



August 12, 2009

Recommended Hospital Planning Actions for Influenza

Below is a list of recommended planning steps that you and your hospital influenza planning teams should consider:

Pandemic Influenza Working Group

1. Form a pandemic working group in your hospital. Suggested participants include the Emergency Preparedness Coordinator and representatives from the Departments of Infectious Diseases, Infection Control, Emergency Medicine, Intensive Care, Pediatrics, Laboratory, Respiratory Therapy, Nursing, Employee Health, Ambulatory Care, Security and Senior Administration. They should be ready to report to your incident command system.

Activation of Incident Command System

2. Prepare to activate your hospital incident command system if significant emergency department overload is expected to impact hospital performance or to negatively impact in-patient care services or if the state declares a state wide emergency.

Emergency Department Expansion Plans

3. Review and if needed, modify your emergency department expansion plans to include an alternate space or clinic to cohort persons that have signs and symptoms of influenza. Plan to provide security and adequate clinical staffing and supplies to these areas.
4. In order to comply with the requirements of the Emergency Medical Treatment and Labor Act (EMTALA), hospitals must ensure that once a person arrives to the entrance of the emergency department that 1) the care provided in an alternate site (e.g., tent, outpatient clinic) is on the hospital campus, 2) the patients' logs tie back to the ED log, and 3) these patients receive the requisite medical screening examination and treatment. To address concerns of the worried well and those not seeking emergency medical care, hospitals should consider posting prominent signage outside the ED and at entrances to the hospital informing individuals of the availability of primary or outpatient care and/or locations where information about influenza can be obtained.
5. Review your screening and triage protocols to implement in your emergency departments and consider implementing more active oversight of staff to assure adherence to standard and droplet infection control precautions. Standard and droplet infection control precautions should continue to be instituted for all suspected and confirmed cases of influenza.
6. For hospitals utilizing electronic medical records in their emergency departments, considering reviewing and/or modifying current charting practices for ILI. Also, consider alternatives to electronic charting if volunteers or other hospital based clinicians will be utilized in your alternate flu clinics.

Outpatient Clinics

7. Prepare your primary care clinics to treat patients for influenza. Ask that they let their patients know that management and treatment at their primary care clinic is available and preferable to seeking care at the hospital's emergency department.

8. Incorporate screening protocols in the clinics to cohort persons with flu-like symptoms in the waiting room.
9. Provide face masks to those who enter with clinic with flu-like symptoms and hand hygiene to all in waiting room
10. Share the provider access line with clinics.
11. Reserve spots in the clinic schedule to see patients with flu-like symptoms.
12. Call 311 to order posters about handwashing and respiratory hygiene for the clinic or download from the posters from <http://www.nyc.gov/html/doh/html/cd/cd-h1n1flu.shtml>.
13. Sign-up clinicians on NYCMED to receive the NYC Health Alerts (www.nyc.gov/health/nycmed).

Other Surge Capacity Issues

14. Review your bed and staffing surge capacity plans as these may be affected by the increased number of admissions from patients infected with seasonal or pandemic H1N1 influenza. A surge in critical care may also occur.
15. Prepare to have data enterers for the Health Emergency Data System 7 days a week.

Credentialed Medical Volunteers

16. Review your protocols for accepting credentialed medical volunteers to work in your facility. Staff shortages in the emergency department required physicians and nurses from other parts of the hospital to work in the emergency department. Plan now how credentialed medical volunteers could be used in your facility.

Employee Health Preparation

17. Ensure that Employee Health has protocol/plans in place for staff screening for illness with criteria for dismissal from work when symptomatic. Healthcare workers that provide direct patient care should not work while ill. They should remain out of work for at least 24 hours after the resolution of their symptoms.

Fall flu vaccination campaigns

18. Prepare to have non-specific patient orders in place and to conduct a point of distribution plan for healthcare workers and in-patients using seasonal influenza vaccine and novel H1N1 vaccine.
19. Prepare non-specific patient orders and a vaccination campaign for both seasonal and H1N1 vaccine in your ambulatory care clinics.