EMERGENCY MEDICAL SERVICE AND NON-EMERGENT (MEDICAL) TRANSPORT ORGANIZATIONS PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical for ensuring a sustainable health care response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza. EMS organizations will be involved in the transport of acutely ill patients with known or suspected pandemic influenza to emergency departments; some of these patients might require mechanical ventilation for life support and/or other lifesaving interventions. Non-emergent (medical) transport organizations will be called upon to transport recovering pandemic influenza patients to their home, residential care facility, or possibly to alternate care sites set up by state or local health departments. This checklist is modeled after one included in the HHS Pandemic Influenza Plan (**www.hhs.gov/pandemicflu/plan/sup3.html#app2**). The list is comprehensive but not complete; each organization will have unique and unanticipated concerns that also will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist might not be applicable to all organizations. Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. Further information can be found at **www.pandemicflu.gov**.

This checklist identifies key areas for pandemic influenza planning. EMS and non-emergent (medical) transport organizations can use this tool to self-assess and identify the strengths and weakness of current planning. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and monitoring of selected websites for new and updated information will be necessary

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
☐	☐	☐	**Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.**
☐	☐	☐	**A planning committee[1] has been created to specifically address pandemic influenza preparedness.**
☐	☐	☐	**A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization. (Insert name, title, and contact information.)**
☐	☐	☐	**Members of the planning committee include the following: (Insert below or attach a list with name title and contact information for each.)**
			☐ Administration: _____
			☐ Medical staff: _____
			☐ EMS providers: _____
			☐ Phone triage personnel/dispatch center: _____
			☐ Emergency management officer: _____
			☐ State/local health official: _____
			☐ Law enforcement official (for quarantine/security): _____
			☐ Other member[2]: _____
☐	☐	☐	**A point of contact (e.g., internal staff member assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control has been identified. (Insert name, title, and contact information.)**

1. Size of committee can vary, depending on the size and needs of the organization.
2. Some organizations may need or want to include a school official or volunteer coordinator for local civic and preparedness groups (e.g., Medical Reserve Corps, Citizen Corps, Community Emergency Response Teams, Rotary Club, Lions, Red Cross).

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
☐	☐	☐	**Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained. www.hhs.gov/pandemicflu/plan.**
☐	☐	☐	**Copies of available community and state pandemic plans have been obtained.**
☐	☐	☐	**A written plan has been completed or is in progress that includes the elements listed in #3 below.**
☐	☐	☐	**The plan describes the organizational structure (i.e., lines of authority) that will be used to operationalize the plan.**
☐	☐	☐	**The plan complements or is part of the community response plan.**

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
☐	☐	☐	**A plan is in place for surveillance and detection of pandemic influenza in the population served and the appropriate organizational response.**

☐ Responsibility has been assigned for monitoring national and state public health advisories (e.g., **www.cdc.gov/flu/weekly/fluactivity.htm**) and informing the pandemic response coordinator and members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in the United States and when they are nearing the geographic area (e.g., state or city). (Insert name, title, and contact information of person responsible.)

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☐ A system has been created to track influenza-like illness in patients transported to hospitals and among EMS staff and to report this information to the pandemic response coordinator (i.e., weekly or daily number of patients with influenza-like illness). For more information see **www.cdc.gov/flu/professionals/diagnosis/**. (Having a system for tracking illness trends in patients and staff during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, such as staffing and supply needs, and hospital and emergency department capacity during a pandemic.)

Completed	In Progress	Not Started	
☐	☐	☐	**A communication plan has been developed.**

☐ Key public health points of contact for pandemic influenza have been identified. (Insert below or attach a list with the name, title, and contact information for each.)

☐ Local health department contact: _____

☐ State health department contact: _____

☐ Local emergency management contact: _____

☐ State emergency management contact: _____

☐ Federal health emergency contact(s): _____

☐ The organization's point person for external communication has been assigned.
(Insert name, title, and contact information.)

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(Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization.)

☐ A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities has been created. (Insert location of or attach copy of contact list.) _____

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☐ The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including how EMS will be represented in the planning process. (For more information on state and local planning, see **www.hhs.gov/pandemicflu/plan/part2.html#overview**.)

