

Pandemic Influenza Pediatric Office Plan Template:

Product of a Pediatric Healthcare Response to
Pandemic H1N1 Influenza Stakeholder Meeting



Purpose

This **Pandemic Influenza** Pediatric Office Plan Template is a planning tool developed by pediatric stakeholders that is intended to assist pediatric medical offices that have no pandemic influenza plan in place, but may experience an increase in patient calls/visits or workload due to **pandemic influenza**. The suggestions and samples contained within this document were collected from a team of pediatric experts during a stakeholder meeting in September 2009. The content of this tool is not meant to be exhaustive or replace existing guidance. It is designed to be tailored by your office planning team to the needs of your practice to identify and plan for potential modifications to your current decision making process. In addition, this tool can also be adapted both for use during pandemic spread of a novel respiratory virus and as a planning tool for future pandemic respiratory virus events. Please note that the current tool references many links or tools developed for Pandemic 2009 H1N1 Influenza. Should this tool be adapted for specific respiratory events, you may wish to update some of the links to reflect the latest clinical and epidemiologic information.

Definition

- **Pediatric Office** – Any setting that offers outpatient care to pediatric patients under the supervision of physicians, such as family medicine practices, general practitioners, and pediatric clinics.

Overview

The template consists of 12 sections and an appendix. The sections include:

1. Decision Making Structure
2. Situational Awareness and Reporting
3. Points of Contact
4. Internal Staff
5. Infection Control Procedures/Patient Flow
6. Patient Triage
7. Patient Treatment
8. Patient Transfer Referral
9. Supplies/Equipment
10. Communication
11. Finances
12. Legal Considerations

How to use this template

Each section is divided into two columns:

- The first column includes action items and topical information relevant to the section.
- The second column is designed for your office team to insert specific plan information relevant to your practice.

Instructions

1. As you review each section, read the action items and complete the sections relevant to your practice.
2. Feel free to remove and/or add section information to meet the needs of your practice.

This document may be printed out and completed or it may be completed electronically.

Section 1: Decision Making Structure

ACTION ITEMS/RESOURCES

ACTION ITEM:

- **Form a “Flu Team” to be in charge of practice decisions related to pandemic and seasonal influenza surge**

FLU TEAM OVERVIEW

The “Flu Team” should be comprised of those who are normally in charge of your practice's operations, staffing/administrative issues, and clinical policies and procedures. It is assumed that this will likely include the Medical Director and/or Nurse Manager. Composition of this team should be adjusted depending on the size and structure of your practice.

The members of the Flu Team should (if feasible) have remote computer access to your electronic patient database and scheduling system for purposes of rescheduling office visits or assigning another point of care from a remote location.

DEFINING ROLES AND RESPONSIBILITIES IN YOUR PRACTICE

Consider appointing a Team Leader: As your practice receives and assesses updates and information, the Team Leader will provide direction regarding any modifications to day-to-day practice operations, staffing/administrative issues, and clinical policies and procedures with input from the other team members. Members of the team are also responsible for communicating those decisions to office staff and others.

Note that in a small practice, one person may assume multiple roles. You may not need a Flu Team; instead, you may identify one point person and a backup person.

In a larger practice, a division of labor is more likely to occur between the three core functions of leadership, clinical policies and procedures, and staffing/administrative issues. For example, in a practice of 10 physicians, the Medical Director will serve in the leadership role, the Practice Manager will cover administrative/staffing functions, and the Nurse Manager will implement clinical processes and procedures. These three team members would meet daily to discuss updates and make decisions about the plan for the day based on changing conditions. Large practices may have the additional ability to further delegate tasks to make the span of control optimally manageable. For example, administrative tasks can be further segmented into staffing and supplies.

INSERT YOUR PLAN INFORMATION HERE

Identify the Flu Team for your practice.

Name	Role	Phone Number
	Team Leader	
	Backup	
	Administrative/Staffing Lead	
	Backup	
	Clinical Lead	
	Backup	
	Communication Lead*	
	Backup	
	Backup	

*For more information on this role, see *Section 10: Communication*

Section 2: Situational Awareness and Reporting

ACTION ITEMS/RESOURCES

ACTION ITEMS:

- Identify where to obtain updated information on pandemic influenza.
- Designate how often pandemic influenza updates will be monitored and who will monitor them
- If necessary, identify personnel to update the team on pandemic influenza information.

GETTING INFORMATION

The Medical Director and/or Nurse Manager should monitor national, regional, and local, epidemiologic data related to pandemic influenza and report changing trends to the Flu Team.

Some practices are required to report epidemiologic data to state and local public health entities. These entities can be used to help gather pandemic influenza situational awareness information. Ensuring that a two-way communication flow exists between public health entities and your practice can be mutually beneficial.

Below are some trusted sources from which pandemic influenza situational awareness information can be obtained:

- The Centers for Disease Control and Prevention (CDC)
- State and Local health department communications
- Health Alert Network
- Local/Regional Hospital Data
- County or State Medical Societies, State and National Specialty Societies including: American Academy of Pediatrics, American Academy of Family Physicians

INSERT YOUR PLAN INFORMATION HERE

Identify personnel to monitor pandemic influenza updates.

	Pandemic Influenza Updates
Name (Primary):	
Backup:	
Schedule for monitoring updates:	

If necessary, identify personnel responsible for pandemic influenza data reporting.

	Pandemic Influenza Data Reporting
Name (Primary):	
Backup:	

<i>Identify resources to use for obtaining pandemic influenza updates below. (Update links with most current information as needed at http://www.cdc.gov/flu/.)</i> CDC H1N1 (What's New)	http://www.cdc.gov/h1n1flu/whatsnew.htm
CDC H1N1 Situation Update	http://www.cdc.gov/h1n1flu/update.htm
CDC Resources for Clinicians	http://www.cdc.gov/h1n1flu/clinicians/
CDC Health Alert Network	http://www2a.cdc.gov/han/Index.asp

Section 2: Situational Awareness and Reporting

ACTION ITEMS/RESOURCES

Within your own practice, sources of information/monitoring could include daily reports from:

- Telephone advice line call volume and content
- Number of influenza tests performed
- Number of positive influenza tests
- Number of Influenza-like illness (ILI) patients seen

REPORTING INFORMATION

It is important to identify any local or state requirements for data reporting regarding ILI and to assign responsibility for carrying out those requirements. Be sure to check whether reporting requirements change during a pandemic situation. Office practices should identify a point of contact for their closest health department to determine whether reporting requirements have changed due to a pandemic.

