

MEDICAL OFFICE EMERGENCY HEALTH PREPAREDNESS PLANNING TEMPLATE WITH A FOCUS ON NOVEL/PANDEMIC INFLUENZA

This template is based on the Medical Office and Clinic Pandemic Influenza Checklist, Version 2.2, Centers For Disease Control, March 6, 2006. However, most of the checklist items are useful for many emergency medical situations. Medical offices and clinics can use this tool to identify the strengths and weaknesses of current planning efforts.

This checklist identifies key areas for pandemic influenza and other medical emergency planning efforts. Where possible, TABs are appended to provide additional or more detailed information on the topic.

It is understood that not every item can or will apply to every office (e.g., separate waiting rooms for ill and non-ill patients). However, every office should consider the range of alternatives that might achieve the same response objectives.

Planning is key to preparedness, and preparedness is key to a successful and sustained response in the event of a community or region-wide medical emergency.

1. Structure for planning, decision-making and development of a written plan.

Completed	<input type="checkbox"/> The Medical Office/Clinic has an emergency management plan.
<input type="checkbox"/>	Pandemic/Novel Influenza has been incorporated into emergency management planning for the organization.
<input type="checkbox"/>	A person has been assigned responsibility for coordinating preparedness planning for the practice (the “response coordinator”).
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	(insert name, title and contact information)
<input type="checkbox"/>	Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained from www.hhs.gov/pandemicflu/plan , or call MSMP at 503-222-9977.
<input type="checkbox"/>	A written general emergency health preparedness plan has been completed or is in progress.
<input type="checkbox"/>	A written pandemic influenza plan has been completed or is in progress that incorporates the elements in this checklist.



2. Elements of a pandemic influenza plan

<p>Completed <input type="checkbox"/></p>	<p>AN ASSESSMENT OF PROBABLE ATTENDANCE OF CLINIC PERSONNEL DURING AN EMERGENCY HAS BEEN CONDUCTED IN ORDER TO PREPARE A HUMAN RESOURCE CONTINGENCY PLAN.</p> <p><input type="checkbox"/> An individualized assessment of each member of the clinic team has been conducted, regarding barriers/challenges to participation (i.e., ability to report).</p> <p><input type="checkbox"/> The assessment details the probable available numbers and types of clinic staff who will be able to report during an emergency event.</p> <p><input type="checkbox"/> A work force contingency plan has been developed, based on the needs of the assessment.</p> <ul style="list-style-type: none"> • Resource borrowing from other offices. • Hiring temporary employees. • Reactivating inactive and/or retired members of the workforce. • Overtime strategies. • Other workforce solutions. <p><input type="checkbox"/> A PLAN IS IN PLACE FOR SURVEILLANCE AND DETECTION OF PANDEMIC INFLUENZA IN THE POPULATION SERVED.</p> <p><input type="checkbox"/> Responsibility has been assigned to monitor public health advisories, and to alert other members of the clinic when it nears the geographic area you serve. (Insert name and contact information).</p> <hr/> <p><input type="checkbox"/> A system is in place to monitor and review influenza activity in patients cared for by the clinical staff (i.e., daily or weekly number of patients presenting or calling the office with influenza-like illness). SEE TAB 1.</p> <p><input type="checkbox"/> A system is in place to report unusual cases of unusual influenza-like illness and influenza to the local health department. SEE TAB 2.</p> <hr/> <p><input type="checkbox"/> A COMMUNICATION PLAN HAS BEEN DEVELOPED.</p> <p><input type="checkbox"/> Local public health department contact for pandemic influenza or other health emergencies has been identified and arrangements have been made for: (fill in the blanks)</p> <p><input type="checkbox"/> Health Department Contact Name:</p>
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Telephone _____

FAX _____

Email _____

A list has been created of healthcare entities and their contact information with whom the medical office anticipates that it will be necessary to maintain communication and coordination during a medical emergency, including pandemic influenza:

- Hospitals
- Other Health Facilities
- Home health care agencies
- Social service agencies
- Emergency medical services
- Commercial and clinical laboratories
- Community organizations

The response coordinator is aware of local and regional health and emergency preparedness organizations and can access relevant information. A WALL POSTER PRESENTING THIS INFORMATION WAS PREVIOUSLY MAILED TO ALL MEDICAL OFFICES. CALL MSMP 503-222-9977.

An accessible list or database has been created with contact information on patients who have regularly scheduled visits and may need to be contacted during a pandemic influenza or other medical emergency for the purpose of rescheduling office visits or assigning them another point of care.
INSERT LOCATION AND/OR OTHER INFORMATION REGARDING ACCESSING PATIENT DATABASE

Informational materials for patients on pandemic influenza (language and reading level appropriate) for the population being served have been identified, and a plan is in place to obtain these materials.

The roles of medical and other clinical personnel in providing health care guidance for patients have been established.

