



HOSPITAL INFLUENZA PREPAREDNESS PLANNING GUIDELINES

The Greater New York Hospital Association (GNYHA) has developed the following guidelines to assist its member hospitals plan for the possibility of a large surge of influenza patients. Many of the guidelines are specific to planning for an influenza outbreak and a related surge of patients. However, many of the guidelines apply to a broad range of emergencies and events but can assist a facility in planning for and supporting its management of an influenza outbreak. By necessity, some of the sections overlap because some of the suggested review and planning activities should be undertaken with respect to a number of different areas. In addition, by design, the guidelines do not include detailed recommendations regarding infection control, patient screening and management, testing, or reporting, given that it is anticipated that public health authorities will provide tailored guidance if an outbreak should occur. Finally, GNYHA developed the guidelines by reviewing national, state, and local pandemic influenza guidelines; NYS Department of Health's Threat Alert Guidelines; GNYHA member hospitals' after action reports, improvement reports, and planning documents related to the H1N1 outbreak that began in April 2009; and GNYHA member discussions and debriefings regarding their experiences during the recent H1N1 outbreak. Hospitals located in New York State should also follow the NYS Department of Health's planning matrix that provides guidance for responding to a surge of pandemic patients.

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HOSPITAL INFLUENZA PREPAREDNESS PLANNING GUIDELINES

Recommendation	Action	Responsible Parties	Due Date	Status
EMERGENCY MANAGEMENT PROGRAM				
<p>Note: Many of the following guidelines fall into the category of basic emergency management planning guidelines. However, they are essential to the ability of a health care facility to prepare for and respond to an influenza outbreak and in particular to its ability to respond to and manage a surge of patients. For specific planning steps with respect to specific topics such as staffing, supplies, and surge capacity, please see related specific sections.</p>				
<p>1. Emergency Management Plans: Review the following plans and systems. In reviewing them: 1) ensure that they take into account the presentation and demands of an influenza outbreak and 2) ensure that they include triggers for their activation (e.g., circumstances, by whom, etc.)</p> <ul style="list-style-type: none"> – General emergency management plan; – Incident command system, including specific roles and job action sheets; – Plans for preparing for and responding to a mass patient event; – Plans for preparing for and responding to mass casualty events; and – Plans for preparing for and responding to influenza outbreaks. 				
<p>2. Staff Training on Plans: Undertake staff training and reinforce key aspects of the foregoing plans and systems, focusing on specific aspects related to managing an influenza outbreak, e.g., use of PPE, communications, infection control, and managing surges of patients and mass casualties. See separate sections on these specific issues. Include individuals who work evenings, nights, and weekends.</p>				
<p>3. ICS Principles: Review with staff basic incident command system principles and ensure that staff understand the organization's ICS system and their roles in the system.</p>				
<p>4. EOC Protocols: Review emergency operations center protocols, resources, and functions, particularly in the context of an influenza outbreak. Ensure that protocols include guidelines on the circumstances under which and by whom the EOC is to be activated. Ensure that appropriate staff understand the activation protocols.</p>				
<p>5. Reaching Staff Wherever Located: Ensure that staff wherever located, e.g., at off-site facilities, receive education regarding the foregoing plans and systems.</p>				

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EMERGENCY MANAGEMENT PROGRAM				
6. Departmental Plans: Review and update related departmental emergency management and other. Review, update, and reinforce influenza specific aspects of the plans with all shifts as well as medical staff.				
7. Influenza Specific Protocols: Develop and implement procedures for monitoring, identifying, and reporting symptoms and trends that may indicate suspected influenza. This activity should be undertaken in coordination with the organization's infection control program and local and/or state health departments and their requirements.				
8. Authorities for Reporting Purposes: Identify proper authorities, both internally and externally, to which suspected influenza cases and other required information should be reported, including contact information to be used during both business and non-business hours.				
9. Emergency Management Committee: Establish or add to an existing emergency management committee in order that it will comprise key staff who are capable of developing policy and protocols to respond to and manage the effects of a pandemic influenza in the community. Staff should include the directors of medicine, infectious disease, pharmacy, nursing, emergency department, social work, materials management, security, and emergency management.				
10. Training Regarding Reporting Obligations: Ensure that all appropriate staff are aware of the responsibility to report suspected influenza outbreaks or any unusual manifestations or clusters of illness.				
11. Visual Reinforcement of Influenza Specific Issues: Consider posting information in appropriate areas regarding possible symptoms, screening, infection control, and responses, reinforcing the importance of reporting certain symptoms or clusters and providing information on how to report such information internally and externally during business and non-business hours.				
12. Agency Emergency Contact Directory: Develop and continuously update a directory of contact information for key agencies and organizations that might be needed during an emergency. Ensure such directories are available in the emergency operations center, key departments, and other relevant locations.				

