms of febrile respiratory illness at entry to the facility. If feasible, use separate waiting and exam rooms for possible novel H1N1 flu patients; plan to offer surgical masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), provide facial tissues, receptacles for their disposal, and provide hand hygiene products in waiting areas and examination rooms.*

7. ***Take steps to protect the health of your workforce during an outbreak of H1N1***–*All healthcare personnel who come in close contact with patients who may have novel H1N1 flu should take precautions to include use of respiratory and eye protection for all patient care activities. Plan now to stockpile sufficient PPE for your staff.*

8. ***Provide immunization against seasonal flu at no cost to your staff***–*In the fall there may be several influenza strains circulating at the same time. Although seasonal flu immunization will not provide protection to novel H1N1 influenza, annual influenza vaccination is recommended for health care professionals and will likely protect against seasonal influenza strains.*

9. ***Make sure you know about the pandemic planning and response activities of the hospitals, outpatient facilities and local public health in your community***–*Actively seek information from and coordinate with key medical, clinical facilities and public health departments in your community to learn about how they will manage patients during a pandemic. Medical offices, emergency rooms, urgent care centers and hospitals in communities with outbreaks will likely have difficulty managing a large influx of patients; a coordinated community response is important to manage surge and assure optimal patient care. Develop a plan to manage your patients who do not need to seek emergency services.*

10. ***Plan now so you will know where to turn to for reliable, up-to-date information in your local community***–*Staff in healthcare settings should monitor the CDC H1N1 Influenza website and local and state health department websites for the latest information. See these websites for contact information for local health departments and state health departments.*

Be prepared for a range of situations. The true impact of novel H1N1 flu outbreaks in the coming months will not be known until it happens. Be prepared for a possibility that your facility will have significant increased demand for services and the possibility that a fall outbreak may have greater impact than the outbreak that occurred in the spring, 2009.

For more information see the Medical Offices and Clinics Pandemic Influenza Planning Checklist. Also sign up to receive regular updates about novel H1N1 influenza, emerging infectious diseases, and other emergency preparedness and response information by going to www.emergency.cdc.gov/clinregistry.

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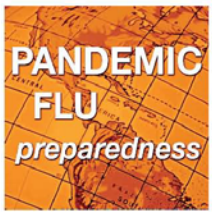
Checklist to Prepare Doctors' Offices for Pandemic Influenza

ASSUMPTION: **Transmission will be primarily through exposure to respiratory droplets and direct contact with patients and their contaminated environments.**

Universal Early Preparation

- ❑ Vaccinate all staff and their families against seasonal influenza. (This will help differentiate seasonal influenza from the pandemic variant, help keep the health workforce healthy and may have some ameliorating effect on the pandemic variant.)



- ❑ Review patients' records to assess their need for seasonal influenza vaccine and pneumococcal vaccination. (Many deaths in past epidemics were caused by postinfluenza bacterial pneumonia.)
- ❑ Educate staff and patients about changes they can expect to be implemented in the office during a pandemic and about ways to prepare themselves and their families. (See CDC's "Pandemic Flu Planning Checklist for Individuals and Families" at **http://pandemicflu.gov/plan/individual/checklist.html**.)

  Influenza education:
  - ➢ Educate staff about influenza evaluation and treatment.
  - ➢ Educate staff about alternative office management plans.
  - ➢ Educate patients about developing family management plans.

  Office preparedness training:
  - ➢ Design an office management plan for pandemic influenza that includes patient flow, triage, treatment and design.
  - ➢ Prepare for office staff illness, absences and/or quarantine. (Physicians should plan for a 40 percent absenteeism rate at the peak of a pandemic.)
  - ➢ Cross-train staff for all essential office and medical functions.
  - ➢ Review proper office and medical cleaning routines.
- ❑ Plan for cross-covering with other health care providers in your community, and participate in local hospital planning exercises.
- ❑ Identify materials and supplies required for care to be delivered during a pandemic and businesses that can provide those materials. (See "Checklist of Required Equipment/Supplies" on page 3.) Order appropriate materials and supplies.
- ❑ Contact representatives at your office waste disposal service regarding plans for appropriate waste disposal so that they can prepare for an increased amount of dangerous waste materials.
- ❑ Stay informed. Visit your State Department of Health's Web site (find it at **http://www.statepublichealth.org**) on a weekly basis, or develop a reliable alternative method for routine epidemiologic monitoring.
- ❑ Become knowledgeable about drugs available for treatment and prophylaxis and about other acute treatment options. This should entail familiarity with general recommendations on pandemic influenza from the CDC and other reliable clinical information sources, as well as with information about what management options and resources may be available and most effective in your area.
- ❑ Family physicians may consider keeping on hand an adequate supply of antivirals for the prophylaxis of staff and their families during the first pandemic wave of up to eight weeks, until a pandemic-specific vaccine becomes available.
- ❑ Keep up-to-date on the availability of diagnostic testing (both overall and in your area), location of labs and length of time needed for results to be returned, equipment required, etc.
- ❑ Make arrangements necessary to ensure you'll have access to needed diagnostic testing resources and capabilities during a pandemic.
- ❑ Establish linkages with your state/local public health offices so that you and your staff can be notified when specific vaccine becomes available and can plan for appropriate distribution according to state and CDC recommendations. Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area.

continued

NOTE: For a task-based approach to preparing for an influenza pandemic, download the CDC's "Medical Offices and Clinics Pandemic Influenza Planning Checklist" at **http://www.flu.gov/professional/pdf/medofficesclinics.pdf**.

