

Ten steps you can take: Actions for H1N1 Flu Planning and Response for Medical Offices and Outpatient Facilities

It is critical to assure medical offices and other outpatient facilities (e.g., outpatient/ambulatory clinics, outpatient surgery centers, urgent care centers, physical therapy/rehabilitation offices or clinics) that provide routine, episodic, and/or chronic healthcare services can manage an increased demand for services in the midst of a novel H1N1 influenza outbreak. Ensuring a sustainable community healthcare response will be important for a likely recurrence of novel H1N1 flu in the fall. See [CDC's H1N1 website](#) for up-to-date information.

1. Develop a Business Continuity Plan – Novel H1N1 flu outbreaks will impact your organization, employees, suppliers of critical materiel, and your family. Identify your office/clinic's essential functions and the individuals who perform them. Make sure you have trained enough people to properly work in these essential functions and allow for potential absenteeism. Develop a plan that will sustain your core business activities for several weeks. Make sure you have alternate plans for critical supplies in case there is disruption in your supply chains. For information about planning see: <http://www.ready.gov/business/plan/index.html>.

2. Inform employees about your plan for coping with additional surge during pandemic – Provide clear and frequent communication to ensure that your staff are aware and understand the plan. Explain any policies and procedures that will be used to protect staff and your patients, and to manage a surge of patients. Improve the resiliency of your staff by advising that employees have a pandemic family plan or personal plans.

3. Plan to operate your facility if there is significant staff absenteeism – Are you ready for 20 to 40% of your employees not being able to come to work? Cross training your staff is key to resilience here. What else can be done to assure continuity of operations with reduced staff?

4. Protect your workplace by asking sick employees to stay home – Be sure to ask sick staff to stay home. All personnel should self monitor daily for signs and symptoms of febrile respiratory illness. Staff who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor. Be sure to align your sick leave policies so ill staff can stay home. See [What to Do If You Get Flu-Like Symptoms](#) for more information.

5. Plan for a surge of patients and increased demands for your services – Consider using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with flu at home (see [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)). Consider extending your hours of operation to include telephone triage of patients during a community outbreak.

6. Care for patients with novel H1N1 flu in your facility – Make plans to screen patients for signs and symptoms of febrile respiratory illness at entry to the facility. If

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feasible, use separate waiting and exam rooms for possible novel H1N1 flu patients; plan to offer surgical masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), provide facial tissues, receptacles for their disposal, and provide hand hygiene products in waiting areas and examination rooms. For information on caring for patients see: **[Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A \(H1N1\) Virus Infection](#)**.

7. Take steps to protect the health of your workforce during an outbreak of H1N1 – All healthcare personnel who come in close contact with patients who may have novel H1N1 flu should take precautions to include use of respiratory and eye protection for all patient care activities (see: **[Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza](#)**). For information on the use of infection control measures including use of personal protective equipment for staff, see **[Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)**. Plan now to stockpile sufficient PPE for your staff. (see: **[Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza](#)**).

8. Provide immunization against seasonal flu at no cost to your staff – In the fall there may be several influenza strains circulating at the same time. Although seasonal flu immunization will not provide protection to novel H1N1 influenza, annual influenza vaccination is recommended for health care professionals and will likely protect against seasonal influenza strains. See: **[Influenza Vaccination of Health-Care Personnel](#)**.

9. Make sure you know about the pandemic planning and response activities of the hospitals, outpatient facilities and local public health in your community – Actively seek information from and coordinate with key medical, clinical facilities and public health departments in your community to learn about how they will manage patients during a pandemic. Medical offices, emergency rooms, urgent care centers and hospitals in communities with outbreaks will likely have difficulty managing a large influx of patients; a coordinated community response is important to manage surge and assure optimal patient care. Develop a plan to manage your patients who do not need to seek emergency services.

10. Plan now so you will know where to turn to for reliable, up-to-date information in your local community – Staff in healthcare settings should monitor the **[CDC H1N1 Flu](#)** website and local and State health department websites for the latest information. See these websites for contact information for **[local health departments](#)** and **[State health departments](#)**.

Be prepared for a range of situations. The true impact of novel H1N1 flu outbreaks in the coming months will not be known until it happens. Be prepared for a possibility that your facility will have significant increased demand for services and the possibility that the fall outbreak may have greater impact than the outbreak in the spring, 2009.

For more information see the **[Medical Offices and Clinics Pandemic Influenza Planning](#)**

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Checklist. Also sign up to receive regular updates about novel H1N1 influenza, emerging infectious diseases, and other emergency preparedness and response information by going to www.emergency.cdc.gov/clinregistry .

Includes medical offices and clinics as well as offices that provide psychological, dental, podiatric, chiropractic and other clinical services.