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EMERGENCY MANAGEMENT PROGRAM				
13. Develop Protocols for Contacting Agencies: Develop protocols for when, how, for what purposes, and by whom key agencies and organizations are contacted for assistance.				
14. Review MOUs with Affiliates/Partners: Review memoranda of understanding (MOUs) with affiliates and other partners to provide support or assistance during emergencies, e.g., to accept transfers of patients and to share supplies.				
15. Curtailing Admissions in General: Review plans for when the facility should limit admissions in general.				
16. Plans for Creating Surge Capacity: Develop plans for creating surge capacity within the facility. See sections on Staffing Availability, Education, and Needs; Equipment, Supplies, and Services; and Planning for Enhanced Surge Capacity.				
17. Plans for Curtailing Services: Identify services and activities that may need to be curtailed or cancelled during influenza outbreak.				
18. Plans for Canceling Admissions and Procedures: Review plan for canceling elective admissions and procedures, as needed.				
19. Plans for Moving Patients Internally: Develop policies for moving patients between units internally to ensure optimal use of resources.				
20. Plans for Discharging Patients: Review approach for reviewing acuity levels of patients in the event that transfer or discharge of patients becomes necessary.				
INTERNAL COMMUNICATIONS WITH STAFF				
Note: Internal communications with staff are important during any type of event. However, broad-based and regular communications are particularly key during an influenza outbreak in order to identify, contain, and manage such an event, particularly with respect to communicating and reinforcing strict compliance with recommended infection control measures and in order to ensure the protection and well-being of the workforce.				
1. Effective Mechanisms for Dissemination of Information: Review mechanisms for the prompt dissemination of key information to staff regarding the event. As part of this mechanism, consider development of mechanisms for reaching both full-time and voluntary members of the medical staff as well as workers in off-site locations, such as primary care centers.				

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INTERNAL COMMUNICATIONS WITH STAFF				
2. Importance of Regular Communications: Ensure system contemplates regular and clear communications with staff regarding the event, the organization’s response, including whether the organization’s emergency management plan and emergency operations center have been activated, and staff roles.				
3. Reinforcement of Security and ICS: Ensure there are systems to continuously reinforce security measures, basic incident command system structure, and key elements of facility’s plans as needed.				
4. Materials Outlining Plans: Consider developing, in advance, basic information about the organization’s incident command system, emergency management plan, emergency operations center, security measures, and specific symptoms and responses to an influenza outbreak that can be included in communications to staff during the event.				
5. Specific Responsibility for Developing Messages: Designate individuals or department with specific responsibility for developing messages for staff during the event, focusing on information needs of different staff groups and ensuring that information is readily available, succinct, targeted, and updated regularly.				
6. Regular Communication Regarding Influenza Specific Issues: Communicate regularly with staff with regard to infection control, worker protection, patient management, and reporting requirements.				
7. Mechanisms to Impart Information Quickly: Consider developing visual means to communicate information such as diagrams, signs, posters, and other mechanisms that can impart information quickly and broadly.				
8. Minimizing Overload of Information: Attempt to avoid too much information, particularly from diverse sources.				
EXTERNAL COMMUNICATIONS: MONITORING, EVALUATING, AND PARTICIPATING IN EXTERNAL INFORMATION AND SUPPORT SOURCES				
Note: The ability to monitor and successfully evaluate and participate in external information and support resources is critically important during an infectious disease outbreak in order to receive prompt information regarding patient screening, management, and recommended infection control measures as well as to obtain assistance for your own organization.				

