

MMAP NEWS



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Putting a Pandemic Influenza Plan into Place

By Jay Schaffer, Senior Vice President, Marsh

Bird flu is again a front page issue. As such, MMAP wanted to remind our insureds of the importance of planning and preparedness. Bird flu virus belongs to a group of influenza viruses known as Type A. It has been steadily advancing around the world, first appearing in Asia, then Europe and Africa. The lethal nature of A, combined with its inexorable spread, are what have made scientists take it seriously. The virus lacks just one trait that could turn it into a pandemic: transmissibility, the ability to spread easily from person to person. If the virus acquires that ability, a worldwide epidemic could erupt.

This issue has surfaced with the troubling New York Times headline of 2/3/2007 stating "Britain Suffers Outbreak of Bird Flu". The article goes on to say that "Britain scrambled to contain its first outbreak of the highly pathogenic A strain of bird flu on domestic poultry after the virus was found at a farm run by Europe's biggest turkey producer."

Bird flu has killed at least 164 people worldwide since 2003, most of them in Asia, and more than 200 million birds have died from it. Most people killed so far have been infected by domestic fowl and the virus remains very hard for humans to catch. But experts fear it could mutate into a form that easily spreads among humans, sparking a pandemic with the potential to kill millions.

The Department of Health and Health care providers will play a crucial role in the event of a

pandemic. Planning for pandemic influenza is key. Mississippi has put extensive state-wide and local planning and response activities into place. Checklists, toolkits, and guidelines will assist health care providers and service organizations in planning for a pandemic outbreak and can be accessed at:
www.pandemicflu.gov/plan/states/mississippi.html.

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), have compiled a document titled *Medical offices and Clinics Pandemic Influenza Planning Checklist*. This checklist identifies the elements of a structure for planning and decision making, and a written plan . Physician offices and clinics can use this tool to self-assess the strengths and weaknesses of current planning efforts.

Medical Office and Clinics Pandemic Planning Checklist

1. Structure for planning and decision making.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Pandemic influenza has been incorporated into emergency management planning for the organization. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A planning committee has been created to specifically address pandemic influenza preparedness for the medical office or clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<ul style="list-style-type: none"> Members of the planning committee include the following: (Insert below or attach list with name, title and contact information for each) <p>Administration:</p> <p>Medical staff:</p> <p>Nursing:</p> <p>Reception personnel:</p> <p>Environmental services (if applicable):</p> <p>Clinic laboratory personnel (if applicable):</p> <p>Other member(s):</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> A point of contact (e.g., person assigned infection control responsibility for the organization or an outside consultant²) for questions/consultation on infection control measures to prevent transmission of pandemic influenza has been identified. (Insert name, title, and contact information) 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




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2. Development of a written pandemic influenza plan.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained from www.hhs.gov/pandemicflu/plan; copies of available state pandemic plans also should be obtained. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> A written plan has been completed or is in progress that includes the elements listed in #3 below. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> The plan describes the organizational structure that will be used to operationalize (i.e., lines of authority) the plan. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Plan incorporates and compliments the community response plan. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Elements of an influenza pandemic plan.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> A plan is in place for surveillance and detection of pandemic influenza in the population served. Responsibility has been assigned for monitoring public health advisories (federal and state) and informing members of the pandemic influenza planning committee and/or the pandemic influenza response coordinator when pandemic influenza is in the United States and when it is nearing the geographic area (e.g., state and/or city). (For more information, see www.cdc.gov/flu/weekly/fluactivity.htm) (Insert name, title and contact information) _____ _____ _____ A system has been created to monitor and review influenza activity in patients cared for by clinical staff (i.e., weekly or daily number of patients calling or presenting to the office or clinic with influenza-like 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tasks	Not Started	In Progress	Completed
<p>illness) and among medical office or clinic staff. (For more information see: www.cdc.gov/flu/professionals/diagnosis/) (Monitoring for seasonal influenza activity is performed to ensure that the monitoring system for pandemic influenza will be effective and will ensure that organizations can detect stressors that may affect organizational capacity, such as staffing and supply needs, and hospital and emergency department capacity [and supply needs] during a pandemic)</p> <ul style="list-style-type: none"> ▪ A system is in place to report unusual cases of influenza-like illness and influenza to the local or state health department. (For more information see www.hhs.gov/pandemicflu/plan/sup1.html#outpat and www.hhs.gov/pandemicflu/plan/sup5.html#nov) 			
<ul style="list-style-type: none"> • A communication plan has been developed. <ul style="list-style-type: none"> ▪ Key public health points of contact for pandemic influenza have been identified and arrangements have been made for telephone, facsimile, or e-mail messaging. Local health department contact: (Insert name, title and contact information) _____ ▪ State health department contact: (Insert name, title and contact information) _____ ▪ The office or clinic's point person for external communication has been assigned. (Insert name, title and contact information) _____ ▪ (Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization) ▪ A list has been created of healthcare entities and their points of contact (e.g., local hospitals/health facilities, home health care agencies, social service agencies, emergency medical services, commercial and clinical 			

