

# **Community Clinic and Health Center Pandemic Preparedness and Response Template**

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**Global Vision Consortium**

Additional resources to update this template further can be found at:

<https://www.cdc.gov/flu/pandemic-resources/index.htm>

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## Foreword

The *Community Clinic and Health Center Pandemic Planning and Preparedness Template* is designed to assist community ambulatory health centers to develop plans to respond to the patient care and business continuity effects of a pandemic. The *Template* is constructed from information from the U.S. Department of Health and Human Services (HHS), Centers for Disease Control, California Department of Public Health, and the Community Clinic and Health Center Emergency Operations Plan published by the California Primary Care Association. The *Template's* plan development guidance is based largely on HHS/CDC's *Medical Offices and Clinics Pandemic Influenza Planning Checklist*. All references are identified in Appendix B.

## How to Use this Template

The *Template* should be used by clinics as a guide and reference for the development of their strategy, plans and procedures for responding to a pandemic emergency. The *Template* provides a roadmap for pandemic preparedness and response, but requires that the clinic undertake a comprehensive planning process in order to complete the journey. To prepare for a pandemic, *Template* users will need to set priorities and allocate time and other resources to develop the plans, procedures, resource lists, and response skills outlined below. The tasks outlined in the *Template* do not need to be accomplished in a single effort nor in the order they are presented in the document. They should, however, be addressed in a step-by-step fashion. Some tasks are relatively easy to accomplish while others require more time, effort and resources.

The preparedness journey is best undertaken in collaboration with other clinics, community organizations, and the local health department. Working collaboratively increases access to expertise, training and consultant resources.

## Document Format

The *Template* is organized in the following sections:

**Section I** discusses the nature of pandemic and its impact on society, health and emergency systems, and medical care and other operations of clinics. Section I also describes the stages developed by the Federal Department of Health and Human Services to organize preparedness, notification, education, and response actions. These stages are used by health agencies at the national, state, and local efforts for preparedness and response.

Section I also provides additional foundational information including a description of the phases of emergency management as they apply to a pandemic emergency and the assumptions which underlie the plan and planning and preparedness resources useful to the clinic.

**Section II** is presented in the format of a Policy and Procedure and describes the actions, decisions, and information required for plan development and health center preparedness. It contains the core prompts and guidance for generating a pandemic plan for a community health center. The Policy and Procedure provides a brief overview of the plan, describes its relationship to other clinic plans, and lists the responsibilities of key clinic positions in pandemic preparedness and response on which the plan is based. The Policy and Procedure also provides the concept of operations for the clinic's management of pandemic emergencies and includes planning and preparedness activities (based on the HHS and CDC checklist for medical offices and clinics) and response actions for implementation of the clinic plan.

The *Template* also includes six appendices which include:

**Appendix A: Pandemic Strategic Planning Matrix**

Appendix A provides a step-by-step approach to Pandemic Planning and Preparedness that is divided into three phases:

1. Building organizational readiness for emergency preparedness
2. Developing plans, safety procedures and community relationships, including the Local health department
3. Testing and strengthening response capabilities

**Appendix B: HHS/CDC Medical Offices and Clinics Pandemic Planning Checklist**

Appendix B provides the full HHS/CDC Checklist that provides the basis for this template.

**Appendix C: Internet Resources**

Appendix C provides a listing of government, academic, and other resources with useful information related to pandemic preparedness and response.

**Appendix D: Acronyms and Abbreviations and Pandemic Glossary**

**Appendix E: Summary of Infection Control Recommendations**

Appendix E provides a summary of both Standard Precautions and Droplet Precautions along with links to the full set of standards for both from the Centers for Disease Control.

**Appendix F: Workplace Information and Strategies for <*Name of Clinic*> Worksite and Employee**

Appendix provides worksite information and recommendations for infection control, personal hygiene, promoting social distancing and developing human resources policies that reduce employee exposure to illness.

## I. Pandemic Background Information

### A. Introduction

Pandemics represent threats that have potentially more impact than, and are qualitatively different from, earthquakes, floods, terrorist attacks, and other threats faced by California. Pandemic background information is presented to provide a context for the preparedness and response guidance incorporated in this plan. Specific preparedness, response, and recovery actions are linked to the stages of pandemic defined by the Federal Department of Health and Human Services (HHS).

### B. Definition and Epidemiology

A pandemic illness is a very infectious human malady that causes a global outbreak, or pandemic, of serious sickness. Because there is little natural immunity, the disease can spread easily from person to person.

Pandemic illnesses are frequently respiratory illnesses caused by viruses, such as influenza or COVID-19. The common cold usually takes time to develop, but influenza and COVID-19 usually start suddenly. Influenza symptoms may include high fever, headache, tiredness (can be extreme), cough, sore throat, runny or stuffy nose, body aches, and diarrhea and vomiting (but this is more common among children than adults)<sup>1</sup>. Having these symptoms does not always mean that you have the flu. COVID-19 symptoms typically include a temperature of 100.4°F or feeling feverish or chilled AND one or more of the following: dry cough, sore throat, headaches and/or body aches, difficulty breathing or shortness of breath, fatigue, or a runny or stuffy nose. Many different illnesses, including the common cold, can have similar symptoms.<sup>2</sup>

Influenza and COVID-19 usually spread from person to person in respiratory droplets when people who are infected cough or sneeze. People occasionally may become infected by touching something with virus on it and then touching their mouth, nose or eyes. Healthy adults may be able to infect others **1 day before** getting symptoms. Someone with COVID-19 may remain asymptomatic and still be contagious. Therefore, it is possible to infect someone before you know you are sick as well as while you are sick.

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<sup>1</sup>Centers for Disease Control and Prevention, *Flu Symptoms* can be found at <https://www.cdc.gov/flu/symptoms/>

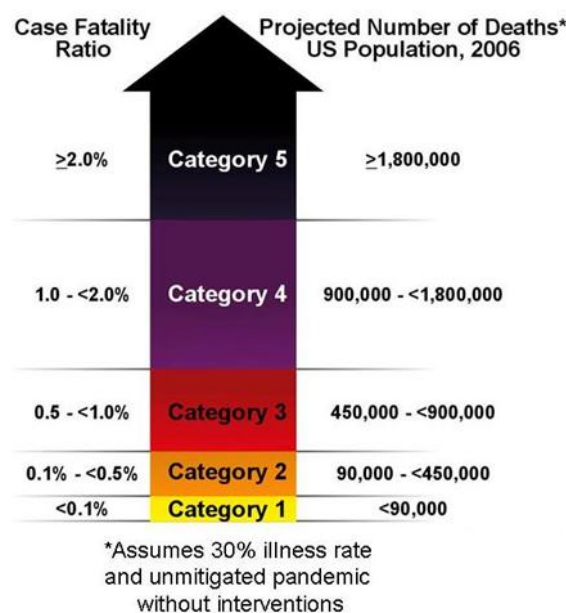
<sup>2</sup>Centers for Disease Control and Prevention, *About Coronavirus Disease 2019* can be found at <https://www.cdc.gov/coronavirus/2019-ncov/about/>

Worldwide pandemics occur when a novel (new) virus emerges to which the general worldwide population has little immunity. During the 20th century there were *three* such pandemics, the most notable of which was the 1918 Spanish influenza responsible for 20 million deaths throughout the world. Public health experts are currently concerned about the COVID-19 pandemic.

A mutation can occur when strains of a new virus interact with the common (seasonal) strains resulting in a new virus that is very infectious and capable of human- to-human transmission. This interaction and subsequent mutation could initiate a pandemic strain. Depending on the infectivity of such a virus and its disease causing potential, experts estimate that as many as 35 percent of the population will become ill and many will die. It is estimated that more than 35,000 deaths may occur in California from a severe pandemic influenza. This level of disease activity would disrupt all aspects of society, severely affect the economy, and overwhelm the healthcare system.

The CDC developed an index to enable estimation of the severity of a pandemic on a population level to allow better forecasting of the impact of a pandemic and to guide officials in the application of community mitigation measures. The *Pandemic Severity Index* is based on a 1 - 5 rating scale just like hurricanes are categorized and is based on the number of deaths (called the case fatality ratio). (See Table 1)

Table 1: Pandemic Severity Index



The impact of an actual pandemic cannot be predicted precisely, as it will depend on many factors: the virulence of the virus, how rapidly it spreads, the availability of vaccines and antiviral medications, and the effectiveness of pharmaceutical and non-pharmaceutical interventions and community containment measures.

**C. Potential Impact of Pandemic**

a. Social Impact

Unlike earthquakes and fires, a pandemic will not directly affect the physical elements of California's infrastructure. However, its impact on humans will result in degradation of the performance of communications, transportation, utilities, and other essential systems. Illness and death will create severe labor shortages. Furthermore, public health measures and public fear, uncertainty, and doubt will limit the willingness of people to leave their homes, congregate in public places, or perform normal business and social activities. Fear may also spur large numbers of people to move from urban areas to less densely populated rural areas to escape the pandemic.

b. Impact on Acute Care Hospitals and Emergency Medical Systems (EMS)

A pandemic will both overwhelm and reduce the efficiency of California's medical and other emergency services. The influx of large numbers of ill will inundate the healthcare system and staffing shortages due to illness, the need to stay home to care for family, or fear of coming to work.

Normal standards of medical care will not be able to be sustained as the demand for those services increases. Other emergency and public health services, including the military, will also face increased demand for their response assets as their capabilities are diminished by illness to their personnel.

California's emergency response system is based on mutual aid in which unaffected areas of the State provide response resources to areas impacted by disasters. Since pandemic will likely directly impact all jurisdictions in California and the entire United States, mutual aid assistance may be unavailable. Healthcare systems and providers must prepare to be self-sustaining for a long period of time.

c. Impact on Clinic Patients, Offices and Programs

Clinics will be severely impacted by a pandemic. A large number of people will present to community clinics for care and information due to reduced patient access to services, the degradation of transportation systems, public health measures that discourage going out in public, and because of the overload in acute care hospitals resulting in those who are not acutely ill not being able to be seen. Clinics must make contingency plans to care for acutely ill patients in the facility because transfer/transport to an acute care hospital may not be possible. Shortages in staff, supplies, equipment and medications will add to the burden of clinics and may lead to a reduction in clinic services or facility closure.

Physician offices and other healthcare provider facilities will similarly be impacted. Local public health departments may request community clinics and other providers to take on new responsibilities, extend service hours, and change their mix of services to enhance overall community response capabilities.

