California Primary Care ASSOCIATION

Community Clinic and Health Center

Pandemic Operations Plan Template

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Community Clinic and Health Center Pandemic Operations Plan Template

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Signature Page

Community Clinic and Health Center Pandemic Operations Plan

The following signatories have agreed to the terms and conditions of this Pandemic Operations Plan, which is subject to revision [annually] or more frequently as needed.

CEO/Executive Director	Date
[Clinic Emergency Preparedness Coordinator]	Date
[Add others as applicable]	Date

Certification of Review



This Pandemic Operations Plan should be reviewed [annually], or more frequently as needed. (Insert name of individual or group responsible for review) has reviewed this Plan as certified by the (Insert name of facility) Chief Executive Officer/Executive Director below.

DATE	SIGNATURE



Record of Changes

CHANGE #	DATE OF CHANGED	PAGE(S) CHANGED	CHANGED BY



Distribution List

The following individuals, departments and/or agencies have received a copy of this plan.

# OF COPIES	ORGANIZATION/DEPT	INDIVDUAL RECEIVING	DATE



Community Clinic and Health Center Pandemic Operations Plan

Introduction

Purpose, Scope and Assumptions

The purpose of this [insert facility name] Pandemic Operations Plan is to provide specific details and protocols for activation during a pandemic, to supplement the Emergency Operations Plan (EOP) with information that may be applied to an influenza pandemic, an emerging infectious disease outbreak, or other large-scale public health emergencies.

The plan is organized according to the World Health Organization's (WHO) pandemic phases, which are summarized in the 'Background' section of this plan. This plan also builds off of guidance from the Centers for Disease Control and Prevention (CDC), the Centers for Medicaid and Medicare Services (CMS), and other statewide primary care associations and groups.

This plan aims to define key planning assumptions, outline the roles and responsibilities of [insert facility name] during a pandemic, list specific actions based on federal and state guidance, and provide resources for further review during a pandemic. This plan addresses broad guidance for any large-scale infectious disease outbreak, and as such, during a pandemic or outbreak, [insert facility name] will use this plan to create a more specific action plan tailored to the characteristics of the disease in question.

The following is a list of general planning assumptions I related to Pandemic Planning and Response for [insert facility name]:

- Efficient and sustained person-to-person transmission of an infectious disease may signal an imminent pandemic
- Susceptibility to the pandemic virus may be universal
- The disease attack rate will vary, as will the size and type of "susceptible population groups" depending on the nature of the disease
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who become ill sought care. With the availability of effective treatment, this proportion may be higher
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios
- Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions

² Source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)



¹ Based on those provided in the FEMA Pandemic Influenza Continuity of Operations Annex Template.

- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection, may reach 40 percent during the peak weeks of a community outbreak, with lower rates before and after the peak. Certain public health measures (e.g., stay-at-home orders) are likely to increase rates of absenteeism
- Travel restrictions, such as limitations on mass transit implemented at the Federal, State, tribal, territorial, and local levels, may affect the ability of some staff to report to work
- In order to continue essential functions and operations, human interactions may be conducted remotely or virtually, utilizing teleworking or other approved social distancing protocols where applicable
- [Insert other assumptions as needed]

Plan Review and Update

A [multidisciplinary committee / planning team] has been assigned to review and update this plan [annually], and to develop policies to support implementation where needed. This [committee / planning team] will coordinate with [insert local health department] and the local healthcare coalition to establish protocols for communication, patient movement, resource sharing, and medical surge planning. All updates and changes will be documented in the Record of Changes table in the beginning of this plan. After any real-world activation or event that requires the use of this plan, [committee / planning team] will produce an After Action Report (AAR) and identify corrective actions and plan updates to improve response protocols.

Training and Exercises

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. [Insert facility name] will conduct [annual] training and exercise to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. This plan will be incorporated into [Insert facility name's] training and exercise plan to ensure employees are aware of their responsibilities and areas for improvement are continuously identified and addressed.



Background



[Insert a summary here of the facility's patient population, and any relevant characteristics that may be pertinent during an infectious disease outbreak, e.g., demographics, insurance status, high-risk behavior, etc.]

If a virus or disease is identified as having pandemic potential, [insert facility name] will need to convene a planning team or committee to accomplish the following:

- Assess the potential impact of the outbreak on the facility's staff and services
- Project the potential financial implications of a wide-spread pandemic
- Identify key employees and positions for which backup is needed
- Analyze the patient population for high-risk characteristics
- Prepare facilities with resources, equipment, and alternative planning
- Examine vendors and supply chain impacts
- Prepare a communications plan for staff and for patients and families
- Education employees on how to protect themselves and their families, as well as staff resources, benefits, leave programs, and healthcare resources
- Monitor the situation, and implement this plan if a pandemic begins

[Insert a summary here of high-risk or high likelihood disease outbreaks. This could be based on previous outbreaks in your community, vaccination status of your patient population, and/or recent worldwide outbreaks and pandemics.]