In Areas With Suspected or Known Pandemic Influenza

- ❑ Post signage, in appropriate languages, at the entrance to and inside the office to alert all patients with influenza symptoms to notify staff immediately of that fact.
- ❑ Post signage, in appropriate languages, to teach/remind all patients about correct respiratory hygiene and cough etiquette; specifically, they should cough and sneeze into a tissue (which then should be properly discarded) or into the upper sleeve. **(http://www.cdc.gov/flu/protect/covercough.htm)**
- ❑ Reorganize waiting areas to keep patients with respiratory symptoms a minimum of three feet from others and/or have a separate waiting area for patients with respiratory illness.
- ❑ Consider arranging a separate entrance for symptomatic patients.
- ❑ Schedule patients with acute respiratory illness (ARI) to the end of a day or at another distinct time.
- ❑ Evaluate patients with ARI promptly. (See "Triage Systems" at right.)
- ❑ Provide disposable tissues to all symptomatic patients on arrival for their use in trapping respiratory secretions.
- ❑ Provide no-touch waste containers with disposable liners in all reception, waiting, patient care and restroom areas.
- ❑ Provide alcohol-based hand rub in all reception, waiting, patient care and restroom areas.
- ❑ Discontinue the use of toys, magazines and other such shared items in waiting areas, as well as shared items between patients, such as pens, clipboards, phones, etc.
- ❑ Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas; this equipment will need to be cleaned with appropriate cleaning solutions between each patient. Consider the use of disposable equipment, such as blood pressure cuffs, when possible.

Triage Systems

- ❑ Consider rescheduling or postponing all routine appointments.
- ❑ Recommend that patients phone the office before arrival.
- ❑ Implement alternative patient care systems.

Telephone triage system:

➢ Identify a staff person or persons dedicated to triaging phone patients using the following questions:

1) "Do you have a fever greater than 100°F (37.8°C) and cough or sore throat?" If no, go to question 2). If yes, go to question 3).
2) "Have you had contact with other sick people? Have you traveled recently to _____ (will vary according to epidemic disease areas identified)?" If yes to either, advise patient to come in for evaluation of possible need for prophylaxis. If no, pursue other symptoms.
3) "Are you having shortness of breath or other signs of respiratory distress?" If yes, advise patient to proceed to emergency room. If no, schedule patient for outpatient evaluation using appropriate on-site precautions.

Office triage system:

➢ Isolate or separate all "walk-in" patients by at least a three-foot margin until evaluated/triaged by designated office or nursing personnel. If patient exhibits shortness of breath or other signs of respiratory distress, the triage specialist should call the physician immediately. If not, proceed with triage using the following questions:

1) "Do you have a fever greater than 100°F (37.8°C) and cough or sore throat?" If yes, go to question 2). If no, pursue other symptoms.
2) "Have you had contact with other sick people?" "Have you traveled recently to _____ (will vary according to epidemic disease areas identified)?" If yes to either, continue evaluation for possible need for prophylaxis. If no, pursue other symptoms.

- ❑ Implement alternative patient flow systems.
  - ➢ Distribute respiratory prevention packets consisting of a disposable surgical mask, facial tissues and cleansing wipes to all symptomatic patients.
  - ➢ Attempt to isolate all patients with suspected influenza using doors, remote office areas or negative-pressure rooms, if available.
  - ➢ Provide N-95 respirators, face shields/goggles, surgical masks, gloves and gowns for all caregivers and staff to use when within three feet of patients with suspected influenza. (**http://www.cdc.gov/h1n1flu/masks.htm**)
  - ➢ After delivering care, exit the exam room as quickly and directly as possible; i.e. complete documentation in clean area.
  - ➢ Clean room and all medical equipment completely with appropriate cleaning solutions.
  - ➢ Consider covering all staff who have patient contact with prophylactic antivirals, and consider antiviral prophylaxis for their families, as well. When a pandemic-specific vaccine becomes available, assist all staff with direct patient contact in receiving the vaccine.

Referral or Transfer

- ❑ While waiting for diagnostic test results, home isolation may be required. Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed. (**http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/bt/pandemicflu.Par.0001.File.tmp/PanFluConsid.pdf**)
- ❑ Transportation to a referral/transfer site should be done by a previously exposed family member in a personal vehicle or by a health facility vehicle such as an ambulance — not via public transportation.
- ❑ Notify the recipient of a referred/transferred patient that a suspected influenza case is being referred/transferred.
- ❑ Implement appropriate public health reporting procedures.

Waste Disposal

- ❑ No-touch methods of disposing of waste materials with respiratory secretions should be used.
- ❑ Arrange to use the methods for disposal of dangerous waste that are currently recommended.

Checklist of Required Equipment/Supplies

- ❑ Signage, in appropriate languages, instructing patients to alert staff about respiratory symptoms
- ❑ Signage, in appropriate languages, about correct respiratory hygiene and cough etiquette
- ❑ Boxes of tissues for patient distribution
- ❑ Single-use towels and tissues for use throughout the office
- ❑ No-touch wastebaskets and disposable liners
- ❑ Alcohol-based hand rub for reception, waiting, patient care and restroom areas
- ❑ Single-use gloves
- ❑ N-95 respirators, face shields/goggles, surgical masks and gowns for providers and staff as appropriate
- ❑ Surgical masks for patient distribution
- ❑ Appropriate disinfectant for environmental cleaning
- ❑ Buckets and single-use mops
- ❑ Adequate medicinal supplies: IV solutions, antivirals and antibiotics
- ❑ Patient education handouts

continued

*N-95 respirators protect against the inhalation of small *and* large airborne particles through the use of filter material fitted tightly to cover the nose and mouth. Some may look like traditional surgical masks.

Key Pandemic Influenza Web Sites

Flu.gov (Department of Health and Human Services)
http://www.flu.gov/

Influenza (Centers for Disease Control and Prevention)
http://www.cdc.gov/flu/

Global Alert and Response (GAR) (World Health Organization)
http://www.who.int/csr/en/

StatePublicHealth.org (Association of State and Territorial Health Officials)
http://www.astho.org/

Learn more about pandemic influenza and find tools to help you prepare your office, your patients and your community at AAFP's Pandemic Flu Web page.

http://www.aafp.org/disasterprep/pandemicflu.html

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Business Planning Checklist to Prepare Family Medicine Offices for Pandemic Influenza

ASSUMPTION: At the peak of an influenza pandemic, various factors (e.g., personal and family illness, public transportation difficulties, school closures, fear of exposure) will likely result in staff absenteeism rates of as high as 40 percent. Periods of active illness are expected to peak in repeated waves, each lasting perhaps six to eight weeks.