HEALTH DEPARTMENT RESOURCES

If your local and state health department websites are unknown, use the resources below to locate them:

- Association of State and Territorial Health Officials' Directory
<http://www.statepublichealth.org/>
- National Association of County and City Health Officials' index
<http://www.naccho.org/about/lhd>

INSERT YOUR PLAN INFORMATION HERE

American Academy of Pediatrics (AAP) H1N1 Flu Advice for Health Care Professionals	http://www.aap.org/new/swineflu.htm
Local Health Department	
State Health Department	
Other helpful resources	

Section 3: Points of Contact

ACTION ITEMS/RESOURCES

ACTION ITEM:

- Identify points of contact for the agencies provided

Communicating and collaborating with the agencies and healthcare organizations listed in the opposite column can help your practice be part of a consistent communitywide pandemic response effort.

It may be helpful to designate a point person(s) responsible for your office's external communication with these other agencies. See *Section 10: Communication* to identify personnel for this role.

INSERT YOUR PLAN INFORMATION HERE

Identify local points of contact for your practice below. As there may be more than one agency or organization contact, copy/paste additional rows as needed.

<u>City Health Department</u>	
Name	
Title	
E-mail	
Phone	
After Hours Phone	
<u>County/Parish Health Department</u>	
Name	
Title	
E-mail	
Phone	
After Hours Phone	
<u>Local Hospitals/Tertiary Care Centers</u>	
Name	
Title/Organization	
E-mail	
Phone	
Emergency Department Phone	
<u>Urgent Care Centers</u>	
Name	
Phone	

Section 3: Points of Contact

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE	
	Hours of Operation	
	Location	
	<u>Home Health Agencies</u>	
	Name	
	Organization	
	Phone	
	<u>Emergency Medical Services (EMS)</u>	
	Name	
	E-mail	
	Phone	
	<u>Lab Services</u>	
	Name	
	Title/Organization	
	E-mail	
	Phone	
	<u>Vaccine Distribution</u>	
	Name	
	Title/Organization	
	E-mail	
	Phone	
	<u>Immunization Registry</u>	
Name		
E-mail		
Phone		

Section 4: Internal Staff

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>ACTION ITEMS:</p> <ul style="list-style-type: none"> Identify topics for education and then develop a pandemic influenza Staff Training Plan Review and modify staffing strategies for managing pandemic influenza Review and modify current staffing policies for pandemic influenza <hr/> <p>TRAINING</p> <p>The Flu Team should coordinate education and training to ensure that office staff understand the implications of and control measures for pandemic influenza.</p> <p>Pandemic influenza education topics for staff should include:</p> <ul style="list-style-type: none"> Signs and symptoms of pandemic influenza Transmission of pandemic influenza Personal protective equipment (PPE) usage Infection control policies, including use of engineering and administrative controls Environmental care (for example, cleaning of rooms or trash disposal) Availability of patient education materials Patient triage protocols Surge control procedures Staff vaccination policies Human Resources (HR) policies (for example, sick leave) Personal and family pandemic influenza prevention and preparedness planning (for example, child care arrangements in event of closures or illness) Stress management Your practice's use of this pediatric office plan or any other pandemic plan Disease alert level protocols 	<p>Develop your pandemic influenza Staff Training Plan. You should list potential topics and when/how you will accomplish the training (such as, add fifteen minutes to our daily staff meeting to cover 'x' topic)</p> <div data-bbox="1108 354 1927 571" style="border: 1px solid black; padding: 5px;"> <p>Pandemic Influenza Staff Training Plan</p> <p>Enter text here</p> </div> <p>Customize the suggested list of training resources below to meet the needs of your practice.</p> <div data-bbox="1108 691 1927 1302" style="border: 1px solid black; padding: 5px;"> <p>Training Resources</p> <p>2009 H1N1 ACIP Vaccination Recommendations http://www2c.cdc.gov/podcasts/player.asp?f=14197</p> <p>General Instructions for Disposable Respirators http://www2c.cdc.gov/podcasts/player.asp?f=11298</p> <p>General Procedures for Properly Putting on and Taking Off a Disposable Respirator (PDF) http://www.cdc.gov/h1n1flu/eua/pdf/n95instructions.pdf http://www.cdc.gov/h1n1flu/eua/pdf/respirator-spanish.pdf</p> <p>Personal Preparedness www.ready.gov/america/makeaplan/index.html http://pandemicflu.gov/individualfamily/index.html</p> <p>Symptoms of H1N1 (Swine Flu) http://www2a.cdc.gov/podcasts/player.asp?f=11281</p> </div>

Section 4: Internal Staff

ACTION ITEMS/RESOURCES

STRATEGIES TO MAINTAIN AND AUGMENT STAFF

Before a large surge due to pandemic influenza:

- Ensure that all staff members have contact information for all employees
- Discuss potential shared staffing arrangements with physician colleagues
- Contact your local hospital's human resources department about employing nurses or clinical assistants that are on light-duty restrictions in the event of a staffing crisis
- Identify recently retired (if still licensed) or practicing nurse employees (RN or LPN) available for recall
- Contact malpractice carriers to inquire about urgent temporary coverage for temporary physicians
- Identify part-time employees' availability to increase their scheduled hours of work
- Check with your local/state public health and emergency management authority what community resources might be available as far as volunteer staffing (e.g., Medical Reserves Corps, ESAR-VHP)
- Encourage cross-training of staff
- Examine options for increasing efficiency (such as, preprinted influenza assessment sheets or computer protocols)

During a large surge due to pandemic influenza:

- If response to the pandemic requires staff to work more hours than usual, consider lessening staff "burn-out" by employing shorter, more frequent shifts for both staff and physicians or by offering longer work shifts with more time off between shifts.
- Stress importance of compliance with recommended infection control procedures
- Consider offering alternative work assignments (e.g., "well visit" or non communicable disease/injury care including back office and work from home assignments) to accommodate employees who are at high risk of influenza-related complications
- Encourage employees to be vaccinated

INSERT YOUR PLAN INFORMATION HERE

<http://www.cdc.gov/h1n1flu/clinicians/>

Transmission: How to Prevent Getting and Spreading Novel H1N1 Flu

<http://www2a.cdc.gov/podcasts/player.asp?f=11501>

Additional resources:

Identify the minimal number of each staff position required for the office to remain open in order to provide essential services.