## D. Federal Pandemic Response Stages

The Department of Health and Human Services has established seven pandemic response stages (0 thru 6). The chart below defines each stage and describes the corresponding response goals, actions, and policy decisions for each federal stage. The chart also shows the corresponding World Health Organization (WHO) phases for each federal response stage.<sup>3</sup> This can be used by community clinics to assist in pre-event planning and decision-making.

<b>Federal Stage</b>	<b>Description</b>	<b>Goals</b>	<b>Actions</b>	<b>Policy Decisions</b>
0	New Domestic Animal Outbreak in At-Risk Country (WHO Phase 1 or 2) Inter-pandemic Period	<ul style="list-style-type: none"> <li>• Provide coordination, support, technical guidance</li> <li>• Track outbreaks to resolution</li> <li>• Monitor for reoccurrence of disease</li> </ul>	<ul style="list-style-type: none"> <li>• Support coordinated international response</li> <li>• Prepare to deploy rapid response team and materiel</li> <li>• Offer technical assistance, encourage information sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Deployment of countermeasures</li> </ul>
1	Suspected Human Outbreak Overseas (WHO Phase 3) Pandemic Alert Phase	<ul style="list-style-type: none"> <li>• Rapidly investigate and confirm or refute</li> <li>• Coordination and logistical support</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate dialogue with WHO</li> <li>• Deploy rapid response team</li> <li>• Amplify lab-based and clinical surveillance to region</li> <li>• Prepare to implement screening and/or travel restrictions from affected area</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioning of U.S. contribution to international stockpile assets</li> <li>• Use of pre-pandemic vaccine</li> </ul>
2	Confirmed Human Outbreak Overseas (WHO Phase 4 or 5) Pandemic Alert Phase	<ul style="list-style-type: none"> <li>• Contain outbreak and limit potential for spread</li> <li>• Activate domestic medical response</li> </ul>	<ul style="list-style-type: none"> <li>• Declare Incident of National Significance</li> <li>• Support international deployment of countermeasures</li> <li>• Implement layered screening measures; activate domestic quarantine stations</li> <li>• Prepare to limit domestic ports of entry</li> <li>• Prepare to produce monovalent vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• Contribution to countermeasures for affected region</li> <li>• Entry/exit screening criteria; isolation/quarantine protocols</li> <li>• Diversion of trivalent vaccine production to monovalent</li> <li>• Revise prioritization and allocation of pandemic vaccine and antiviral medications</li> </ul>

<sup>3</sup> Centers for Disease Control and Prevention, *Federal Response Strategies* can be found on the website at <https://www.cdc.gov/flu/pandemic-resources/index.htm>



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<b>Federal Stage</b>	<b>Description</b>	<b>Goals</b>	<b>Actions</b>	<b>Policy Decisions</b>
3	Widespread Outbreaks Overseas (WHO Phase 6) Pandemic Phase	<ul style="list-style-type: none"> <li>• Delay emergency in North America</li> <li>• Ensure earliest warning of first case(s)</li> <li>• Prepare domestic containment and response mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>• Activate domestic emergency medical personnel plans</li> <li>• Maintain layered screening measures at borders</li> <li>• Deploy pre-pandemic vaccine and antiviral stockpiles; divert to monovalent vaccine production</li> <li>• Real-time modelling; heighten hospital-based surveillance</li> <li>• Prepare to implement surge plans at Federal medical facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize efforts for domestic preparedness and response</li> </ul>
4	First Human Cases in North America (WHO Phase 6) Pandemic Phase	<ul style="list-style-type: none"> <li>• Contain first cases in North America</li> <li>• Antiviral treatment and prophylaxis</li> <li>• Implement national response</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure pandemic plans activated across all levels</li> <li>• Limit non-essential domestic travel</li> <li>• Deploy diagnostic reagents for pandemic virus to all laboratories</li> <li>• Continue development of pandemic vaccine</li> <li>• Antiviral treatment and targeted antiviral prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>• Revision of prioritization and allocation scheme for pandemic vaccine</li> </ul>
5	Spread throughout United States (WHO Phase 6) Pandemic Phase	<ul style="list-style-type: none"> <li>• Support community response</li> <li>• Preserve critical infrastructure</li> <li>• Mitigate illness, suffering, and death</li> <li>• Mitigate impact to economy and society</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain overall situational awareness</li> <li>• Evaluate epidemiology; provide guidance on community measures</li> <li>• Deploy vaccine if available; prioritization guidance</li> <li>• Sustain critical infrastructure, support health and medical systems, maintain civil order</li> <li>• Provide guidance on use of key commodities</li> </ul>	<ul style="list-style-type: none"> <li>• Federal support of critical infrastructure and availability of key goods and services</li> <li>• Lifting of travel restrictions</li> </ul>
6		Recover and preparation for subsequent waves		

## II. PANDEMIC PLAN INTRODUCTION

This Pandemic Plan follows the phases of emergency management as defined in the <*Name of Clinic*> Emergency Operations Plan (EOP): mitigation, preparedness, response, and recovery. Within these phases, the Plan is organized according to the pandemic phases defined by the World Health Organization (WHO). These WHO phases will be used by the California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC), and <*Name of Local Health department*> for organizing their responses and issuing warnings and advisories.

### Planning Assumptions

- a. California's local and state emergency response agencies will continue to coordinate response to emergencies using the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).
- b. The pandemic could last from 18 months to several years with two to three peak waves of activity.
- c. CDC, CDPH, and local public health departments are the lead agencies at the federal, state, and local levels respectively and will provide information and public health recommendations. Public health officials expect that their decisions will be made in an environment with a high level of scientific uncertainty.
- d. Antiviral medications will be available in limited quantities and be used mainly for treatment of the ill, not for prophylaxis. California has stockpiled antiviral medications to cover 25% of the population and these medications will be distributed to local health departments upon the first case of pandemic influenza in the State. Antiviral medications may not be effective for all pandemic viruses, but this cannot be determined until the virus is identified.
- e. Pandemic illness vaccines are not currently available and the U.S. government is responsible for manufacturing and distributing the vaccine. It is expected that a vaccine will not be available until at least three months into the pandemic.
- f. Community mitigation measures or non-pharmaceutical interventions (NPIs) are essential to slow the spread of disease. NPIs include student dismissals (school closures), cancelling of mass gatherings and events, respiratory hygiene, cough etiquette, staying at home when ill, and the wearing of masks while in public. These measures will impact staffing and work environment and each healthcare system partner should plan for these impacts.
- g. Shortages of physicians, nurses, and other skilled personnel will not be relieved by registry or contract personnel.
- h. State and local government agencies and private businesses that clinics rely on for their operations have developed business continuity plans that take into account the special circumstances of a pandemic. However, clinics should plan on self-sufficiency for a prolonged period.
- i. Clinics will rely on public health guidance from the California Department of Public Health and local health department.

## II. PANDEMIC POLICY AND PROCEDURE TEMPLATE

### <Name of Clinic> Policies and Procedures

Section: Emergency Operations/Disaster Plan	Policy Number:
Title/Subject: Pandemic Preparedness and Response Policy and Procedure	Date Reviewed:
CDPH Approval (if applicable):	Date Revised:
	Page:

**Purpose:** To establish a Pandemic Preparedness and Response Plan (Plan) to guide and augment the application of <Name of Clinic>'s existing emergency plans to protect staff and patients, continue clinic operations, ensure the needs of patients are met, and respond to community needs resulting from a pandemic, as resources permit.

Implementing this policy provides the clinic with information for completing the elements of the HHS/CDC Medical Offices and Clinics Pandemic Planning Checklist (**Appendix A**).

**Scope:** All <Name of Clinic> staff

**Policy:** <Name of Clinic> staff prepare for and respond to the threat and onset of pandemic using standard methods to minimize risk of infection to patients/staff, ensure appropriate treatment of illness, and maintain / restore full clinic operations.

#### Regulatory Citations:

#### A. Overview

To meet the challenges of a pandemic, <Name of Clinic> will:

1. Integrate preparedness for pandemic into <Name of Clinic>'s emergency preparedness activities, and business continuity, and disaster response plans. <Name of Clinic> use the Incident Command System to manage its response to pandemic.
2. Strengthen coordination with <Name of Local Health, Department> to clarify expectations, define roles, and establish procedures for communications, resource sharing, and coordinated community-wide response.
3. Update infection control policies and procedures and establish a respiratory control program ensure all staff receives training appropriate for their position to reduce patient, provider, and employee risk of infection.
4. Educate patients on the risks of and steps they should take to lower the risk of becoming infected or infecting others at the clinic and in their homes.
5. Develop, educate staff, and exercise response plans for triage and management of patients, managing patient surge, infection control measures, allocation of critical supplies and equipment, personnel management and augmentation, and prioritizing pandemic vaccine and antiviral medications during a pandemic outbreak.

6. Develop a plan, policies and procedures that promote the health, safety, and well-being of clinic employees and their families.
7. Ensure the ability of the organization to continue to provide services during a pandemic outbreak.

## **B. Pandemic Emergency Management Priorities**

1. *<Name of Clinic>'s* emergency management priorities are to ensure the health and safety of the clinic's patients and employees and maintain and eventually restore health care and mission critical services and business functions.
2. *<Name of Clinic>* intends to remain operational to the extent its resources allow. If the clinic is required to close or substantially reduce services, clinic staff will work with the Medical/Health Operational Area Coordinator to identify alternative sources of care for their patient population.

## **C. Relationship of Plan to Other *<Name of Clinic>* Emergency Plans**

The Pandemic Response Plan augments *<Name of Clinic>'s* Emergency Operations Plan (EOP) (and/or Disaster Response Plan (DRP)) and Business Continuity Plan (BCP) by providing detailed direction for preparing for and responding to a pandemic. This Plan is designed to work in concert with these other plans, and not replace or supersede them.

The Plan is supported by *<Name of Clinic>'s* policies and day-to-day procedures for managing emergencies and preventing and limiting the spread of infection among patients and to clinic staff. These policies and procedures include adherence to Standard Procedures for Infection Control including use of appropriate protective equipment. These policies and procedures are, in turn, supported by an education and training program that ensures that all clinic staff understand and practice precautions appropriate to their position.

## **D. Pandemic Preparedness and Response Roles and Responsibilities**

The following staff and committee are assigned specific additional emergency roles and responsibilities related to pandemic in addition to those delineated in the *<Name of Clinic>* EOP/DRP.

### **1. Medical Director**

- ☐ Advises the Executive Director and Incident Manager on strategies to:
  - ☐ Protect the health of the clinic's employees and patients, including updating and ensuring adherence to clinic infection control policies and procedures.
  - ☐ Establish triage and treatment plans, policies and procedures for providing medical care to patients during a pandemic outbreak.