Source: **Centers for Disease Control and Prevention**

MEDICAL OFFICES AND CLINICS PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical for ensuring a sustainable healthcare 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 medical offices and ambulatory clinics assess and improve their preparedness for responding to pandemic influenza. This checklist is modeled after a pandemic preparedness checklist for hospitals and should be used in conjunction with guidance on healthcare preparedness planning in Supplement 3 of the HHS Pandemic Influenza Plan. Many of the issues included in the checklist are also relevant to other outpatient settings that provide episodic and chronic healthcare services (e.g., dental, podiatric, and chiropractic offices, ambulatory surgery centers, hemodialysis centers). Given the variety of healthcare settings, individual medical offices and clinics may need to adapt this checklist to meet their unique needs. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. Medical offices and clinics can use this tool to identify the strengths and weaknesses of current planning efforts. 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 it will be necessary to monitor selected websites for new and updated information.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pandemic influenza has been incorporated into emergency management planning for the organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A planning committee ¹ has been created to specifically address pandemic influenza preparedness for the medical office or clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A person has been assigned responsibility for coordinating preparedness planning for the practice or organization (hereafter referred to as the pandemic influenza response coordinator). (Insert name, title and contact information) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of the planning committee include the following: (Insert below or attach list with name, title and contact information for each) Administration: _____ Medical staff: _____ Nursing: _____ Reception personnel: _____ Environmental services (if applicable): _____ Clinic laboratory personnel (if applicable): _____ Other member(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A point of contact (e.g., person assigned infection control responsibility for the organization or an outside consultant ²) for questions/consultation on infection control measures to prevent transmission of pandemic influenza has been identified. (Insert name, title, and contact information) _____ _____

1. The committee could be very small (e.g., two or three staff members) or very large, depending on the size and needs of the organization.
2. Formal memorandum of understanding or contract may be needed if an outside consultant is used.

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained from www.hhs.gov/pandemicflu/plan ; copies of available state pandemic plans also should be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A written plan has been completed or is in progress that includes the elements listed in #3 below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan describes the organizational structure that will be used to operationalize (i.e., lines of authority) the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan incorporates and compliments the community response plan.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place for surveillance and detection of pandemic influenza in the population served.</p> <p><input type="checkbox"/> Responsibility has been assigned for monitoring public health advisories (federal and state) and informing members of the pandemic influenza planning committee and/or the pandemic influenza response coordinator when pandemic influenza is in the United States and when it is nearing the geographic area (e.g., state and/or city). (For more information, see www.cdc.gov/flu/weekly/fluactivity.htm) (Insert name, title and contact information)</p> <hr/> <p><input type="checkbox"/> A system has been created to monitor and review influenza activity in patients cared for by clinical staff (i.e., weekly or daily number of patients calling or presenting to the office or clinic with influenza-like illness) and among medical office or clinic staff. (For more information see www.cdc.gov/flu/professionals/diagnosis/) (Monitoring for seasonal influenza activity is performed to ensure that the monitoring system for pandemic influenza will be effective and will ensure that organizations can detect stressors that may affect organizational capacity, such as staffing and supply needs, and hospital and emergency department capacity [and supply needs] during a pandemic)</p> <p><input type="checkbox"/> A system is in place to report unusual cases of influenza-like illness and influenza to the local or state health department. (For more information see www.hhs.gov/pandemicflu/plan/sup1.html#outpat and www.hhs.gov/pandemicflu/plan/sup5.html#nov)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A communication plan has been developed.</p> <p><input type="checkbox"/> Key public health points of contact for pandemic influenza have been identified and arrangements have been made for telephone, facsimile, or e-mail messaging.</p> <p>Local health department contact: (Insert name, title and contact information)</p> <hr/> <p>State health department contact: (Insert name, title and contact information)</p> <hr/> <p><input type="checkbox"/> The office or clinic's point person for external communication has been assigned. (Insert name, title and contact information)</p> <hr/> <p>(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)</p> <p><input type="checkbox"/> A list has been created of healthcare entities and their points of contact (e.g., local hospitals/health facilities, home health care agencies, social service agencies, emergency medical services, commercial and clinical laboratories, relevant community organizations [including those involved with disaster preparedness]) with whom the medical office or clinic anticipates that it will be necessary to maintain communication and coordination of care during a pandemic. (Attach or insert location of contact list)</p> <hr/> <hr/>