Staffing Needs	
#	Staff Type
	Providers (MD or PNP/FPNP/ PA)
	Nurses (RN or LPN) or Medical Assistants
	Advice Nurses
	Receptionists
	Lab/Radiology
	Others:

Section 4: Internal Staff

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE					
<p><u>WHEN YOUR STAFF BECOME SICK</u></p> <p>Check the CDC website for current guidance on when ill staff can return to work: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm (Update this link as needed by referencing links provided at http://www.cdc.gov/flu/professionals/infectioncontrol/ or http://www.pandemicflu.gov/professional/hospital/index.html .)</p> <p>Sick leave policies:</p> <ul style="list-style-type: none"> Review current sick leave policies and decide on modifications for those employees (e.g., staff and contract personnel) who contract influenza-like illness <p>Return to work process:</p> <ul style="list-style-type: none"> Review your practice's current policy for returning to work after illness and determine if modifications are necessary (e.g., during a surge situation, reconsider policies requiring a doctor's note to return to work after illness). (Refer to the "Monitor and Manage Ill Healthcare Personnel" information at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm Consider using personnel who feel well, but are still within the currently recommended exclusion period, to work from home in such capacities as phone triage and appointment scheduling <p><u>OTHER GENERAL RESOURCES</u></p> <p>Stress management: HHS/Substance Abuse and Mental Health Services Administration's Center for Mental Health Services has a <i>Guide for Managing Stress in Crisis Response Professions</i>. The information in the guide can be helpful to your practice's leadership in understanding the possible stressors and reactions of your staff. http://mentalhealth.samhsa.gov/publications/allpubs/SMA-4113/default.asp</p> <p>Vaccination: CDC's Advisory Committee on Immunization Practices (ACIP) includes healthcare personnel in its list of groups who should receive pandemic influenza vaccine "because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients." http://www.cdc.gov/h1n1flu/vaccination/acip.htm</p>	<p><i>List strategies and policies to review and modify for your practice: You may use the list of items in the left column for reference.</i></p> <table border="1" data-bbox="1108 326 1944 886"> <thead> <tr> <th data-bbox="1108 326 1944 375">Staffing Strategies</th> </tr> </thead> <tbody> <tr> <td data-bbox="1108 375 1944 464">Before a large surge due to pandemic influenza</td> </tr> <tr> <td data-bbox="1108 464 1944 631">During a large surge due to the pandemic</td> </tr> <tr> <td data-bbox="1108 631 1944 756">When your staff become sick</td> </tr> <tr> <td data-bbox="1108 756 1944 886">Other Strategies and Policies for your practice</td> </tr> </tbody> </table>	Staffing Strategies	Before a large surge due to pandemic influenza	During a large surge due to the pandemic	When your staff become sick	Other Strategies and Policies for your practice
Staffing Strategies						
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During a large surge due to the pandemic						
When your staff become sick						
Other Strategies and Policies for your practice						

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Section 4: Internal Staff

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>You can consider using a Declination of Influenza Vaccination form for staff members that choose not to be vaccinated to make them aware of the risks of their decision. An example of this form can be found at: http://www.immunize.org/catg.d/p4068.pdf</p> <p>Occupational Safety and Health Administration (OSHA) N-95 guidance: OSHA guidance for N-95 fit testing for healthcare workers can be found at: https://www.osha.gov/SLTC/respiratoryprotection/standards.html</p>	

Section 5: Infection Control Procedures/Patient Flow

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>ACTION ITEM:</p> <ul style="list-style-type: none"> Review current infection control guidance and develop infection control policies and procedures for your practice <hr/> <p>At the direction of the Flu Team, the infection control procedures listed in the opposite column may be instituted during the pandemic. Infection control practices may be enhanced depending on the ease of transmissibility, number of cases presenting to your office, and severity of cases. Examples for each level are included on the right and should be modified to meet the needs of your practice. For general infection control guidance from CDC related to the Pandemic 2009 H1N1 influenza please refer to http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm. (Update this link as needed by referencing links provided at http://www.cdc.gov/flu/professionals/infectioncontrol/ or http://www.pandemicflu.gov/professional/hospital/index.html .)</p>	<p><i>Review and edit the suggested items below to meet the needs of your practice.</i></p> <p><i>Note: These items are divided into levels or various stages based on the severity of pandemic influenza and the impact on your office setting. Please review the CDC general infection control guidance (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) and add in additional items as necessary.</i></p> <p><i>(Update this link as needed by referencing links provided at http://www.cdc.gov/flu/professionals/infectioncontrol/ or http://www.pandemicflu.gov/professional/hospital/index.html .)</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>Infection Control Procedure</p> <p>Green Level: <i>(Actions appropriate when preparing for potential increases in workload due to influenza like illness [ILI] during an H1N1 pandemic. Good everyday operating practices observed during a routine influenza or respiratory illness season)</i></p> <p>Education</p> <ul style="list-style-type: none"> Educate patients and families regarding methods to decrease the spread of influenza, especially recommending influenza vaccination Review practices of effective respiratory hygiene/cough etiquette, hand hygiene, and disinfection among all staff Post signage in appropriate languages about correct respiratory hygiene and cough etiquette at the entrance to and inside the office <p>Patient Flow</p> <ul style="list-style-type: none"> When scheduling appointments, educate the caller about minimizing the risk of potential exposures Receptionists should screen patients for ILI, direct ILI patients accordingly Consider arranging the reception area to allow six feet between office staff and patients or the use of partitions (i.e., plexiglass) </div>

Section 5: Infection Control Procedures/Patient Flow

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
	<ul style="list-style-type: none">• barriers) to help promote distancing• Isolate all symptomatic patients immediately, in a separate room if possible, and implement respiratory hygiene and cough etiquette;• Maximize the distance between non-symptomatic patients in the waiting area. Consider establishing a maximum number of persons in waiting areas• Request that only the patient and one caregiver come into the office <p>PPE</p> <ul style="list-style-type: none">• Require that all staff use Standard Precautions during the care of all patients, and consider implementing additional infection control procedures based on the physician's assessment• Have surgical masks, tissues, and hand gel available for ill patients at all points of entry to the office• Have patients with ILI don a mask and wash or clean their hands at the entry point or check in desk• Require staff to wear personal protective equipment (PPE) in accordance with current guidance (see http://pandemicflu.gov/plan/healthcare/maskguidancehc.html) when exposed to patients with ILI during the pandemic• Use a visible doorway "precautions sign" system to allow persons entering patient rooms to know what type of PPE is needed <p>Environmental Considerations</p> <ul style="list-style-type: none">• Have front desk and telephone advice staff use individual headsets for telephones• Assess waiting areas used for ill patients for potential fomites (such as, toys, books, and magazines) and consider removal• Provide hands-free waste containers with disposable liners in all reception, waiting, patient care, and restroom areas• Clean the triage area, exam room, and all medical equipment completely with appropriate cleaning solutions between patient visits• Provide hand sanitizers at all work station areas, sinks, and waiting rooms. If feasible, have employees use their own computer