### **2. Pandemic Planning Committee**

- ☐ Establish a Pandemic Planning Committee or assign pandemic preparedness functions to existing Emergency Preparedness Committee to guide planning and preparedness activities.

Planning Committee Membership	Position	Name
Administration:		
Medical staff:		
Infection Control Officer or Coordinator:		
Nursing:		
Reception personnel:		
Environmental / Safety services:		
Clinic laboratory personnel (if applicable):.		
Volunteers		
Other staff:		

### 3. Pandemic Coordinator

- ☐ The Pandemic Planning Committee identified the following position/person as the Pandemic Coordinator.

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Name and Position of Pandemic Response Coordinator:

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The Pandemic Coordinator:

- ☐ Provides support to the <***Name of Clinic***> Pandemic Planning Committee.
- ☐ Monitors information from <***Name of Local health department***>, ***CDPH***, and ***CDC*** to identify biological threats and advise <***Name of Clinic***> executive staff.
- ☐ Regularly reviews and updates the <***Name of Clinic***> Business Continuity Plan and Disaster Response Plan.
- ☐ Ensures personnel contact lists are current.

### 4. Resource Contact for Infection Control / Respiratory Safety Measures

- ☐ Identify a staff person or consultant to act as a resource contact for questions on infection control measures.

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Name and Position of Infection Control Coordinator or other Point of Contact for Consultation on Infection Control Measures (*usually Infection Control Officer*):

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### 5. Human Resources Manager

- ☐ Develops and administers policies and procedures that maximize safety of clinic personnel, contributes to maintenance or restoration of clinic operations, and addresses organization and employee needs that arise in a pandemic environment.

### 6. Public Information Officer (PIO)

- ☐ Develops and manages strategy and messages for communicating with employees, stakeholders, and the public.

## E. Planning and Preparedness Phase Actions: Inter-Pandemic Period

### 1. Integrate Pandemic Preparedness into Overall Emergency Management Program

<Name of Clinic> will take the following steps to integrate pandemic preparedness into its overall emergency management program:

- ☐ Establish a Pandemic Preparedness Planning Committee, designate a Pandemic Coordinator and point of contact for consultation on infection control measures, and assign pandemic responsibilities to other key staff as described above.
- ☐ Acquire and maintain updated versions of pandemic plans from the United States Department of Health and Human Services, the CDC, the California Department of Public Health, and <Name of Local health department>.

Federal, State and Local Pandemic Plans	Location
HHS Pandemic Plan	<i>Example:</i> Maintained by Safety Officer Available at website: <a href="https://www.hhs.gov/about/agencies/oga/global-health-security/pandemic-influenza/index.html">https://www.hhs.gov/about/agencies/oga/global-health-security/pandemic-influenza/index.html</a>
Local health department Pandemic Plan	<b>Enter link to local health department here</b>

- ☐ Establish priorities and benchmarks for the accomplishment of the tasks outlined in this policy.
- ☐ Update <Name of Clinic> business continuity plan to ensure that pandemic related issues are addressed.

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Location of <Name of Clinic> business continuity plan and date of update.

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- ☐ Ensure employee contact information is kept current, maintained at each clinic site and offsite, and includes office, home, pager, and cellular telephone numbers and office and home email addresses for each staff person.

Employee Contact Information		
	Location of Contact Lists	Last Updated
Onsite:		
Offsite:		

- ☐ Ensure lines of succession are established for critical leadership positions at least three persons deep. Encourage cross training of *<Name of Clinic>* employees in critical positions. Update and transfer information from existing emergency operations plan or business continuity plan.

Position	Primary Successor	First Back-up	Second Back-up
Executive Director / CEO	<i>Examples:</i> Chief Operating Officer or Medical Director	Finance Director	
Medical Director	Nursing Director		
Safety Officer	Facility Manager		

Location and Date of <b>&lt;Name of Clinic&gt;</b> Resolution of the Board of Directors Defining Delegations of Authority and Lines of Succession	
Location:	Date of Resolution:

## 2. Establish Liaison with Local Health Department

The Pandemic Coordinator or *<clinic staff position>* will establish liaison with the *<Name of Local health department>* for pandemic planning to ensure:

- ☐ The *<Name of Clinic>* Pandemic Plan incorporates and complements community response planning.
- ☐ The *<Name of Clinic>* and *<Name of Local health department>* understand their respective pandemic response expectations, roles, and limitations.

Summary of Local health department Pandemic Role	Summary of Clinic's Role in Pandemic Outbreak
<i>Example:</i> Alert community health facilities provide guidance, provide vaccines and anti-virals, coordinate Alternate Care Sites	<i>Example:</i> Vaccinate staff and patients, provide patients and community with educational material, implement infection control measures, expand (or reduce) hours of operation, communicate status to Operational Area, etc.

- ☐ The *<Name of Clinic>* and *<Name of Local health department>* have established a Memorandum of Understanding (MOU) that defines response roles, responsibilities, and procedures.
- ☐ The *<Name of Clinic>* and *<Name of Local health department>* exchange telephone, fax, and internet emergency contact information and agree on procedures for alert, notification, information sharing, and resource requests.

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- ☐ The *<Name of Clinic>* and the community acute care hospital s exchange telephone, fax, and internet contact information and agree on procedures for collaboration and information sharing, patient transfers, and triage of patients from the hospital to the clinic during the pandemic. MOUs have been established to formalize roles and responsibilities between the clinic and the hospital.
- ☐ Key clinic personnel subscribe to the California Health Alert Network (CAHAN) through the Local health depailment.

<i>&lt;Name of Clinic&gt;</i> Subscribers to CAHAN and Other Alert Systems	
Name and Position	Alert System

- ☐ The clinic participates in community planning meetings, training sessions, and exercises.
- ☐ The clinic is notified of opportunities to obtain equipment, technical assistance, and other resources to support emergency preparedness.

<i>&lt;Name of Local health department&gt;</i> Contact Information		
Function	Name/Position	Contact Information (Tel, Fax, E-Mail, etc.)
Emergency Response		
Disease Reporting		
Pandemic / Bioterrorism Coordinator		
Local health department Departmental Operations Center		
Medical and Health Operational Area Coordinator		
Fax		
Email		
Website		

- ☐ The *<Name of Clinic>* **regularly** records and updates contact information for emergency response agencies, resource vendors, partner and support organizations, and others who may be involved in the response to pandemic or support clinic operations during a pandemic outbreak.

Emergency Contact Information		
Function	Agency / Contact Name / Position	Contact Information (Tel, Fax, E-Mail, etc.)
Emergency Response Agency (OES) or		



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Operational Area EOC		
Hospital		
Clinic Corporate Headquarters		
Partner Clinics		
Clinic Consortium		
Laboratory Service		
Radiology Services		

Emergency Contact Information (Other Community Organizations)		
Function	Agency / Contact Name / Position	Contact Information (Tel, Fax, E-Mail, etc.)
Other Community Organizations (e.g., for disseminating information to community, social and home support for ill patients, etc.)		

### 3. Pandemic Human Resources Policies

With the Medical Director, Human Resources will establish or update employee policies that address the following *<Name of Clinic>* human resources issues created by pandemic:

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Location/designation of human resources policies and procedures to address pandemic influenza issues. (*Attach to this policy*)

---

*Example:* Added to Employee Policies on <date>.

---

- ☐ Employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave, leave for family care).
- ☐ Determining when a previously ill person is no longer infectious and can return to work after illness.
- ☐ Determining when symptomatic employees can work at the clinic and in what capacities.
- ☐ Flexible worksite (e.g. telecommuting) for employees not required to work onsite and flexible work hours (e.g. staggered shifts).
- ☐ Employees, who have been exposed to a pandemic illness, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
- ☐ Evaluating symptomatic personnel before they report for duty and tested during a non-pandemic period.
- ☐ Acquisition of mental health and community-based faith-based resources to provide counseling to personnel during a pandemic.

Location of list of mental health and faith-based personnel available to provide counseling to staff and patients during a pandemic.

*Example:*

Human Resources maintains list of mental health and faith-based counseling resources. List was updated on \_\_\_\_\_.

Summary of plan for managing staffing shortage due to illness in personnel or their family members.

*Example:*

Ensure staff call-in to allow staff planning, reduce hours of operations to concentrate staff resources, limit services, reduce staff illnesses through influenza vaccinations and administration of antivirals, etc.

- ☐ The management of clinic personnel who are at increased risk for complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work location.

Summary of policy for management of personnel at increased risk for influenza complications.

*Example:*

At risk employees will be assigned to duties that do not require patient contact, e.g., telephoning patients about clinic hours and services.

- ☐ Monitoring seasonal vaccination of healthcare personnel.

Summary of procedure for monitoring seasonal influenza vaccination of healthcare personnel.

*Example:*

Nursing Director will establish a list of all staff and record when they were vaccinated. Staff receiving vaccinations at other sites will be requested to provide documentation.

- ☐ Offering annual vaccine to clinic personnel.

Summary of policy for offering annual influenza vaccine to clinic personnel.

*Example:*

Staff with patient contact, including reception, will be offered vaccine.

- ☐ Credentialing, assignment and supervision of medical and non-medical volunteers.
- ☐ Accommodating clinic staff who seek to volunteer or practice at other sites.

#### **4. Respiratory Hygiene/Infection Control Policies and Procedures**

<Name of Clinic> will review and update its respiratory hygiene and infection control policies and procedures to ensure:

- ☐ A specific waiting room location has been designated for patients with symptoms of that is segregated from other patients awaiting care.

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- ☐ Separate examination rooms for evaluation of patients with symptoms of, if patients with will be evaluated in the same location as patients without a pandemic-like illness,
- ☐ A plan for implementing Respiratory Hygiene/Cough Etiquette is in place that includes: (For more information see **CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings**)
  - ☐ Signage (language appropriate) has been developed or a source of signage (e.g., CDC website above) has been identified that directs patients and those accompanying them to notify reception personnel if they have symptoms of pandemic illness.
  - ☐ Signage (language appropriate) has been developed or a source of signage (e.g., CDC website above) has been identified on Respiratory Hygiene/Cough Etiquette instructing symptomatic persons to use tissues to cover their cough to contain respiratory secretions and perform hand hygiene.
  - ☐ Distributing surgical 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.
  - ☐ Exercising the implementation of Respiratory Hygiene/Cough Etiquette during seasons when and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.
  - ☐ A policy that requires healthcare personnel to use Standard (**CDC Standard Precautions**) and Droplet Precautions. (**CDC Droplet Precautions**) with symptomatic patients. Airborne precautions (e.g., N95 respirator) may be required until the epidemiology and transmission of the pandemic virus is known. The policy also includes protection of reception and triage personnel at initial points of patient encounter.