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EXTERNAL COMMUNICATIONS: MONITORING, EVALUATING, AND PARTICIPATING IN EXTERNAL INFORMATION AND SUPPORT SOURCES				
1. External Alert and Advisory Systems: Identify all communication and alert systems, key outside agencies, and organizations from which the facility might require information and assistance in order to respond and manage successfully during an influenza outbreak.				
2. Understanding External Response Systems: Ensure that the facility understands, in general terms, the response plans and roles of those systems, agencies, and organizations.				
3. Linkage with Response Systems: Ensure that the facility understands and is part of the mechanism for obtaining information and assistance from those systems, agencies, or organizations, as appropriate.				
4. Designated Staff for Receiving Alerts: Designate individuals who should receive alerts and other advisories via facsimile, e-mail or other means from public health authorities, law enforcement and emergency management agencies, and relevant organizations and ensure that those individuals are listed in related communication directories and transmission lists.				
5. Updated Information in Communication Directories: In particular, review the facility's key staff contacts in the Communications Directory of NYSDOH's Health Provider Network, New York City's Health Alert Network, and other relevant state and local health alert networks. Add new contacts and update information as needed.				
6. Logon Rights for Systems as Required: Where special access rights might be required, ensure that all appropriate personnel are familiar with and secure logon rights to access resources available for informing providers regarding emergencies, alerts, and recommended actions (e.g., the NYSDOH Health Provider Network, the NYSDOH Health Emergency Response Data System or HERDS, and the NYC DOHMH Health Alert Network).				

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EXTERNAL COMMUNICATIONS: MONITORING, EVALUATING, AND PARTICIPATING IN EXTERNAL INFORMATION AND SUPPORT SOURCES				
7. Monitoring Alert Systems: Assign appropriate staff to monitor facsimiles, e-mails, or other communications from key external sources in order to identify alerts promptly at the outset of an event and during the course of the event. Ensure those staff members are trained to share relevant information with appropriate individuals or pursuant to appropriate systems internally.				
8. Credentialing Staff to Input Data: Credential and train sufficient numbers of individuals to input data and other requested information in HERDS or other similar data collection systems, ensuring that there are qualified individuals for all shifts, including weekends and nights.				
9. Testing Passwords: Request individuals with access to HERDS and other similar data and information systems to test their passwords and use the relevant systems regularly to ensure familiarity with them.				
10. Preparation for Data Requests: Consider what data elements are likely to be collected during an influenza outbreak and develop a plan for being able to readily collect those data. When possible, determine how those questions will be requested via HERDS or other data collection systems. Ensure that departments that will be called upon to provide data know those data elements in advance.				
11. Referrals of Requests to Public Affairs Office: Reinforce that requests for information from external services should be referred to the public affairs office.				
12. Development of Key Talking Points: Ensure that public affairs office is familiar with the facility's planning, plans, and key developments before and during an outbreak. Develop key talking points for communicating with the media and the public to ensure accurate and timely information.				
13. Development of Materials for Patients and Public: Develop materials that can be posted on the facility's Web site and distributed to patients, families, and visitors regarding influenza, how to prevent transmission, and recommended/available treatment. Include points on why certain types of care or testing might not be provided. Consider preparing visual alerts and other similar signage.				