Section 5: Infection Control Procedures/Patient Flow

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
	<p>equipment. If sharing a computer, employees should wash their hands before and after each use. All computer keyboards should be wiped with disinfectant wipes after each use</p> <ul style="list-style-type: none">• Wipe down with disinfectant wipes all items shared between patients, such as pens, clipboards, and phones. <p>Yellow Level: <i>(Special situation, such as a significant increase in call volume/ appointments and/or illness is severe. Some modifications to everyday operating policies and procedures are warranted)</i></p> <ul style="list-style-type: none">• <i>All items in green level</i> <p>Education</p> <ul style="list-style-type: none">• Post appropriate signage to inform patients of any changes to patient flow at the office entrance• Use phone hold messages to inform patients about enhanced infection control procedures• To minimize alarm, consider posting signage to educate patients about the use of additional PPE or changes in routine practice <p>Patient Flow</p> <ul style="list-style-type: none">• Identify patients at high risk of influenza complications and consider scheduling their routine exams at times designed to avoid contact with patients with ILI• Consider using a designated area for clinical evaluation of patients with ILI• Designate a specific time in the daily schedule to see well children under the age of six months, during which time ill patients will be instructed not to come to the office• Encourage patients to exit the office as quickly as possible after their visit is complete (for example, consider completing all exit paperwork in exam room and have patient exit through the back door)

Section 5: Infection Control Procedures/Patient Flow

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
	<p>Red Level: <i>(Operation is overwhelmed: Actions appropriate when experiencing an extreme workload due to ILI illness. Significant modifications to everyday operating policies and procedures required.</i></p> <ul style="list-style-type: none">• All items in <i>green</i> level and consider <i>yellow</i> level, if situation warrants <p>Patient Flow</p> <ul style="list-style-type: none">• Separate symptomatic patients from patients without ILI (for example, alternate entrances, locations, times)• Assign specific staff to patients with ILI to minimize exposure and decrease use of supplies• Consider using non-clinical office space for overload capacity, or office space in neighboring offices if not being used (for example, subspecialists offices may not be used every day of the week in all locations. If next door to your suite, you might be able to use the waiting area if needed)

Section 6: Patient Triage

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>ACTION ITEM:</p> <ul style="list-style-type: none"> Review sample triage tools Review the current patient triage plan for your practice and modify as necessary <hr/> <p>As they decide on their practice's triage protocols, the Flu Team should reference the sample triage tool found in the appendix, the American Academy of Family Physicians (AAFP) link below to a sample telephone triage protocol, and the CDC/AAP</p> <p><u>AMERICAN ACADEMY OF FAMILY PHYSICIANS</u> Peer Review Journal: Telephone Triage of Patients with Influenza http://www.aafp.org/online/en/home/publications/journals/afp/preprint/influenza-telephone-triage.html</p> <p><u>CDC/AMERICAN ACADEMY OF PEDIATRICS</u> 2009-2010 Influenza Season Triage Algorithm for Children (≤ 18 years) With Influenza-Like Illness http://www.cdc.gov/h1n1flu/clinicians/pdf/childalgorithm.pdf</p>	<p><i>Review and edit the suggested items below to meet the needs of your practice.</i> <i>Note: These items are divided into levels or various stages based on the severity of pandemic influenza. Add in additional items as necessary.</i></p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Patient Triage Protocols Checklist</u></p> <p><u>Green Level:</u> <i>(Actions appropriate when preparing for potential increases in workload due to influenza like illness [ILI] during a pandemic. Good everyday operating practices observed during a routine influenza or respiratory illness season)</i></p> <ul style="list-style-type: none"> Develop a screening matrix for appointment schedulers Develop clinical protocols and algorithms for hotline staff Decide whether to implement telephone triage protocols to identify at-risk patients and to give instructions on how to access the office For patients with fever and respiratory symptoms of cough, have them don a mask at the front desk, disinfect their hands, and proceed to an isolation area in the treatment room or, if not available, proceed to sit on the "sick" side of the reception area. Notify triage nurse immediately of patients with ILI symptoms. Isolate or separate all "walk-in" patients by at least a six-foot margin until evaluated/triaged by designated office or nursing personnel If a patient exhibits shortness of breath or other signs of respiratory distress, the triage specialist should call a physician immediately. All walk-in patients who are not current patients of the practice will be managed under current office protocols. The Flu Team may need to consider how these protocols might need to change as office plan levels change <p><u>Yellow Level:</u> <i>(Special situation: a significant increase in call volume/ appointments and/or illness is severe. Some modifications to everyday operating policies and procedures are warranted)</i></p> </div>

Section 6: Patient Triage

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
	<ul style="list-style-type: none"> • <i>All items in green level</i> • Properly train receptionists on use of the screening matrix regarding when to make future appointments, same day appointments and when to transfer calls to a triage nurse triage • Increase the number of nurses and medical assistants on triage call lines if needed and feasible. Use a matrix with yes/no questions for symptoms and actions • Initiate point of access laboratory testing for influenza, if available • Adjust routine appointments to allow more availability for sick patients • Continue to provide pandemic and seasonal influenza vaccinations as staffing and space allows. Consider evenings and weekends for vaccine delivery. Identify community resources to refer patients to for vaccinations • Expand office hours • Provide refills over the phone and for longer periods of time , if possible • Consider establishing telephone triage through "telecommuting," such as nurses answering phones from home • Limit routine follow up appointments, if possible • Establish and staff a telephone hotline <p>Red Level: <i>(Operation is overwhelmed: Actions appropriate when experiencing an extreme workload due to ILI illness. Significant modifications to everyday operating policies and procedures required. Depending on severity of the influenza illness, you may wish to read the above section)</i></p> <p><i>All items in green level and consider yellow level, if situation</i></p>