Examples: Influenza, Measles, Coronavirus, Ebola, Zika, SARS, MERS, HIV/AIDS

Tip: If your facility has an existing Hazard Vulnerability Assessment (HVA), which it should for CMS EP Rule Risk Assessment Requirements, use the HVA to pull information about high-risk pandemic situations for your facility.



Pandemic Phases Summary Figure 1: WHO Continuum of Pandemic Phases



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

The figure above shows the World Health Organization's "Continuum of Pandemic Phases," displayed as a distribution curve of the hypothetical global average of pandemic cases over time based on a continued pandemic risk assessment.

From left to right, the curve shows the increase and decrease of the global average of pandemic cases across four phases of the pandemic continuum. The four phases include "interpandemic," "alert," "pandemic," and "transition." The phases in the continuum also overlap with the stages of the pandemic risk assessment.

From left to right, the three stages of the risk assessment include "preparedness," "response," and "recovery." Starting at the far left of the continuum, the global average number of cases are lowest during the "interpandemic" phase, which is during the "preparedness" risk assessment stage. The global average number of cases greatly increase through the "alert" and "pandemic" phases, with the greatest global average of cases occurring in the "pandemic" phase. These two phases overlap with the "response" stage of the risk assessment.

The global average of cases greatly decreases moving into the "transition" phase, which overlaps with the "recovery" stage of the risk assessment. The figure shows a slight increase of the global average of cases during the "transition" phase, indicating a possible second wave of pandemic cases. The global average of cases decreases until it levels out to the original global average of cases, returning to the "interpandemic" phase, which overlaps with the "preparedness" risk assessment stage2.

The following table represents recommended considerations and steps for [insert facility name] depending on the phase of the pandemic.

² Source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)



Table 1: Considerations by Pandemic Phase3
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Phase	Actions
Interpandemic / Pre-Pandemic Period When moderate to high potential for a pandemic exists	 Encourage employees to have personal emergency plans in place such as day-care arrangements and family communications Establish and maintain key personnel emergency notification list Conduct Continuity of Operations Planning for a potential pandemic Ensure Pandemic Plan and EOP are up-to-date Develop security plans for buildings, including ingress/egress control Plan for surge capacity, including accommodating patients in non-traditional areas on-site and off-site Refresh stockpiles of Personal Protective Equipment and create contingencies for when supplies run low Formulate regional plans for capacity with local healthcare coalition and local health department Emphasize good infection control practices Encourage annual influenza vaccination for all staff Determine options for telephone screening Provide pandemic education to employees and fit-test personnel for N95 or other appropriate equipment
	Promote "Cover your Cough" campaign
Alert Phase / Pandemic has begun No cases yet in California	 In addition to the previous actions, add the following: Consider cancelling or denying all employee travel / leave Conduct education with staff about protections, expectations, sick leave policies, etc. Activate a committee to determine when and how to alter services provided (e.g., canceling elective procedures) Track financial impacts (direct and indirect) and document them as well as any actions taken for later reimbursement or billing use Coordinate messaging with local partners (joint messaging) Consider activating Command Center(s) and initiating daily action planning cycle and information updates with local partners Screen patients and visitors prior to building entry; assign infectious or suspect cases to appropriate care areas with appropriate PPE Separate suspect cases and provide masks to all suspect cases Post signage regarding respiratory hygiene Enforce PPE for staff, especially when treating suspect cases Monitor state and local public health department website for guidance, case definitions, and protocols Review elective procedures and cancel if patient recovery may be impacted by pandemic Assess supplies and vendor inventory; place orders as needed

³ Based on Pandemic Incident Command Considerations for Healthcare Facilities by Event Stage (Minnesota Department of Health)