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STAFF AVAILABILITY, EDUCATION, AND NEEDS				
<p>Note: Staff availability is one of the biggest challenges during an influenza outbreak due to surges of patients, staff illnesses and concerns, and other factors. As a result, anticipating alternate staffing plans, staff education, and staff needs are key to ensuring as many members of a facility's staff as possible are available.</p>				
1. Influenza Outbreak Staffing Plan: Develop plans that identify staffing needs and mechanisms for meeting those needs during the course of an influenza outbreak, taking into account the specific and special services that might be required during an outbreak, the types of patients that will be most affected, large surges of patients, and workforce shortages.				
2. Addressing Staffing Needs: Plans for meeting staffing needs should include consideration of adjusting shift schedules; curtailing time off; possible curtailment of other services and/or canceling elective admissions and procedures, thereby freeing up staff; and the possibility of curtailing non-patient care activities.				
3. Emergency Department Staffing Plan: Develop specific staffing plans for the emergency department in anticipation of surges of patients, including those with influenza, those with other emergent needs, and the worried well.				
4. Alternate Care Site Staffing Plan: Develop specific staffing plans for areas that might be established to accommodate surges of patients in the emergency department as well as outpatient and inpatient areas, anticipating that such areas might be in locations not typically used for such purposes.				
5. Central Support Staff: Consider staffing plans for critical support functions to maintain workforce during an outbreak.				
6. Inventory of Staff Skills: Develop and review inventory of staff skills and training in anticipation of possibility of moving staff to areas to which they are not normally assigned due to staff shortages or increased patient and administrative needs.				
7. Cross Train Staff: Cross train or develop materials to cross train staff regarding undertaking duties they are not normally assigned, including in areas established to accommodate surges of patients. Consider the need to cross train individuals to assist the infection control areas.				
8. Process for Credentialing Staff: Develop a process for credentialing staff, if needed, to undertake duties they are not normally assigned, including in areas established to accommodate surges of patients.				

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9. Credentialing in Advance: To the extent feasible, credential staff, if needed, in advance to undertake duties they are not normally assigned, including in areas established to accommodate surges of patients.				
10. Trainees and Students: Develop plans for engaging trainees and students and their related training needs.				
11. Education Regarding Staffing Plans: Educate staff regarding the foregoing plans, including the possibility that they might perform duties they might not normally perform and in locations in which they do not normally work.				
12. Education Regarding Influenza: Educate staff in advance of and continuously during an influenza outbreak regarding symptoms of suspected influenza, how they can protect themselves and their families, and what to do if they suspect they are ill.				
13. Education Regarding Infection Control: Educate staff in advance of and continuously during an influenza outbreak regarding the importance of strict adherence to recommended infection control measures. Ensure that all staff are included in the training, including registrars, housekeeping, engineering, and security personnel				
14. Education Regarding Vaccines and Antivirals: Educate staff in advance of and continuously during an influenza outbreak regarding the availability and impact of vaccines and antivirals, as applicable.				
15. Education Regarding Alternate Sites and Care: Educate staff regarding the facility's plan for delivering care in alternate sites or areas in the event that there is a surge of patients.				
16. Education Regarding Collecting Specimens: Educate appropriate staff regarding specimen collection and related processes.				
17. Reaching All Staff: In developing and providing education, consider how to reach staff that might not have access to computers or similar means to receive information. Consider using posters, briefings, memos, and hot-lines.				
18. Canceling Vacation: Educate staff regarding circumstances that might require cancelation of travel or vacation plans.				
19. Processes for Recalling Staff: Develop and review process for recalling, contacting, and/or providing information to staff, both employed and voluntary, during an influenza outbreak.				

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STAFF AVAILABILITY, EDUCATION, AND NEEDS				
20. Staff Contact Directory: Ensure there is a directory of contact information for staff, both employed and voluntary, that includes redundant means of communication with staff.				
21. Process for Updating Contact Information: Develop a process for continuously updating contact information for staff.				
22. Availability of Staff Contact Information: Make certain the directory is available to appropriate key staff at all times and in appropriate locations such as the emergency operations center.				
23. Employee Access: Educate employees on alternative routes for access to the facility in the event access is limited.				
24. Employee Transportation: Consider developing a plan for transporting staff from off-site areas to the facility.				
25. Addressing Staff Needs: Develop and review plans for addressing staff needs and concerns during periods that the organization's emergency plan is activated including staff concerns about families, rest cycles, food service, child care, and stress relief or debriefing.				
26. Community Services for Staff: Review community resources (e.g., hotel rooms) that might be needed to accommodate staff.				
27. Family Disaster Plans: Encourage staff to create and test family disaster plans that include an emergency communication plan and mechanisms for caring for family members while staff is at work.				
28. Staff From Other Facilities: Have a process for credentialing staff who come from other facilities, commensurate with requisite disaster privileging requirements and procedures.				
29. Pre-Credentialing Staff: Consider pre-credentialing staff who might come from other network or affiliated facilities or from partner facilities under memoranda of understanding.				
30. Volunteers in Support Positions: Identify tasks that volunteers can take over that may not require formal credentialing, such as assistance with phones.				
31. Medical Reserve Corps: Ensure facility understands outside volunteer services and corps, their credentials, and how to request assistance.				
32. Education of Volunteer Staff: Have in place a process for educating volunteer staff.				
33. Identification and Supervision of Volunteer Staff: Have in place a process for identifying and supervising volunteer staff.				