Section 6: Patient Triage

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
	<ul style="list-style-type: none"> • warrants • Triage nurse (or trained personnel) will be located at the front door of the office for triage of patients and taking vitals. When possible, symptomatic respiratory patients should be given a disposable surgical mask, facial tissues, and cleansing wipes or hand gel • Knowing that at this level of surge you may not be able to see all patients in a timely manner, add considerations for "stay at home care" to your triage protocols. • In the height of an influenza pandemic, the Flu Team will decide if non-essential medical visits should be canceled and if all or selected office locations should be opened <p>Identify alternate laboratory and/or radiology facilities (freestanding offices) not involved with managing febrile patients for your non-infectious patients</p> <p><i>(The following statements are provided as an example based on Pandemic 2009 H1N1 Influenza guidance. Update the information with the most relevant clinical guidance.)</i></p> <p style="text-align: center;">When possible:</p> <p>DO NOT SEND MILDLY ILL PATIENTS WHO DO NOT HAVE HIGH RISK CONDITIONS TO THE EMERGENCY DEPARTMENT (ED) OR URGENT CARE CENTER</p> <p>IF APPROPRIATE, DO ENCOURAGE MILDLY ILL PATIENTS TO STAY HOME</p> <p>DO NOT SEND PATIENTS TO ED ONLY FOR AN INFLUENZA TEST – rapid influenza tests may not be sensitive enough to detect all cases of pandemic influenza, so false-negative tests often occur. Empiric treatment should be initiated if clinically indicated.</p>

Section 7: Patient Treatment

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>ACTION ITEMS:</p> <ul style="list-style-type: none"> Review the CDC guidance below regarding Pandemic Influenza Vaccination Develop a Treatment Plan for your practice Follow the links below to find the latest CDC treatment guidance for pandemic. (<i>Update links with most current information as needed at http://www.cdc.gov/flu/</i>) <hr/> <p><u>PLANNING GUIDE FOR VACCINATING PEDIATRIC PATIENTS</u> http://www.cdc.gov/h1n1flu/vaccination/pediatricpatients.htm</p> <p>Purpose of this document: To provide guidance for planning and conducting pandemic influenza vaccination of pediatric patients in primary healthcare settings including:</p> <ul style="list-style-type: none"> Provider offices (pediatricians, family practice physicians, primary care providers, obstetricians/gynecologists) Federally Qualified Health Centers and "look-alikes," Community health clinics, Urgent Care clinics, Retail-based clinics <p><u>IMMUNIZATIONS</u> http://www.cdc.gov/h1n1flu/vaccination/statelocal/</p> <p>All patients eligible will be recommended to receive seasonal influenza vaccination and H1N1 vaccine when available. Altered immunization plans will follow recommendations of the CDC, ACIP, Local Health Department, and the AAP.</p> <p><u>TESTING</u> http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm</p> <p>Patients who meet the case definition will be tested per health department and CDC guidelines.</p> <p><u>ANTI-VIRALS</u> http://www.cdc.gov/h1n1flu/recommendations.htm</p> <p>Treatment will be initiated per CDC, AAP, or local Health Department guidelines.</p>	<p><i>Develop a Patient Treatment Plan for pandemic influenza.</i></p> <div data-bbox="1108 297 1932 623" style="border: 1px solid black; padding: 5px;"> <p><u>Pandemic Influenza Patient Treatment Plan</u></p> <p>Review the Planning Guide for Vaccinating Pediatric Patients link below: http://www.cdc.gov/h1n1flu/vaccination/pediatricpatients.htm</p> <p>Insert your plan information here</p> </div>

Section 8: Patient Transfer Referral

ACTION ITEMS/RESOURCES

ACTION ITEMS:

- Review how your practice will address patient transfers
- Consider creating an assessment and transfer form

It will be important to consider at what point you will transfer patients to another facility for care. This could be because the number of patients has exceeded the physical capacity of your facility or because the care needs of a particular patient exceed your practice's capability.

CAPACITY EXCEEDED

Communicating with local public health planners and other healthcare providers in your community can help you identify any existing plans for alternate care sites or alternative transport mechanisms. In addition, these partners may have resources to track which healthcare facilities are most able to take patients at any given time. Being a part of a community wide response effort can help you direct your patients appropriately.

It will be important to communicate with your patients when and where you are directing patients that normally receive care in your office. See Section 10 for more information on communicating with patients.

CARE CAPABILITY EXCEEDED

Consider the following questions as you write your plan for when to transfer patients based on care needs during the pandemic.

- Who needs to be referred?
- Where will they be transferred to?
- How should they travel?
- What will go with them?

INSERT YOUR PLAN INFORMATION HERE

Develop a Patient Transfer Referral Plan.

Patient Transfer Referral Plans
Review relevant triage protocols Insert your plan information here

Section 8: Patient Transfer Referral

ACTION ITEMS/RESOURCES

ASSESSMENT AND TRANSFER FORM

As you consider “What will go with your patients”, you may wish to consider developing or modifying a one-page “assessment and transfer” form that provides information to other healthcare providers that may need to see the patient for further care. Consider including the following pieces of information:

- Date and time of the patient visit (entry and exit times)
- Symptoms checklist (e.g., fever, chills, sore throat, cough, myalgia and other symptoms you may have identified in “Section 6, Triage.”)
- Results of your office’s assessment (e.g., temperature, blood pressure, vitals)
- Any treatment or tests administered at your office, prior to transfer
- Prior history or a brief list of underlying medical conditions, routine medications, and allergies
- Reasons for referral/transfer (e.g., high risk medical condition, clinical features that require further evaluation, “other”)

INSERT YOUR PLAN INFORMATION HERE

Review the information on the left and list any modifications or suggested criteria necessary to any forms you may be currently using in your office.

Patient Transfer Referral Modifications

Enter text here

Section 9: Supplies/Equipment

ACTION ITEMS/RESOURCES

ACTION ITEMS:

- Identify personnel responsible for ordering/maintaining supplies/equipment during a pandemic
- Develop a supplies/equipment list as part of your practice's pandemic plan

Obtaining the needed amounts of medical supplies and equipment during a pandemic may be difficult. As you consider your supply and equipment needs, it is important to communicate with vendors and to identify community resources that might be available to you.