General

- ❑ Identify all essential functions of the practice, including the administrative support activities necessary to continue those functions. For example, clinical patient care would include emotional support for family members, as well as for the "worried well." (NOTE: The steps below may be used to outline the management of personnel, space, equipment, supplies, finances and communication required to support patient care.)

- ❑ Develop a plan that takes all those essential functions into consideration. (See CDC's "Business Pandemic Influenza Planning Checklist" at **http://www.flu.gov/professional/pdf/businesschecklist.pdf** for more information.)

Personnel Management

- ❑ Establish nonpunitive policies for compensation related to sick leave during a pandemic.
- ❑ Establish guidelines for the use of sick leave during a pandemic, including steps for determining when previously ill employees can be considered no longer infectious and can be allowed to return to work.
- ❑ Establish flexible work hours for nonessential and nonpatient-care functions to minimize staff exposure to infection.
- ❑ Cross-train personnel in essential business, office and nursing functions.
- ❑ Identify and prepare workers who can substitute for absent personnel; consider part-time workers, medical assistants, retirees, family members, students, etc.
- ❑ Develop linkages with other primary care providers and practices for cross-coverage. Consider issues of call, emergency room and hospital coverage, public health clinics, consolidating practices, etc.
- ❑ Family physicians may consider keeping on hand an adequate supply of antivirals for the prophylaxis of staff during the first pandemic wave of up to eight weeks, until a pandemic-specific vaccine becomes available.

Management of Space, Equipment and Supplies

(See the AAFP's "Checklist to Prepare Doctors' Offices for Pandemic Influenza" at **http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/bt/fpflushecklist.par.0001.file.tmp/panfluchecklist.pdf.** for more details.)

- ❑ Plan the organization of entrance areas and waiting and examination rooms to maximize infection control capabilities, with a goal of decreasing face-to-face contact between patients and staff in reception areas and offices.
- ❑ Contact suppliers of special equipment and supplies to confirm availability and ordering dates.
- ❑ Arrange for adequate storage space for additional equipment and supplies.
- ❑ Contact cleaning staff and representatives from the practice's dangerous waste disposal service regarding an increased need for cleaning services and a projected increased volume of waste.

continued

- ❑ Provide education about correct cleaning techniques for office equipment and common work areas (e.g., phones, computers, desktops, copy and fax machines).
- ❑ Cover office keyboards with washable, flexible plastic forms.

Management of Finances

- ❑ Review the financial status of the practice and project the impact that a loss of ability to see patients or collect payments would have on the business.
- ❑ Initiate discussions with health plans, health insurers and similar organizations regarding the implications of a pandemic, with a goal of forecasting such an event's impact on billing procedures, cash flow and payments and how to diminish any negative effects.
- ❑ Contact insurers, banks and other such institutions with which the practice conducts business to discuss their plans for handling transactions during a pandemic and any impact those changes might have on the practice.
- ❑ Consider alternative methods of distributing staff salaries during peak pandemic periods.

Communication and Community Issues

- ❑ Establish emergency communication protocols among office, medical and nursing personnel.
- ❑ Assign cross-trained personnel to keep abreast of public and health professional announcements from local, state and civil defense and to share these with staff.
- ❑ Make yourself available to community groups to participate in planning exercises and to help increase public awareness.
- ❑ Regularly monitor the AAFP's pandemic influenza Web resources at **http://www.aafp.org/disasterprep/pandemicflu.html** for preparedness information, including key links to national and international Web sites.

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Incident Command System (ICS)

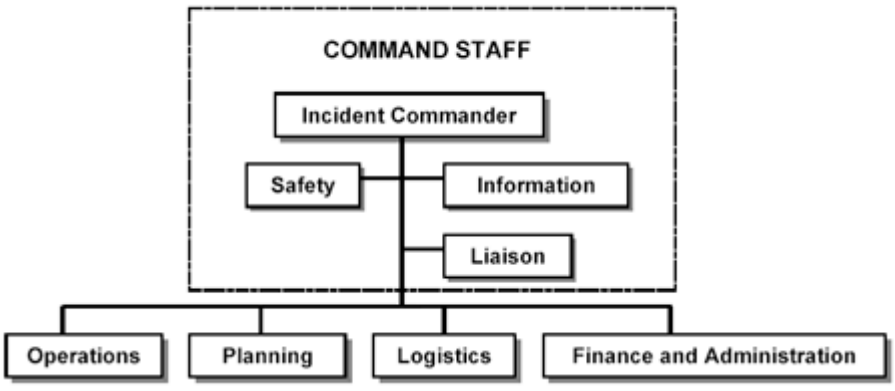
This information is taken from the U.S. Department of Labor, Occupational Safety and Health Administration, http://www.osha.gov/SLTC/etools/ics/what_is_ics.html [37].

The Incident Command System (ICS) is a standardized on-scene incident management concept designed specifically to allow responders to adopt an integrated organizational structure equal to the complexity and demands of any single incident or multiple incidents without being hindered by jurisdictional boundaries.

In 1980, federal officials transitioned ICS into a national program called the National Interagency Incident Management System (NIIMS) (now known as the National Incident Management System [NIMS]), which became the basis of a response management system for all federal agencies with wildfire management responsibilities. Since then, many federal agencies have endorsed the use of ICS and several have mandated its use.

An ICS enables integrated communication and planning by establishing a manageable span of control. An ICS divides an emergency response into five manageable functions essential for emergency response operations: Command, Operations, Planning, Logistics, and Finance/ Administration. Figure 1 below shows a typical ICS structure.

Figure 1 — Incident Command System Structure



The **Incident Commander** (IC) or the **Unified Command** (UC) is responsible for all aspects of the response, including developing incident objectives and managing all incident operations.

The IC/UC is faced with many responsibilities when he/she arrives on scene. Unless specifically assigned to another member of the Command or General Staffs, these responsibilities remain with the IC/UC. Some of the more complex responsibilities include:

- Establish immediate priorities especially the safety of responders, other emergency workers, bystanders, and people involved in the incident.
- Stabilize the incident by ensuring life safety and managing resources efficiently and cost effectively.
- Determine incident objectives and strategy to achieve the objectives.
- Establish and monitor incident organization.
- Approve the implementation of the written or oral Incident Action Plan (IAP).
- Ensure adequate health and safety measures are in place.