Tasks	Not Started	In Progress	Completed
<p>laboratories, relevant community organizations [including those involved with disaster preparedness]) with whom the medical office or clinic anticipates that it will be necessary to maintain communication and coordination of care during a pandemic. (Attach or insert location of contact list)</p> <hr/> <hr/> <ul style="list-style-type: none"> ▪ 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) <hr/> <hr/>			

• **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

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Tasks	Not Started	In Progress	Completed
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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

<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ▪ The roles of medical and nursing personnel in providing health care guidance for patients with pandemic influenza have been established. 	○	○	○
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<ul style="list-style-type: none"> • A plan for triage and management of patients during a pandemic has been developed. <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> • 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) 	○	○	○
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<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ▪ 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 	○	○	○
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Tasks	Not Started	In Progress	Completed
<p>not be feasible in very small waiting rooms, in which case the emphasis may be on use of masks as noted below)</p> <ul style="list-style-type: none"> ▪ A plan for implementing respiratory hygiene/cough etiquette is in place. (For more information see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) <ul style="list-style-type: none"> ▪ Signage (language appropriate) directing patients and those accompanying them to notify reception personnel if they have symptoms of pandemic influenza has been developed or a source of signage (e.g., CDC website above) has been identified. ▪ Signage (language appropriate) on Respiratory Hygiene/Cough Etiquette instructing symptomatic persons to use tissues to cover their cough to contain respiratory secretions and perform hand hygiene has been developed or a source of signage (e.g., CDC website above) has been identified. ▪ The plan includes distributing masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues, receptacles for their disposal and hand hygiene materials in waiting areas and examination rooms. ▪ Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities. ▪ If patients with pandemic influenza will be evaluated in the same location as patients without an influenza-like illness, separate examination rooms have been designated for evaluation of patients with symptoms of pandemic influenza. ▪ A policy is in place that requires healthcare personnel to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients. ▪ The policy includes protection of reception and triage personnel at initial points of patient encounter. 			

- **A vaccine and antiviral use plan has been developed.**
 - Websites where current federal and/or state health department recommendations for the use and availability of pandemic influenza vaccines and antiviral medications have been identified. (For more information see www.hhs.gov/pandemicflu/plan/sup6.html)
 - An estimate of the number of personnel and patients who

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Tasks	Not Started	In Progress	Completed
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would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis, based on HHS guidance for use, has been developed. (www.hhs.gov/pandemicflu/plan/appendixd.html) (This estimate can be used for considering which patients may need to be notified first about vaccine or antiviral availability, anticipating staffing requirements for distribution of vaccines and antivirals, and for procurement purposes)

<ul style="list-style-type: none"> • An occupational health plan has been developed and includes the following: <ul style="list-style-type: none"> ▪ A liberal/non-punitive sick leave policy for managing personnel who have symptoms of or documented illness with pandemic influenza. The policy considers: <ul style="list-style-type: none"> • The handling of staff who become ill at work. • When personnel may return to work after recovering from pandemic influenza. • When personnel who are symptomatic, but well enough to work, will be permitted to continue working. • Personnel who need to care for their ill family members. ▪ A system for evaluating symptomatic personnel before they report for duty and tested during a non-pandemic influenza period. ▪ Mental health and faith-based resources that are available to provide counseling to personnel during a pandemic. ▪ 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. 	○	○	○
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- **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

Tasks	Not Started	In Progress	Completed
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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.