Below are some important tips to remember during the planning process:

- Establish who is responsible for ordering (inventorying) and maintaining supplies/equipment during a pandemic
- Prioritize purchase of supplies according to financial and storage constraints
- Determine alternate vendors and supply locations to use during a pandemic
- Establish communications, cooperative relationships, and Memorandums of Agreement or Memorandums of Understanding with primary/secondary vendors; Consider collaborating with other providers
- For offices that procure their supplies through a larger system, communicate in advance your anticipated supply needs

INSERT YOUR PLAN INFORMATION HERE

Identify personnel to order and maintain supplies/equipment.

<u>Supplies/Equipment</u>	
Name (Primary):	
Backup:	

*Review and edit the suggested items below to meet the needs of your practice.
Note: These items are divided into levels or various stages based on the severity of the pandemic. Add in additional items as necessary.*

<u>Supplies/Equipment Pandemic Plan</u>
<p>Green Level: <i>(Actions appropriate when preparing for potential increases in workload due to influenza like illness [ILI] during a pandemic. Good everyday operating practices observed during a routine influenza or respiratory illness season)</i></p> <ul style="list-style-type: none"> • Inventory supplies. Estimate an average week's usage for each item • Identify storage locations for supplies and inform staff where supplies will be kept • Identify additional storage for supplies if current storage space does not allow for an increase in inventory. This could be on or off site • Make adequate supplies of surgical masks, waterless hand sanitizer, and tissues available throughout the office areas • Ensure an adequate supply of treatment equipment and medication specific to complications of influenza are available (nebulizers/MDI, bronchodilators, antimicrobials, oxygen, pulse oximeters, etc) • Select and order educational materials/forms for patients and signage for your office • Develop a backup system for patient record keeping • Contact vendors to ensure that emergency procedures for ordering

Section 9: Supplies/Equipment

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
	<ul style="list-style-type: none"> • of supplies are initiated. Consider establishing relationships with additional vendors and providers <p>Yellow Level: <i>(Special situation, such as a significant increase in call volume/ appointments and/or illness is severe. Some modifications to everyday operating policies and procedures are warranted)</i></p> <ul style="list-style-type: none"> • All items in <i>green level</i> • As necessary, increase supply orders so that three average week's worth of supplies are on hand • Conduct inventory management and order supplies as needed • Consider creating pre-printed prescriptions and treatment plans <p>Red Level: <i>(Operation is overwhelmed: Actions appropriate when experiencing an extreme workload due to ILI illness. Significant modifications to everyday operating policies and procedures required. Depending on severity of the influenza illness, you may wish to read the above section)</i></p> <ul style="list-style-type: none"> • All items in <i>green level</i> and consider <i>yellow level</i>, if situation warrants • Confirm with vendors that the procedure for obtaining supplies in emergency situations has been implemented • Confirm office has three weeks of supplies, as storage space allows. Supplies will be stored securely in designated areas • Inventory supplies daily <p>Maintain contact with vendors to ensure efficient delivery of ordered supplies.</p> <p>Develop a supplies/equipment list for your practice. Use the examples provided below and modify them as necessary.</p>

Section 9: Supplies/Equipment

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE					
	<table border="1"> <thead> <tr> <th data-bbox="1102 243 1921 300"><u>Supplies/Equipment List</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="1102 300 1921 641"> <p>For Patients:</p> <ul style="list-style-type: none"> • Tissues for use throughout the office • Hand sanitizers for waiting, exam rooms, and restroom areas • Hands-free wastebaskets and disposable liners • Surgical masks for patient distribution (adult and pediatric size) • Patient education handouts • Medications (antipyretics, bronchodilators, antimicrobials, etc) • Emesis basins </td> </tr> <tr> <td data-bbox="1102 641 1921 1128"> <p>For Office:</p> <ul style="list-style-type: none"> • Multi-folds and kitchen paper towels • Tissues for use throughout the office • Hands-free wastebaskets and disposable liners • Hand sanitizers for reception, nursing station, exam rooms, kitchen, and employee restroom areas • Hand washing supplies • Single-use gloves • N-95 respirators • Goggles • Surgical masks • Gowns for providers and staff as appropriate </td> </tr> <tr> <td data-bbox="1102 1128 1921 1258"> <p>Laboratory Supplies:</p> <ul style="list-style-type: none"> • Collection materials • Diagnostic kits </td> </tr> <tr> <td data-bbox="1102 1258 1921 1391"> <p>Cleaning Supplies:</p> <ul style="list-style-type: none"> • Appropriate disinfectant for environmental cleaning • Buckets and single-use mops </td> </tr> </tbody> </table>	<u>Supplies/Equipment List</u>	<p>For Patients:</p> <ul style="list-style-type: none"> • Tissues for use throughout the office • Hand sanitizers for waiting, exam rooms, and restroom areas • Hands-free wastebaskets and disposable liners • Surgical masks for patient distribution (adult and pediatric size) • Patient education handouts • Medications (antipyretics, bronchodilators, antimicrobials, etc) • Emesis basins 	<p>For Office:</p> <ul style="list-style-type: none"> • Multi-folds and kitchen paper towels • Tissues for use throughout the office • Hands-free wastebaskets and disposable liners • Hand sanitizers for reception, nursing station, exam rooms, kitchen, and employee restroom areas • Hand washing supplies • Single-use gloves • N-95 respirators • Goggles • Surgical masks • Gowns for providers and staff as appropriate 	<p>Laboratory Supplies:</p> <ul style="list-style-type: none"> • Collection materials • Diagnostic kits 	<p>Cleaning Supplies:</p> <ul style="list-style-type: none"> • Appropriate disinfectant for environmental cleaning • Buckets and single-use mops
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Section 10: Communication

ACTION ITEMS/RESOURCES

ACTION ITEMS:

- Identify someone from the Flu Team to serve as a lead communications person if this has not already been done
- Develop a Daily Staff Briefing Template for office staff
- Identify resources to be used to educate and communicate with patients
- Develop a Pandemic Communication Plan including methods/modes of communication for staff, patients, and others

COMMUNICATING WITH STAFF

Daily Staff Briefing

In addition to your existing modes of communication with staff, a daily briefing can be used during the pandemic. The briefing is intended to aid the Flu Team in communicating situational awareness information and current practice protocols and procedures to all staff.

