

## Sample Pandemic Influenza Plan

Facility has designated Insert position, such as the Infection Control Coordinator as the Pandemic Flu Response Coordinator. He/she and the Pandemic Flu planning committee, a sub-committee of the Quality Assurance/Risk Committee shall address pandemic influenza preparedness.

### Surveillance & Detection

The Pandemic Flu Response Coordinator shall be responsible for monitoring public health advisories (federal and state) and updating the pandemic flu committee, particularly when pandemic flu has been reported in the United States and is nearing the specific geographic location. [www.cdc.gov/flu/weekly/fluactivity.htm](http://www.cdc.gov/flu/weekly/fluactivity.htm) shall be utilized as a resource.

A protocol should be developed to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season, which will track illness trends.

- The admission policy should include that residents admitted during periods of seasonal influenza should be assessed for symptoms of seasonal influenza.
- A system shall be implemented to daily monitor residents and staff for symptoms of seasonal influenza, as well as confirmed cases of influenza.
- Information from the monitoring systems shall be utilized to implement prevention interventions, such as isolation or cohorting.
- The above procedures will be the same for pandemic flu outbreaks.

### Communication

The Pandemic Flu Response Coordinator shall be responsible for communications with the public health authorities during a pandemic.

Local health department contact information: \_\_\_\_\_

State health department contact information: \_\_\_\_\_

\_\_\_\_\_ shall be responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic influenza in the facility. (One voice speaking for the facility will ensure accurate and timely information.)

Communication will include usage of the recall roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the seasonal/pandemic influenza in the facility.

\_\_\_\_\_ will also maintain communications with the Emergency Management Coordinator, local hospitals, local EMS, as well as other providers regarding the status of the influenza outbreak.

Communicate with family members and responsible parties prior to an outbreak, so they will understand that visitations may be restricted to protect the safety of their loved ones.

### **Education & Training**

\_\_\_\_\_ shall be responsible for coordinating education and training on seasonal and pandemic influenza. Local health department and hospital-sponsored resources will be researched, as well as usage of web-based training programs. [www.cdc.gov/flu/professional/training/](http://www.cdc.gov/flu/professional/training/) should be considered as a resource.

- Education and training of staff members regarding infection control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic influenza
- Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on influenza, as well as relevant policies. Such materials should be developed or obtained from [www.cdc.gov](http://www.cdc.gov).
- Informational materials should be disseminated during before and during seasonal/pandemic flu outbreaks.

### **Infection Control**

- Cleaning and disinfection for pandemic influenza follows the general principles used daily in health care settings. ) 1:10 dilution of dilution of bleach in water.)
- Infection control policies require staff to use Standard and Droplet Precautions, i.e. mask for close contact with symptomatic residents.
- Respiratory Hygiene/Cough Etiquette should be practiced.
- Develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
  - Confining symptomatic residents and their exposed roommate to their room
  - Placing symptomatic residents together in one area of the facility
  - Closing units where symptomatic and asymptomatic residents reside, i.e. restricting all residents to an affected unit, regardless of symptoms.
- Develop criteria for closing units or the entire facility to new admissions during pandemic influenza outbreak.
- Ensure visitor limitations are enforced.

### **Occupational Health**

- Develop policies that address the needs of symptomatic staff and facility staffing needs:
  - Handling staff members who develop symptoms while at work.
  - When staff members who are symptomatic, but well enough to work, will be permitted to continue working
  - Staff members who need to care for family members, who become ill
- Determine when staff may return to work after having pandemic influenza
- Develop contingency staffing plan that identifies the minimum staffing needs and prioritized critical and non-essential services based on residents' needs and essential facility operations. Staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis
- Educate staff to self-assess and report symptoms of pandemic influenza before reporting to duty
- Mental health services or faith-based resources should be available to provide counseling to staff during a pandemic
- Encourage and monitor influenza vaccinations of staff.
- Monitor and manage high-risk employees (pregnant or immunocompromised) by placing them on administrative leave or altering their work assignments.

### Vaccinations & Antiviral Usage

- Contact the CDC and the Health Department to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
- Guidance from the State Health Department should be sought to estimate the number of staff and resident who will be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. A plan should be in place to expedite delivery of vaccine antiviral prophylaxis.

### Preparedness of Supplies & Surge Capacity

- Quantities of essential food, materials, medical supplies, and equipment have been determined to sustain the facility for a six-week pandemic. A predetermined amount of supplies will be stored at the facility or satellite location.
- Plans include strategies to help increase hospital bed capacity in the community
  - Agreements have been established with area hospitals for admission to the facility of non-influenza patients to facilitate utilization of acute care resources of more seriously ill patients.
  - Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts.
- Determine capacity for deceased residents, including a space to serve as a temporary morgue.

**Certain Phases of a Pandemic Alert requires should include specific precautions:**

1. When a novel strain of influenza A has been detected in the United States with increased and sustained human to human spread:
  - a. All prospective residents and employees should be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected novel influenza A area.
  - b. Initiate infection control training for Pandemic Flu Preparedness
2. When a novel strain of influenza A is increasing and sustaining human-to-human spread in the United States and cases are occurring in the specific state:
  - a. All prospective residents and employees should be screened to identify exposure to novel influenza. Screen for fever and respiratory symptoms following exposure for 1-5 days.
  - b. Residents, employees, contract employees, and visitors should be evaluated daily for symptoms; employees should be instructed to self-report symptoms and exposure.
  - c. Manage high-risk employees and guidelines as to when infected employees can return to work.
  - d. Adherence to infection control policies and procedure is Critical.
  - e. Post signs for cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic influenza is a must.
  - f. Determine when to restrict admissions and visitations. Communicate this to the affected parties.
  - g. Contact local and state health departments to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
  - h. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if pandemic flu occurs in the geographic region or at the facility.
  - i. Cohort residents & employees as necessary.
  - j. Implement contingency staffing plans as needed.

References:

“ Long-Term Care and Other Residential Facilities, Pandemic Influenza Planning Checklist .” Department of Health & Human Services (HHS) and Centers for Disease Control & Prevention (CDC), May 1, 2006.

“Infection Control and Preparedness in Healthcare Facilities,” North Carolina Pandemic Influenza Plan, February 2007.