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

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including notification when updated plans are created. (For more information on state and local planning, see www.hhs.gov/pandemicflu/plan/part2.html#overview) <input type="checkbox"/> A list or database has been created with contact information on patients who have regularly-scheduled visits and may need to be contacted during a pandemic for purposes of rescheduling office visits or assigning them to another point of care. (Insert location of list/database)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan is in place to provide an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza.</p> <input type="checkbox"/> A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, maintain a record of attendance at education and training programs). (Insert name, title and contact information) <input type="checkbox"/> 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 medical and nursing personnel have been identified. (http://www.cdc.gov/flu/professionals/training/) <input type="checkbox"/> Language and reading-level appropriate materials on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) appropriate for professional, allied and support personnel have been identified and a plan is in place for obtaining these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm) <input type="checkbox"/> Education and training includes information on infection control measures to prevent the spread of pandemic influenza. www.hhs.gov/pandemicflu/plan/sup4.html
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Informational materials for patients on pandemic influenza that are language and reading-level appropriate for the population being served have been identified, and a plan is in place to obtain these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm)</p> <input type="checkbox"/> The roles of medical and nursing personnel in providing health care guidance for patients with pandemic influenza have been established.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A plan for triage and management of patients during a pandemic has been developed.</p> <input type="checkbox"/> A system is in place for phone (and e-mail, where appropriate) triage of patients to determine who requires a medical evaluation, to limit office visits to those that are medically necessary. <input type="checkbox"/> Plans have been developed to manage patient care at the height of the pandemic including the following possibilities: <ul style="list-style-type: none"> • Temporarily canceling non-essential medical visits (e.g., annual physicals). • Designating separate blocks of time for non-influenza and influenza-related patient care. <input type="checkbox"/> Local plans and criteria for the disposition of patients following a medical evaluation (e.g., hospitalization, home health care services, self- or family-based care at home) have been discussed with local hospital and health care agencies and local health department. (Flexibility will be necessary based on hospital bed capacity)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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)</p> <input type="checkbox"/> A specific waiting room location has been designated for patients with symptoms of pandemic influenza that is segregated from other patients awaiting care. (This may not be feasible in very small waiting rooms, in which case the emphasis may be on use of masks as noted below)

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

Completed	In Progress	Not Started	
		<input type="checkbox"/>	<input type="checkbox"/> A plan for implementing Respiratory Hygiene/Cough Etiquette is in place. (For more information see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) <ul style="list-style-type: none"> • Signage (language appropriate) directing patients and those accompanying them to notify reception personnel if they have symptoms of pandemic influenza has been developed or a source of signage (e.g., CDC website above) has been identified. • Signage (language appropriate) on Respiratory Hygiene/Cough Etiquette instructing symptomatic persons to use tissues to cover their cough to contain respiratory secretions and perform hand hygiene has been developed or a source of signage (e.g., CDC website above) has been identified. • The plan includes distributing masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues, receptacles for their disposal and hand hygiene materials in waiting areas and examination rooms. • Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities. • If patients with pandemic influenza will be evaluated in the same location as patients without an influenza-like illness, separate examination rooms have been designated for evaluation of patients with symptoms of pandemic influenza. • A policy is in place that requires healthcare personnel to use Standard (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. • The policy includes protection of reception and triage personnel at initial points of patient encounter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A vaccine and antiviral use plan has been developed.
		<input type="checkbox"/>	<input type="checkbox"/> Websites where current federal and/or state health department recommendations for the use and availability of pandemic influenza vaccines and antiviral medications have been identified. (for more information see www.hhs.gov/pandemicflu/plan/sup6.html) <input type="checkbox"/> An estimate of the number of personnel and patients who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis, based on HHS guidance for use, has been developed. (www.dhhs.gov/nvpo/pandemicplan/annex6.pdf) (This estimate can be used for considering which patients may need to be notified first about vaccine or antiviral availability, anticipating staffing requirements for distribution of vaccines and antivirals, and for procurement purposes)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An occupational health plan has been developed and includes the following:
		<input type="checkbox"/>	<input type="checkbox"/> A liberal/non-punitive sick leave policy for managing personnel who have symptoms of or documented illness with pandemic influenza. The policy considers: <ul style="list-style-type: none"> • The 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. <input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty and tested during a non-pandemic influenza period. <input type="checkbox"/> Mental health and faith-based resources that are available to provide counseling to personnel during a pandemic.

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

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> The 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 location. <input type="checkbox"/> The ability to monitor seasonal influenza vaccination of healthcare personnel. <input type="checkbox"/> The offer of annual influenza vaccine to medical office or clinic personnel. <p>Issues related to surge capacity (i.e., dealing with an influx of patients and staff and supply shortages) during a pandemic have been addressed. (For more information see www.hhs.gov/pandemicflu/plan/sup3.html#surge)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plans for managing a staffing shortage within the organization due to illness in personnel or their family members have been addressed. <input type="checkbox"/> Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (e.g., “snow days,” school closures) are implemented. (www.pandemicflu.gov/planguide/checklist.html; www.pandemicflu.gov/planguide/familyhealthinfo.html) <input type="checkbox"/> The minimum number and categories of personnel necessary to keep the office/clinic open on a given day have been determined. <input type="checkbox"/> Plans for either closing the office/clinic or recruiting temporary personnel during a staffing crisis have been addressed. <input type="checkbox"/> Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products, medical supplies) have been estimated. <input type="checkbox"/> A primary plan and contingency plan to address supply shortages have been developed and each details procedures for acquisition of supplies through normal channels, as well as requesting resources when normal channel resources have been exhausted. <input type="checkbox"/> Plans include stockpiling at least a week’s supply of consumable resources, including all necessary medical supplies, when there is evidence that pandemic influenza has reached the United States.