The Flu Team should meet *prior* to the daily briefing to make any necessary decisions based on the latest information available. It is important that **all staff** (clinical and non-clinical) be included in the daily briefing. If your practice is large or spread out among various locations, it may be more practical to use e-mail or phone trees to communicate this daily briefing information. In addition, it is important to consider how to best communicate with staff that is off on any given day. The Flu Team should discuss with staff ahead of time the methods of communication used within the practice and expectations of how often they will check for updates.

INSERT YOUR PLAN INFORMATION HERE

Identify personnel who will serve as the Communication Lead for the Flu Team.

Flu Team Communication Leader(s) Roles	
Name	Role
	Daily Briefing for Staff (Flu Team Member)
	Communication with Patients
	Communication with Others (including Media)

The template below is a prompt to facilitate communication on possible issues that may be encountered. It is not intended to be comprehensive. Modify this template to meet the needs of your practice.

Daily Staff Briefing Template

DATE:

Briefing given by:

Insert bulleted statements to discuss for each topic.

Community update: (Examples: "We are likely to see more walk-ins." "More patients may be asking about pandemic influenza." "Schools are closed due to pandemic influenza." "Public Health has issued new recommendations or guidance to the community.")

Staffing issues/shortages: (Examples: "Roles will be reassigned." "Temporary workers are being brought in." "Certain services will be canceled. "#__ staff called in sick." "#__ are on vacation/leave.")

Appointment availability: (Examples: "We are completely booked." "We have appointments available." "We are not accepting well visit appointments.")

Section 10: Communication

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p><u>COMMUNICATING WITH PATIENTS</u></p> <p>The Flu Team should develop methods and modes for communicating pandemic influenza updates with patients. You should identify personnel to manage the development and implementation of this communication. Depending on your practice size, you may identify one or several individuals. Below are some examples, topics, and considerations to review as you develop the communication section of your pandemic plan.</p> <p>Example Modes of Communication (see resources in the opposite column):</p> <ul style="list-style-type: none"> • Posters and signs • Fact sheets and brochures • Attachments to patient receipts • Waiting room videos • Podcasts played over audio system in the waiting room • E-mail • Mail outs • Practice website • Referring patients to credible websites for information • Phone • Phone triage • Call-a-nurse line • Pre-scripted reminders given when appointments are scheduled • On-hold phone messages • Text messaging <p>H1N1 Communication Topics:</p> <ul style="list-style-type: none"> • Home care • Preventing the spread/Cough etiquette • Vaccine safety • Antiviral Treatment • When to call office, seek treatment • When to go to Emergency Room and when not to go 	<div style="border: 1px solid black; padding: 10px;"> <p>Patient flow issues: (Example: "The Flu Team has decided there will be a change to patient flow procedures.")</p> <p>Supply Status: (Examples: "We will not be offering certain services." "Staff are asked to modify normal procedures." "We have adequate supplies and equipment for our anticipated needs this week." "We are running low on...")</p> <p>Communication protocols: (Examples: "We are using normal communication protocols today" or "Due to the current situation, communication between staff or with patients needs to be altered." "This is what to tell patients..." "Please use this method for communicating among staff." "Change the frequency of communication.")</p> <p>Medical guidance: (Examples: Impact to practice protocols. "There are no changes in pertinent medical guidance for pandemic influenza." "Medical guidance for pandemic influenza has changed.")</p> </div> <p><i>Identify any of the following resources you will use to educate and communicate with patients. Add in others as necessary.</i></p> <p><u>PATIENT EDUCATION MATERIALS</u></p> <p>Audio: Basic Pandemic 2009 H1N1 Influenza Information http://www.cdc.gov/h1n1flu/clinicians/ped_message.htm</p> <p>Video: Elmo reminds kids to wash hands and cover cough http://www.flu.gov/psa/index.html</p> <p>Guidance Sheet: Home Care Guidance: Physician Directions to Patient/Parent http://www.cdc.gov/h1n1flu/guidance_homecare_directions.htm</p>

Section 10: Communication

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE		
<ul style="list-style-type: none"> • Frequently asked questions • Community-based resources • Where to find healthcare resources you may not be offering • New protocols/policies adopted by your practice for pandemic and seasonal influenza response <p>Special Considerations:</p> <ul style="list-style-type: none"> • Language proficiency and literacy levels of your patients, caregivers, and staff (many of the resources found in the opposite column are available in multiple languages) • Technological capabilities of your patients and caregivers • Technological capabilities of your practice • Need for message redundancy • Awareness of local pandemic influenza educational efforts/materials (such as child care programs, schools, pharmacies, home health care agencies, public health, and other healthcare providers) • Need for date stamping communication materials and Web sites so patients know when they were last updated <p><u>COMMUNICATING WITH THE MEDIA</u></p> <p>Effective communication is a key component in successfully responding to a pandemic situation. It can help the entire medical community work together and help direct the general public to take appropriate action to contain a disease outbreak, limit exposure, and reduce morbidity and mortality.</p> <p>During the 2009 spring pandemic H1N1 Influenza outbreak, many problems arose at the community level regarding pediatric care due to uncoordinated communication between the medical community and the general public. As a result, medical responsiveness to the outbreak was adversely affected.</p> <p>It is important to discuss this topic within your practice and develop an effective approach to coordinate the communication of pediatric-related information during a pandemic, should your practice be approached by the media. Some issues to consider are outlined in the document "Guidance from Pediatric Stakeholders: A Coordinated Approach to Communicating Pediatric-related Information on Pandemic Influenza at the Community Level" (http://www.cdc.gov/h1n1flu/guidance/pediatrics_tool.htm).</p>	<p>Fact Sheet: Cover Your Cough- Stop the Spread of Germs http://www.cdc.gov/flu/freeresources/</p> <p>Patient Education Materials: Vaccine Information Statements http://www.cdc.gov/flu/freeresources/vis.htm</p> <p>Posters: Cover Your Cough http://www.cdc.gov/flu/protect/covercough.htm</p> <p>Podcasts: http://www2a.cdc.gov/podcasts/browse.asp?topic=swine%20flu</p> <ul style="list-style-type: none"> • Hand Washing (for kids) • Things you can do to stay away from the flu • Introduction to H1N1 • What can I do to protect my family from H1N1? • H1N1 Flu and Antiviral Drugs • Stay informed about H1N1 (everyday habits to prevent flu) • Clean hands help prevent the flu • How to prevent getting and spreading H1N1 • "H1N1 vaccine questions?...ask Dr. Anne" • Symptoms of H1N1 (warning signs for urgent medical attention, includes info on antivirals) <p>Other seasonal influenza resources in various formats: http://www.cdc.gov/flu/freeresources/media.htm</p> <p><i>Develop a Pandemic Communication Plan including methods and modes for communicating pandemic influenza updates with staff, patients, and others outside of your practice.</i></p> <table border="1" data-bbox="1094 1133 1919 1230"> <tr> <td>Pandemic Communication Plan</td> </tr> <tr> <td>Staff</td> </tr> </table>	Pandemic Communication Plan	Staff
Pandemic Communication Plan			
Staff			

