Integrating Primary Care Providers into Community Pandemic Influenza Planning

Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices: **Guidance from Stakeholders**





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With the emergence of the 2009 pandemic H1N1 influenza (pH1N1), the importance of the primary care provider's (PCP) role in the community healthcare system has become increasingly evident. Often serving as the entrance into the healthcare system, PCP offices are likely to play a large role in alleviating surge on the hospital emergency department. As such, PCP offices should integrate their pandemic influenza plans into their community's plan. However, anecdotal evidence has shown that many PCP offices lack these plans.

The Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices is a planning tool developed based on input from stakeholders (PCPs, PCP office managers, hospitals, local and state public health departments, and local and state emergency management agencies) during a CDC-sponsored meeting in August 2009. It is intended to assist PCPs and office managers with preparing their offices for quickly putting a plan in place to handle an increase in patient calls and visits, whether during the 2009-2010 influenza season or future influenza seasons. It provides key considerations for PCP offices and is a summary of a forthcoming planning document, the Pandemic Influenza Organizer*, which will provide greater detail on each of these sections. Offices are encouraged to use this template as a guide to develop the framework for a pandemic influenza plan, and begin to integrate the plan into their community's plan.

The following items are key considerations for PCP offices. However, not all items may apply to your office. This document is intended to be generic, and can be tailored to the needs of each individual office to identify and plan for potential modifications to your current decision-making process. Use this document to determine what is relevant to your office, and develop strategies accordingly.

Disclaimer: The findings and conclusions in this document are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

*Publication of the Pandemic Influenza Organizer is anticipated in late spring 2010

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Section 1: Planning

Subject	Consideration
Planning Committee	Designate an individual to oversee the planning process, and consider including the following staff on the Planning Committee:
	Medical
	Nursing
	Administrative and Billing
	Reception
	Environmental Services
	Clinic Laboratory
	Volunteers
Chain of Command	Identify your office's day-to-day operations manager
	Identify lines of succession in the event of high absenteeism
	Identify your community's healthcare leaders
Threat Analysis	Assign responsibility for reviewing the situational status on a routine or daily basis
	Monitor the level of influenza activity among both patients and staff in your office
	• Register to receive regular updates about pH1N1, emerging infectious diseases, and other emergency preparedness and response information from your state Health Alert Network (HAN). You can find your state HAN by using an Internet browser (like Google) and putting in your state's name and HAN
Scope of Practice	Determine your office's roles and responsibilities in your community during a pandemic
	Identify essential and non-essential functions and services

Subject	Consideration
Surge Planning	 Determine what events will trigger or activate your pandemic influenza plan Determine your minimum and maximum sustainable hours of operations Estimate your anticipated consumable resources (such as masks, gloves, and medical supplies) based on the assumption that patient volume will increase in a pandemic Identify your means of communicating service restrictions to your patients, staff and suppliers Develop or update Mutual Aid Agreements (MAAs) with other practices including provisions to share staff, supplies, or office space http://www.fema.gov/emergency/nims/Preparedness.shtm
Continuity of Operations Plan (COOP)	 Identify your office's essential functions Develop a plan to determine how your office will maintain essential functions during a pandemic For more information: <u>http://www.cdc.gov/H1N1flu/business/guidance/smallbiz.htm</u>
Surveillance and Detection	 Determine the mechanism for reporting positive test results to your local public health department Participate in the syndromic surveillance network of providers established by your local public health department Obtain access to your state's epidemiological website for reporting and monitoring of cases and alert notification Participate in CDC Clinician Outreach Communication Activity (COCA) conference calls to receive updated information to share with staff http://emergency.cdc.gov/coca/

Subject	Consideration
Communication	Identify and maintain contact information for all points of contact in the community including your local public health department (emergency coordinator), local emergency management agency, and other healthcare providers
	Public Health
	Point of Contact:
	Telephone:
	E-mail:
	Emergency Management
	Point of Contact:
	Telephone:
	E-mail:
	Other Community Healthcare Providers
	Point of Contact:
	Telephone:
	E-mail:
Community Integration	• Contact your local public health department emergency coordinator to learn about pandemic influenza plans currently in place in the community and how they have been created and implemented
	• Participate in community pandemic influenza planning and exercising to integrate your practice into your community's pandemic influenza plan
	• Participate in community planning and exercises with your local public health department, local emergency management agency, hospitals, and other community healthcare providers and emergency response agencies with regard to alternate care facilities

Section 2: Clinic Operations

Subject	Consideration
Patients	
Communicating with Patients	 Identify the most appropriate methods of educating your patients about the pandemic Identify and address potential language and cultural barriers to communicating pandemic influenza information to patients
Patient Flow and Triage	 Determine and put in place internal and external referral and transfer procedures, considering community treatment planning such as alternate care sites Develop an office respiratory protection plan to include the use of masks, hand sanitizer and tissues http://www.osha.gov Develop a plan to segregate influenza patients from others (e.g., cohorting patients, separate rooms for ill and well) Develop a plan for rapid triage (inside or outside the office) or drive-through services as available Determine policies for accepting and treating new patients and family members of existing patients Develop a plan to provide the influenza vaccine or refer patients to local vaccination clinics http://www.cdc.gov/h1n1flu/vaccination/professional.htm
Treatment	Remain in contact with your local public health department to familiarize yourself with your community's vaccine and antiviral distribution plans or to volunteer to be a point of distribution (POD)