In the event of a pandemic, refer to the local health department, CDPH and/or CDC websites for latest information.

- **Using Surgical Masks**

Patients and staff with respiratory infection symptoms should use a disposable surgical mask to help prevent exposing others to their respiratory secretions.

Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze in an appropriate waste receptacle. Hands must be thoroughly washed and dried after the used mask has been discarded.

- **Protective Barriers**

Protective barriers in the form of Perspex or glass may provide useful protection for people such as front-counter staff or public transport drivers, whose duties require them to have frequent face-to-face contact with members of the public where social distancing is neither possible nor practical.

Infection Control/Respiratory Hygiene Plan	
Location/designation of infection control plan:	
Location/designation of policy/procedure for Respiratory Hygiene/Cough Etiquette:	
Location of specific waiting room for symptomatic patients:	

Location of examination rooms for symptomatic patients:	
Date of most recent staff training:	
Date of last update of Infection Control Plan:	
Date of last update of Respiratory Hygiene Plan:	
Date of last implementation Respiratory Hygiene Plan:	

## 5. Clinic Personnel Pandemic Orientation, Education and Training

<***Name of Clinic***> developed a plan and procedures to provide orientation, education and training programs to ensure that all personnel understand the implications of, and control measures for, pandemic illnesses. The plan and related procedures will include:

- ☐ **Orientation/education** of employees to the potential and consequences of a pandemic and to the response actions planned by <***Name of Clinic***>.
- ☐ **Encourage** employees to develop home preparedness plans that include preparedness for pandemic illnesses.
- ☐ Procedures for documenting training including name and title of trainer and use of sign-in sheets for participants that record title and length of training and participant name and title.
- ☐ Designation of a person 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).

Name and Position of Pandemic Education/Training Coordinator:
---

- 
- ☐ Identification of 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. ([CDC Training](#))

Plan for identifying training/education opportunities:
--

*Example:*

Training coordinator will search internet and contact Local health department for local free or low cost training opportunities. Priority will be given to bringing trainers to clinic to reduce staff absence from facility.

- ☐ Identification of and establishment of a plan to acquire language and reading-level appropriate materials on pandemic illnesses (e.g., available through state and federal public health agencies and professional organizations) appropriate for professional, allied and support personnel. (For more information see [CDC Patient and Provider Education Resources](#)).

Description and location of pandemic influenza educational material appropriate for clinical, allied; and support staff:
--

- ☐ Education and training that includes information on infection control measures to prevent the spread of pandemic illnesses. HHS Pandemic Plan Infection Control Supplement.

Date and summary of content of education/training on infection control policies and procedures:

- ☐ Identification of and establishment of a plan to acquire informational materials for patients on pandemic illnesses that are language and reading level appropriate for the population being served. (See CDC Patient and Provider Education Resources).

Summary of procedure for acquiring reading-level and language-appropriate informational material on pandemic illnesses:

- ☐ Establishment of the roles of medical and nursing personnel in providing health care guidance for patients with pandemic illnesses.

Summary of roles of medical and nursing personnel in providing health care guidance for patients with pandemic illnesses:

*Example:*

During flu season, all patients will receive language appropriate written information. Patients exhibiting flu symptoms will be counseled by medical staff about need for flu shots for at risk family members, hand washing and other infection control measures.

## **6. Pandemic Patient Triage and Management Plan**

<***Name of Clinic***> will develop a plan for triage and management of patients during a pandemic that includes:

- ☐ Establishing a system 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.
- ☐ Managing the large numbers of patient presenting for care including the following possibilities:
- ☐ Temporarily canceling non-essential medical visits (e.g., annual physicals).
  - ☐ Designating separate blocks of time for non-pandemic illness and pandemic-related patient care.

Summary of plan for triage and patient care management at the height of the pandemic:

*Example:*

Obtain guidance from Local health department, train reception staff to identify symptomatic patients/ask patients about flu symptoms, isolate symptomatic patients, redirect symptomatic patients to healthcare facilities identified by health department, etc.

- ☐ Input and direction from local hospital and health care agencies and local health department on 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). (Flexibility will be necessary based on hospital bed capacity).

## 7. Vaccine and Antiviral Use Plan

<Name of Clinic> will develop a vaccine and antiviral use plan that:

- ☐ Identifies website where current federal and/or state health department recommendations for the use and availability of pandemic vaccines and antiviral medications have been identified. (For more information see [HHS Pandemic Influenza Plan Vaccine Distribution and Use Supplement](#)) and CDPH guidance.
- ☐ Include in patient care management plan an estimate of the number of personnel and patients who would be targeted as first and second priority for receipt of pandemic vaccine or antiviral prophylaxis, based on HHS guidance for use. ([HHS Pandemic Plan Infection Control Supplement](#).)

(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).

## 8. Plan to Increase Clinic Surge Capacity

<Name of Clinic> will develop a plan to address issues related to surge capacity (i.e., dealing with an influx of patients and staff and supply shortages) during a pandemic including: (For more information see [HHS Pandemic Plan - Surge Capacity](#))

- ☐ Plans for managing a staffing shortage within the organization due to illness in personnel or their family members have been addressed.

Summary of procedure for recruiting temporary personnel to keep clinic open during a staffing crisis:

- 
- ☐ Encouragement to staff to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (e.g., student dismissals, cancelling of mass gatherings, wearing of masks in public) are implemented. ([Guide for Individuals and Families](#))
  - ☐ Estimation of the minimum number and categories of personnel necessary to keep the clinic open on a given day.

Minimum staffing requirements (#s and specific positions) for keeping clinic open:

Clinicians:

Administrators:

Support personnel:

Other:

- ☐ Plans for either closing the office/clinic or recruiting temporary personnel during a staffing crisis.

Summary of decision criteria, policy and procedure for closing clinic during a staffing crisis.

*Example:*

Policy is to attempt to keep clinic open at least part-time. Clinic hours of operation depend on availability of clinical staff. Clinic will remain open if Operational Area requests and supports operations with staff and supplies.

- ☐ Estimates of anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products, medical supplies).

Estimate of anticipated consumable resource needs:
Masks (Surgical):
Respirators: (N95)
Gloves:
Hand hygiene products:
Medical supplies:
Other:

- ☐ Primary and contingency plans to address supply shortages with procedures for acquisition of supplies through normal commercial channels and through requests through emergency channels (Medical Health Operational Area Coordinator (MHOAC)).

Summary of primary and contingency plans and procedures for acquisition of supplies through normal channels, contingency channels, or government emergency agencies:

- ☐ Plans for stockpiling a week's supply of consumable resources, including all necessary medical supplies, when there is evidence that pandemic has reached the United States.

List type, quantity and storage location of consumable resources, including medical supplies, that will be acquired when there is evidence of pandemic influenza in the United States:

## **F. Response Actions - Pandemic Alert and Pandemic Period**

<*Name of Clinic*> will take the following actions during the Pandemic Alert Period and Pandemic Period, respectively:

### **1. Federal Pandemic Alert Period (as communicated by <*Name of Local health department*> or California Department of Public Health):**

- ☐ Alert staff, patients and associated organizations of potential risk and strategies to reduce risk of infection.
- ☐ Inform clinic Board of Directors of situation, emergency status, and response actions.
- ☐ Update training on surveillance and infection control policies and procedures.
- ☐ Implement Respiratory Hygiene/Cough Etiquette procedures.

- ☐ Reinforce importance of seasonal (annual) flu vaccines among staff and patients.
- ☐ Test communication linkages with <***Name of Local Health department***> and MHOAC.
- ☐ Determine availability of antiviral medications for clinic staff with local health department.
- ☐ Support employee development / updating of home preparedness plans, including procedures for minimizing potential for infection.
- ☐ Ensure staff contact lists are current.
- ☐ Ensure vendor / partner contact lists are current.
- ☐ Review and update business continuity plans and procedures. Ensure lines of succession for critical positions are three-deep.
- ☐ Review information services policies and procedures for operating from remote locations including employee homes.
- ☐ Update HR policies for absences, restrictions on symptomatic and exposed employees, and scheduling to reduce interpersonal contact.
- ☐ Consider recommending patients increase supplies of medications for chronic diseases.
- ☐ Consider increasing stockpiles of protective equipment, masks, and medications.
- ☐ Review clinic plans and capacity for supporting alternate care sites.
- ☐ In coordination with Local health department, aggressively communicate with patients concerning risk of pandemic illness, protective measures, and changes in clinic appointment scheduling and visit policies.

## **2. Pandemic Period Response Actions**

- ☐ Activate Business Continuity Plan and Emergency Operations Plan (or Disaster Response Plan) simultaneously. Inform all employees of activation and appropriate actions.
- ☐ Activate the Clinic Command Center and Incident Command System.
- ☐ Establish contact with the MHOAC.
- ☐ Assess local situation. Identify status of programs and actions undertaken by local authorities that might impact <***Name of Clinic***> program operations. Determine status of potential resource providers.
- ☐ Coordinate with the MHOAC and health agencies to ensure consistent communications to employees and stakeholders. Coordinate all media contacts with the QA PIO.
- ☐ Monitor staff availability, infection and absenteeism rates.
- ☐ Monitor websites of local health department and California Department of Public Health.
- ☐ Implement human resources policies for pandemic illnesses.
- ☐ Implement social distancing policies and procedures that minimize <***Name of Clinic***> employee and patient contact with potentially infected people. (See Appendix D - Infection Control Information and Strategies for <***Name of Clinic***> Worksites and Employees).
- ☐ Ensure use of personal protective equipment.



### G. Recovery Phase Actions - Inter-Pandemic Period

- ☐ Continue communications with employees and stakeholders.
- ☐ Assess capability of <Name of Clinic> to return to normal operations.
- ☐ Review response and revise plans in preparation for new pandemic cycle.
- ☐ Participate in Operational Area afteraction reviews and updates of response plans.

### H. Mitigation Phase Actions

- ☐ During the Post Pandemic Period, <Name of Clinic> will manage the return to business as usual.