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STAFF AVAILABILITY, EDUCATION, AND NEEDS				
34. Employment Policies: Review employment and payment policies that might incentivize staff to work when ill and determine whether they need to be modified during an influenza outbreak.				
35. Public Information: To minimize confusion, consider having organization updates go through the public information officer or similar office.				
OCCUPATIONAL HEALTH AND INFECTION CONTROL				
Note: At all times, but particularly during an influenza outbreak, it is important to reinforce strict adherence to infection control recommendations in order to protect both patients and staff. Similarly, it is important to have considered policies and procedures for addressing staff who may become ill during an influenza outbreak.				
1. Training on Infection Control: Protect workers through continuous training regarding strict adherence to recommended infection control measures.				
2. Importance of PPE: Reinforce importance of proper use of PPE, including donning, wearing, and removing PPE.				
3. Protocols for Staff with Influenza-Like Illness: Develop protocols for screening and addressing staff with symptoms of influenza, including when to return to work.				
4. Instructions for Staff: Provide staff with instructions on what to do if they have an onset of influenza-like illness, both while at home and while on the job. Consider mechanisms for minimizing transmission once they are identified.				
5. Employment and Payment Policies: Review employment and payment policies that might incentivize staff to work when ill and determine whether they need to be modified during an influenza outbreak.				
6. Returning to Work: Develop a policy on when and how staff with influenza can return to work.				
7. Policy on High-Risk Employees: Develop policy for addressing staff at high risk for influenza complications and when to reassign them to low risk duties.				
8. Policy on Staff Staying Home: Develop a policy for workers who need to stay home to care for family members who are sick or who are affected by the closure of schools and care centers.				
9. Policy on Refusing to Work: Develop a policy for handling workers who refuse to work with influenza patients.				
10. Provision of Psychosocial Support: Provide psychosocial services to health care workers and families to sustain workforce.				

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OCCUPATIONAL HEALTH AND INFECTION CONTROL				
11. Plan for Administering Vaccines: Develop plans for rapidly administering vaccines to personnel, as appropriate, working with local and state departments of health. Anticipate the need for specific counseling, screening, tracking, and reporting requirements related to the vaccines.				
12. Estimates of Vaccine Needs: Develop estimates of quantities of vaccine needed for staff and patients.				
13. Prioritization Plans for Allocating Vaccines: Develop prioritization plans for administering vaccines during times of shortages or gradual distributions of supplies, in accordance with governmental programs and recommendations.				
14. Staff Outside of Facility: Develop a policy for documentation of vaccine administration of staff outside the facility.				
15. Plan for Administration of Antivirals: Develop a plan for providing antivirals to staff in accordance with supplies and governmental programs and recommendations.				
16. Education of Staff: Educate staff regarding the foregoing plans, and ensure that managers are familiar with the foregoing plans.				
COMMUNICATION SYSTEMS AND PROTOCOLS				
<p>Note: Well functioning communication systems during any emergency or event are critical. However, during an influenza outbreak, ensuring the ability to communicate up to date information regarding the course of the outbreak and to obtain assistance may be the key to minimizing transmission, ensuring effective patient care, and protecting a facility's workforce.</p>				
1. Review Vulnerabilities: Review communication system vulnerabilities. In reviewing vulnerabilities, consider disruptions in power and related disruptions in communication systems that might occur with movement of services and locations for delivering care. See section on Equipment, Supplies, and Services.				
2. Redundant Systems: Develop and clearly identify availability of redundant means of communications, including telephones, cell phones, data lines, two-way radios, etc. internally and for key staff.				
3. Extra Supplies: Consider maintaining extra supplies of cellular phones, two-way radios, or other means of communication for internal use.				
4. Staff Training: Ensure and test ability of appropriate staff to use redundant means of communications, e.g., radios. Instruct staff of circumstances under which they should carry with them certain forms of communications.				

