

**Health Update – Novel Influenza A H1N1 Planning for Medical Offices & Outpatient Facilities,
22 July, 2009**

Action requested: The true impact of novel H1N1 flu outbreaks in the coming months will not be known until it happens. Healthcare providers and facilities should be prepared for the possibility of a significant increased demand for services and that the fall outbreak may have greater impact than the outbreak in the spring, 2009. It is critical to assure that medical offices and other outpatient facilities (e.g., outpatient/ambulatory clinics, outpatient surgery centers, urgent care centers, physical therapy/rehabilitation offices or clinics) that provide healthcare services can manage an increased demand for services in the midst of a novel H1N1 influenza outbreak. Medical offices should take the following steps now to assure an optimal response for the likely recurrence of novel H1N1 this fall. This includes medical offices and clinics as well as offices that provide psychological, dental, podiatric, chiropractic, and other clinical services.

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

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

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

4. Protect your workplace by asking sick employees to stay home – Be sure to ask sick staff to stay home. All personnel should self monitor daily for signs and symptoms of febrile respiratory illness. Staff who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor. Be sure to align your sick leave policies so ill staff can stay home. See *What to Do If You Get Flu-Like Symptoms* at www.cdc.gov/h1n1flu/sick.htm for more information.

5. Plan for a surge of patients and increased demands for your services – Consider using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with flu at home (see *Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home* at www.cdc.gov/h1n1flu/guidance_homecare.htm). Consider extending your hours of operation to include telephone triage of patients during a community outbreak.

6. Care for patients with novel H1N1 flu in your facility – Make plans to screen patients for signs and symptoms of febrile respiratory illness at entry to the facility. If feasible, use separate waiting and exam rooms for possible novel H1N1 flu patients; plan to offer surgical masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), provide facial tissues, receptacles for their disposal, and provide hand hygiene products in waiting areas and examination rooms. For information on caring for patients see: *Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (H1N1) Virus Infection* at www.cdc.gov/h1n1flu/identifyingpatients.htm

7. Take steps to protect the health of your workforce during an outbreak of H1N1 – All healthcare personnel who come in close contact with patients who may have novel H1N1 flu should take appropriate infection control precautions for all patient care activities (*Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza* see www.osha.gov/Publications/exposure-risk-classification-factsheet.html). Public Health endorses WHO guidelines on infection control, see: http://www.who.int/csr/resources/publications/20090429_infection_control_en.pdf. CDC guidance is available at www.cdc.gov/h1n1flu/guidance/. Plan now to stockpile sufficient PPE for your staff (see *Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza* at www.osha.gov/dsg/guidance/stockpiling-facemasks-respirators.html).

8. Provide immunization against seasonal flu at no cost to your staff – In the fall there may be several influenza strains circulating at the same time. Although seasonal flu immunization will not provide protection against novel H1N1 influenza, annual influenza vaccination is recommended for health care professionals and will likely protect against seasonal influenza strains. See: *Influenza Vaccination of Health-Care Personnel* at www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm?s_cid=rr5502a1_e.

9. Make sure you know about the pandemic planning and response activities of local hospitals, outpatient facilities and Public Health – Medical offices, emergency rooms, urgent care centers and hospitals will likely have difficulty managing a large influx of patients during an outbreak; a coordinated response is important to manage surge and assure optimal patient care. Outpatient facilities and local hospitals should work together to plan appropriate triage and management strategies that will avoid unnecessary visits to emergency departments and utilization of other limited health care resources. Healthcare providers should develop a plan to manage your patients who do not need to seek emergency services. The *King County Healthcare Coalition* is one way to learn more about regional emergency planning activities. More information is available at www.kingcounty.gov/healthservices/health/preparedness/hccoalition.aspx.

10. Plan now so you will know where to turn to for reliable, up-to-date information in your local community – Be sure providers in your practice setting are subscribed to Public Health's information-exchange (INFO-X) listserv to get regular updates (email tiffany.acayan@kingcounty.gov with your name, medical specialty and practice location), and frequently check for current information from the *Public Health website* (www.kingcounty.gov/healthservices/health/communicable/providers.aspx). Staff in healthcare settings should monitor *CDC H1N1 Flu website* (www.cdc.gov/h1n1flu/) and Public Health's website (www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu.aspx) for the latest information.

For more information see the *Medical Offices and Clinics Pandemic Influenza Planning Checklist* at <http://pandemicflu.gov/plan/healthcare/medical.html>

Adapted from: CDC's 10 Steps You Can Take: Actions for Novel H1N1 Influenza Planning and Response for Medical Offices and Outpatient Facilities (see <http://www.cdc.gov/h1n1flu/>)