### I. Authorities and References

<Name of Clinic> Emergency Operations Plan

<Name of Clinic> Business Continuity Plan

<Name of Clinic> Disaster Response Plan

California Department of Health Services Pandemic Preparedness and Response Plan, 2006  
[www.dhs.ca.gov/ps/dcdhc/izgroup/pdf/pandemic.pdf](http://www.dhs.ca.gov/ps/dcdhc/izgroup/pdf/pandemic.pdf)

U.S. Department of Health and Human Services (HHS) Pandemic Plan, 2006  
[www.hhs.gov/pandemicflu/plan](http://www.hhs.gov/pandemicflu/plan)

Refer to Appendix C.3 for additional references.

## Appendices

- A. Pandemic Strategic Planning Matrix
- B. HHS/CDC Medical Offices and Clinics Pandemic Planning Checklist
- C. Internet Resources
- D. Acronyms and Abbreviations and Pandemic Glossary
- E. Summary of Infection Control Strategies
- F. Workplace Information and Strategies for <*Name of Clinic*> Worksite and Employee

## **APPENDIX A**

### **PANDEMIC STRATEGIC PLANNING MATRIX**

#### **Introduction**

The purpose this Appendix is to provide a strategic step-by-step approach to pandemic preparedness that identifies the specific steps and decisions in the process. This approach is built around six primary planning and preparedness tasks:

- Task 1: Increase Clinic Readiness for Preparedness:**  
Integrate preparedness for pandemic into emergency preparedness activities and business continuity and disaster response plans.
- Task 2: Coordination with Local Health Department:**  
Strengthen coordination with the Local Health Department to clarify expectations, define roles, and establish procedures for communications, resource sharing, and coordinated community-wide response.
- Task 3: Respiratory Hygiene/Infection Control:**  
Update infection control policies and procedures and ensure all staff receives training appropriate for their positions to reduce patient, provider and employee risk of infection.
- Task 4: Patient and Community Education:**  
Educate patients on the risks of and steps they should take to avoid infection and reduce their risk of infecting others at the clinic and in their homes.
- Task 5: Develop, Train on and Exercise Response Plans:**  
Develop, train on, and exercise response plans for triage and management of patients, acquiring and administering vaccine and antiviral drugs, and managing patient surge during a pandemic outbreak.
- Task 6: Promote the Health, Safety, and Well-Being of Clinic Employees**  
Develop a plan, policies, and procedures that promote the health, safety, and well-being of clinic employees.

Each Task is designed to be addressed over three general phases:

**Phase 1:** Laying the Groundwork

**Phase 2:** Building Capacity

**Phase 3:** Achieving Response Readiness

This approach is recommended because emergency preparedness is a complex process that requires the involvement of all clinic sectors that requires continuous effort. The approach also acknowledges that preparedness resources are relatively scarce and must be used strategically. Planning, training, and exercises are all staff intensive. The three phases are likely to require different levels of staff time and other resources, but can also vary in the length of time their respective tasks take to complete.

During **Phase I**, priority is given to laying the foundation for the overall emergency management effort and strengthening the day-to-day operations that are required during disasters. Examples of Phase I activities include:

- ☐ Obtaining organization leadership buy-in of the program and process.
- ☐ Gathering information resources: government and accreditation agency requirements, government plans, sources of technical assistance, and staff and patient education material.
- ☐ Updating staff, response agency, and resource provider notification lists.
- ☐ Strengthening basic emergency and safety (both clinical and facility) safety procedures.
- ☐ Developing a work plan and schedule for completing preparedness tasks.

**Phase II** is the most labor intensive of the three phases of this approach, however, it is also likely to take a longer period of time to address all the key elements of the six tasks. Overall, Phase II is devoted to building response capacity through developing plans and procedures, acquiring resources, training staff, and building relationships.

**Phase III** activities are devoted to achieving "response readiness". These activities include testing plans, participating in functional exercises, maintaining the skill set of trained staff, and formalizing relationships through written agreements.

The chart that follows provides an example of how this approach can be displayed. Users should feel free to adapt this approach to their circumstances, resources, time constraints, etc.

Please note that the page numbers for each work element corresponds to the page in the Template where this item is addressed. "EOP" refers to information that should also be recorded in the clinic's Emergency Operations Plan.

## PANDEMIC STRATEGIC PLANNING MATRIX

Planning Phase I	Planning Phase II	Planning Phase III
<b>TASK 1:</b> Integrate preparedness for pandemic into emergency preparedness activities and business continuity and disaster response plans. Use the Incident Command System to manage its response to pandemic illnesses.		
<ul style="list-style-type: none"> <li>Obtain buy-in from Executive Director, Medical Director, Safety Officer, and Director of Administration.</li> <li>Update staff, vendor, and emergency alert and contact lists and procedures. (p.16 &amp; EOP)</li> <li>Gather plans and other reference material from California Dept. of Health Services, Local Health Dept., federal HHS, and Centers for Disease Control. (p.4)</li> <li>Establish procedures for staff call-in during emergencies. (p.7 &amp; EOP)</li> <li>Form a planning committee or assign function to committee. (p. 4)</li> <li>Establish benchmarks for preparedness. (p.4)</li> </ul>	<ul style="list-style-type: none"> <li>Establish / train for Incident Command System (ICS). (EOP)</li> <li>Assign staff roles and responsibilities. (e.g., Medical Director, Planning Committee, HR Manager, Pandemic Illness Coordinator, PIO) (p.2-3)</li> <li>Continuity of Operations Planning (EOP, p.4)</li> <li>Establish Lines of Succession for key personnel (p. 5)</li> <li>Establish minimum staffing requirements for clinic operations (p.12)</li> <li>Establish criteria for closing, opening, and re-opening clinic (p.12)</li> <li>Establish pandemic HR policies and procedures. existing (p.7)</li> </ul>	<ul style="list-style-type: none"> <li>Update policies and procedures. D</li> <li>Complete high priority planning.</li> <li>Implement response plans during Pandemic Alert Period and Pandemic Period. (p.13 - 14)</li> </ul>
<b>TASK 2:</b> Strengthen coordination with Local Health Department to clarify expectations , define roles, and establish procedures for communications, resource sharing, and coordinated community-wide response.		
<ul style="list-style-type: none"> <li>Establish contact with Local Health Department (LHD ). (p.15)</li> <li>Exchange contact and reporting telephone numbers and procedures. (p.5)</li> </ul>	<ul style="list-style-type: none"> <li>Join LHD Pan Illnesses planning committee. (p.6)</li> <li>Determine respective roles of clinic and LHD. (p.5)</li> <li>Determine availability and application process for acquiring equipment, technical assistance, and other resources. (p.6)</li> <li>Define with LHD procedures for acquiring response resources. (p.6)</li> <li>Consider CAHAN for key clinic personnel. (p. 6)</li> <li>Ensure Pan Illness plan integrates clinic response with community response. (p.6-7)</li> <li>Participate in local communication and tabletop exercises. (p. 6)</li> </ul>	<ul style="list-style-type: none"> <li>Consider MOU with LHD. (p.5)</li> <li>If appropriate, develop plans for clinic distribution of vaccine, role in LHD surge plan, and other community response support roles.</li> <li>Participate in local functional exercises. (p.6)</li> <li>Implement response plans during Pandemic Alert Period and Pandemic Period. (p.13 - 14)</li> </ul>
<b>TASK 3:</b> Update infection control policies and procedures and ensure all staff receives training appropriate for their position to reduce patient, provider, and employee risk of infection.		
<ul style="list-style-type: none"> <li>Update Infection Control policies and procedures. (pp. 8-9)</li> <li>Orient clinical staff. (p.10)</li> </ul>	Develop policies and procedures to: <ul style="list-style-type: none"> <li>Establish separate waiting rooms and other isolation measures for symptomatic patients. (p. 8)</li> <li>Ensure all healthcare personnel use Standard and Droplet</li> </ul>	

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Planning Phase I	Planning Phase II	Planning Phase III
	Precautions including use of protective barriers and ensure their use. (p. 9) • Promote Respiratory Hygiene/Cough Etiquette. (p.8-9) • Ensure all staff is trained on procedures. (p. 10)	
<b>TASK 4:</b> Educate patients on the risks of influenza and steps they should take to avoid infection and reduce their risk of infecting others at the clinic and in their homes.		
• Acquire and distribute patient education information in appropriate language and at appropriate reading level on general pandemic illness precautions. (p.11)	• Develop plan for rapid information outreach to patients for pandemic illnesses. (p.13) • Establish role of providers in providing guidance to patients during pandemic illness outbreak. (p.11)	• Implement risk communication plans during Pandemic Alert Period and Pandemic Period. (p.14)
<b>TASK 5:</b> Develop, train on, and exercise response plans for triage and management of patients, acquiring and administering vaccine and antiviral drugs, and managing patient surge during a pandemic influenza outbreak.		
	• Develop plan for triage and management of patients during a pandemic. (p. 11) • Establish plan for education and training for all staff on response plans. (p. 11)	• Estimate number of patients and personnel who will require vaccine (p.12) • Develop surge plan including plans for stockpiling needed response resources. (p.12 - 13) • Develop vaccine and antiviral plan. (p. 12) • Implement response plans during Pandemic Alert Period and Pandemic Period. (p.13 - 14)
<b>TASK 6:</b> Develop a plan, policies and procedures that promote the health, safety, and well-being of clinic employees.		
• Provide information and encourage employees to develop home and family preparedness plans that address pandemic illness. (p.10) • Establish policy for seasonal vaccination of employees and compliance monitoring. (p. 8) • Establish policy to ensure increased risk staff is not exposed to influenza virus during pandemic. (p.8)	• Establish flexible HR policies that allow employees to care for family members and for administrative staff to work remotely during pandemic influenza. (p.7) • Ensure all staff with patient contact responsibilities understand signs of infection and take appropriate action. (p. 13)	• Implement response plans during Pandemic Alert Period and Pandemic Period. (p.13 - 14)

## APPENDIX B

### MEDICAL OFFICES AND CLINICS PANDEMIC PLANNING CHECKLIST

Planning for a pandemic 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 illness. 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 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](http://www.pandemicflu.gov).

This checklist identifies key areas for pandemic 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.

Com- pleted	In Progress	Not Started	1. Structure for planning and decision making.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pandemic illness has been incorporated into emergency management planning for the organization.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A planning committee <sup>4</sup> has been created to specifically address pandemic 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 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 <sup>5</sup> ) for questions/consultation on infection control measures to prevent transmission of pandemic illness has been identified. (Insert name, title, and contact information)	

<sup>4</sup> 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.

<sup>5</sup> Formal memorandum of understanding or contract may be needed if an outside consultant is used.