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COMMUNICATION SYSTEMS AND PROTOCOLS				
5. Test Systems: Test key communication systems, including radios, pagers, and other redundant means of backup communication.				
6. Availability of Enhanced Services: Determine whether communication system or servicer can provide enhanced services or support during emergencies.				
7. Daily Radio Checks: If the facility is connected to an emergency radio system (e.g., New York City Office of Emergency Management), conduct daily check on the radio.				
EQUIPMENT, SUPPLIES, AND SERVICES				
<p>Note: The availability of well-functioning and necessary equipment, supplies, and services is critical for all aspects of health care operations but especially during an influenza outbreak when certain PPE, pharmaceuticals, and medical surgical supplies are important for treatment, infection control, and testing purposes.</p>				
1. Critical Supplies: Identify, inventory, and consider increasing inventory, to the extent feasible and appropriate, of specific critical assets and supplies required during an influenza outbreak, including personal protective equipment, pharmaceutical supplies, and laboratory tests and equipment. Consider fact that many patients may be pediatric patients.				
2. Basic Supplies: Identify, inventory, and consider increasing inventory, to the extent feasible and appropriate, of basic assets and supplies that may be required to care for a surge of patients during an influenza outbreak.				
3. Rotation of Supplies: Pending need, rotate critical assets and supplies, as appropriate, e.g., pharmacy supplies.				
4. Needs of Off-Site Locations or Alternative Sites: In undertaking the foregoing planning, consider needs of off-site locations as well as possible alternative sites and areas that may be established to care for a surge of patients.				
5. PPE Needs: With respect to personal protective equipment (PPE) that will be needed during an influenza outbreak, review recommendations from public health authorities to determine what PPE might be required. Identify locations of PPE available for this purpose and consider limiting access to such supplies to control their availability.				
6. Screening and Fit Testing: Undertake annual health screenings and fit testing for staff who will utilize PPE, according to recommended standards.				

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EQUIPMENT, SUPPLIES, AND SERVICES				
7. Emergency Contact Information: Develop a list of emergency contact information for key vendors, suppliers, and service companies.				
8. Emergency Procurement: Establish and review procedures for emergency procurement of supplies through vendors, suppliers, group purchasing organizations, network partners, and partners under memoranda of understanding.				
9. Governmental Assessments of Supply Needs and Availability: Ensure that facility is actively participating in local, state, and other systems for assessing supply needs and availability. See Section on External Communications and use of HERDS and other data gathering systems.				
10. Stockpiles: Understand contents of available emergency stockpiles and criteria and how to request those assets.				
11. Tracking Supplies: Develop a mechanism for tracking supplies and services throughout the facility that takes into account the possibility of rapid consumption of certain supplies and services and opening of alternate care sites.				
12. Isolation Rooms: Create inventory of available isolation and airborne infection isolation rooms and review procedure for maintaining and monitoring the rooms to ensure that airflow remains negative pressure.				
13. Influenza Areas/Units: Pre-identify rooms or units that could be used for caring for influenza patients, both on an inpatient and outpatient basis, and anticipate the equipment, supplies, and services needed for those areas, taking into account power and other needs and services.				
14. Conversion of Units: Anticipate conversion of units or areas for cohorting of infectious patients and the equipment, supplies, and services needed for those areas.				
15. Surge or Alternate Care Areas: Anticipate establishment of areas for addressing the needs of a surge of patients, both with influenza and with other presenting problems, and the equipment, supplies, and services that will be needed for those areas.				
16. Vendor and Service Agreements: Review agreements with vendors and service providers and understand when and how they will provide priority deliveries or service if requested, recognizing that in broad-based emergencies, supplies and services might not be available.				