The **Command Staff** is responsible for public affairs, health and safety, and liaison activities within the incident command structure. The IC/UC remains responsible for these activities or may assign individuals to carry out these responsibilities and report directly to the IC/UC.

- The **Information Officer's** role is to develop and release information about the incident to the news media, incident personnel, and other appropriate agencies and organizations.
- The **Liaison Officer's** role is to serve as the point of contact for assisting and coordinating activities between the IC/UC and various agencies and groups. This may include Congressional personnel, local government officials, and criminal investigating organizations and investigators arriving on the scene.
- The **Safety Officer's** role is to develop and recommend measures to the IC/UC for assuring personnel health and safety and to assess and/or anticipate hazardous and unsafe situations. The Safety Officer also develops the Site Safety Plan, reviews the Incident Action Plan for safety implications, and provides a timely, complete, specific, and accurate assessment of hazards and required controls.

The **General Staff** includes Operations, Planning, Logistics, and Finance/Administrative responsibilities. These responsibilities remain with the IC until they are assigned to another individual. When the Operations, Planning, Logistics or Finance/Administrative responsibilities are established as separate functions under the IC, they are managed by a section chief and can be supported by other functional units.

- The **Operations Staff** is responsible for all operations directly applicable to the primary mission of the response.
- The **Planning Staff** is responsible for collecting, evaluating, and disseminating the tactical information related to the incident, and for preparing and documenting IAPs.
- The **Logistics Staff** is responsible for providing facilities, services, and materials for the incident response.
- The **Finance and Administrative Staff** is responsible for all financial, administrative, and cost analysis aspects of the incident.

The following is a list of Command Staff and General Staff responsibilities that either the IC or UC of any response should perform or assign to appropriate members of the Command or General Staffs:

- Provide response direction,
- Coordinate effective communication,
- Coordinate resources,
- Establish incident priorities,
- Develop mutually agreed-upon incident objectives and approve response strategies,
- Assign objectives to the response structure,
- Review and approve IAPs,
- Ensure integration of response organizations into the ICS/UC,
- Establish protocols,
- Ensure worker and public health and safety, and
- Inform the media.

The modular organization of the ICS allows responders to scale their efforts and apply the parts of the ICS structure that best meet the demands of the incident. In other words, there are no hard and fast rules for when or how to expand the ICS organization. Many incidents will never require the activation of Planning, Logistics, or Finance/Administration Sections, while others will require some or all of them to be established. A major advantage of the ICS organization is the ability to fill only those parts of the organization that are required. For some incidents, and in some applications, only a few of the organization's functional elements may be required. However, if there is a need to expand the organization, additional positions exist within the ICS framework to meet virtually any need.

For example, in responses involving responders from a single jurisdiction, the ICS establishes an organization for comprehensive response management. However, when an incident involves more than one agency or jurisdiction, responders can expand the ICS framework to address a multi-jurisdictional incident.

The roles of the ICS participants will also vary depending on the incident and may even vary during the same incident. Staffing considerations are based on the needs of the incident. The number of personnel and the organization structure are dependent on the size and complexity of the incident. There is no absolute standard to follow. However, large-scale incidents will usually require that each component, or section, is set up separately with different staff members managing each section. A basic operating guideline is that the Incident Commander is responsible for all activities until command authority is transferred to another person.

Another key aspect of an ICS that warrants mention is the development of an IAP. A planning cycle is typically established by the Incident Commander and Planning Section Chief, and an IAP is then developed by the Planning Section for the next operational period (usually 12- or 24-hours in length) and submitted to the Incident Commander for approval. Creation of a planning cycle and development of an IAP for a particular operational period help focus available resources on the highest priorities/incident objectives. The planning cycle, if properly practiced, brings together everyone's input and identifies critical shortfalls that need to be addressed to carry out the Incident Commander's objectives for that period.

Unified Command (UC)

This information is taken from the U.S. Department of Labor, Occupational Safety and Health Administration, http://www.osha.gov/SLTC/etools/ics/what_is_uc.html [38].

Although a single Incident Commander normally handles the command function, an ICS organization may be expanded into a Unified Command (UC). The UC is a structure that brings together the "Incident Commanders" of all major organizations involved in the incident in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities. The UC links the organizations responding to the incident and provides a forum for these entities to make consensus decisions. Under the UC, the various jurisdictions and/or agencies and non-government responders may blend together throughout the operation to create an integrated response team.

The UC is responsible for overall management of the incident. The UC directs incident activities, including development and implementation of overall objectives and strategies, and approves ordering and releasing of resources. Members of the UC work together to develop a common set of incident objectives and strategies, share information, maximize the use of available resources, and enhance the efficiency of the individual response organizations.

The UC may be used whenever multiple jurisdictions are involved in a response effort. These jurisdictions could be represented by:

- Geographic boundaries (such as two states, Indian Tribal Land);
- Governmental levels (such as local, state, federal);
- Functional responsibilities (such as fire fighting, oil spill, Emergency Medical Services [EMS]);
- Statutory responsibilities (such as federal land or resource managers); or
- Some combination of the above.

Actual UC makeup for a specific incident will be determined on a case-by-case basis taking into account: (1) the specifics of the incident, (2) determinations outlined in existing response plans, or (3) decisions reached during the initial meeting of the UC. The makeup of the UC may change as an incident progresses in order to account for changes in the situation. The UC is a team effort, but to be effective, the number of personnel should be kept as small as possible.

Frequently, the first responders to arrive at the scene of an incident are emergency response personnel from local fire and police departments. The majority of local responders are familiar with National Incident Management System (NIMS) ICS and are likely to establish one immediately. As local, state, federal, and private party responders arrive on-scene for multi-jurisdictional incidents, responders would integrate into the ICS organization and establish a UC to direct the expanded organization. Although the role of local and state responders can vary depending on state laws and practices, local responders will usually be part of the ICS/UC.

