

PANDEMIC INFLUENZA PREPAREDNESS PLAN

Policy No. 7-002.1

PURPOSE

To describe the organization's approach to planning for and responding to a pandemic influenza that would significantly affect all areas of the organization and the communities we serve.

Definitions

1. Influenza: or the flu is a contagious viral infection of the respiratory tract, which often occurs in the winter. The first influenza virus was identified in the 1930s. Since then, scientists have classified influenza viruses into types A, B, and C. Influenza A virus which causes influenza in birds and some mammals.
2. Pandemic Influenza: is flu that causes a global outbreak of serious illness that spreads easily from person to person, such as novel H1N1 influenza.
3. Novel Influenza Virus: is a new influenza virus causing illness in people. There isn't immunity by humans and this virus may cause more illness or more severe illness than usual.
4. Seasonal Influenza: is a contagious respiratory illness caused by influenza viruses. Seasonal influenza outbreaks occur every year.
5. Staff: Paid and unpaid employees, including volunteers.

POLICY

Planning Process

- Pandemic influenza has been incorporated in the emergency management planning and exercises for the organization. The checklists for pandemic influenza planning for Long-Term care and other residential/Home Health Care Services is utilized to identify the strengths and weaknesses of current planning.
- A multidisciplinary planning committee has been created to specifically address pandemic influenza preparedness planning consisting of: Directors of Clinical Services, VP of Human Resources, Medical Director, Infection Control Nurse/Education & Training, Corporate Purchaser, Facilities Manager, Dietary (Food) Manager, Director Organizational Quality.
- The Director of Organizational Quality has been assigned responsibility for coordinating preparedness planning.

- The following local, state and national sites have been identified for receiving status reports and information on pandemic influenza planning resources:

Washtenaw County Health Dept.:

http://www.ewashtenaw.org/government/departments/public_health

- Updates sent to Jackie Nelson from:
Fatema Boxwala, MPH
Emergency Preparedness Health Educator
boxwalaf@ewashtenaw.org
734-544-2986

Wayne County Health Dept:

<http://www.waynecounty.com/mygovt/hhs/publichealth/>

Disease Control/Vaccine Program – Jeanette 734-727-7077

- [Go to News & Press Releases](#)

Wayne County Department of Public Health is monitoring reports of swine flu occurring in other states as well as other countries. This is a reminder that whenever people exhibit flu-like symptoms that include fever, cough and sore throat, consult with your physician and stay home to limit contact with others.

The Wayne County Department of Public Health will continue to monitor this situation and provide updates as they become available. For more information:

Swine Flu
24hour
hotline
telephone#(734)727-7163

Michigan Dept. of Community Health:

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779---,00.html

Access to all local health dept. sites:

<http://www.michigan.gov/mdch/0,1607,7-132--96747--,00.html>

Centers for Disease Control and Prevention (CDC) www.cdc.gov/flu

- Area hospitals that could be contacted in the event that Arbor Hospice patients require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds:

	<u>Main Number</u>	<u>Infection Control Dept.</u>
University of Michigan Hospital –	734-936-4000	734-936-6355
St. Joseph Mercy Health System-	734-712-3456	734-712-3158
Chelsea Community Hospital-	734-475-1311	734-475-3941
St. Mary Mercy-	734-655-4800	734-665-2404
Saline-	734-429-1500	734-429-8621
Livingston-	517-545-6000	517-545-6438
<u>Oakwood Health System</u>		
South Shore-	734-671-3800	734-671-3283
Main-	313-593-7000	313-593-7482
Oakwood Heritage-	313-295-5000	313-295-5049
Annapolis-	734-467-4000	734-467-4497
VA Hospital-	734-769-7100	734-845-5820
Select Specialty-	734-712-0119	734-712-0115

- The organization plan includes the following elements:
 1. Surveillance and detection of the presence of pandemic influenza in patients and staff.
 2. Organization communication plan is developed.
 3. Education and training to ensure that all employees, patients, and family members of patients understand the implications of, and basic prevention and control measures for pandemic influenza.
 4. Infection control plan for managing patients and visitors with pandemic influenza.

5. Occupational health plan for addressing staff absences and other related occupational issues.
6. Vaccine and antiviral use.
7. Issues related to surge capacity during a pandemic.