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EQUIPMENT, SUPPLIES, AND SERVICES				
17. Laboratory Services: Review capabilities and resources available to provide key laboratory services. Arrange for contracted laboratory to provide specimen testing (to enhance facility's in-house capabilities in the event of a large volume of specimens), if needed.				
18. Emergency Power: Review procedures for using emergency generators. Ensure that appropriate personnel know how to hook up generator and where. Review what operations and areas are serviced by an emergency generator (and what operations and areas are not).				
19. Contingency Plans: Review operations and services that are not supported by an emergency generator and what contingency plans might be required for those services should power be disrupted, particularly in light of movement of services and locations for delivering care.				
20. Infrastructure Supplies: Review fuel and other critical infrastructure supplies				
21. Morgue Services: Review the facility's capacity for morgue services, including capacity for refrigeration and related supplies. Consider areas that could be used as temporary morgue space. Understand the region's plan for addressing mass casualties and morgue capabilities, including the development of temporary sites to accommodate morgue surge. Work with local and state authorities to expedite handling of victims.				
22. Allocation Plan: Develop a plan for allocating scarce equipment, supplies, and services. Take into consideration need to cohort patients or certain services in order to address supply and other shortages.				
SECURITY				
Note: Controlling access to a facility may become important for the purposes of maintaining infection control, managing a surge of patients or worried well, and protecting the safety of patients and staff. This may be particularly so during an outbreak, when there may be an increased demand for services, long waiting times for care, and disagreements with respect to the care and treatment available.				
1. Vulnerability Assessment: Undertake a security vulnerability assessment and review security procedures for all locations, considering potential need to limit access and control a surge of patients or worried well.				
2. Ability to Limit Access: Specifically review the facility's perimeter access and assess the ability to secure and limit access to the facility, if necessary.				

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SECURITY				
3. Limiting Access: Develop a plan on when and how to limit access if needed.				
4. Signage Needs: Identify process for preparing signs to inform staff and the public of limitations on access.				
5. Staff Identification: Educate staff (including during orientation for new staff) as to the importance of carrying identification badges at all times and as to the importance of other security procedures.				
6. Visitor Access: Review visitor policies and consider when and how visitation should be limited. For facilities without visitor pass systems, consider implementing such a system.				
7. Vendor Access: Review policies for, and consider when and how to restrict vendor access. Educate staff regarding checking vendor credentials and reporting unusual activity.				
8. Increased Security: When access has been limited, have security staff patrol inside and outside the facility. Provide increased security, as appropriate. Consider availability of contracted vendors to augment security.				
9. Coordination with Law Enforcement: Develop a mechanism for notifying local law enforcement agencies when access may be restricted and for requesting assistance when needed, recognizing that there might be broad demands on law enforcement agencies.				
10. Staff Education: Educate staff in advance on the possibility of the need to limit access. Instruct all staff to be on alert for suspicious or disruptive activity and to report it to appropriate parties.				
11. Emergency Department: Review security measures in emergency departments and consider the need to limit the number of areas of ingress and the number of visitors.				
12. Alternate Care Sites: Anticipate that the facility might establish alternate care sites and review the need for limiting access and security in those areas.				
13. Backup Capability: Confirm that security equipment vendors have backup capability.				
14. Influenza Supplies: Secure appropriate areas of the buildings, storage areas, equipment, and vehicles to prevent disruption and theft of supplies that may be in demand during an influenza outbreak.				

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SECURITY				
15. Non-essential construction: Consider the need for reducing or suspending non-essential construction or repair work.				
16. Crowd Direction: Consider training non-clinical staff to assist with crowd direction and control if needed.				
17. Lock-Down: Develop plans and protocols for locking down the facility, if necessary.				
PLANNING FOR ENHANCED SURGE CAPACITY				
Note: The foregoing sections cover many of the issues that might arise during an influenza outbreak and the related surge of patients. However, the following guidelines review and bring together the special surge capacity considerations that facilities should include in their planning activities.				
1. Plan for Prompt Screening and Isolation: Plan for the need to promptly screen and separate suspect influenza patients in emergency departments, outpatient areas, and inpatient areas.				
2. Minimizing Risk of Transmission: Develop a plan for triage, screening, treatment, and admission that minimizes risk of transmission to staff, visitors, and other patients.				
3. Pre-Screening at Entrance to ED: Consider whether to assign an appropriate individual to pre-screen individuals at the door of the emergency department to determine whether the patient is presenting with influenza-like illness or has concerns about influenza.				
4. Separate Triage and Waiting Areas: Establish separate triage and waiting areas in the emergency department for individuals with influenza-like illness.				
5. Plans for Pediatric Patients: Consider tailored staffing model for rapid triage, screening, and treatment of patients, taking into consideration the possibility that many patients may be pediatric patients.				
6. Training for Staff: Educate staff regarding the facility's plan and when to employ rapid triage techniques.				
7. Patient Support in Waiting Areas: If waiting times are lengthy, designate staff to support patients waiting in emergency department, including reinforcement of infection control measures.				
8. Strict Adherence to Infection Control Measures: Develop plans for rapid and continuous training and enforcement with regard to strict adherence to recommended infection control measures.				