Members in the UC have decision-making authority for the response. To be considered for inclusion as a UC representative, the representative's organization must:

- Have jurisdictional authority or functional responsibility under a law or ordinance for the incident;
- Have an area of responsibility that is affected by the incident or response operations;
- Be specifically charged with commanding, coordinating, or managing a major aspect of the response; and
- Have the resources to support participation in the response organization.

The addition of a UC to the ICS enables responders to carry out their own responsibilities while working cooperatively within one response management system. Under the National Contingency Plan (NCP), the UC may consist of a pre-designated On-Scene Coordinator (OSC), the state OSC, the Incident Commander for the Responsible Party (RP), and the local emergency response Incident Commander.

ICS and UC Training

This information is taken from the U.S. Department of Homeland Security, Federal Emergency Management Agency, http://training.fema.gov/IS/NIMS.asp [7].

ICS training is available in four modules at NIMS Online. The four modules are:

1. ICS-100, Introduction to ICS
2. ICS-200, Basic ICS
3. ICS-300, Intermediate ICS
4. ICS-400, Advanced ICS

In addition to the four courses shown above, three other training courses are also available online:

1. IS-700, National Incident Management System (NIMS), An Introduction
2. IS-800.B, National Response Framework, An Introduction
3. IS-808, Emergency Support Function (ESF) #8 – Public Health and Medical Services

Aid Agreements

Mutual Aid Agreements (MAAs)

Mutual aid agreements (MAAs) and assistance agreements (AAs) are agreements between agencies, organizations, and jurisdictions that provide a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and after an incident.

In emergency services, mutual aid is an agreement among emergency responders to lend assistance across jurisdictional boundaries. This may occur due to an emergency response that exceeds local resources, such as a disaster or a multiple-alarm fire. Mutual aid may be ad hoc and requested only when such an emergency occurs. It may also be a formal standing agreement for cooperative emergency management on a continuing basis, such as ensuring that resources are dispatched from the nearest fire station, regardless of which side of the jurisdictional boundary the incident is on. Agreements that send closest resources are regularly referred to as "automatic aid agreements". Mutual aid may also extend beyond local response. Several states have statewide mutual aid systems.

Memoranda of Agreement (MOAs)

A memorandum of agreement (MOA) or cooperative agreement is a document written between parties to cooperatively work together on an agreed upon project or meet an agreed upon objective. The purpose of an MOA is to have a written understanding of the agreement between parties. The MOA can also be a legal document that is binding and hold the parties responsible to their commitment or just a partnership agreement.

An MOA can also be used as a document outlining the cooperative terms of two entities to work in partnership on certain listed projects, or as a general partnership. The agreed responsibilities of the partners will be listed and the benefits of each party will be listed. As a part of the agreement there is usually a list of binding terms that makes the partnership a cohesive unity and often there is an obligation of funds attached to certain terms in the agreement.

Memoranda of Understanding (MOUs)

A memorandum of understanding (MOU or MoU) is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It most often is used in cases where parties either do not imply *a legal commitment* or in situations where the parties cannot create a legally enforceable agreement.

Many government agencies use MOUs to define a relationship between departments or agencies.

Example MOU

Memorandum of Understanding between (Your Organization) and (Partnering Organization) for Application to

I. MISSION

Include a brief description of your organization's mission and the partnering organization's mission. You may also want to include a sentence about the specific program, if applicable.

Together, the Parties enter into this Memorandum of Understanding to mutually promote Accordingly, and operating under this MOU agree as follows.

II. PURPOSE AND SCOPE

Describe the intended results or effects that your organization and the partnering organization y hope to achieve, and the area(s) that the specific activities will cover. Answering the following questions may help you develop this section.

- *Why are the organizations forming a collaboration? What are the benefits for the organization?*
- *Who is the target population?*
- *How does the target population benefit?*

Include issues of funding if necessary. For example:

Each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU.

III. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU.

- *List contact persons with address and telephone information*

The organizations agree to the following tasks for this MOU.

Your organization will:

- *List tasks of your organization as bullet points*

Partnering organization will:

- *List tasks of partnering organization as bullet points*

Your organization and *Partnering organization* will:

- *List shared tasks as bullet points*

IV. TERMS OF UNDERSTANDING

The term of this MOU is for a period of *insert length of MOU, usually 1 to 3 years* from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least insert how often, usually annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU.

On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Your organization

Name:

Title:

Organization:

Date:

Partnering organization

Name:

Title:

Organization:

Date:

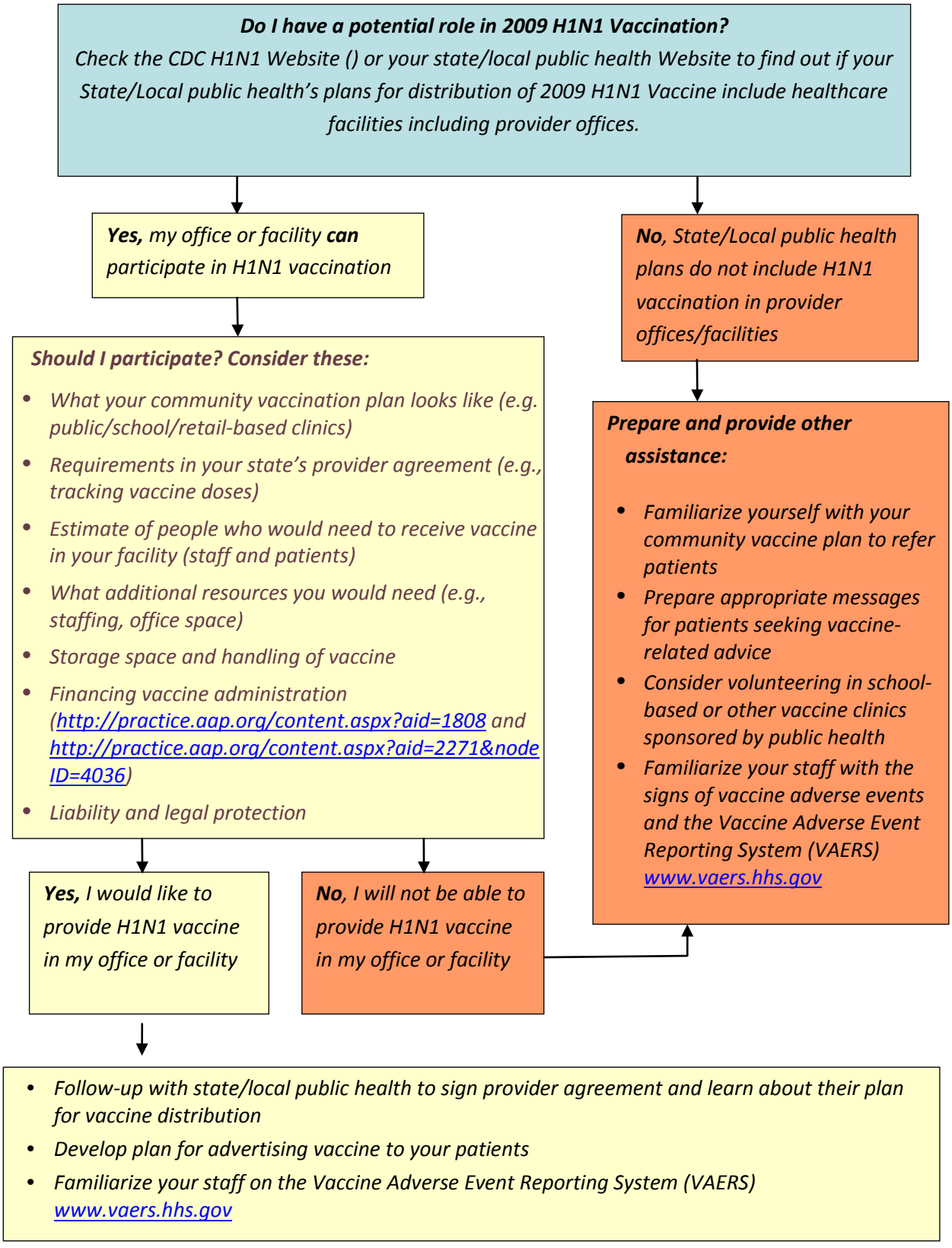
Healthcare Provider/Facility Decision Tree for 2009 H1N1 Vaccination

This information is taken from CDC's pandemic H1N1 (pH1N1) Vaccine website at http://www.cdc.gov/H1N1flu/vaccination/decisiontree.htm [39].

The purpose of this document is to provide a decision tool for providers and healthcare facilities including:

- Provider offices (pediatricians, family practice physicians, internists, primary care providers, obstetricians/gynecologists)
- Federally Qualified Health Centers and "look-alikes," Community health clinics, Urgent Care clinics, Retail-based clinics
- Hospitals
- Long-term care facilities

The target audience includes physicians, nurses, office/facility managers, infection control coordinators, and anyone responsible for carrying out pH1N1 Influenza vaccination in healthcare settings. This document can also be used by state and local public health planners to assist with vaccine distribution and coordination of related community mitigation.


Do I have a potential role in 2009 H1N1 Vaccination?
Check the CDC H1N1 Website () or your state/local public health Website to find out if your State/Local public health's plans for distribution of 2009 H1N1 Vaccine include healthcare facilities including provider offices.
Yes, my office or facility can participate in H1N1 vaccination
No, State/Local public health plans do not include H1N1 vaccination in provider offices/facilities
Should I participate? Consider these:
What your community vaccination plan looks like (e.g. public/school/retail-based clinics)
Requirements in your state's provider agreement (e.g., tracking vaccine doses)
Estimate of people who would need to receive vaccine in your facility (staff and patients)
What additional resources you would need (e.g., staffing, office space)
Storage space and handling of vaccine
Financing vaccine administration (http://practice.aap.org/content.aspx?aid=1808 and http://practice.aap.org/content.aspx?aid=2271&nodeID=4036)
Liability and legal protection
Prepare and provide other assistance:
Familiarize yourself with your community vaccine plan to refer patients
Prepare appropriate messages for patients seeking vaccine-related advice
Consider volunteering in school-based or other vaccine clinics sponsored by public health
Familiarize your staff with the signs of vaccine adverse events and the Vaccine Adverse Event Reporting System (VAERS) www.vaers.hhs.gov
Yes, I would like to provide H1N1 vaccine in my office or facility
No, I will not be able to provide H1N1 vaccine in my office or facility
Follow-up with state/local public health to sign provider agreement and learn about their plan for vaccine distribution
Develop plan for advertising vaccine to your patients
Familiarize your staff on the Vaccine Adverse Event Reporting System (VAERS) www.vaers.hhs.gov

Glossary

Definitions are from http://www.pandemicflu.gov/glossary/, unless otherwise noted

Antibiotic: A substance produced by bacteria or fungi that destroys or prevents the growth of other bacteria and fungi.

Antiviral: Drug that is used to prevent or cure a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell.

Asymptomatic: Presenting no symptoms of disease.

Contagious: A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

Continuity of Operations: Refers to the capability to ensure the performance of essential functions during an emergency or situation that may disrupt normal operations.

Epidemic: A disease occurring suddenly in humans in a community, region or country in numbers clearly in excess of normal.

False Negative: An erroneous test result indicating a disease is not present, when in reality it is. False negatives fail to observe a difference when one exists.

False Positive: An erroneous test result indicating a disease is present, when in reality it is not. False positives observe a difference when one does not exist.

Force majeure: An unexpected and disruptive event that may excuse a party from liability if an unforeseen event beyond control prevents the party from performing its obligations under the contract. Force majeure clauses usually include natural disasters, war, or the failure of third parties to perform their obligations (i.e., subcontractors).
http://www.library.yale.edu/~llicense/forcegen.shtml

H1N1: Also known as "swine flu." A novel new influenza virus causing illness in people. This new virus was first detected in the U.S. in April 2009, and has spread to many countries around the world.

Hospice Care: Always provides palliative care (see palliative care). However, it is focused on terminally ill patients-people who no longer seek treatments to cure them and who are expected to live for about six months or less. (http://www.getpalliativecare.org/whatis).

Influenza: A serious disease caused by viruses that infect the respiratory tract.