Phase	Actions
	 Provide prescriptions; encourage patients to have 90 days of usual prescription medications on hand
Pandemic Phase Sporadic community cases have been confirmed throughout California but are few in number	 In addition to the previous actions, add the following: Convene a committee to determine on a daily basis if any modifications in facility services are needed Conduct appropriate case-finding, contact tracing, and reporting Open auxiliary clinical care areas if needed Begin limiting non-urgent surgeries and procedures Implement access control and institute visitor and family member policies Determine whether or not to expand outpatient operations Communicate on a daily basis with local healthcare coalition partners as needed Conduct employee and public education campaigns, update daily Isolate cases Determine whether staff should wear PPE for all patient encounters in addition to suspect cases
Pandemic Phase Widespread cases in the community	 In addition to the previous actions, add the following: Convene a committee to cope with the demand for resources on a daily basis Appoint a triage team if needed (if multiple cases are presenting to the facility) Update employees, patients, and staff daily on what services the facility is offering and what to do if they feel sick Fully activate the Command Center with action-planning cycles for each operational period Mask all patients and visitors presenting to the facility Staff wear PPE continuously to prevent exposure Triage use of resources as required Begin to plan for potential triggers to signal movement to the Transition Phase
Pandemic Phase Overwhelming number of cases beyond capacity of the healthcare system	 In addition to the previous actions, add the following: Convene a committee to make daily decisions about which services (if any) can be maintained Work with the local healthcare coalition and local public health department to determine what alternate care sites / mobile field hospital resources are available and direct patients accordingly
Transition Phase Number of cases receding Possible second	 Convene a committee to create a Transition Plan with various stages for returning to normal operations (staggered, not all at once) including transitioning remote workers back to on-site operations, maintaining social distancing and PPE to limit exposure, and continued vigilance for monitoring suspect cases Work with the local healthcare coalition and local health



Phase	Actions
waves	 department on recommendations for transitioning out of response operations Update employees, staff, and patients on the transition plan and relevant stages Slowly re-introduce non-elective surgeries and procedures as appropriate Continue to ensure adequate supplies of PPE and other resources Enhance tracing and monitoring of suspect cases to watch for potential new cases and/or second "waves" Monitor state and local public health department website for
	guidance, case definitions, and protocols



Operational Continuity

Objectives

In order to serve both existing and new patients it is necessary that the [insert facility name] continues to operate and maintain the capability to provide essential medical services during a widespread pandemic. This section of the plan identifies actions and policies necessary to assure continued operations, once a pandemic is already underway.

Orders of Succession/Delegation of Authority

It is assumed that some staff will not be available for work due to quarantine following exposure or positive testing; need to care for an ill household member; childcare responsibilities; or actual illness. Continued functioning of [insert facility name] requires that transfer of responsibilities in such situations be seamless and determined in advance. Table 2 below identifies key positions, the orders of succession for each essential position, and any limitations of delegated authority in those situations where the person assuming

Tip: If your facility has an existing Continuity of Operations Plan (COOP), use that document to determine modified orders of succession in the table below. If not, consider referencing the CPCA Continuity of Operations Plan Template.

responsibility for a particular function may not possess required skills and/or certifications to perform all functions of the position being assumed.



Identify the key positions required to maintain operations and the persons, by position title who would perform the functions if the person normally filling the position is unavailable, and any limitations of delegation, in the table below.

Position (Title)	Order of Succession	Delegated Authority
(Example) Director	 Deputy Director Finance Manager 	I. All
Director	2. Finance Manager	2. All non-medical functions

Table 2. Orders of Success / Delegation of Authority

Those persons holding positions identified in Table 2 may assume vacant responsibility on their own authority. If none of the positions identified above are available, the highest-ranking staff member on site has the authority to appoint someone to fill vacant positions and to proscribe any limitations in the delegated authority.



Essential Business Functions

During a pandemic, resources will be limited and demand for services will expand. It is necessary to identify and prioritize the business functions necessary for continued operations. Business functions are listed in three categories:

- Essential Functions those absolutely essential for facility operations
- Critical Functions very important functions, but not essential for basic operations
- Other other important functions

[insert name of facility] must have the capability of all "Essential" business functions in order to operate. "Critical" and "Other" business functions are listed in descending order of priority and will be performed as time and resources permit.



Review the business (i.e., non-clinical) functions and list in the table below in the appropriate category.

Table 3. Essential Business Functions

Essential	Critical	Other
[list here]	[list in descending order of priority, with highest priority listed first]	[list in descending order of priority with highest priority listed first]

Workforce Protection

[insert name of facility] cannot carry out its healthcare mission without a healthy workforce; therefore, worker health must be a primary concern during a pandemic. Worker health concerns extend beyond staff with patient contact to all workers whose jobs enable the facility to operate, and who support clinical staff. Protecting the workforce requires a three-pronged approach:

- All workers must receive **training** in procedures and equipment to protect themselves and their co-workers from infection.
- All workers must be provided with **personal protective equipment** (PPE) appropriate to their job duties.
- Procedures and policies must be developed and practiced that minimize the chance of worker exposure.