Subject	Consideration
Recordkeeping	 Maintain a plan for recordkeeping during a pandemic that is in accordance with the Health Insurance Portability and Accountability Act (HIPAA) http://www.hhs.gov/ocr/privacy/
	Maintain electronic backup copies of office records at an alternate computer server location
	Participate in community planning for patient tracking mechanisms
	 Consider providing your patients with copies of their personal health records in the event of evacuation or loss of practice availability
Facility	
Infection Control*	 Implement a hierarchy of controls including elimination of potential sources of exposure, engineering controls, administrative controls, and personal protective equipment (PPE)
*For more information on Infection Control guidelines, visit	Be aware of the most current and up to date CDC guidance on infection control measures for influenza in healthcare settings
the CDC website	http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
	• Provide staff training on influenza prevention and risks for complications of influenza (e.g., risk assessment, isolation precautions, vaccination protocols, recognizing signs and symptoms of infection)
	Provide or update fit testing for staff who use N95 respirators
	http://www.osha.gov/SLTC/etools/respiratory/
	• Ensure that new staff read and complete observed rapid flu testing and that staff already knowledgeable review directions if they are not routinely (at least once a day) doing tests
	 Apply routine cleaning and disinfection strategies used during influenza seasons to the environmental management of 2009 H1N1 influenza
	http://www.cdc.gov/ncidod/dhqp/g l

Subject	Consideration
Safety and Security	 Develop a plan to secure medications such as vaccines and antivirals Implement access controls, lighting, panic buttons, and staff procedures to activate in the event of a security alert Develop a utility failure plan that includes a partnership with public health and emergency management for maintaining office operations and vaccine storage requirements
Environmental Services	Develop memoranda of understanding (MOU) with your contracted environmental services provider to ensure services are maintained during a pandemic http://www.defence.gov.au/health/DMH/docs/MOU.pdf
Waste Disposal	Develop MOU with your contracted hazardous waste disposal provider to ensure services are maintained during a pandemic

Subject	Consideration
Supplies and Equipment	
Inventory and Resupply	 Identify and maintain enough essential supplies to continue practicing for seven days or longer without resupply Analyze how supplies are delivered (e.g., UPS, FedEx) and create contingency plans as necessary
Supply Stockpiles	 Consider participating in community drills for stockpile distribution 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 access them Consider stockpiling and ensuring appropriate storage for those items you believe will be in greatest demand during an influenza pandemic, such as gloves, hand sanitizer gels, and masks
Vendor Agreements	 Develop or update written agreements and priority designations with your vendors for supply and resupply of critical services or equipment during a pandemic Identify a contingency plan for backup vendor services
Linen and Laundry	 Develop memoranda of understanding (MOU) with your contracted linen and laundry service provider to ensure services are maintained during a pandemic Consider including disposable linens and patient gowns in your stockpile
Laboratory Services	 Determine if rapid influenza test kits are available Consult the CDC guidelines on interpretations of rapid tests <u>http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm</u> Familiarize your staff with the proper laboratory and testing protocol for your state Notify your local public health department emergency coordinator of your testing capabilities

Section 3: Staffing

Subject	Consideration
Communicating with Staff	Maintain current contact information for all staff
Education and Training	Begin cross-training your staff, being sure to include any part-time staff or volunteers
Human Resources Policies	 Identify strategies for dealing with a 30% to 40% reduction in staffing due to illness or ill family members Plan to support your staff by addressing break times, flexible work hours, time off, and counseling support services Contact your local mental health agencies for support and pre-event training for staff Develop an employee assistance plan (EAP) onsite or through a private vendor Develop a community resource list of support services for staff
Occupational Health Plan	 Follow CDC guidelines for antiviral use for prophylaxis and treatment and vaccine administration <u>http://www.cdc.gov/h1n1flu/recommendations.htm</u> <u>http://www.cdc.gov/h1n1flu/vaccination/acip.htm</u> Institute daily employee screenings for influenza symptoms or exposure history prior to beginning work Consider providing antivirals and vaccines, if available, for staff family members who are considered high-risk
Volunteer Management*	Consider how volunteers will be used during an emergency response, taking into account training needs and potential liability issues
*See Section 4 for legal and ethical implications	

Section 4: Other Considerations

Subject	Consideration
Legal and Ethical Issues	 Consider key legal issues that may arise surrounding the limited use of antivirals and vaccine, based on CDC guidelines Identify a resource to address liability and ethical questions related to volunteer liability and restrictions in care caused by shortages of supplies or resources Be familiar with regulatory mechanisms under which certain diagnostics and medications may be used (i.e. Emergency Use Authorization) For more information: http://www2a.cdc.gov/PHLP/docs/Pan-Flu08.pdf http://www.cdc.gov/h1n1flu/eua
Financing	Consider opening lines of credit or taking out small business loans to ensure financial stability during a pandemic
Mortuary Services	Be aware of your community's mortuary capabilities. Your local public health department emergency coordinator may have suggestions on finding this information
	Mortuary
	Point of Contact:
	Telephone:
	E-mail: