

**Communicable Disease Epidemiology
and Immunization Section**

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**Health Update – Novel Influenza A H1N1 Planning for Medical Offices & Outpatient Facilities,
22 July, 2009**

Action requested: The true impact of novel H1N1 flu outbreaks in the coming months will not be known until it happens. Healthcare providers and facilities should be prepared for the possibility of a significant increased demand for services and that the fall outbreak may have greater impact than the outbreak in the spring, 2009. It is critical to assure that medical offices and other outpatient facilities (e.g., outpatient/ambulatory clinics, outpatient surgery centers, urgent care centers, physical therapy/rehabilitation offices or clinics) that provide healthcare services can manage an increased demand for services in the midst of a novel H1N1 influenza outbreak. Medical offices should take the following steps now to assure an optimal response for the likely recurrence of novel H1N1 this fall. This includes medical offices and clinics as well as offices that provide psychological, dental, podiatric, chiropractic, and other clinical services.

1. Develop a Business Continuity Plan – Novel H1N1 flu outbreaks will impact your organization, employees, suppliers of critical materiel, and your family. Identify your office/clinic's essential functions and the individuals who perform them. Make sure you have trained enough people to properly work in these essential functions and allow for potential absenteeism. Develop a plan that will sustain your core business activities for several weeks. Make sure you have alternate plans for critical supplies in case there is disruption in your supply chains. Public Health has developed an excellent business resiliency (continuity planning) toolkit focused on non-hospital healthcare facilities, available on the King County Healthcare Coalition website,

<http://www.kingcounty.gov/healthservices/health/preparedness/hccoalition.aspx> (click on Regional Surge Capacity Projects and then Non-Hospital Business Resiliency Workshops. For additional information about planning see: www.ready.gov/business/plan/index.html.

2. Inform employees about your plan for coping with additional surge during pandemic – Provide clear and frequent communication to ensure that your staff are aware and understand the plan. Explain any policies and procedures that will be used to protect staff and your patients, and to manage a surge of patients. Improve the resiliency of your staff by advising that employees have a pandemic family plan or personal plans.

3. Plan to operate your facility if there is significant staff absenteeism – Are you ready for 20 to 40% of your employees not being able to come to work? Cross training your staff is key to resilience. What else can be done to assure continuity of operations with reduced staff?

4. Protect your workplace by asking sick employees to stay home – Be sure to ask sick staff to stay home. All personnel should self monitor daily for signs and symptoms of febrile respiratory illness. Staff who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor. Be sure to align your sick leave policies so ill staff can stay home. See *What to Do If You Get Flu-Like Symptoms* at www.cdc.gov/h1n1flu/sick.htm for more information.

5. Plan for a surge of patients and increased demands for your services – Consider using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with flu at home (see *Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home* at www.cdc.gov/h1n1flu/guidance_homecare.htm. Consider extending your hours of operation to include telephone triage of patients during a community outbreak.

6. Care for patients with novel H1N1 flu in your facility – Make plans to screen patients for signs and symptoms of febrile respiratory illness at entry to the facility. If feasible, use separate waiting and exam rooms for possible novel H1N1 flu patients; plan to offer surgical masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), provide facial tissues, receptacles for their disposal, and provide hand hygiene products in waiting areas and examination rooms. For information on caring for patients see: *Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (H1N1) Virus Infection* at www.cdc.gov/h1n1flu/identifyingpatients.htm

7. Take steps to protect the health of your workforce during an outbreak of H1N1 – All healthcare personnel who come in close contact with patients who may have novel H1N1 flu should take appropriate infection control precautions for all patient care activities (*Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza* see www.osha.gov/Publications/exposure-risk-classification-factsheet.html). Public Health endorses current WHO guidelines on infection control, see: http://www.who.int/csr/resources/publications/20090429_infection_control_en.pdf.

CDC guidance is available at www.cdc.gov/h1n1flu/guidance/ and is currently under review. On July 23, the federal Healthcare Infection Control Practices Advisory Committee (HICPAC) met to discuss CDC's *Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting* and to make recommendations to CDC and HHS regarding respiratory protection for H1N1. Excerpted below are the HICPAC recommendations (consistent with current WHO guidelines). For the complete (very brief) transcript, see, http://www.cdc.gov/ncidod/dhqp/hicpac_transcript-07-23.html.

HICPAC recommended that a surgical procedure mask be used for all routine patient care when entering the patient's room and the need to remove that mask and perform hand hygiene when exiting the room. On the issue of respiratory protection HICPAC endorsed the use of surgical masks for the routine care of patients with confirmed or suspected, novel influenza A (H1N1), that a careful risk assessment should be performed and that N95 or higher respiratory protection is appropriate for procedures that are likely to generate small particle aerosols. These include but are not necessarily limited to bronchoscopy, intubation under controlled or emergent situations, cardiopulmonary resuscitation, open airway suctioning and airway induction. In addition, the use of an airborne infection isolation room with negative pressure handling and up to 6 to 12 air exchanges per hour should be considered for elective procedures such as bronchoscopy or sputum induction that are likely to generate small particle aerosols. CDC is expected to issue updated guidance in response to the HICPAC recommendations, other stakeholder input and conclusions from an upcoming IOM meeting by October.

Plan now to stockpile sufficient PPE for your staff (see *Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza* at www.osha.gov/dsg/guidance/stockpiling-facemasks-respirators.html).

8. Provide immunization against seasonal flu at no cost to your staff – In the fall there may be several influenza strains circulating at the same time. Although seasonal flu immunization will not provide protection against novel H1N1 influenza, annual influenza vaccination is recommended for health care professionals and will likely protect against seasonal influenza strains. See: *Influenza Vaccination of Health-Care Personnel* at www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm?s_cid=rr5502a1_e.

9. Make sure you know about the pandemic planning and response activities of local hospitals, outpatient facilities and Public Health – Medical offices, emergency rooms, urgent care centers and hospitals will likely have difficulty managing a large influx of patients during an outbreak; a coordinated response is important to manage surge and assure optimal patient care. Outpatient facilities and local hospitals should work together to plan appropriate triage and management strategies that will avoid unnecessary visits to emergency departments and utilization of other limited health care resources. Healthcare providers should develop a plan to manage your patients who do not need to seek emergency services.

The *King County Healthcare Coalition* is one way to learn more about regional emergency planning activities. More information is available at www.kingcounty.gov/healthservices/health/preparedness/hccoalition.aspx.

10. Plan now so you will know where to turn to for reliable, up-to-date information in your local community – Be sure providers in your practice setting are subscribed to Public Health's information-exchange (INFO-X) listserv to get regular updates (email tiffany.acayan@kingcounty.gov with your name, medical specialty and practice location), and frequently check for current information from the *Public Health website* (www.kingcounty.gov/healthservices/health/communicable/providers.aspx). Staff in healthcare settings should monitor *CDC H1N1 Flu website* (www.cdc.gov/h1n1flu/) and Public Health's website (www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu.aspx) for the latest information.

For more information see the *Medical Offices and Clinics Pandemic Influenza Planning Checklist* at <http://pandemicflu.gov/plan/healthcare/medical.html>

Adapted from: CDC's 10 Steps You Can Take: Actions for Novel H1N1 Influenza Planning and Response for Medical Offices and Outpatient Facilities (see <http://www.cdc.gov/h1n1flu/>)

What are healthcare-associated infections? What is being done to prevent them? What is YOUR role in preventing them?

SEATTLE

Make **your voice heard**

on decisions related to healthcare-associated infections!

Each year, 1.7 million people acquire healthcare-associated infections in hospitals. 99,000 of them die. Treating healthcare-associated infections costs an additional \$26 billion every year. Yet, many infections are preventable.

Government agencies and other organizations are working to reduce these infections. They want to empower patients and their loved ones to protect themselves. But they need your help to determine how to do it.

The Keystone Center is the non-profit organization specializing in the design and facilitation of these meetings.



Participating Organizations:

- Association of State and Territorial Health Officials (ASTHO)
- US Department of Health and Human Services (DHHS)
- Centers for Disease Control and Prevention (CDC)
- Office of Public Health and Science (OPHS), Region X
- The Keystone Center

WHEN:

Thursday, August 27th, 2009
Registration and continental breakfast begin at 8:00am.
The meeting will run from 9:00am-3:30pm with a catered lunch.

WHERE:

Doubletree Hotel Seattle Airport
18740 International Boulevard
Seattle, WA 98188-4001
Parking available on site for \$8.00

FREE:

No fee to attend; continental breakfast, lunch, and refreshments provided. We are unable to provide daycare services.

REGISTER:

Register online at:
www.keystone.org/hai/seattle

Or Call:

Amber Brummer at 866-325-7228

Or Fax:

970-262-0152

Or Email:

abrummer@keystone.org

For more information:

keystone.org/hai

We need your voice!

TO REGISTER:

Online: www.keystone.org/hai/seattle

Fax: 970-262-0152 (or)

Call: Amber Brummer at
866-325-7228 (or)

Email: abrummer@keystone.org

Name (Please Print):

Title:

Organization:

Mailing address:

City:

State:

Zip:

Home Phone:

Email:

To help us attract participants to this meeting who reflect our population, please provide the following information (optional):

With which sector do you most identify?

- | | |
|--|--|
| <input type="checkbox"/> Consumers/patient advocates | <input type="checkbox"/> Healthcare institutions |
| <input type="checkbox"/> Healthcare providers | <input type="checkbox"/> Regulators |
| <input type="checkbox"/> Public health professionals | <input type="checkbox"/> Academics/researchers |
| <input type="checkbox"/> Healthcare educators/students | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Citizen/member of the public | <input type="checkbox"/> Other (Please specify) |

How concerned are you about healthcare-associated infections?

1 = Very concerned 2 = Somewhat concerned 3 = Not very concerned

Do you have any special needs (for example: dietary restrictions, translation services, or building access needs)? If so please specify:

Please submit any comments or questions that you may have in the space provided below.