HOSPITAL INFLUENZA PREPAREDNESS PLANNING GUIDELINES

Recommendation	Action	Responsible Parties	Due Date	Status
PLANNING FOR ENHANCED SURGE CAPACITY				
9. Plan for Increasing ED Staff: Develop plan for increasing staffing in the emergency department to address increased demand. See section on Staff Availability, Education, and Needs.				
10. Staffing Plans: As situation progresses, constantly review overall staffing needs in accordance with guidelines set forth in section on Staffing Availability, Education, and Needs.				
11. Plan for Increased Supply Needs: Develop plan for addressing increased supply needs related to caring for influenza patients. See Section on Equipment, Supplies, and Services.				
12. Monitor ED Capacity: Monitor ability to triage, screen, and treat in the emergency department by evaluating number of visits attributable to influenza, number of visits requiring hospitalization, capacity of emergency department, resources of the facility, ambulance re-routing.				
13. Plans for Completing Screening and Treatment Outside ED: Develop plans for completing screening and treatment in areas outside of the emergency department in the event that emergency department capacity and capabilities are threatened.				
14. Alternate Care Site Plans: Plans for alternate care sites should include specific areas to be used, staffing, supplies, and services required by that location as well as mechanisms for creating patient records, logs, and other emergency department and patient care requirements.				
15. Plans for Surge of Inpatients: Develop plans for how and where the facility would accommodate a surge of inpatients, and in particular influenza patients. Considerations might include cohorting patients, opening closed units, using ambulatory areas, discharging/transferring patients, closing non-essential services, creating designated isolation space, and use of non-patient care space.				
16. Plans for Addressing Essential Medical Services: In the event of an overwhelming surge of patients to the facility, consider how to address essential medical services other than influenza patients.				
17. Surge Capacity Team: Establish a surge capacity team that evaluates patient care needs and identifies beds, staffing, and services needed to accommodate those needs.				

HOSPITAL INFLUENZA PREPAREDNESS PLANNING GUIDELINES

Recommendation	Action	Responsible Parties	Due Date	Status
PLANNING FOR ENHANCED SURGE CAPACITY				
18. Medical Records Impact: Anticipate the possibility that there will be different approaches to maintaining patient records in the alternate care or surge space.				
19. Signage Needs: Develop signage that can direct and instruct patients, families, and visitors on the triage, screening, and treatment process. Ensure that signage is translated into key languages.				
20. Plans for Curtailing Services and Canceling Admissions: Develop plans for when to cancel elective admissions and procedures as well as when to curtail non-essential services.				
21. Plans for Rapid Discharges: Develop plans for implementing rapid discharge of patients.				
22. System for Addressing Legal and Ethical Issues: Develop a system for addressing clinical, ethical, and other issues raised by the need to allocate care and services.				
23. Admission Criteria: Consider need to limit admissions to only individuals with severe complications or those unable to be cared for at home.				
24. Tracking Systems: Ensure that systems for tracking patients or other aspects of record keeping take into account patients placed in non-traditional locations.				
25. Communication with Staff in Alternate Care Locations: Develop plans for ensuring that systems for educating, alerting, and communicating with staff and patients will extend to staff and patients in non-traditional areas.				
26. Plans for Assignment of Patients: Develop a plan for assigning patients based on symptoms, precautions, and space.				
27. Plan for Extending Outpatient Hours: Consider need to extend hours in outpatient areas and clinics.				