PROCEDURE

I. Surveillance and detection of the presence of pandemic influenza in patients and staff.

Patients:

- The following questions in Suncoast will be used to assess for flu symptoms on admission and every visit.
- **Assessment of Influenza symptoms**
Evaluate at each visit by each discipline

Multi-select for the following symptoms

- N/A
 - Patient
 - Caregiver
 - Fever
 - Chills
 - Cough
 - Muscle/body aches
 - Sore throat
 - Headache
 - Fatigue
 - Diarrhea
 - Vomiting
 - Other (specify)
- Protocol for follow up with Patients with symptoms. Criteria for admissions to the Residence.

AH Staff

- Review current Call-In process. Ex: Must call immediate supervisor/designee two hours before the beginning of the shift. Residence staff must call the Super Call at least 2 hours before the

beginning of the shift. All locations/departments to use 'Arbor Hospice Employee/Volunteer Infection Surveillance Record' for to call – In and tracking symptoms. Educate all staff on this procedure.

- Protocol for follow up with staff with symptoms: If someone is off for 3 or more days, a doctor's note is not required during the flu season, but they must talk to their supervisor prior to returning to work. The Supervisor will enquire about symptoms and approve return. It is suggested that supervisors remain in contact with their staff while they are off ill.
- Infection Control Nurse/OQ director will monitor CDC and local health department sites regularly for updates. Will notify committee members and Leadership as needed.
- Pandemic Committee needs to meet weekly or more frequently depending on the prevalence of the infection; monitor data, make recommendations, and make changes as needed.

2. Organization communication plan is developed.

External

- See master list of local health department and national contacts.
- Media contact individual – protocol and approval. All media contact will be directed to Julie Richards, VP Community & Provider Relations or Gloria Brooks, CEO/President. The Flu Pandemic Committee will be consulted as needed.
- Referral sources – The Director of Clinical Services in the Residence will determine if the Residence is open or closed for admissions and will notify Amy Banfield, Director of Access Center. Situation will be assessed on a daily basis and communicated to SMT group, others as needed.
- Long Term Care Facilities/ALFs, all facilities- These facilities will notify AH Clinical Supervisors of their prevalence, restriction of hospice staff or need for transfer of their patients. Clinical Supervisors will communicate this information to their Clinical Director.

Supplies/Resources

- Vendors and supplies to order– Additional resources needed will be ordered in advance and stored. Ex. Gloves, syringes, masks, hand sanitizers.
- Restricted access by vendors as determined by the committee. HP, HomeTown, Funeral Directors, DME companies, Ambulance Co., etc
- Staffing agencies will be utilized as needed. Will keep in touch and update agencies on the plan to use them. Agency staff should not have symptoms when scheduled.

Internal Communications

- Emergency phone tree has been updated and will be initiated as needed by the CEO's office. Paper copy of all phone trees will be maintained as confidential information and kept with supervisors/directors at all time. As appropriate, Zimbra – email, Suncoast Communicator and telephone text will be utilized to convey urgent information or updates.
- Signs/flyers regarding flu symptoms and updates are posted throughout the agency.
- A web page has been developed and is accessed from the AH website home page. It includes updates on the status of flu occurrence at AH and links to information about prevention and symptoms.
- 'The Link' email newsletter is utilized to provide updates.
- Pay check stuffing may be utilized as needed.
- Volunteers will be notified of information and updates via newsletter and emails.

3. Education and training to ensure that all employees, patients, and family members of patients understand the implications of, and basic prevention and control measures for pandemic influenza.

- Infection Control Nurse and OQ staff will coordinate education and training via computer/e-mail etc. Will ensure that staff attend inservices or receive information and supervisors maintain record of attendance. (www.cdc.gov/flu/professionals/training/)

- Provide CDC Influenza Vaccine Fact Sheet to all staff and volunteers prior to vaccination.
- Language and reading-level appropriate materials have been identified on pandemic influenza for patients/families/caregivers being served. http://www.immunize.org/vis/vis_english.asp
- Materials have been identified or developed to guide family members on infection control and care of patients with pandemic influenza in the home. www.pandemicflu.gov/plan/tab3.html
- Patients and families are educated on signs and symptoms of the flu, how it spreads, when to seek treatment etc., (See Handout 'H1N1 Overview')
- The education and training program includes information on infection control measures to prevent the spread of pandemic influenza, including information on measures home care personnel should apply during home care of patients. (www.hhs.gov/pandemicflu/sup4.html#care)

