

**APPENDIX F:**  
**Planning Guidelines for Thurston County Health Care Providers**  
**Care Options during a Mass Medical Emergency (Influenza Pandemic) 10/22/08**

**Introduction:**

Pandemic influenza is a statistical likelihood at some point in a health care professional's career. Such an event would be the worst case scenario and may potentially overload the current medical system. Community mitigations described elsewhere in the Thurston County Pandemic Influenza plan would be implemented to slow transmission, and to decrease peak demand for medical services prior to the advent of generally available vaccine. Nevertheless, to meet surge in demand, and to help control transmission, medical care providers will need to implement changes from standard operating procedures in their clinics. This document is a guide for planning those changes.

**Assumptions:**

1. There will be some warning, perhaps as much as a few weeks, of the eminent arrival of pandemic Influenza to Thurston County.
2. State and County community mitigation strategies will be triggered.
3. Public information promulgating advice on home care, when to seek medical care, implications and prognosis of the pandemic infection will be forthcoming from federal, state and local public health via the media.
4. School and child care center closures will be implemented by elected officials in consultation with public health officials. This effort will be coordinated by public health authorities statewide and will likely occur early in a pandemic and may last for weeks to months.
5. Other measures of social distancing may be instituted such as cancelling of public gatherings and physical distancing in workplaces.
6. Home isolation of ill individuals and voluntary home quarantine of exposed individuals will decrease the available work force.
7. Fear of personal or family infection will adversely affect medical support staff.
8. Clinical work load will drastically increase.
9. Physicians and other care providers could become overwhelmed.
10. Health care providers and health care workers will be at significant personal risk.
11. Medical care workers will become sick or have to stay home to take care of family members.
12. Usual medical clinic waiting room procedures will increase the likelihood of infection transmission to other patients and staff.
13. Supplies and medications may be depleted
14. There will be a population of patients needing hospital care.
15. There will be a proportion of patients with no support at home to provide home care.
16. Hospital services may be overwhelmed, particularly high end services such as ventilator support.
17. Seriously ill patients will not be transferred out of the community.
18. Help from outside Thurston County will not be forthcoming.
19. Death rates may be very high.
20. Ongoing care needs of the community will not diminish, if anything will increase.



21. "Non-traditional" health care providers (e.g. retired medical professionals, veterinarians, dentists, chiropractors, EMTs, quickly trained volunteers, etc.) will be integrated into the system of care per public health planning.
22. Non-traditional alternate care facilities outside the hospital may be set up per emergency public health planning.
23. Participation of all county health care providers is anticipated and will be coordinated through public health and emergency management countywide per public health pandemic influenza planning.

### **Models of Care:**

Individual health care providers and clinics are encouraged to develop Pandemic Influenza Plans. Three potential models of care follow:

Individual Practices – business as usual. See own patients, institute infection control measures to decrease exposure. May need to add a phone triage component. May need to close down if one or more staff is unable to work. Plans need to include patient educational preparation, diverting/delaying chronic routine care, phone triage and treatment, dual waiting room and exam room.

Paired or Shared Practices: By mutual agreement, 1 – 3 individual practitioners may agree to share resources, staff and patients during such an emergency, in order to keep at least one of the practices open for routine on-going clinical care when some providers or staff are not available. This assumes that Alternate Care Facilities are in operation to handle influenza patients.

Alternate Care Facilities: Under the auspices of Public Health, influenza alternate care facilities are established and staffed, typically by volunteer providers. Influenza patients are diverted from private clinics by public information campaigns and phone triage. Thurston County public health will activate ACF's at first to serve as triage centers but later to provide floor level hospital care. Local providers are asked to staff the ACF on a rotating basis, allowing individual or shared practices to remain open for routine on-going chronic care.

### **Recommendation:**

Thurston County Health and Human Services Department urges all clinics and active health care providers to develop a plan for continuity in case of a major emergency or pandemic influenza strikes. Such a plan could also be adapted to other community emergencies, such as earthquake, tsunami, bioterrorism, chemical or radiation release, winter storms or prolonged power outages.