Isolation: A state of separation between persons or groups to prevent the spread of disease. The first published recommendations for isolation precautions in United States hospitals appeared as early as 1877, when a handbook recommended placing patients with infectious diseases in separate facilities. Isolation measures can be undertaken in hospitals or homes, as well as in alternative facilities.

Modular Emergency Medical System: Addresses the issue of surge capacity for local healthcare partners by utilizing an alternative means to provide traditional care. The MEMS concept calls for the rapid organization of two types of expandable patient care modules, the Neighborhood Emergency Help Centers (NEHC) and the Acute Care Center (ACC). These two modules will aid in the triage of healthcare needs to support surge capacity issues that are likely to be encountered within our communities.

The mission of the NEHC is to direct casualties, especially non-critical and asymptomatic, potentially exposed patients, away from the Emergency Departments, allowing hospitals to continue to remain open in some capacity. In addition, the NEHC will render basic medical evaluation and triage while also providing limited treatment including the stabilization and distribution/dispensing of prophylaxis, medication, self-help information, and instruction. An acute care center is designed to treat patients who need inpatient treatment but do not require mechanical ventilation.
(http://www.ecbc.army.mil/downloads/reports/ECBC_mems_copper_book.pdf; http://www.dgeready.com/UserFiles/NEHC.pdf).

MRC: The Medical Reserve Corps establishes teams of local volunteer medical and public health professionals who can contribute their skills and expertise throughout the year and during times of community need.

Negative Predictive Value: A measure of the predictive value of a reported case or epidemic; the proportion of cases reported by a surveillance system or classified by a case definition which are not true cases.
(http://www.cdc.gov/reproductivehealth/EpiGlossary/glossary.htm#V)

Palliative Care: Specializes in the relief of the pain, symptoms and stress of serious illness. The goal is to improve quality of life for patients and their families. Palliative care is appropriate at any point in an illness, and can be provided at the same time as treatment that is meant to cure. (http://www.getpalliativecare.org/whatis)

Pandemic: The worldwide outbreak of a disease in humans in affecting an exceptionally higher proportion of the population than normal.

Positive Predictive Value: A measure of the predictive value of a reported case or epidemic; the proportion of cases reported by a surveillance system or classified by a case definition which are true cases. (http://www.cdc.gov/reproductivehealth/EpiGlossary/glossary.htm#V)

Pre-pandemic Vaccine: A vaccine created to protect against currently circulating H5N1 avian influenza virus strains with the expectation that it would provide at least some protection against new virus strains that might evolve. It would likely be the best vaccine defense available until a vaccine specific to the new strain could be developed.

Prophylactic: A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).

Quarantine: The period of isolation decreed to control the spread of disease. Before the era of antibiotics, quarantine was one of the few available means of halting the spread of infectious disease. It is still employed today as needed. The list of quarantinable diseases in the United States is established by Executive Order of the President, on recommendation of the Secretary of the Department of Health and Human Services, and includes cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers (such as Marburg, Ebola, and Congo-Crimean disease). In 2003, SARS (severe acute respiratory syndrome) was added as a quarantinable disease. In 2005 another disease was added to the list, influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

Seasonal Flu: A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.

Sensitivity: The ability of a system to detect epidemics and other changes in disease occurrence. The proportion of persons with disease who are correctly identified by a screening test or case definition as having disease.
(http://www.cdc.gov/reproductivehealth/EpiGlossary/glossary.htm#V)

Specificity: The proportion of persons without disease who are correctly identified by a screening test or case definition as not having disease.
(http://www.cdc.gov/reproductivehealth/EpiGlossary/glossary.htm#V)

Standard of Care vs. Sufficiency of Care: "The concept of care—medical care that may not be of the same quality as that delivered under non-emergency conditions, but is sufficient for need—is often the reality of surge hospitals because of the difficult circumstances in which care is provided." (Joint Commission on Accreditation of Healthcare Organizations, 2006).

Supportive Care: helps people and their families to cope with a disease and its treatment and to continue with their lives as normally as possible. It should begin from the moment the disease is suspected, through diagnosis and treatment, and for as long afterwards as is necessary.

Surge Capacity: "is the ability of a healthcare facility or system to expand its operations to safely treat an abnormally large influx of patients in response to an incident. (Bonnett CJ, Peery BN, Cantrill SV, Pons PT, Haukoos JS, McVaney, KE, et al. "Surge Capacity: a proposed conceptual framework." American Journal of Emergency Medicine 2007:25(3):297–306.)

Triage Tool: Telephone triage is more than answering health questions. Telephone triage health professionals must be able to assess a client's health concerns without the advantage of visual inspection or face-to-face interaction. Health professionals must rely on their communication skills, knowledge of disease processes, and normal growth and development for all age groups in order to ascertain an accurate understanding of the client's symptoms. Telephone triage health professionals must have impeccable listening skills to notice the non-verbal clues the client is giving regarding pain, anxiety, fear, and level of comprehension.

There is a difference between health advice lines and triage lines. Health advice lines are usually a community-based information service that offers answers to general healthcare questions. Triage services are typically offered by healthcare facilities and are used in association with a physician's office. They take calls from patients who are attempting to contact the physician or other healthcare provider after usual office hours, for specific health concerns, or urgent medical needs. A telephone triage health professional must assess the severity of the patient's symptoms and then guide the patient to the appropriate level of care. (http://www.connectionsmagazine.com/articles/5/090.html).

Vaccine: A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

Viral Culture: A laboratory test in which a patient's specimen samples are placed in live cells that the virus being tested for is able to infect. A culture is positive if the cells show changes.