4. Infection control plan for managing patients and visitors with pandemic influenza.

- Clinical Supervisors and Directors will assess patient needs daily during the height of the pandemic to determine staffing needs and reassignment of resources.
- Families and visitors to the Arbor Residence will be educated on the signs and symptoms of the influenza and encouraged not to enter the Residence if they have these symptoms. Hand washing stations are provided throughout the building for staff, patients and visitor use.
- AH will not admit to the Residence patients diagnosed with influenza. The AH admission criteria will remain unchanged for patients residing in their homes.
- AH will maintain and distribute the necessary infection control supplies, medications, and durable medical equipment as indicated on the patient's plan of care. Community resources or Social Services Agencies will be utilized to provide additional resources such as food, as needed.

- The interdisciplinary team (IDT) is responsible for evaluating the needs of all patients and families. Based on the available resources and patient needs, clinicians will prioritize visits or make phone calls regularly to address patient/caregiver needs.
- Will need to revisit Policy# 7-001-**Emergency Management Plan** which outlines the 3 categories for triaging patient care.

At the time of the first comprehensive assessment the RN/Case Manager will assess and choose for each patient an emergency category. This category should be updated at IDT or as the patient's condition changes.

1. Category I: Patients who cannot safely forego care and require health care intervention regardless of other conditions. Patients in this category may include: highly unstable patients with a high probability of inpatient admission if hospice is not provided; IV therapy patients; highly skilled wound care patients with no family/caregiver or other outside support; patients in need of critical supplies, medications or (in the event of a power outage) DME requiring electricity.
2. Category II: Patients with recent exacerbation of disease process; patients requiring moderate level of skilled care that should be provided that day; patients with essential untrained family/caregivers not prepared to provide needed care.
3. Category III: Patients who can safely forego care or a scheduled visit without a high probability of harm or deleterious effects; this category may include homemaker patients, routine supervisory visits, evaluation visits, patients with frequencies of one (1) or two (2) times a week, if health status permits, or if a competent family member/caregiver is present.

5. Occupational health plan for addressing staff absences and other related occupational issues.

- **The following memo was sent to all staff detailing policy changes related to a flu pandemic.**

DATE: SEPTEMBER 21, 2009

TO: ALL ARBOR HOSPICE EMPLOYEES

FROM: GLORIA BROOKS, PRESIDENT & CEO

RE: IMPORTANT FLU PANDEMIC POLICY CHANGES

Dear Colleagues:

As you know, the nation is anticipating a very challenging flu season this year. Arbor Hospice's Flu Pandemic Planning Committee has been busy scheduling flu shots, communicating about symptoms and prevention practices and developing a formal response plan. In this process they have also identified and recommended some temporary policy changes with the following objectives:

- To keep employees healthy and assure sufficient staffing
- To encourage appropriate and safe decisions and practices by employees
- To remove barriers/ inadvertent motivation for individuals to come to work when sick
- To do whatever possible to not expose employees to the disease or contribute to its spread
- To not overload what will likely be a highly stressed health care system

FLU SHOTS

1. **Seasonal flu shots will be made available free of charge to all employees and volunteers.** Our vaccines are arriving next week and the schedule for shots will be communicated through e-mail correspondence from OQ or through your supervisor. Additional flu information will be distributed when you receive your shot. It is expected to be a very challenging flu season and we recommend everyone who can be vaccinated.
2. **H1N1 flu shots will also be available through Arbor Hospice for employees, volunteers, and their families.** There will be **no charge for these shots** (including no fee to administer) so please take advantage of this opportunity to have you and your family members vaccinated. We will notify you through The Link and e-mail when the vaccines arrive and how the administering of them will be scheduled

POLICY CHANGES:

The Senior Management Team has reviewed these recommendations and I have approved the following changes:

1. Currently new employees are restricted from using accrued CTO days until they have reached 90 days of employment. **Effective October 1, 2009 that requirement is waived and accrued CTO days will be available to employees for personal or family illness.** This waiver will continue until terminated by administration.
2. The Center for Disease Control (CDC) and the county health departments are requiring Arbor Hospice and other employers to gather data on the incidences of flu and flu symptoms in the region. **Effective September 28, 2009 anyone calling in sick will be asked to describe their symptoms to their supervisor who will in turn complete a call in log documenting those symptoms.** That information will be compiled in OQ for reporting to the county. More detail on this will be shared by your supervisor but everyone – not just clinical staff – is required to comply so please be prepared to report your symptoms when calling in.