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Com- pleted	In Progress	Not Started	<b>2. Development of a written pandemic plan.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copies of relevant sections of the Department of Health and Human Services Pandemic Plan have been obtained from <a href="http://www.hhs.gov/pandemicflu/plan">www.hhs.gov/pandemicflu/plan</a> ; copies of available state pandemic plans also should be obtained. <input type="checkbox"/> A written plan has been completed or is in progress that includes the elements listed in #3 below. <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"/> The plan incorporates and compliments the community response plan.

Com- pleted	In Progress	Not Started	<b>3. Elements of an pandemic plan.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A plan is in place for surveillance and detection of pandemic in the population served.</b></p> <input type="checkbox"/> Responsibility has been assigned for monitoring public health advisories (federal and state) and informing members of the pandemic planning committee and/or the pandemic response coordinator when pandemic is in the United States and when it is nearing the geographic area (e.g., state and/or city). (For more information, see <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a> ) (Insert name, title and contact information) <input type="checkbox"/> A system has been created to monitor and review 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 pandemic illness-like symptoms) and among medical office or clinic staff. (For more information see <a href="http://www.cdc.gov/flu/professionals/diagnosis/">www.cdc.gov/flu/professionals/diagnosis/</a> (Monitoring for seasonal activity is performed to ensure that the monitoring system for pandemic illness 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) <input type="checkbox"/> A system is in place to report unusual cases of pandemic illness-like symptoms and to the local or state health department. (For more information see <a href="http://www.hhs.gov/pandemicflu/plan/sup1.html#outpat">www.hhs.gov/pandemicflu/plan/sup1.html#outpat</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup5.html#nov">www.hhs.gov/pandemicflu/plan/sup5.html#nov</a> ) <p><b>A communication plan has been developed.</b></p> <input type="checkbox"/> Key public health points of contact for pandemic illness have been identified and arrangements have been made for telephone, facsimile, or e-mail messaging. Local health department contact: (Insert name, title and contact information) State health department contact: (Insert name, title and contact information) <input type="checkbox"/> The office or clinic's point person for external communication has been assigned. (Insert name, title and contact information) <input type="checkbox"/> (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) <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)



Com- pleted	In Progress	Not Started	3. Elements of a pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The pandemic response coordinator has contacted local or regional pandemic 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 <a href="http://www.hhs.gov/pandemicflu/plan/part2.html#overview">www.hhs.gov/pandemicflu/plan/part2.html#overview</a> ) <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"/>	<b>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 illnesses.</b> <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. ( <a href="http://www.cdc.gov/flu/professionals/training/">http://www.cdc.gov/flu/professionals/training/</a> ) <input type="checkbox"/> Language and reading-level appropriate materials on pandemic illnesses (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 <a href="http://www.cdc.gov/flu/professionals/patiented.htm">www.cdc.gov/flu/professionals/patiented.htm</a> ) <input type="checkbox"/> Education and training includes information on infection control measures to prevent the spread of pandemic illness. <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Informational materials for patients on pandemic 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.</b> (For more information see <a href="http://www.cdc.gov/flu/professionals/patiented.htm">www.cdc.gov/flu/professionals/patiented.htm</a> ) <input type="checkbox"/> The roles of medical and nursing personnel in providing health care guidance for patients with pandemic illness have been established.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A plan for triage and management of patients during a pandemic has been developed.</b> <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"> <li>• Temporarily canceling non-essential medical visits (e.g., annual physicals).</li> <li>• Designating separate blocks of time for non-pandemic illness and pandemic illness-related patient care. Local plans and criteria for the disposition of patients following a medical evaluation (e.g., hospitalization, home health care services, and 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)</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic see <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a>)</b> <input type="checkbox"/> A specific waiting room location has been designated for patients with symptoms of pandemic illness 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.)

Com- pleted	In Progress	Not Started	3. Elements of a pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A plan for implementing Respiratory Hygiene/Cough Etiquette is in place. (For more information see <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm">www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm</a> ) <ul style="list-style-type: none"> <li>• Signage (language appropriate) directing patients and those accompanying them to notify reception personnel if they have symptoms of a pandemic illness has been developed or a source of signage (e.g., CDC website above) has been identified.</li> <li>• 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.</li> <li>• 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.</li> <li>• Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.</li> <li>• If patients with a pandemic illness will be evaluated in the same location as patients without pandemic illness-like symptoms, separate examination rooms have been designated for evaluation of patients with symptoms of pandemic illness.</li> <li>• A policy is in place that requires healthcare personnel to use Standard (<a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html">www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html</a>) and Droplet Precautions (i.e., mask for close contact) (<a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html">www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html</a>) with symptomatic patients.</li> <li>• The policy includes protection of reception and triage personnel at initial points of patient encounter.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A vaccine and antiviral use plan has been developed.</b></p> <input type="checkbox"/> Websites where current federal and/or state health department recommendations for the use and availability of pandemic vaccines and antiviral medications have been identified. (for more information see <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 vaccine or antiviral prophylaxis, based on HHS guidance for use, has been developed. ( <a href="http://www.dhhs.gov/nvpo/pandemicplan/annex6.pdf">www.dhhs.gov/nvpo/pandemicplan/annex6.pdf</a> ) (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"/>	<p><b>An occupational health plan has been developed and includes the following:</b></p> <input type="checkbox"/> A liberal/non-punitive sick leave policy for managing personnel who have symptoms of or documented pandemic illness. The policy considers: <ul style="list-style-type: none"> <li>• The handling of staff who become ill at work.</li> <li>• When personnel may return to work after recovering from pandemic illness.</li> <li>• When personnel who are symptomatic, but well enough to work, will be permitted to continue working.</li> <li>• Personnel who need to care for their ill family members.</li> </ul> <input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty and tested during a non-pandemic period.
			<input type="checkbox"/> Mental health and faith-based resources that are available to provide counseling to personnel during a pandemic.

Com- pleted	In Progress	Not Started	<b>3. Elements of an pandemic plan.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The management of personnel who are at increased risk for complications (e.g., pregnant women, immunocompromised health care workers) by placing them on administrative leave or altering their work location. <input type="checkbox"/> The ability to monitor seasonal vaccination of healthcare personnel. <input type="checkbox"/> The offer of annual vaccine to medical office or clinic personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Issues related to surge capacity (i.e., dealing with an influx of patients and staff and supply shortages) during a pandemic have been addressed.</b> (For more information see <a href="http://www.hhs.gov/pandemicflu/plan/sup3.html#surge">www.hhs.gov/pandemicflu/plan/sup3.html#surge</a>)</p> <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. ( <a href="http://www.pandemicflu.gov/planguide/checklist.html">www.pandemicflu.gov/planguide/checklist.html</a> ; <a href="http://www.pandemicflu.gov/planguide/familyhealthinfo.html">www.pandemicflu.gov/planguide/familyhealthinfo.html</a> ) <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 has reached the United States.

## APPENDIX C

### PANDEMIC - INTERNET RESOURCES

California Department of Health Services Pandemic Preparedness and Response Plan, 2006  
[www.dhs.ca.gov/ps/dcdc/izgroup/pdf/pandemic.pdf](http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/pandemic.pdf)

U.S. Department of Health and Human Services (DHHS) Pandemic Plan, 2006 [www.hhs.gov/pandemicflu/plan](http://www.hhs.gov/pandemicflu/plan)  
DHHS Pandemic Specific Business Continuity Checklist,  
<http://www.pandemicflu.gov/plan/tab4.html>

Medical Offices and Clinics Pandemic Planning Checklist, HHS/CDC  
[www.pandemicflu.gov/plan/pdf/medofficesclinics.pdf](http://www.pandemicflu.gov/plan/pdf/medofficesclinics.pdf)

New Zealand Pandemic Flu Planning Guide for Infrastructure Providers,  
<http://healthcareproviders.org.nz/publication/documents/v9PandemicPlanningGuide.doc>

Wisconsin Department of Health and Family Services,  
<http://dhfs.wisconsin.gov/communicable/Employer.htm>.

For information on **monitoring public health advisories**, see [www.cdc.gov/flu/weekly/fluactivity.htm](http://www.cdc.gov/flu/weekly/fluactivity.htm)

For information on **monitoring activity in patients cared for by clinical staff**, see  
[www.cdc.gov/flu/professionals/diagnosis/](http://www.cdc.gov/flu/professionals/diagnosis/)

For information on **reporting unusual cases to local or state health departments**, see  
[www.hhs.gov/pandemicflu/plan/sup1.html#outpat](http://www.hhs.gov/pandemicflu/plan/sup1.html#outpat) and [www.hhs.gov/pandemicflu/plan/sup5.html#nov](http://www.hhs.gov/pandemicflu/plan/sup5.html#nov).

For information on **state and local planning**, see [www.hhs.gov/pandemicflu/plan/part2.html#overview](http://www.hhs.gov/pandemicflu/plan/part2.html#overview).

For information on **opportunities for long-distance and local education programs**, see  
<http://www.cdc.gov/flu/professionals/training/>.

For information on obtaining **education materials for staff**, see  
[www.cdc.gov/flu/professionals/patiented.htm](http://www.cdc.gov/flu/professionals/patiented.htm).

For information on **infection control measures to prevent the spread of pandemic**, see  
[www.hhs.gov/pandemicflu/plan/sup4.html](http://www.hhs.gov/pandemicflu/plan/sup4.html).

For information on **patient education materials**, see [www.cdc.gov/flu/professionals/patiented.htm](http://www.cdc.gov/flu/professionals/patiented.htm).

For information on **infection control recommendations for pandemic** see  
[www.hhs.gov/pandemicflu/plan/sup4.html](http://www.hhs.gov/pandemicflu/plan/sup4.html).

For information on **implementing Respiratory Hygiene/Cough Etiquette**, see  
[www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.html](http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.html).

For information on use of **Standard** (see [www.cdc.gov/ncidod/dhgp/gl/isolationstandard.html](http://www.cdc.gov/ncidod/dhgp/gl/isolationstandard.html) and **Droplet Precautions** (i.e., mask for close contact) see [www.cdc.gov/ncidod/dhgp/gl/isolationdroplet.html](http://www.cdc.gov/ncidod/dhgp/gl/isolationdroplet.html) ) **with symptomatic patients**.

For information on the availability of **vaccines and antiviral medications**, see  
[www.hhs.gov/pandemicflu/plan/sup6.html](http://www.hhs.gov/pandemicflu/plan/sup6.html).

For information related to **surge capacity**, see [www.hhs.gov/pandemicflu/plan/sup3.html#surge](http://www.hhs.gov/pandemicflu/plan/sup3.html#surge).