<input type="checkbox"/>	<p>A PLAN FOR TRIAGE AND MANAGEMENT OF PATIENTS HAS BEEN DEVELOPED.</p> <ul style="list-style-type: none"><input type="checkbox"/> A system is in place for phone or email triage of patients to determine who requires a medical evaluation, to limit office visits to those that are medically necessary.<input type="checkbox"/> Plans have been developed to manage patient care at the height of the influenza or other event, including the following possibilities:<ul style="list-style-type: none">• Temporarily canceling non-essential medical visits (e.g., annual physicals).• Designating separate blocks of time for non-influenza and influenza-related patient care. <p><input type="checkbox"/> Local plans and criteria for the disposition of patients following a medical evaluation (e.g., hospital care, home health care, self-care) have been discussed with the local hospital, other health care agencies and the local health department.</p> <p>AN INFECTION CONTROL PLAN IS IN PLACE AND INCLUDES THE FOLLOWING: SEE TAB 4</p> <ul style="list-style-type: none"><input type="checkbox"/> A specific waiting room location has been designated for patients with symptoms of influenza that is segregated from other patients awaiting care. IF THIS IS NOT FEASIBLE, THEN INCREASED EMPHASIS MAY BE ON THE USE OF MASKS AS NOTED BELOW.<input type="checkbox"/> A plan for implementing Respiratory/Cough Etiquette is in place. SEE TAB 5.<ul style="list-style-type: none">• Signage directing patients and those accompanying them to notify reception personnel if they have symptoms of influenza- like illness.• Signage on Respiratory Hygiene/Cough Etiquette instructing symptomatic persons to use tissues to cover their cough and proper hand hygiene. SEE TAB 5.• The plan includes distributing masks to symptomatic patients who are able to wear them (both adult and pediatric); providing facial tissues; foot-operated receptacles for tissue disposal, and; hand hygiene material in waiting areas and examination rooms.• Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when influenza and other respiratory viruses are circulating in communities.
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	<ul style="list-style-type: none">• If patients with influenza will be evaluated in the same location as patients without an influenza-like illness, separate examination rooms have been designated for evaluation of patients who are symptomatic [IF FEASIBLE].• A policy is in place that requires healthcare personnel to use Standard and Droplet Precautions with symptomatic patients. SEE TAB 6.• The policy includes protection of reception and triage personnel at initial points of patient encounter. <p><input type="checkbox"/> A VACCINE AND ANTIVIRAL USE PLAN HAS BEEN DEVELOPED.</p> <ul style="list-style-type: none"><input type="checkbox"/> Clinic personnel are aware of current federal/state health department recommendations for the use and availability of vaccines and antiviral medicines.<input type="checkbox"/> An estimate of the number of personnel and patients who would be targeted as first and second priority for receipt of vaccine and antiviral prophylaxis. This estimate can be used when considering which patients may need to be notified first about vaccine or antiviral availability, anticipating staffing requirements for distribution of vaccines and antivirals, and for procurement purposes. <p><input type="checkbox"/> A CLINIC HUMAN RESOURCES PLAN HAS BEEN DEVELOPED AND INCLUDES THE FOLLOWING:</p> <ul style="list-style-type: none"><input type="checkbox"/> A non-punitive sick leave policy for managing personnel who have symptoms of or documented illness with influenza. <p>The policy considers:</p> <ul style="list-style-type: none">• The handling of staff that become ill at work.• When personnel may return to work after recovering from their illness.• When personnel who are symptomatic, but well enough to work, will be permitted to continue working.• Personnel who need to care for ill family members <ul style="list-style-type: none"><input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty and tested during a non-influenza period.<input type="checkbox"/> Mental health and like resources are available to provide counseling to personnel during a medical emergency.<input type="checkbox"/> The management of personnel who are at increased risk for complications
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(e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work schedule.

The ability to monitor seasonal or special vaccination (e.g., pandemic influenza) of healthcare personnel.

The offer of annual influenza vaccine to medical office personnel.

ISSUES RELATED TO SURGE CAPACITY (I.E., DEALING WITH AN INFLUX OF PATIENTS, AND THE ATTENDANT CHALLENGE OF STAFF AND SUPPLY SHORTAGES) DURING AN EMERGENCY MEDICAL SITUATION HAVE BEEN ADDRESSED. SEE TAB 7.

Modification of routine operations:

- Delay and/or deferral of routine office visits (e.g., annual physical).
- Extension of office hours (opening earlier, remaining open later).
- Modification of office hours to segregate and concentrate influenza-related patients to defined time slots, in order to minimize secondary disease spread.
- Implement more flexible human resources strategies to accommodate needs of staff.
- Implement mutual aid agreements/understandings with other medical offices, including cross-staffing arrangements, designating one clinic as the “flu” clinic, the availability of non-primary care physicians and staff to assist, etc.
- Methods have been identified to frequently update the command center regarding the status of the clinic and the ability to receive new patients.

Plans for managing a staffing shortage within the organization due to illness in personnel or their family members have been addressed.

Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures are implemented (e.g., “snow days,” school closures). **NOTE: EVERY OFFICE IN THE REGION HAS RECEIVED ONE OR MORE COPIES OF THE FAMILY FLU PLAN. SEE TAB 8 FOR THE CHECKLIST.**

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| <ul style="list-style-type: none"><input type="checkbox"/> The minimum number and categories of personnel necessary to keep the office open on a given day have been determined.<input type="checkbox"/> Plans for either closing the office or recruiting temporary personnel during a staffing crisis have been addressed.<input type="checkbox"/> Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products, medical supplies) have been estimated.<input type="checkbox"/> A primary plan and contingency plan to address supply shortages have been developed and each details procedures for acquisition of supplies through normal channels, as well as requesting resources when normal channel resources have been exhausted.<input type="checkbox"/> Plans include stockpiling at least a week's supply of consumable resources, including all necessary medical supplies, when there is evidence that pandemic influenza (or another identified medical emergency) has reached the United States.<input type="checkbox"/> The development and execution of Mutual Aid Agreements with other medical offices, hospitals and other community resources. |
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