

SH - Respiratory Pandemic 5-6 (Cases within the USA)

This Procedure is Applicable to the following sites:

Big Rapids, Continuing Care, Gerber, Ludington, Outpatient/Physician Practices, Pennock, Reed City, SH GR Hospitals, SHMG, United/Kelsey, Zeeland; SHMG

Applicability Limited to:	Not Set
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Functional Area:	Disaster Response, Emergency Preparedness
Department Area:	Disaster

1. Purpose

To outline the planning, responding to and recovering from threats posed by respiratory diseases that have been identified as Stage 5-6 (identification of the first human case in North America) and have the potential for becoming epidemic or pandemic. Diseases meeting this definition that have come to the attention of the healthcare community and the public in recent years are Severe Acute Respiratory Syndrome (SARS) and new strains of influenza.

Spectrum Health’s response will be based on either the federal response stages (listed below) or on patient volume related to a circulating respiratory pandemic whichever is most appropriate. [Federal Government Response Stages](#) (as compared to the World Health Organization) – see attachment B).

Stage 0: New domestic animal outbreak in at-risk country (WHO phases 1-3)
Stage 1: Suspected human outbreak overseas (WHO phase 3)
Stage 2: Confirmed human outbreak overseas (WHO phases 4-5)
Stage 3: Widespread human outbreaks in multiple locations overseas (WHO phase 6)
Stage 4: First human case in North America (WHO phase 6)
Stage 5: Spread throughout United States (WHO phase 6)
Stage 6: Recovery and preparation for the subsequent waves (WHO phase 6)

INDEX

- [Communication](#)
- [Critical Incident Stress Debriefing / Management](#)
- [Definitions](#)
- [Documentation of Events](#)

- [Facility Access, Triage, and Admission Plan](#)
- [Federal Response Stage Definitions](#)
- [Mortuary Plan](#)
- [N95 Requirements](#)
- [Notification](#)
- [Pandemic Response Team Membership](#)
- [Recovery](#)
- [Response](#)
- [Surge Capacity – Staffing](#)
- [Surveillance](#)

2. Definitions

Avian (or bird) influenza: is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine available to date.

Influenza-like illness (ILI): is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a known cause other than influenza.

Pandemic influenza: is a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.

Personal Protective Equipment (PPE): is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses.

SARS: is a viral respiratory illness that was recognized as a global threat in 2003. It can be transmitted person to person through close contact, there is currently no vaccine.

Seasonal (or common) influenza: a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

3. Responsibilities

All Spectrum Health staff, management, and physicians working within Spectrum Health entities

NOTIFICATION

<p>Pandemic response team coordinator (Persons identified in Attachment A)</p>	<ul style="list-style-type: none"> ▪ The pandemic response team coordinator will notify: <ul style="list-style-type: none"> ▪ Response team members once the federal stage level has been changed ▪ Executive on call, who will then notify the appropriate executive team members
<p>Incident Commander</p>	<ul style="list-style-type: none"> ▪ Determine the need to establish a modified SCC at this phase and expand as needed (the pandemic response team may fill this requirement.) ▪ Conduct weekly update meetings to review the status of the situation unless the determination is made by the pandemic response team for more frequent meetings. All members of the team must have a dedicated alternate to represent them ▪ During these meetings the following agenda will be addressed: <ul style="list-style-type: none"> ▪ Review of key messages from local, state, federal CDC

	<p>and colleague agencies</p> <ul style="list-style-type: none"> ▪ Review and evaluation of messages delivered in the prior week by Spectrum Health ▪ Issues and concerns from staff and others in the public, including rumors and potential for quelling ▪ Agreement on key messages for the week ▪ Agreement on modes of delivering key messages (public statements, flyers, advertisements, phone/internet, Spectrum Health media, radio, other) ▪ All messages that are delivered will be written in collaboration with the local health department <ul style="list-style-type: none"> ▪ Communications will distribute an update at the end of each meeting ▪ Notify employees to report their symptoms to their manager and immediately report to Employee Health Services (EHS) / Occupational Health (or ED during off hours) for testing ▪ Advise staff that prior to reporting to their workstations, all staff may be instructed to be screened by the taking of their temperature and will be questioned about having any pandemic symptoms
Management	<ul style="list-style-type: none"> ▪ Attend meetings as scheduled ▪ Have an alternate available to attend if you are unable to attend ▪ Share information with staff and request that they educate patients and their families/visitors related to disease containment, hand hygiene, personal protective equipment (PPE) and isolation, etc.

SURVEILLANCE

Infection Prevention	<p>Share the surveillance plan with the pandemic response team as appropriate and revise as needed</p> <p>Provide guidance on the necessary testing of symptomatic patients and employees as recommended</p> <ul style="list-style-type: none"> ▪ All surveillance will be in conjunction with Michigan Department of Health and Human Services (MDHHS) with reports being forwarded to the Local Health Department and local / state emergency management (as needed). ▪ Spectrum Health Medical Group (SHMG) practice managers/designee will provide weekly ILI diagnosis reports to Infection Prevention
All Staff	<p>Continue with current surveillance activities as outlined and directed by the SCC</p> <p>Report any concerning results from surveillance to infection prevention immediately</p>

	<p>Implement visitor screening process, as directed by the SCC</p> <p>Follow procedures outlined in the Isolation - Transmission Based Precautions or plan defined by Infection prevention based on the CDC recommendations</p> <p>Monitor InSite for any change in recommendations</p> <p>Report any ILI symptoms to their manager immediately and report to EHS / Occupational Health (or ED during off hours) for testing</p>
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COMMUNICATION

Pandemic Response Coordinator / Incident Commander (if Command Center has been established)	<ul style="list-style-type: none"> ▪ Pandemic response coordinator will assemble the pandemic response team within 8 hours of notification of a pandemic (Stage 4) situation <i>inside</i> of the United States or a stage change for a briefing by Infection prevention and the Director, Emergency Preparedness
Management Staff/Designee	<p>Direct staff to InSite for information on flu issues and what people can do to prepare</p> <p>Print and post <i>All Staff Alerts</i> as they are posted to ensure staff are aware of the most recent information</p>
Communications	<p>Coordinate all public communications through the County / State PIO in coordination with the System Command Center</p> <p>Communications Department representative to update information on the Emergency Alert on InSite</p> <p>Communications Department representative will release information stating that all public statements must be routed through the PIO in conjunction with the Director, Emergency Preparedness/designee and Infection Prevention OR the Incident Commander if the SCC is established</p> <p>The Medical Director of Infection prevention or designee will serve as clinical spokesperson, and the Communications Media Relations representative will serve as Public Information Officer (PIO)</p> <p>Any information that is necessary to share with staff will be placed in the <i>All Staff Alert</i> which will be published on an as needed basis. As the pandemic progresses, information may be shared via the Emergency Alert on InSite page</p> <p>Create message for the Emergency Alert on InSite which includes current pandemic symptomology</p>
Incident Commander / designee	<p>Emergency Preparedness will update information on Emergency Alerts on InSite as directed through SCC</p> <p>Employee communication will be coordinated and approved by Director, Emergency Preparedness / designee and Infection Prevention OR the Incident Commander if the SCC is established</p> <p>Determine the need to deliver caches of supplies to designated areas within the Spectrum Health Hospital Group (SHHG), SHMG offices or SHCC locations including Home & Community-based Services (HCBS)</p>

	<p>Initiate posting of door signs that will direct patients/visitors to open entrances within the organization</p> <p>Initiate posting of signs related to respiratory hygiene / cough etiquette in all facility public areas and rest rooms</p>
All Staff	<p>Review InSite frequently for information on pandemic issues and what people can do to prepare</p> <p>Notify Infection prevention when potential respiratory pandemic patients are identified</p> <p>Implement isolation precautions with any patients that present with respiratory infectious symptoms as directed by the pandemic response team OR the Incident Commander if the SCC is established</p>

FACILITY ACCESS, TRIAGE, AND ADMISSION PLAN

System Command Center (SCC)	<p>Ensure implementation of surveillance questions for all admissions or physician visits is complete</p> <p>Ensure Memorandums of Understanding (MOU) are current</p> <p>Human Resources representative to compile updated list of all employees and phone numbers</p> <p>Security to determine options for additional staff</p> <p>Implement a system for early detection and treatment of health care personnel</p> <p>Have available door signs that will direct patients/visitors to open entrances within the organization</p> <p>Determine the need to stock masks at entrance points to the organization</p> <p>Have available door signs for employees to post</p> <p>Post signs for respiratory hygiene / cough etiquette in all facility public areas and rest rooms</p> <p>Place signage at the access points with instructions for patients/visitors to immediately tell the triage nurse if they have any pandemic symptoms</p> <p>Designate an employee specific entrance and ensure that communication to staff is accomplished</p> <p>Have EHS personnel and practice managers screen and record employees with pandemic symptoms and send home if present, unless they need further medical attention</p> <p>Distribute dated wristbands for employees who are cleared by EHS to work.</p> <p>Determine need to establish off-site triage for patients entering the facility to assist in ED volume management</p> <p>Determine need to cancel elective surgeries / procedures</p> <p>Inform outpatient areas of potential admissions</p>
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	<p>Discharge appropriate in-house patients as soon as possible</p> <p>Relocate existing patients to a common area</p> <p>Cohort patients admitted or reporting with pandemic symptoms to an isolated area</p> <p>Place all patients admitted or reporting with pandemic symptoms in respiratory isolation and a negative pressure room if available as recommended by the CDC</p> <p>Limit visitors to only one per patient and only those who are essential for patient support</p> <p>Consider closing the hospital to new admissions or closing SHMG entities after evaluating:</p> <ul style="list-style-type: none"> ▪ Surge capacity ▪ Staffing ratios ▪ Isolation capacity ▪ Risks to non-pandemic patients <p>Evaluate potential room availability throughout SHHG</p> <p>Determine the need to lockdown access to any facility and post security at the entrances as appropriate</p> <p>Evaluate need to notify the Emergency Operations Center (EOC) to prepare for potential volunteer use</p> <p>Evaluate daily census and discharge plans throughout SHHG</p> <p>Review/confirm room availability throughout SHHG</p> <p>Review the SHMG office reports</p>
All Staff	<p>Ensure extra supplies of tissues and no-touch waste receptacles are available in waiting areas</p> <p>Maintain high suspicion of patients presenting with pandemic-like symptoms</p>
ED Staff / SHMG Staff / HCBS (Home & Community-based Services) Staff	<p>Question patients in triage, at home or at patient check in with ILI symptoms regarding travel history, exposure history and any other pertinent history defined by Infection prevention based on the CDC recommendations.</p> <p>Determine need to revise locations of triage based on patient volumes</p> <p>Ensure appropriate isolation precautions are in place for any patients with pandemic appropriate symptomology or history defined by Infection prevention based on the CDC recommendations</p> <p>Notify Infection prevention of patients with ILI symptoms or pandemic appropriate symptomology or history defined by Infection prevention based on the CDC recommendations</p>

SURGE CAPACITY - STAFFING

<p>System Command Center (SCC)</p>	<ul style="list-style-type: none"> ▪ Upon notification of stage elevation, the pandemic response team will meet to discuss current bed status to review processes to enhance bed capacity and discuss current staffing options and the need to implement surge staffing plans <p>Any changes in process will be communicated to management staff via meetings and <i>All Staff Alert</i></p> <p>Determine threshold of when to cancel elective admissions and surgery</p> <p>Review rapid discharge process to expedite transfer of patients out of the SHHG locations. Coordinate with social services whenever possible. If appropriate, utilize SHCC locations (RNC & HCBS) for discharged patients</p> <p>Identify rooms in the SHHG locations that could be utilized for expanded bed capacity if needed and notify those areas of the possibility of patient placement</p> <p>Notify education team of the potential need for just in time training for staff in non-traditional roles</p> <p>Identify beds and supplies needed to accommodate extra patients</p> <p>Determine the total patient bed capacity at this facility including non-traditional patient placement areas</p> <p>Develop areas that could be used for cohorting patients with like symptoms</p> <p>If there is a need, coordinate with community resources to determine if outside facilities could be used to house patients beyond what the hospital can accommodate, and what personnel and supplies would be needed</p> <p>Review plan for staff reassignments from non-patient care areas to areas of need</p> <p>Determine need to activate contingency staffing plan when appropriate</p> <p>Monitor EMSystem bed tracking 24 hours / day for bed status in the county / region affected</p> <ul style="list-style-type: none"> ▪ Determine the need to obtain state approval to enact alternative staffing plans and medical care levels ▪ Activate plan for rapidly credentialing health care professionals that will be coming from other organizations or as volunteers ▪ Review the list of non-essential personnel positions that can be re-assigned to support critical hospital services <p>Create a list of non-essential positions that can be placed on administrative leave or work from home to limit the number of persons in the SHHG locations</p>
<p>SHMG / Outpatient Management / HCBS Staff</p>	<ul style="list-style-type: none"> ▪ Define minimum number of staff needed to keep office open ▪ Define plans for closing office or recruiting personnel ▪ Encourage staff to arrange for care of children (due to school closures)

	<ul style="list-style-type: none"> ▪ Define protocol if office is to close (media relations, etc)
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RESPONSE

<p>System Command Center (SCC)</p>	<p>Review resource inventory and determine the need for requesting the Strategic National Stockpile (SNS)</p> <p>Review necessary MOUs</p> <p>Review the Guidelines for staff requiring N95 masks (Attachment C) to determine need for additional fit testing or compliant seal education as needed</p> <ul style="list-style-type: none"> ▪ Infection Prevention and the Director, Emergency Preparedness / designee will assemble and brief the pandemic response team within one hour of notification of a pandemic situation <i>inside</i> the local area ▪ Pandemic response coordinator will notify the executive on call ▪ Consider cancellation of all non-disaster related meetings ▪ A formal SCC will be established at this phase level as indicated by locality and patient volume within the organization. All members of the team must have dedicated substitutes, because the duration of the event is undetermined, substitutes will need to be activated and present for the initial meeting. A schedule for staffing the SCC will then need to be established ▪ Rest/sleep quarters will need to be established for staff ▪ As information is updated and at established time intervals, the SCC will address the following agenda: <ul style="list-style-type: none"> ▪ Review of key messages from local, state, federal CDC and colleague agencies ▪ Review and evaluation of messages delivered since the last messages ▪ Issues and concerns from staff and others in the public, including rumors and potential for quelling ▪ Agreement on key messages for the week ▪ Agreement on modes of delivering key messages (public statements, flyers, advertisements, phone/internet, Spectrum Health media, radio, other) ▪ Communications will distribute an update at the end of each meeting ▪ Monitor reports, Health Alert Network (HAN), and news for hospitals with pandemic cases to determine potential local impact ▪ Maintain an updated list of ventilator use and determine the need to acquire more ventilators or the potential to utilize disposable ventilator equipment <p>Determine and address how essential services will be maintained for</p>
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	<p>persons with chronic medical problems served by the SHHG locations (e.g. hemodialysis, oncology, wound clinic, etc)</p> <ul style="list-style-type: none"> ▪ Consider moving these services to off-site facilities to limit exposure to current pandemic ▪ Establish employee screening areas under the direction of EHS ▪ Determine need for daycare on site
SUPPLY CHAIN MGMT (SCM)	<p>Complete pandemic supplies list with current inventory and submit to pandemic response team:</p> <ul style="list-style-type: none"> ▪ Track essential medical supplies to detect rapid consumption and to respond to growing needs, ▪ Stockpile and / or confirm contracts are current with suppliers to ensure enough consumable goods for duration of pandemic (6-8 weeks minimum), <p>Determine trigger-point to order additional supplies</p>
PHARMACY	<p>Maintain an accurate inventory of pharmaceuticals appropriate for current pandemic event</p> <p>Anticipate the need for additional antibiotics to treat bacterial complications</p> <p>Anticipate the need to establish a mass dispensing site for staff and family prophylaxis</p> <p>Determine trigger-points to order additional supplies</p> <p>Prepare for staff and patient immunizations when vaccine is available</p>
FOOD AND NUTRITION	<ul style="list-style-type: none"> ▪ Determine food supplies in the hospital and the need to stockpile ▪ Determine trigger-points to order additional supplies ▪ Upon request, stockpile certain non-perishable food goods ▪ Complete pandemic supplies list with current inventory and submit to pandemic response team. Update as requested
EMPLOYEE HEALTH SERVICES	<ul style="list-style-type: none"> ▪ Periodically review and ensure compliance with employees reporting to EHS as needed ▪ Notify Infection prevention with an elevation of flu – like symptoms ▪ Conduct and complete staff training on protocol for early detection and treatment of healthcare workers ▪ Instruct employees to report to EHS and/or their Primary Care Physician (PCP) when exhibiting current pandemic symptoms (as communicated via intranet and disaster hotline) before reporting for duty ▪ Immediately isolate the employees with any of the current pandemic symptoms using appropriate respiratory isolation and notify Infection prevention immediately (pager: 479-4099) ▪ EHS staff/screening staff will don gloves, gowns, and masks per CDC guidelines as instructed through SCC ▪ Provide private exam room or cohort if private rooms are not

	<p>available</p> <ul style="list-style-type: none"> ▪ Upon the request from the SCC require testing for employees who meet symptom criteria and have recently traveled to a place where the current pandemic has been identified ▪ Upon request from SCC, EHS will screen all employees to document and alert supervisors of ill employees <ul style="list-style-type: none"> ▪ Have screening staff record the date, employee’s name, date of birth, department, supervisor’s/manager’s name when identified with symptoms. Screening staff will alert supervisor/manager of ill employees (see “Fit to Work” description below) ▪ Test employees with symptoms per CDC protocol <p>FIT FOR WORK</p> <ul style="list-style-type: none"> ▪ Ideally, health care workers are fit to work when one of the following conditions apply: <ul style="list-style-type: none"> ▪ They have recovered from the pandemic event during earlier stages as documented per CDC protocols ▪ They have been immunized against the pandemic strain ▪ They are on appropriate medications for the pandemic strain ▪ Such health care workers may work with all patients and may be selected to work settings where there are patients who, if infected would be at high risk for complications ▪ Whenever possible, well, unexposed health care workers should work in non-pandemic areas ▪ Asymptomatic health care workers may work even if vaccines are unavailable ▪ Ideally, staff with any pandemic symptoms should be considered “unfit to work” and should not work. However, in cases of extremely limited resources, health care workers may be asked to work if they are well enough to do so and must follow these guidelines: <ul style="list-style-type: none"> ▪ Such health care workers must work with non-exposed patients and should be required to wear a mask if they are coughing ▪ They must pay meticulous attention to hand hygiene ▪ They should not be redeployed to intensive care areas, nursery or an area with severely immuno-compromised patients ▪ Consider a referral to the Employee Assistance Association for employee/s who need counseling to maximize professional performance and personal resilience by addressing management of grief, exhaustion, anger, fear, self and family physical needs, and ethical dilemmas ▪ Consider contacting chaplains for the above support for those employees who prefer faith-based counseling, or the individual employee’s own faith-based support
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<p>PSYCHOSOCIAL SUPPORT</p>	<ul style="list-style-type: none"> ▪ Debriefing sessions will be available as needed for staff in this situation ▪ Immuno-compromised employees are deployed to support activities ▪ Determine availability and capacity of Employee Assistance for accepting clients. Review on a daily basis ▪ Crisis Intervention and grief supportive counseling will be provided to victims, family members, as well as to Spectrum Health employees and first responders
<p>ALL STAFF</p>	<ul style="list-style-type: none"> ▪ Research alternative daycare arrangements in anticipation of schools and/or daycare closing ▪ Ensure implementation of surveillance questions for all admissions is complete ▪ If directed by SCC, all staff may be screened by the taking of their temperature and will be questioned about having any pandemic symptoms. All employee screening will be documented by EHS ▪ Any employees who develop symptoms during their workday will return to the employee screening area for evaluation and disposition ▪ Employees to review Emergency Alerts on InSite for list of symptoms if they have any concerns they are ill before they come to work ▪ Ill employees who cannot go to work will go home with instructions from EHS ▪ All non-ill employees will report to their work areas after screening ▪ All personnel at high risk of complications (e.g. pregnant) will be reassigned to low risk duties that do not involve patient care ▪ Meticulous attention should be paid to hand hygiene and healthcare workers should avoid touching mucous membranes of the eye and mouth. ▪ All staff must utilize Isolation Precautions as directed by the CDC
<p>EDUCATION AND TRAINING</p>	<ul style="list-style-type: none"> ▪ Nursing education to scrutinize all current education projects and re-prioritize education toward pandemic preparedness ▪ Coordinate with Infection prevention to develop short educational opportunities for staff education ▪ Establish methods and a schedule for general education/training of all staff regarding each element of the Spectrum Health pandemic response plan ▪ Establish content and schedule orientation sessions for cross-training clinical personnel to work in unfamiliar areas (urgent care staff to support in other clinical areas, etc.) ▪ Establish content and schedule orientation sessions for nonclinical personnel who may be asked to assist clinical personnel with certain patient care needs ▪ Train intake and triage staff to implement immediate containment measures to prevent transmission of bacteria/virus

	<ul style="list-style-type: none"> ▪ Offer “train the trainer” and “just in time” training for staff ▪ Increase cross-training of personnel to provide support for essential patient-care areas at times of severe staffing shortages ▪ Under direction of SCC, cancel all previous room bookings/functions ▪ Review with all Spectrum Health employees, the respiratory pandemic plan and how it affects them ▪ Implement fit testing of N-95 masks for appropriate staff
HUMAN RESOURCES	<ul style="list-style-type: none"> ▪ Request SCC to obtain state approval to enact alternative staffing plans and medical care levels ▪ Activate plan for rapidly credentialing healthcare professionals that will be coming from other organizations or as volunteers ▪ Review the list of non-essential personnel positions that can be re-assigned to support critical hospital services ▪ Create a list of non-essential positions that can be placed on administrative leave or work from home to limit the number of persons in the hospital ▪ Human Resources representative to compile updated list of all employees and phone numbers ▪ Ensure all policies related to the pandemic event are current and have been recently educated / communicated to all staff ▪ Ensure communication to staff regarding procedures for screening, enforcement rules, and any guidelines for calling in sick occurs

MORTUARY PLAN

SCC	<ul style="list-style-type: none"> ▪ All fatalities will be processed as per Spectrum Health Policy Expired Patient: Handling and Disposition ▪ Assign responsibility for removal and transport of bodies ▪ Coordinate with the Local / State Health Departments and the EOC to determine the best place to house all casualties
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DOCUMENTATION OF EVENTS

An event debriefing may be scheduled after the incident. The debriefing will be coordinated by the Emergency Preparedness Specialist.

Submit the appropriate documentation of events:

- Complete the [Disaster Plan Implementation Review Form](#)
- Send any documentation to Emergency Preparedness MC 203

RECOVERY/RETURN TO NORMAL OPERATIONS

The organization will remain in the paged disaster mode until recovery is complete and the “All Clear” is paged.

CRITICAL INCIDENT STRESS DEBRIEFING/MANAGEMENT

Stress debriefing sessions should be available for all persons involved in the disaster if indicated. It is desirable to have this done as soon as possible after the crisis.

4. Revisions

Spectrum Health reserves the right to alter, amend, modify or eliminate this procedure at any time without prior written notice.

5. References

<http://www.cdc.gov/sars/about/faq.html> retrieved January 23, 2012

<http://www.pandemicflu.gov> retrieved January 23, 2012

<http://www.nhtsa.gov/people/injury/ems/pandemicinfluenza/PDFs/AppE.pdf> retrieved January 23, 2012

6. Procedure Development and Approval

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7. Keywords

pan flu, flu, influenza, SARS, respiratory

Attachment A

Suggested Pandemic Response Team Members

(* denotes staff member fills pandemic response coordinator position)

Title
Infection prevention and Prevention*
Emergency Preparedness leadership*
Emergency Preparedness Specialist*
Respiratory Therapy
Delivery System executive on call
Nurse Manager
Contact Center
Employee Relations
MD, Infectious Disease
Patient Transport
Diagnostic Imaging
Regional Administrator on Call
System Communication and Marketing
TIS Enterprise Infrastructure
SHMG Operations
Laboratory
MD, VPMA / CMO
VP Quality and System Safety
MD, Medical Director, ED
Delivery System COO
Supply Chain Management
CNE / VP Patient Care Services
Emergency Services and Trauma
SHCC Representatives (2) [RNC-1 & HCBS-1]

Attachment B – Federal Response Stages

Federal Response Stage		World Health Organization Phases		Federal Goals	Federal Actions	Federal Policy Decisions
0	New domestic animal outbreak in at-risk country	1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals	<ul style="list-style-type: none"> • Provide coordination, support, technical guidance • Track outbreaks to resolution • Monitor for reoccurrence of disease 	<ul style="list-style-type: none"> • Support coordinated international response • Prepare to deploy rapid response team and material • Offer technical assistance, encourage information sharing 	<ul style="list-style-type: none"> • Deployment of counter-measures
		2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.			
0	New domestic animal outbreak in at-risk country	3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact	<ul style="list-style-type: none"> • Provide coordination, support, technical guidance • Track outbreaks to resolution • Monitor for reoccurrence of disease 	<ul style="list-style-type: none"> • Support coordinated international response • Prepare to deploy rapid response team and material • Offer technical assistance, encourage information sharing 	<ul style="list-style-type: none"> • Deployment of counter-measures

Federal Response Stage		World Health Organization Phases		Federal Goals	Federal Actions	Federal Policy Decisions
1	Suspected human outbreak overseas			<ul style="list-style-type: none"> • Rapidly investigate and confirm or refute • Coordination and logistical support 	<ul style="list-style-type: none"> • Initiate dialogue with WHO • Deploy rapid response team • Amplify lab-based and clinical surveillance to region • Prepare to implement screening and/or travel restrictions from affected area 	<ul style="list-style-type: none"> • Pre-positioning of U.S. contribution to international stockpile assets • Use of pre-pandemic vaccine
2	Confirmed human outbreak overseas	4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans	<ul style="list-style-type: none"> • Contain outbreak and limit potential for spread • Activate domestic medical response 	<ul style="list-style-type: none"> • Declare Incident of National Significance • Support international deployment of countermeasures • Implement layered screening measures; activate domestic quarantine 	<ul style="list-style-type: none"> • Contribution to countermeasures for affected region • Entry/exit screening criteria; isolation/quarantine protocols • Diversion of trivalent vaccine production to monovalent • Revise

Federal Response Stage		World Health Organization Phases		Federal Goals	Federal Actions	Federal Policy Decisions
		5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)		stations <ul style="list-style-type: none"> • Prepare to limit domestic ports of entry • Prepare to produce monovalent vaccine 	prioritization and allocation of pandemic vaccine and antiviral medications
3	Widespread human outbreaks in multiple locations overseas	6	Pandemic phase: increased and sustained transmission in general population	<ul style="list-style-type: none"> • Delay emergence in North America • Ensure earliest warning of first case(s) • Prepare domestic containment and response mechanisms 	<ul style="list-style-type: none"> • Activate domestic emergency medical personnel plans • Maintain layered screening measures at borders • Deploy pre-pandemic vaccine and antiviral stockpiles; divert to monovalent vaccine production • Real-time modeling; heighten hospital-based surveillance • Prepare to implement surge plans at Federal medical facilities 	<ul style="list-style-type: none"> • Prioritize efforts for domestic preparedness and response

Federal Response Stage		World Health Organization Phases		Federal Goals	Federal Actions	Federal Policy Decisions
4	First human case in North America			<ul style="list-style-type: none"> • Contain first cases in North America • Antiviral treatment and prophylaxis • Implement national response 	<ul style="list-style-type: none"> • Ensure pandemic plans activated across all levels • Limit non-essential domestic travel • Deploy diagnostic reagents for pandemic virus to all laboratories • Continue development of pandemic vaccine • Antiviral treatment and targeted antiviral prophylaxis 	<ul style="list-style-type: none"> • Revision of prioritization and allocation scheme for pandemic vaccine
5	Spread throughout the United States			<ul style="list-style-type: none"> • Support community response • Preserve critical infrastructure • Mitigate illness, suffering, and death • Mitigate impact to economy and society 	<ul style="list-style-type: none"> • Maintain overall situational awareness • Evaluate epidemiology; provide guidance on community measures • Deploy vaccine if available; prioritization guidance • Sustain critical infrastructure, support health and medical systems, maintain civil order • Provide guidance on use of key commodities 	<ul style="list-style-type: none"> • Federal support of critical infrastructure and availability of key goods and services • Lifting of travel restrictions

Federal Response Stage		World Health Organization Phases		Federal Goals	Federal Actions	Federal Policy Decisions
6	Recovery and preparation for subsequent waves			•	•	•

Attachment C

Guidelines for Identifying Health Care Workers Requiring N-95 Fit Testing

Principle: Define health care workers that in the normal course of their duties would need to wear N95 mask (or equivalent) respiratory protection to safely care for the patient.

Job Functions	N-95 Fit-Testing Required?	
	Yes	NO
Provide care to a patient in an Airborne isolation room (may include nursing, lab, respiratory therapy, etc)	X	
Health care provider that works in an area with Airborne isolation rooms, however job duties <i>would not include</i> entering an Airborne isolation room (e.g. Unit secretary)		X
Clean or perform maintenance in an occupied Airborne isolation rooms	X	
Assist with Bronchoscopy procedures	X	
Member of a team performing a procedure on a potential active TB patient (e.g. OR, IR, Cath Lab)	X	
Deliver food trays to a nursing unit		X
Work in a setting that doesn't provide care to known active pulmonary TB patients		X
Work in a setting that does not have Airborne isolation rooms		X
Work in a setting that does not have Airborne isolation rooms, but could be pulled to work in an area with an Airborne isolation room isolation room	X	
Work in an outpatient setting that would not schedule a patient for a procedure if the patient was known to have active pulmonary TB		X
<i>Only</i> work behind a desk in any setting		X