For information on **family preparedness and community containment measures**, see  
[www.pandemicflu.gov/planguide/checklist.html](http://www.pandemicflu.gov/planguide/checklist.html); [www.pandemicflu.gov/planguide/familyhealthinfo.html](http://www.pandemicflu.gov/planguide/familyhealthinfo.html).

## APPENDIX D.1

### ACRONYMS AND ABBREVIATIONS

Acronym	Definition
BT	Bioterrorism
CAHAN	California Health Alert Network
CAUOSHA	California Occupational Safety and Health Administration
CCLHO	California Conference of Local Health Officers
CDC	Centers for Disease Control and Prevention
CDFA	California Department of Food and Agriculture
CDHS	California Department of Health Care Services
CDPH	California Department of Public Health
CERC	Crisis and Emergency Risk Communication
CHEAC	County Health Executives Association of California
CHHSA	California Health and Human Services Agency
CISP	California Surveillance Project
CMA	California Medical Association
CPIRP	CDHS Pandemic Influenza Response Plan
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operation Center
Epi-X	Epidemic Information Exchange
EWIDS	Early Warning Infectious Disease Surveillance
FEMA	Federal Emergency Management Agency
H&S	Health and Safety
HAN	Health Alert Network (Federal)
HCF	Healthcare Facility
HCW	Healthcare Worker
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HVAC	Heating, Ventilation, Air Conditioning
IC	Infection Control
ICS	Incident Command System
ILI	Influenza-like illness
IT	Information Technology
JEOC	Joint Emergency Operations Center
JIC	Joint Information Center
LCD	Licensing & Certification Division
LHD	Local health department
LHO	Local Health Officer
MAC	Multi-Agency Coordinating Group
MHOAC	Medical Health Operational Area Coordinator
MMM	Master Mutual Aid Agreement
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services

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<b>Acronym</b>	<b>Definition</b>
OHS	Office of Homeland Security
OSHPD	Office of Statewide Health Planning and Development
PI	Pandemic
PIO	Public Information Officer
PIWG	Pandemic Work Group
PPE	Personal Protective Equipment
PSA	Public Service Announcement
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operations Center
SEMS	Standardized Emergency Management System
SNS	Strategic National Stockpile
SOC	State Operations Center
VIS	Vaccine Information Statement
WHO	World Health Organization

## APPENDIX D.2

### GLOSSARY OF PANDEMIC TERMS

**antibiotic:** A substance produced by bacteria or fungi that destroys or prevents the growth of other bacteria and fungi.

**antibody:** A protein produced by the body's immune system in response to a foreign substance (antigen). Our bodies fight off an infection by producing antibodies. An antibody reacts specifically with the antigen that triggered its formation and its function is to inactivate the antigen.

**antigen:** Any foreign substance, usually a protein, that stimulates the body's immune system to produce antibodies. (The name antigen reflects its role in stimulating an immune response - antibody generating.)

**antiviral:** Drug that are used to prevent or cure a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell.

**asymptomatic:** Presenting no symptoms of disease.

**carrier:** A bearer and transmitter of an agent capable of causing infectious disease. An asymptomatic carrier shows no symptoms of carrying an infectious agent.

**CDC:** Centers for Disease Control and Prevention, the U.S. government agency at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. CDC is one of 13 major operating components of the Department of Health and Human Services.

**contagious:** A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

**epidemic:** A disease occurring suddenly in a community, region or country in numbers clearly in excess of normal. See **pandemic**.

**FDA:** U.S. Food and Drug Administration, the government agency responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. FDA is one of 13 major operating components of the Department of Health and Human Services.

**host:** An organism on or in which a parasite lives.

**immune system:** The cells, tissues and organs that help the body to resist infection and disease by producing antibodies and/or altered cells that inhibit the multiplication of the infectious agent.

**infectious agent:** Any organism, such as a pathogenic virus, parasite, or bacterium, that is capable of invading body tissues, multiplying, and causing disease.

**influenza:** A serious disease caused by viruses that infect the respiratory tract.

**isolate:** A pure strain that has been isolated as from diseased tissue, contaminated water, or the air.

**mutation:** Any alteration in a gene from its natural state. This change may be disease causing or a benign, normal variant. Specific mutations and evolution in viruses cannot be predicted, making it difficult if not impossible to know if or when a virus such as HSN1 might acquire the properties needed to spread easily among humans.

**NIAID:** National Institute of Allergy and Infectious Diseases conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. NIAID research has led to new therapies, vaccines, diagnostic tests, and other technologies that have improved the health of millions. NIAID is one of 13 major operating components of the Department of Health and Human Services.

**NVPO:** National Vaccine Program Office is responsible for coordinating and ensuring collaboration among the many federal agencies involved in vaccine and immunization activities. It is part of the Department of Health and Human Services.

**pandemic:** The worldwide outbreak of a disease in numbers clearly in excess of normal. See **epidemic**.

**parasite:** An organism living in, with, or on another organism.

**pathogenic:** Causing disease or capable of doing so.

**prophylactic:** A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).

**seasonal flu:** A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.

**USDA:** U.S. Department of Agriculture, the government agency responsible for regulating the safety and development of food, agriculture, and natural resources.



**vaccine:** A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

**virulent:** Highly lethal; causing severe illness or death.

**virus:** Any of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease. Viruses consist essentially of a core of RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

**WHO:** World Health Organization, an agency of the United Nations established in 1948 to further international cooperation in improving health conditions.

## APPENDIX E

### SUMMARY OF INFECTION CONTROL RECOMMENDATIONS FOR CARE OF PATIENTS WITH PANDEMIC

Component	Recommendations
<b>Standard Precautions</b>	See <a href="http://www.cdc.gov/ncidod/hip/ISOLAT/std_prec_excerpt.htm">www.cdc.gov/ncidod/hip/ISOLAT/std_prec_excerpt.htm</a> Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; and between patient contacts. Hand hygiene includes both hand washing with either plain or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams) that contain an emollient and do not require the use of water. If hands are visibly soiled or contaminated with respiratory secretions, they should be washed with soap (either non-antimicrobial or antimicrobial) and water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience.
<b>Hand hygiene</b>	
<b>Personal protective equipment (PPE)</b> <ul style="list-style-type: none"><li>• Gloves</li><li>• Gown</li><li>• Face/eye protection (e.g., surgical or procedure mask and goggles or a face shield)</li></ul>	<ul style="list-style-type: none"><li>• For touching blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes and non intact skin</li><li>• During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated</li><li>• During procedures and patient care activities likely to generate splash or spray of blood, body fluids, secretions, excretions</li></ul>
<b>Safe work practices</b>	Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other PPE that are not directly related to patient care (e.g., door knobs, keys, light switches).
<b>Patient resuscitation</b>	Avoid unnecessary mouth-to-mouth contact; use mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions.
<b>Soiled patient care equipment</b>	Handle in a manner that prevents transfer of microorganisms to oneself, others, and environmental surfaces; wear gloves if visibly contaminated; perform hand hygiene after handling equipment.
<b>Soiled linen and laundry</b>	Handle in a manner that prevents transfer of microorganisms to oneself, others, and to environmental surfaces; wear gloves (gown if necessary) when handling and transporting soiled linen and laundry; and perform hand hygiene.
<b>Needles and other sharps</b>	Use devices with safety features when available; do not recap, bend,

	break or hand-manipulate used needles; if recapping is necessary, use a one-handed scoop technique; place used sharps in a puncture-resistant container.
<b>Environmental cleaning and disinfection</b>	Use EPA-registered hospital detergent-disinfectant; follow standard facility procedures for cleaning and disinfection of environmental surfaces; emphasize cleaning/disinfection of frequently touched surfaces (e.g., bed rails, phones, lavatory surfaces).
<b>Disposal of solid waste</b>	Contain and dispose of solid waste (medical and non-medical) in accordance with facility procedures and/or local or state regulations; wear gloves when handling waste; wear gloves when handling waste containers; perform hand hygiene.
<b>Respiratory hygiene/cough etiquette</b>	
Source control measures for persons with symptoms of a respiratory infection; implement at first point of encounter (e.g., triage/reception areas) within a healthcare setting.	Cover the mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacles; perform hand hygiene after contact with respiratory secretions; wear a mask (procedure or surgical) if tolerated; sit or stand as far away as possible (more than 3 feet) from persons who are not ill.
<b>Droplet Precautions</b>	<a href="http://www.cdc.gov/ncidod/hip/ISOLAT/droplet_prec_excerpt.htm">www.cdc.gov/ncidod/hip/ISOLAT/droplet_prec_excerpt.htm</a>
	Place patients with in a private room or cohort with other patients with a pandemic illness.* Keep door closed or slightly ajar; maintain room assignments of patients in nursing homes and other residential settings; and apply droplet precautions to all persons in the room.
<b>Patient placement</b>	*During the early stages of a pandemic, infection with should be laboratory-confirmed, if possible. Personal protective equipment Wear a surgical or procedure mask for entry into patient room; wear other PPE as recommended for standard precautions.
<b>Patient transport</b>	Limit patient movement outside of room to medically necessary purposes; have patient wear a procedure or surgical mask when outside the room.
<b>Other</b>	Follow standard precautions and facility procedures for handling linen and laundry and dishes and eating utensils, and for cleaning/disinfection of environmental surfaces and patient care equipment, disposal of solid waste, and postmortem care.
<b>Aerosol-Generating Procedures</b>	During procedures that may generate small particles of respiratory secretions (e.g., endotracheal intubation, bronchoscopy, nebulizer treatment, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a fit-tested N95 respirator or other appropriate particulate respirator.

## APPENDIX E

### INFECTION CONTROL INFORMATION AND STRATEGIES FOR <Name of Clinic> WORKSITE AND EMPLOYEES

#### What are the Symptoms of Influenza? **Refer to CDC webpage for COVID-19**

Influenza is a highly contagious viral disease of the respiratory tract.

Influenza is characterized by rapid onset of respiratory and generalized signs and symptoms including: a high fever, headache, muscle aches and pains, fatigue, cough, sore throat, or a runny nose.

#### What is the Difference between and a Common Cold?

SYMPTOM		COMMON COLD
Fever	Usual, sudden onset >100°F and lasts 3-4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
Fatalities	Well recognized	Not reported
Prevention	vaccine; frequent hand- washing; cover your cough	Frequent hand-washing, cover your cough

#### How is Spread?

Influenza is spread from person to person in the respiratory droplets generated by coughs and sneezes. It can also be spread when a people come into contact with the respiratory droplets of another person by touching items on which droplets are present, and then touch their own eyes, mouth, or nose before washing their hands. The virus may enter through the eyes or more commonly through the nose or mouth, and into the throat and lungs where it begins to multiply. The time from first exposure to when symptoms begin is one to four days.