☐ The pandemic response coordinator has contacted other EMS and non-emergent (medical) transport organizations regarding pandemic influenza planning and coordination of services.

3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
☐	☐	☐	**A plan is in place to ensure that education and training on pandemic influenza is provided to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current organization and community response plans.**
			☐ A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that staff attend, and maintain a record of attendance at education and training programs). (Insert name, title, and contact information.)
			_____
			_____
			☐ Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of EMS and medical transport personnel have been identified. (For more information see **www.cdc.gov/flu/professionals/training/**.)
			☐ Language and reading-level-appropriate materials for professional and non-professional personnel on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) have been identified and a plan is in place for obtaining these materials.
			☐ Education and training include information on infection control measures to prevent the spread of pandemic influenza.
			☐ Differences between responding to pandemic influenza and a mass casualty event have been incorporated into education and training programs.
☐	☐	☐	**A plan has been developed for triage and management of patients during a pandemic that includes the following:**
			☐ A system for phone triage of patients calling 911 or other emergency numbers that might be used (provide/post list of appropriate numbers) that includes pre-established criteria and coordination protocols to determine who needs emergency transport. The system includes points of referral for patients who do not need emergency transport.
			☐ A plan for coordination with receiving facilities (e.g., hospital emergency departments), other EMS and non-emergent (medical) transport organizations, and local planning groups to manage the transportation of large numbers of patients at the height of the pandemic.
			☐ A policy and procedure for transporting multiple patients with pandemic influenza during a single ambulance run.
			☐ The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., buses).
☐	☐	☐	**An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza, see www.hhs.gov/pandemicflu/plan/sup4.html).**
			☐ A plan for implementing Respiratory Hygiene/Cough Etiquette for patients with a possible respiratory illness.
			☐ The plan includes distributing masks[3] to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials in EMS and medical transport vehicles.
			☐ Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.
			☐ A policy that requires healthcare personnel to use Standard Precautions (**www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html**) and Droplet Precautions (i.e., mask for close contact) (**www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html**) with symptomatic patients.

3. Masks include both surgical and procedure types. Procedure masks that are affixed to the head with ear loops might be used more easily by patients and are available in pediatric and adult sizes. Either surgical or procedure masks may be used as a barrier to prevent contact with respiratory droplets.

3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
☐	☐	☐	**An occupational health plan has been developed that includes the following:**
			☐ A liberal/non-punitive sick leave policy for managing EMS and non-emergent (medical) transport personnel who have symptoms of, or documented illness with, pandemic influenza.
			☐ The policy considers the following:
			• Handling of staff who become ill at work.
			• When personnel may return to work after recovering from pandemic influenza.
			• When personnel who are symptomatic but well enough to work will be permitted to continue working.
			• Personnel who need to care for their ill family members.
			☐ A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
			☐ A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.
			☐ Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.
			☐ The ability to monitor seasonal influenza vaccination of personnel.
			☐ Offering annual influenza vaccine to personnel.
☐	☐	☐	**A vaccine and antiviral use plan has been developed.**
			☐ Websites containing current CDC and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. (For more information, see **www.hhs.gov/pandemicflu/plan/sup6.html** and **www.hhs.gov/pandemicflu/plan/sup7.html**.)
			☐ An estimate has been made of the number of personnel who will be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (For more information, see **www.hhs.gov/pandemicflu/plan/appendixd.html**.)
			☐ Discussions have been held with the local and/or state health department regarding the role of the organization in a large-scale program to distribute vaccine and antivirals to the general population.
☐	☐	☐	**Concerns related to surge capacity during a pandemic have been addressed.**
			☐ A plan is in place for managing a staffing shortage within the organization because of illness in personnel or their family members.
			☐ The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined.
			☐ Contingency staffing plans have been developed in collaboration with other local EMS and non-emergent (medical) transport providers.
			☐ Hospitals and regional planning groups have been consulted regarding contingency staffing resources.
			☐ Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.
			☐ A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.
			☐ Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.
			☐ An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.