Training

During the interval between knowledge of a pending pandemic and affected patients presenting for treatment, all staff will receive training in procedures and best practices for social distancing, infection control, proper procedures for PPE, and other precautions to avoid infection. These procedures are detailed in the Patient Care Operations Section. Training should be supplemented with installation of signage at key locations reminding staff of appropriate procedures and cautions.



[insert name of responsible position or unit] is responsible for identifying training needed for each position and ensuring that all staff receive appropriate training, and signage is posted.

Personal Protective Equipment

All staff will be furnished with personal protective equipment appropriate to their position. Staff providing direct medical care to patients should be provided with standard precautions for all patients, plus droplet precautions for patients with symptoms of the disease of concern when there is potential for a pandemic. [Insert position or title] will be responsible for keeping track of information updates from the CDC and/or the local public health department regarding PPE levels that are appropriate for staff, based on the nature of the disease. More about PPE recommendations is available within the Patient Care section of this plan.

Procedures

Recognizing that a pandemic will likely result in increased demands for services, and additional patients seeking treatment and/or testing, enhanced procedures will need to be in place to protect the workforce from potential infection from patients, visitors, and coworkers. During a pandemic, local, state, and federal public health agencies will likely release detailed guidance on how to adjust procedures and policies to minimize exposure. [Insert position or title] will be responsible for reviewing local guidance on a daily basis during a pandemic to ensure recommended policies and procedures are put in place as needed, and remain flexible.



Review existing procedures and determine how they should be enhanced as well as new procedures that should be put in place. Areas to review include but are not limited to:

- Establishing social distancing in waiting areas
- Limiting the number of persons allowed in the facility at one time
- Creating patient flow patterns that minimize contact with staff and other patients
- Appointment procedures
- Procedures for walk-ins
- Procedures for handling potentially hazardous waste from waiting areas as well as treatment areas
- Procedures for safe handling of incoming supplies and deliveries
- Enhanced infection control procedures for all workspaces
- Requirements for PPE, temperature checks, etc.
- Facility and worker security

Telemedicine

Several major impacts can be anticipated during a severe outbreak that could affect the operations of healthcare facilities. These include surges in patients seeking care, the potential for workforce absenteeism for personal or family illness, and effects from community mitigation approaches such as school closures. [Insert facility name] will likely need to adjust the way we triage, assess, and care for patients by using methods that do not rely on face-to-face care.



Facilities can reduce exposure of staff to ill persons and minimize surge by shifting practices to triaging and assessing ill patients remotely using nurse advice lines, provider "visits" by telephone, text monitoring systems, video conferences, or other telehealth and telemedicine methods.



[Insert a summary here of the facility's telemedicine methods and systems which may already be in place for nurse hotlines or after hours care, and which could be adjusted for pandemic operations.]

Modified Services and Operating Hours

In order to continue to provide ongoing care to [insert name of facility] for the most urgent medical needs of our existing patients and to have the capacity to respond to the pandemic, the facility will modify the range of services provided and hours of operation.

Hours of Operation

[list potential procedures or options to reduce weekday, weekend, and holiday operating hours. Also note if certain hours of operation will be for selected clientele such as seniors or pregnant patients, or if only certain services will be provided during specified time periods.]

Services to be Provided



[In this section list the services that will be provided and/or services that will not be provided if different from the normal menu of services]

Patient and Staff Notifications

Existing patients will be notified of changes in hours of operation and services provided via email if available or alternatively by text if no email address is on file. Patients will be notified in the following order:

- Patients with upcoming scheduled appointments
- Patients with previous visits in the last 6 months
- Patients with visits in previous 6 months to two years

Staff will be notified via email, and at their next scheduled shift.



[Insert any other notification technologies or procedures as appropriate and in accordance with the EOP]



Virtual / Telephone Procedures

In order to ensure that symptomatic patients are given priority for appointments and to prevent overcrowding in waiting areas, telephone reception staff will conduct an initial triage on patients calling for appointments. Depending upon the results of this initial triage callers may be transferred to a nurse for additional evaluation or scheduled for an appointment. Triage evaluation forms for telephone reception staff and nurses are shown in the Appendices.

Essential Records, Documentation and Reporting

Once a pandemic has been declared by WHO or upon notification by [insert name of local public health department] the [position title of facility person responsible] will coordinate procedures for maintenance of essential records, documentation and reporting requirements with [insert name of local public health department].