## Strategies for Increasing Social Distance in Non-Patient Care Interactions

The following recommendations will be transmitted to <Name of Clinic> managers and staff in writing and periodically reinforced. Managers will be responsible for monitoring <Name of Clinic> operations and staff behavior to promote compliance. While these recommendations are important, they should be balanced with the level of the threat and business needs of the clinic.

<Name of Clinic> managers and staff should in non-patient care interactions:

- Maintain a distance of at least one meter between persons wherever practical. Larger distances are more effective in avoiding transmission.
- Avoid visiting of, or other contact with, un-well people wherever practicable.
- Avoid meeting people face to face - use the telephone, video conferencing and the Internet to conduct business as much as possible - even when participants are in the same building.
- Avoid any unnecessary travel and cancel or postpone non-essential meetings / gatherings / workshops / training sessions.
- If possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace.
- Practice "ghost" shift changes wherever possible, with the shift going off duty leaving the workplace before the new shift enters. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.
- Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.
- Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunchroom are reduced.
- Do not congregate in areas where people socialize. Do what needs to be done and then leave the area.
- If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least three feet away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air.
- Set up systems where patients can request information via phone / email / fax and have order / information ready for fast pick-up or delivery.
- Encourage staff to avoid recreational or other leisure classes / meetings etc. where they might come into contact with infectious people.



# **SPECIAL DROPLET/CONTACT PRECAUTIONS**

**In Addition to Standard Precautions  
Only Essential Personnel Should Enter This Room All  
Healthcare Workers and Visitors Must:**



Clean hands when entering  
and leaving room



Wear face mask



Wear eye protection  
(face shield or goggles)



Gown and glove at door



When doing aerosolizing procedures fit tested  
N-95 with eye protection or higher required



**KEEP DOOR CLOSED**



Use patient dedicated or disposable equipment  
Clean and disinfect shared equipment

***Contact Infection Control prior to discontinuing Precautions***

# Special Droplet/Contact Precautions

## LIMIT VISITORS AND DOCUMENT ANYONE THAT HAS CONTACT WITH THE PATIENT AND NOTIFY EMPLOYEE HEALTH

**Display sign outside the door. At patient discharge and/or transfer, remove sign after room is terminally cleaned per clinic procedures.**

**For use with:** Respiratory viruses including COVID-19

### Equipment and Supplies:

- Only essential supplies in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

**Waste and Linen Management:** For COVID-19, follow local and state public health guidelines, for medical waste handling and bag any linen in the patient's room, follow clinic procedures.

**Room Cleaning:** Terminal cleaning procedures per clinic procedures.

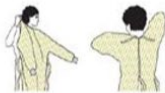
**Transport:** Essential transport only. Patient should remain in room except for medical necessity. Patient should wash their hands. Place patient in clean gown. Place surgical mask on patient. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

### Personal Protective Equipment:

Put **ON** in this order:

1. **WASH OR GEL HANDS (even if gloves used)**

2. Gown



3. Mask and eye cover



4. Gloves



Take **OFF** & dispose in this order:

1. Gown



2. Gloves



3. **WASH or GEL HANDS**

4. Mask and eye cover: Remove from earpiece or ties to discard - do not grab from front of mask.



5. **WASH or GEL HANDS (even if gloves used)**

SAMPLE SIGN

# INFLUENZA NOTIFICATION

is a contagious disease. There is currently an increase in the numbers of people in California with influenza. In order to reduce the spread of in **<Name of Clinic>**, the following is required of everybody:

## **DO NOT COME TO WORK** if you have:

- chills, shivering and a fever (temperature >100°F)
- onset of muscle aches and pains
- sore throat
- dry cough
- trouble breathing
- sneezing
- stuffy or runny nose
- tiredness

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

If you start to feel ill at work, **DO NOT** leave your work area

Contact Safety Officer (Ext\_\_\_\_)



## **Personal Hygiene**

Basic personal hygiene measures should be reinforced and people should be encouraged to practice them to minimize potential transmission:

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue);
- Immediately dispose of used tissues;
- Adopt good hand washing / hand hygiene practices, particularly after coughing, sneezing or using tissues; and
- Keep hands away from the mucous membranes of the eyes, mouth, and nose.

Ensure that adequate supplies of hand hygiene products are available. This is a high planning priority as there may be interruption to the supply or shortages of soap and hand towels.

Communicate hand and personal hygiene information to staff and visitors:

- Hygiene notices should be posted in all workplace entrances, washrooms, hand washing stations and public areas; and
- Use brochures, newsletters, global emails, employee notice boards, and information included with payslips, to inform your employees of the importance of hand hygiene and environmental cleaning during a pandemic.

Examples of notices can be found on the following pages. Another good source of notices and brochures is <http://dhfs.wisconsin.gov/communicable/ /Employer.htm>.

## **HAND HYGIENE**

### **The most important thing you can do to keep from getting sick is to wash your hands!**

Hand washing is the single most important measure to reduce the risks of transmitting infection from one person to another.

Hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash should be performed regularly. Hands should be thoroughly dried, preferably using disposable tissues or towels. Use the disposable towel to open the door.

Hand washing and drying should always be done after coughing, sneezing or handling used tissues or after touching objects, materials or hard surfaces that may have been contaminated by someone else with the infectious illness.

Hand-to-face contact such as can occur during eating, normal grooming, or smoking presents significant risks because of the potential for transmission of from surfaces contaminated with wet respiratory droplets. Hand washing should always be carried out before and after eating, grooming, smoking or any other activity that involves hand-to-face contact.

## **BASIC HYGIENE NOTICE**

### **PROTECTING YOURSELF AND OTHERS AGAINST RESPIRATORY ILLNESS**

#### **HANDWASHING IS THE MOST IMPORTANT THING YOU CAN DO TO PROTECT YOURSELF**

Cover your nose and mouth when coughing or sneezing

- o Use a tissue and dispose of this once used in the waste.
- o Always wash hands after coughing and sneezing or disposing of tissues.

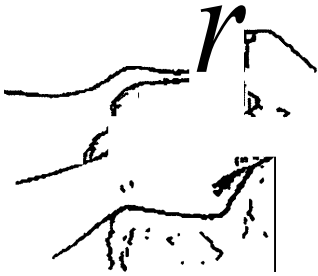




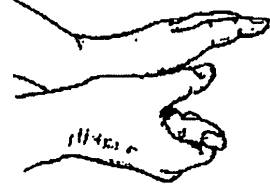
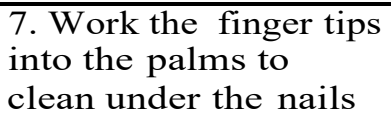
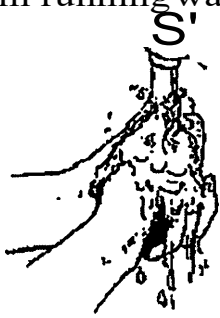

Keep your hands away from your mouth, nose and eyes.

Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until pandemic illness-like symptoms have resolved.






Avoid contact with people who have pandemic illness-like symptoms.

Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

## HAND HYGIENE NOTICES

Hand Hygiene with Soap and Water		
<p>1. Remove jewelry. Wet hands with warm water</p> 	<p>2. Add soap to palms</p> 	<p>3. Rub hands together to create a lather</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Clean knuckles, back of hands and fingers</p> 	<p>6. Clean the space between the thumb and index finger</p> 
<p>7. Work the finger tips into the palms to clean under the nails</p> 	<p>8. Rinse well under warm running water</p> 	<p>9. Dry with a single-use towel and then use towel to turn off the tap</p> 
<p>Minimum wash time 10-20 seconds.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Response Plan

Hand Hygiene with Alcohol-based Hand Sanitizer		
<b>1. Remove jewelry. Apply enough product to open palms.**</b> 	<b>2. Rub hands together palms to palms</b> 	<b>3. Rub in between and around fingers</b> 
<b>4. Cover all surfaces of the hands and fingers</b> 	<b>5. Rub backs of hands and fingers. Rub each thumb.</b> 	<b>6. Rub fingertips of each hand in opposite palm</b>
<b>7. Keep rubbing until hands are dry.</b> <b>**The volume required to be effective varies from product to product. Enough product to keep hands moist for <u>15 seconds</u> should be applied.</b> Do not use these products with water. Do not use paper towels to dry hands.		
<b>Note: Wash hands with soap and water if hands are visibly dirty or contaminated with blood or other body fluids. Certain manufacturers recommend washing hands with soap and water after 5-10 applications of gel.</b>		

Source: Vancouver Coastal Health's Regional Pandemic Response Plan

## **Workplace Cleaning**

During a pandemic, you will need to implement additional measures to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely but viruses may live up to two days on such surfaces.

Pandemic viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. Table 1 suggests the appropriate choice and concentration of disinfectants:

**Table 1 Workplace Cleaning Products**

<b>Disinfectants</b>	<b>Recommended use</b>	<b>Precautions</b>
<b>Sodium hypochlorite:</b>  1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.	Disinfection of material contaminated with blood and body fluids.	Should be used in well-ventilated areas.  Protective clothing required while handling and using undiluted bleach.  Do not mix with strong acids to avoid release of chlorine gas.  Corrosive to metals.
<b>Granular chlorine:</b>  E.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturer's instructions.	May be used in place of liquid bleach, if it is unavailable.	Same as above.
<b>Alcohol:</b>  E.g. Isopropyl 70%, ethyl alcohol 60%.	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.	Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation.  Keep away from heat sources, electrical equipment, flames, and hot surfaces.  Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.

Staff should be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water after use.

Remove all magazines / papers from waiting rooms and common areas (such as tearooms or kitchens).

When a person with suspected is identified and has left the workplace, it is important that their work area / office, along with any other known places they have been, are thoroughly cleaned and disinfected.

Among other things, planning should identify the basic hygiene practices (including hand hygiene) to be followed by cleaners, protocols for the use personal protection equipment (if recommended by CDHS); and methods for waste disposal.

### **Air Conditioning**

There is scientific and medical evidence that pandemic viruses can spread in inadequately ventilated internal spaces. All internal spaces should be well ventilated, preferably by fresh air via opening windows, or otherwise by properly designed and maintained air-conditioning systems.

As part of their workplace health and safety monitoring, employers should gain assurance from the owner of any air-conditioned building they occupy that air conditioning systems are maintained regularly and to the appropriate standard.