Preparedness Acronyms

ACC……Acute Care Center

**ACS……Alternate Care System*

ACF……Acute Care Facilities

CERT……Community Emergency Response Team

CMS……Centers for Medicare and Medicaid Services

COOP……Continuity of Operations Plan

DMAT……Disaster Medical Assistance Team

DPH……Department of Public Health

ECS……Emergency Communication System

ED……Emergency Department

EM……Emergency Management

EMA……Emergency Management Agency

EMAC……Emergency Management Assistance Compact

EMS……Emergency Medical Services

EOC……Emergency Operations Center

EOP……Emergency Operations Plan

ESAR-VHP……Emergency System for Advanced Registration of Volunteer Healthcare Personnel

EUA……Emergency Use Authorization

FEMA……Federal Emergency Management Agency

HAN……Health Alert Network

IAP……Incident Action Plan

IC……Incident Commander

**ACS can also be an abbreviation for* Alternate Care Site

ICS……..Incident Command System

ILI……..Influenza-like Illness

JIC……Joint Information Center

JIT……."Just-in-Time" Training

LTAC……Long Term Acute Care

LTC……..Long Term Care

MAA……Mutual Aid Agreement

MEMS……..Modular Emergency Medical System

MMRS……Metropolitan Medical Response System

MOA……...Memorandum of Agreement

MOU……Memorandum of Understanding

MSEHPA……..Model State Emergency Health Powers Act

NCP……...National Contingency Plan

NGO……Non Government Agency

NIMS……National Incident Management System

NRF……..National Response Framework

OSC……..On-Scene Coordinator

PAHPA……...Pandemic and All-Hazards Preparedness Act

PCP……...Primary Care Provider

PH……..Public Health

PHE……Public Health Emergency

PHSA……Public Health Service Act

PIO……Public Information Officer

POD……..Point of Dispensing

PPE……Personal Protective Equipment

PSA……Public Service Announcement

PSAP……Public Safety Answering Points

RHPC……..Regional Healthcare Preparedness Coordinator

RMERT……Regional Medical Response Team

SME……..Subject Matter Expert

SNS……Strategic National Stockpile

SOP……..Standard Operating Procedures

TTX……..Table Top Exercise

UC……..Unified Command

UEVHPA……Uniform Emergency Volunteer Health Practitioners Act

Organization Acronyms

AAACN……American Academy of Ambulatory Care Nursing

AAFP……American Academy of Family Physicians

AAMA……American Academy of Medical Administrators

AANP……American Academy of Nurse Practitioners

AAP……American Academy of Pediatrics

AAPA……American Academy of Physician Assistants

ACCP……American College of Clinical Pharmacy

ACP……American College of Physicians

AHA……American Hospital Association

AHRQ (HHS)……Agency for Healthcare Research and Quality

AIRS……Alliance of Information and Referral Systems

AMA……American Medical Association

AMWA……American Medical Women's Association

ANA……American Nurses Association

APCO……Association of Public-Safety Communication Officials

ARC……American Red Cross

ASPCC……American Association of Poison Control Centers

ASPR (HHS)……Office of the Assistant Secretary for Preparedness and Response

ASTHO……Association of State and Territorial Health Officials

CDC……Centers for Disease Control and Prevention

CHCANYS……Community Health Care Association of New York State

COGH (CDC)……Coordinating Center for Global Health

DHQP (CDC)……Division of Healthcare Quality Promotion

DHS……Department of Homeland Security

DOD……Department of Defense

DOT……Department of Transportation

DPH……Department of Public Health

DSLR (CDC)……Division of State and Local Readiness

GEMA……Georgia Emergency Management Association

GHA……Georgia Hospital Association

HCMC……Hennepin County Medical Center

HHS……Department of Health and Human Services

HPP (HHS)……Hospital Preparedness Program

HSREB (CDC)……Health Services Research and Evaluation Branch

ICU (CDC)……Influenza Coordination Unit

IHS……Indian Health Services

IOM……Institute of Medicine

ISD (CDC)……Immunization Services Division

JC……Joint Commission on Accreditation of Healthcare Organizations

MGMA……Medical Group Management Association

MRC……Medical Reserve Corps

NACCHO……National Association of City and County Health Officials

NCCDPHP (CDC)……National Center for Chronic Disease Prevention and Health Promotion

NCEZID (CDC)……National Center for Emerging and Zoonotic Infectious Diseases

NCHM (CDC)……National Center for Health Marketing

NEMA……National Emergency Management Association

NJHA……New Jersey Hospital Association

OHA (DHS)……Office of Health Affairs

OPEO (HHS)……Office of Preparedness and Emergency Operations

ORISE……Oak Ridge Institute for Science and Education

PAHCOM……Professional Association of Healthcare Office Management

POMAA……Physician Office Managers Association of America

USPHS……United States Public Health Service

VA……..Department of Veterans Affairs

WHO……World Health Organization

Resource List

All World Wide Web addresses are subject to being updated and archived. Last accessed November 9, 2011.

- *California Primary Care Association–Clinic Emergency Preparedness Resources*
  - http://cpca.org/index.cfm/emergency-preparedness/resources/
- *CDC Planning Checklists*
  - http://pandemicflu.gov/professional/hospital/index.html#chklst
- *Colorado Department of Public Health–Guidelines for Medical Office Pandemic Readiness*
  - http://www.cdphe.state.co.us/epr/Public/medicalpanready.pdf
- *Georgia Division of Public Health–State of Georgia Pandemic Influenza Planning Kit for Outpatient Providers*
  - http://health.state.ga.us/pandemicflu/doc/Outpatient%20Providers%20Draft%204.0.pdf
- *Kansas State University: Lauer, Jacob K.–The Inclusion of Primary Care Physicians in Pandemic Flu Planning–An Analysis of Historical Lessons and Current Issues*
  - http://krex.k-state.edu/dspace/bitstream/2097/598/3/Flu%20Preparedness.pdf
- *Kentucky Medical Association–Model Disaster Plan for a Physician Practice*
  - http://www.kyma.org/uploads/file/Patient_Safety/Physicians/Disaster_Plan.pdf
- *Mass Medical Care with Scarce Resources*
  - http://archive.ahrq.gov/research/mce/mcequide.pdf
- *Osterholm, Michael T.–Unprepared for a Pandemic*
  - http://www.cidrap.umn.edu/cidrap/files/67/foraffosterholm0307.pdf
- *Vaccine Adverse Event Reporting System (VAERS)*
  - http://www.cdc.gov/vaccinesafety/Activities/vaers.html
  - http://vaers.hhs.gov/index
- *Vancouver Coastal Health–Pandemic Response Checklist for Physicians' Offices*
  - http://www.vch.ca/pandemic/docs/Physicians_Office_Checklist.pdf

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