3. In order to prevent overloading an already stressed health care system, **effective immediately and until further notice the requirement to have a doctor's release to return to work if off for three or more days will be waived for employees with the flu or other contagious disease or illness.** Based on symptoms as noted on the call in log referenced above, supervisors will approve or disapprove return. Note: This change applies to flu or other contagious disease or illness only. For your safety a doctor's statement is still required for return to work after an injury or surgery.
4. **Effective October 1, 2009 employees who are eligible to accrue CTO time and who do not have enough CTO time to cover their illness may "borrow ahead" up to one (1) week (based on FTE status) of CTO time from their future accrual.**
 - a. Upon return to work after the illness use of this option should be discussed with your supervisor prior to completion of your time sheet or exception log. If choosing to borrow time an agreement to repay must be signed, with hours requested and supervisor's signature for approval, and must be attached to the time sheet or log. Payroll will not process the request without a signed agreement note.
 - b. For Suncoast users the employee or supervisor must bring the signed agreement to the payroll department prior to payroll being processed for that time period or the CTO will not be paid.
 - c. Future accruals will automatically be applied to the time borrowed until repayment is complete.
 - d. If the employee terminates his or her employment with Arbor Hospice prior to accruing enough time to cover the borrowed hours, payment for that time will be deducted from the final paycheck. The required agreement to repay will authorize the future deductions as needed.
 - e. This waiver of the existing CTO policy is for illness only, not for vacation or other usage.

Thank you in advance for your cooperation during what could be a stressful time on the health care system and for all of us. If you have any questions about these policy issues, contact the human resources department. We will let you know via future communications when these temporary policy changes will end.

As always, take care of yourself and your loved ones! I appreciate all you do for Arbor Hospice.

- Managers/Directors/Supervisors will utilize the **Employee/Volunteer Infection/Illness Surveillance Record #AH 004**, to track and evaluate symptomatic personnel/staff before they report for work.
- T.E.A.M. will be utilized as needed by leadership to provide counseling for staff during a pandemic.
- The management of personnel who are at increased risk for influenza complications (e.g. pregnant women, immunocompromized healthcare staff) will be addressed on a case-by-case basis.

- Staff are encouraged to develop their own family care plans for the care of dependent minors and seniors in the event that community containment measures (e.g. 'snow days,' school closures) are implemented, and for possible illness in adult family members.
- Arbor Hospice is developed a process to monitor influenza vaccination of healthcare personnel/staff.
- Influenza vaccine is offered free of charge to all paid and unpaid employees annually.

6. Vaccine and antiviral use.

- Websites containing current federal and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. Arbor Hospice will follow the guidelines of the CDC and the Washtenaw County Health Dept in the use of vaccine and antiviral. (www.cdc.gov/flu/professionals/vaccination/)
- An estimate has been developed of the number of personnel who would be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (www.hhs.gov/pandemicflu/plan/appendixd.html)
- AH's role in distribution of vaccine and antivirals to all our staff, volunteers and their family members has been discussed and cleared with the Local Health Dept., and/or regional pandemic planning committee. We are considered an **Alternate Dispensing (Closed) Site**.

7. Issues related to surge capacity during a pandemic.

The following plan is in place for managing a staffing shortage within the organization due to illness in personnel or their family members.

- The minimum number and categories of nursing staff and other members of the IDT necessary to sustain hospice services in the home, contracted facilities and the Residence for a given number of patients or on a day-to-day basis have been determined. Cross-training will be implemented as needed.
- Priorities for providing care have been established.
- Contingency staffing plans have been developed to include use of contract staff, contingent staff and limiting home visits.

- Anticipated consumable resource needs (masks, gloves, hand hygiene products, syringes) have been estimated. Inventories will be reviewed periodically to assure availability.
- The process for requesting and obtaining assets (e.g., personal protective equipment, medical supplies) made available through the community's response plan has been established with the Washtenaw County Public Health Department and will be utilized as needed.
- In the event of mass fatalities that cannot be handled through normal procedures, AH will designate an area to serve as a temporary morgue.