Section 10: Communication

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE			
<p>In order to maintain consistent messaging within your community, consider directing general questions from the media to your local agency in charge of managing the community pandemic response. This might be your local emergency management agency or public health agency</p>	<table border="1"><tr><td data-bbox="1094 245 1919 297">Patients</td></tr><tr><td data-bbox="1094 297 1919 349">Others</td></tr><tr><td data-bbox="1094 349 1919 401">Media</td></tr></table>	Patients	Others	Media
Patients				
Others				
Media				

Section 11: Finances

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>ACTION ITEM:</p> <ul style="list-style-type: none"> Develop a Pandemic Financial Health Plan for your practice <hr/> <p>CASH FLOW</p> <ul style="list-style-type: none"> Research the feasibility and benefits of establishing lines of credit in advance Consider establishing longer payment terms with vendors <p>BILLING OPTIONS (<i>Update links with most current information as needed at http://www.cms.hhs.gov and http://www.cdc.gov/flu/professionals/vaccination/</i>)</p> <ul style="list-style-type: none"> Consider using electronic methods to reduce staff time on billing functions. Develop a backup plan for outsourcing billing in the event that billing personnel are unable to work For more information on Billing for the Administration of the Influenza A (H1N1) Virus Vaccine see: <ul style="list-style-type: none"> http://www.cms.hhs.gov/MLN MattersArticles/downloads/se0920.pdf http://www.cdc.gov/h1n1flu/vaccination/professional.htm . For more information on Coverage/Payment: <ul style="list-style-type: none"> http://www.aap.org/new/H1N1CoveragePayment.pdf <p>CODING</p> <p>The Healthcare Common Procedure Coding System (HCPCS) codes for the H1N1 vaccine are as follows:</p> <ul style="list-style-type: none"> G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family) G9142 – Influenza A (H1N1) vaccine, any route of administration For more information on Coding from AAP: <ul style="list-style-type: none"> http://www.aap.org/new/CodingMonovalentInfluenzaA.pdf <p>MEDICAID</p> <p>Providers that accept Medicaid patients may find the following information from the Centers for Medicare and Medicaid Services helpful: http://www.cms.hhs.gov/H1N1/</p>	<p><i>Develop a Pandemic Financial Health Plan. Consider the following questions as you develop a plan for your practice.</i></p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Pandemic Financial Health Plan</u></p> <p>Consider your practice's financial management and how it may be affected by issues specific to a pandemic influenza surge. Use the resources in the left hand column to help answer the following questions. Make notes on any information that will alter your practice's usual financial management policies.</p> <p>How will your practice manage the extra costs associated with stockpiling supplies and the extra payroll costs that might be incurred as you augment staffing?</p> <p>How will your day to day billing processes be affected by treating ILI patients?</p> <p>Do you know how to manage billing procedures for pandemic influenza vaccination administration?</p> <p>Do you know how to properly bill for vaccine administration costs through Medicaid?</p> </div>

Section 11: Finances

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<u>OTHER RESOURCES</u> http://www.ready.gov/business/plan/planning.html	

Section 12: Legal Considerations

ACTION ITEMS/RESOURCES

ACTION ITEM:

- Address any legal considerations or concerns that may affect your practice during a pandemic

-
- It is essential to know your state-specific laws regarding scope of practice for medical assistants versus nurses and to continue to adhere to those limitations. Ensure that your staff is medically cross-trained as appropriate.
 - Providers can comfortably immunize parents of their pediatric patients if they wish to do so. Such practice does not increase liability
 - Determine your policy for managing "walk-ins" (such as your legal/ethical obligations for triaging them before sending them away from your office)

Below are a few of the legal acts and authorizations with which providers should be familiar regarding pandemic influenza. A brief description and references for locating more in-depth information are provided.

PUBLIC READINESS AND EMERGENCY PREPAREDNESS ACT

The PREP Act authorizes the Secretary of the Department of Health and Human Services ("Secretary") to issue a declaration ("PREP Act declaration") that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future pandemic to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from tort liability, and is different from, and not dependent on, other emergency declarations.

EMERGENCY USE AUTHORIZATIONS

An Emergency Use Authorization (EUA) may be issued by the Food and Drug Administration (FDA) to allow either the use of an unapproved medical product or an unapproved use of an approved medical product during certain types of emergencies with specified agents.

INSERT YOUR PLAN INFORMATION HERE

List legal considerations and concerns regarding your practice.

<u>Legal Considerations and Concerns</u>
Enter text here

Section 12: Legal Considerations

ACTION ITEMS/RESOURCES	INSERT YOUR PLAN INFORMATION HERE
<p>Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act), amended by the Project BioShield Act of 2004, permits authorization of such products for use in diagnosing, treating, or preventing serious or life-threatening diseases or conditions caused by biological, chemical, radiological, or nuclear agents, if certain statutory criteria are met.</p> <p>FOR MORE INFORMATION ON THE PREP ACT AND EUAS FOR PANDEMIC 2009 H1N1 INFLUENZA REFER TO:</p> <p>http://www.cdc.gov/h1n1flu/eua/qa.htm#factsheets</p> <p>http://www.cdc.gov/h1n1flu/eua/</p> <p>COMMUNITY PAN FLU PREPAREDNESS: A CHECKLIST OF KEY LEGAL ISSUES FOR HEALTHCARE PROVIDERS</p> <p>http://www.healthlawyers.org/Resources/PI/InfoSeries/Documents/Pan-Flu%20Checklist.pdf</p> <p>References:</p> <p>(n.d.). <i>Public Readiness and Emergency Preparedness (PREP) Act</i>. Retrieved from http://www.hhs.gov/disasters/discussion/planners/prepact/index.html</p> <p>(2009, April 30). <i>Interim Questions and Answers About Emergency Use Authorization</i>. Retrieved from http://www.cdc.gov/h1n1flu/eua/qa.htm#factsheets</p>	

The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy facility focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.