## TRIGGER ACTIONS:

**ALERT** - planning

**STANDBY** – emergency is imminent

**ACTIVATE** – emergency operations

## ALERT Checklist:

### EDUCATION (Staff and Patients)

- Train staff in implications of pandemic influenza – resources available from the health department also see [www.pandemicflu.gov](http://www.pandemicflu.gov)
- Train staff in community and clinic based control measures for pandemic influenza – see [www.hhs.gov/pandemicflu/plan/sup4.html](http://www.hhs.gov/pandemicflu/plan/sup4.html)
- Ask all personnel to develop emergency home ten-day self-sufficiency plans for self and family members - [www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html)
- Participate in county-wide hand washing and cover your cough campaign. Instruct and practice Respiratory Hygiene/Cough Etiquette - use posters [www.cdc.gov/flu/professionals/patiented.htm](http://www.cdc.gov/flu/professionals/patiented.htm)
- Instruction set for home care to handout or give out over the phone – see [www.cdc.gov/flu/professionals/patiented.htm](http://www.cdc.gov/flu/professionals/patiented.htm)  
[www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html)

### CONTINUITY OF OPERATIONS PLANNING

- Vaccinate all personnel annually for seasonal influenza and vaccinate high risk individuals with pneumococcal polysaccharide vaccine to prevent complications.
- Design clinic plan to incorporate and complement county and hospital plans – see operations checklist, a written plan is preferred
- Consider segregated areas (waiting rooms, exam rooms) or separate times to see presumptive infectious patients (use appropriate signage at clinic entrance)
- Monitor public health advisories for presence of pandemic influenza in the US – these will be forwarded from public health, also see [www.pandemicflu.gov](http://www.pandemicflu.gov)
- Enforce standard and droplet infection control precautions
- Determine minimal staffing to keep the office open



- Establish liberal/non-punitive sick leave policies to facilitate home isolation or quarantine of sick or exposed staff
  - Handling of staff who become ill at work
  - Return to work after influenza recovery
  - Criteria for continuing work if ill
  - Caring for sick family members
  - Avoiding exposure to family members
  - Placing high risk staff members on administrative leave (e.g. immunocompromised, pregnant)
- Fit test staff for N-95 masks
- Stock sufficient surgical masks, tissues, hand sanitizer for use by patients during the flu season and in case of pandemic.

### **COMMUNITY PANDEMIC PLANNING**

- Review Thurston County Pandemic Influenza Plan: to obtain a copy email [olsenr@co.thurston.wa.us](mailto:olsenr@co.thurston.wa.us)
- Review Group Health Cooperative, Providence St. Peter Hospital or Capital Medical Center pandemic Influenza plan as it applies to individual practices: available from facility administration.
- Participate in community and hospital pandemic response preparation and planning – respond to hospital and public health invitations
- Ask all staff to consider joining the Medical Reserve Corps so they can be available during a pandemic, in the event our office is closed.  
[www.co.thurston.wa.us/health/admin/preparedness/mrc.html](http://www.co.thurston.wa.us/health/admin/preparedness/mrc.html)
- Useful link: [www.cdc.gov/flu/pandemic/healthprofessional.htm](http://www.cdc.gov/flu/pandemic/healthprofessional.htm)
- Another useful link: [www.pandemicflu.gov/plan/healthcare/index.html](http://www.pandemicflu.gov/plan/healthcare/index.html)



## **STANDBY Checklist:**

- All identified previously, plus:

### **REVIEW**

- Plan where to divert patients if the office cannot be kept open – communicate that information to patients through phone messages, public media announcements
- Plan where to effectively integrate staff able to work into community response efforts if clinic must be closed – see Thurston County Pandemic Influenza Plan section on volunteers and Medical Reserve Corps (MRC)  
[www.co.thurston.wa.us/health/admin/preparedness/mrc.html](http://www.co.thurston.wa.us/health/admin/preparedness/mrc.html)
- Review with staff:
  - Encourage staff to review their home emergency preparedness plan.
  - Review policies to facilitate home isolation or quarantine of sick or exposed staff
  - Make sure N-95 masks fit, and are available for all staff members.
  - Review standard and droplet infection control precautions with staff
- Instruct patients in appropriate use of medical care resources during a pandemic emergency – follow the lead of public health messaging
  - May have to discourage/delay/cancel routine and non-essential care.
  - Use phone triage/ rather than walk-in visit
- Vaccinate all personnel annually for seasonal influenza
- Inventory and stock essential consumable supplies (including work-arounds) anticipating shortages. Try to maintain/obtain a week of operational inventory at the minimum if pandemic influenza has reached the US.

### **REQUIRE**

- Require patients with respiratory illness to mask or cover their cough while in the office, and encourage them to do so in any public setting.
- Designate segregated areas (waiting rooms, exam rooms) or separate times to see presumptive influenza patients (use appropriate signage at clinic entrance)
- Report unusual cases of influenza or influenza-like illness to the health department **360-786-5470**.
- Require fastidious handwashing between patients.
- Make hand sanitizer use ubiquitous



## **ACTIVATE Checklist:**

### **REQUIRE PATIENTS**

- Have all symptomatic patients use a surgical mask.
- Activate system for phone (+/- email) triage to:
  - Determine who needs medical attention
  - Determine if influenza is likely
  - Instruct in home care
  - Discourage clinic visits
  - Instruct patients in infection control procedures in place at the clinic
- Discourage/delay/cancel routine and non-essential care
  - Remind patients where to go for influenza care.
  - Remind patients where they can go for care if office is closed.

### **REQUIRE STAFF**

- Enforce standard and droplet infection control precautions
- Activate policies to facilitate home isolation or quarantine of sick or exposed staff
- All staff should wear N-95 mask when dealing with patients with respiratory illness **or** patients who have been exposed to influenza.
- Remind staff that they can work with MRC in event office is closed.
- Plan to operate short of staff
  - Delay non-essential tasks
  - Delay non-medical tasks
  - Cross train personnel

### **PUBLIC HEALTH CONNECTION**

- Keep in daily communication with public health, hospital, and emergency management. Designate a staff member to take responsibility of this function. Lines of communication will be set up under emergency management.
- Keep abreast of antiviral priority groups - see Thurston County Pandemic Influenza Plan
- Keep abreast of vaccine priority groups and estimate number of doses need to cover practice patients in various priority groups – see Thurston County Pandemic Influenza Plan

Adapted from guidelines prepared by Jim Edstam, MD, MPH, Pacific County Health Officer 10/10/07



## SUPPLY LIST

This list is an attempt at quantifying the supplies needed to remain open and functional during a declared pandemic. If you do not feel that you can adequately protect yourself, your staff or your patients – you and your staff can work with Public Health area pandemic teams.

Supplies are listed per provider + assistant per day of use.

ITEM	STAFF	PATIENT USE	COMMENTS
N-95 masks	5	0	
Surgical masks	10	25	
Paper Towels		lots	
Soap		lots	
Tissue	Dr.'s office Nurse station	Exam room Waiting area Restrooms Registration	
Goggles	2		
Hand Sanitizer, Alcohol based	Dr.'s office Nurse Station	Exam room Waiting area Restrooms Registration	
Face shield	2		
Disposable gowns	5	10	
Waste basket, hands free	Dr.'s office Nurse Station	Exam room Waiting area Restrooms Registration	
Waste storage containers	1 large outdoor dumpster type		
Gloves	50		
Buckets	2		
Mop	4		
Sanitizer, bleach	1 gallon		
Paper towels for cleaning		lots	



# *PLEASE*

visit another time  
if you are ill

*Wash your hands  
upon entering. Sink  
or hand sanitizer is*

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(location)

Cover coughs or sneezes  
with a tissue or sleeve.