Maintenance of Essential Records

Normal recordkeeping procedures may be inadequate during pandemic response. [Insert title or responsible person or unit] will identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions that are needed to ensure continuation of operations during a pandemic outbreak. This includes ensuring that key documents and files are accessible to those working from remote locations.

Documentation

Documentation will consist of 1) statistics on services provided; 2) patient information; and 3) information required to support requests for reimbursement under the FEMA Public Assistance Program. Documentation of clinical statistics will be a prescribed by the [insert name of local public health department].

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to a pandemic emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. Eligibility and documentation requirements will vary depending upon the nature of the disaster.

Reporting

The [local health department] will provide guidance during the alert phase for any reporting procedures, to include what information will need to be reported, how often (e.g., daily, weekly), who to report it to, and how to report it. This may include scheduled conference calls with the local healthcare coalition, situation reports to submit to the local health department, or other methods.



Coordinate with your local healthcare coalition and local health department for specific and likely reporting procedures during a pandemic event, including what systems will be used, how information will be shared, and how often.



Inventory and Supply Chain

Once it becomes apparent that a pandemic is likely, the [insert responsible position title or unit] will take the following actions:

- Inventory current supplies of masks (surgical and N-95), gowns, gloves and other protective equipment and order additional supplies as needed
- Update contact information for all vendors for both medical and non-medical supplies, including facility sanitation and disinfectant supplies
- Develop or update written agreements and priority agreements with vendors for supply and resupply of critical supplies and services, including equipment supplies and repair services.
- Develop contingency plans for supplies
- Discuss financing options with vendors
- Develop agreements with contracted environmental services (office cleaning, hazardous waste disposal, etc.)

HR Policies and Staff Mental Health

Once it becomes apparent that a pandemic is likely, Human Resources should review HR policies and procedures to support staff health and wellness. Policies that should be reviewed and modified as necessary include:

- Use and availability of sick leave
- Work at home policies for staff who are quarantined due to contact with an infected person, or who are required to care for an ill household member, or minor children if schools and day care centers are closed
- Identify administrative, accounting or other staff who can work from home full or part time
- Breaks, time off, and mental health support for staff dealing with the stressful environment created by the pandemic
- Provide training in psychological first aid for selected staff
- Remind supervisors and staff to be alert for signs of stress among peers and subordinates

Operations with Staffing Reductions

During a pandemic it is likely that [insert name of facility] will be forced to operate without a full complement of staff. Staff may be absent due to illness, necessity to care for other household members, or quarantined due to exposure to infected persons. It is incumbent upon the organization to continue to provide services to existing and new patients even with reduced staff. Upon notification that a pandemic is likely the following steps will be taken to prepare to continue operations with reduced staff.



Management and Administration

- Determine which functions can be delayed or curtailed during the pandemic
- Conduct cross training
- Identify functions and job activities that can be performed from home
- Arrange to provide access to databases and systems for employees working from home
- Determine and document orders of succession for management and supervisory personnel
- Consider engagement of volunteer or contractor personnel as alternatives

Clinical Staff

- Review skills, experience and certifications of all clinical staff. Some staff may be qualified in multiple areas regardless of current assignment
- Identify procedures or services that can only be offered by a qualified provider
- Cross train to the extent possible consistent with licensure
- Identify services and procedures that can be delayed or curtailed

Use of Volunteers

The [insert name of facility] [will or will not] seek to utilize volunteers for surge staffing during the pandemic.



If the facility will not use volunteers no further text is required in this section. If the facility does plan to use volunteers it should be determined if only pre-vetted volunteers will be used, or whether other volunteer assistance will be sought. The following should be added as appropriate.

Upon notice that a pandemic is likely Human Resources will take the following actions:

- Review and update volunteer rosters and contact information
- Survey potential volunteers to determine if they are willing and able to work
- Identify specific positions, procedures and/or activities which can be performed by volunteers, such as:
 - o Staffing hotlines/phone lines
 - o Assisting with phone triage or remote intake procedures
 - o Assisting with contact tracing
 - o Staffing testing sites and/or vaccination clinics
 - Stepping in for other personnel who may be ill or caring for ill family members (if qualified to do so)
 - o Assisting with documentation and grant applications or funding research
 - o [add others as identified]
- Document the applicable skills and experience of volunteers and predetermine their assignments
- Develop process for vetting licensure and certifications of clinical personnel
- Develop check in and check out procedures for volunteers
- Develop volunteer timekeeping documentation
- Review insurance to determine if volunteers are covered and if use of volunteers pose potential liability issues



Compensation and Reimbursement Issues

Pandemic operations will pose financial challenges for both the facility and for patients. Maintenance of the financial capacity for continued operations depends upon three factors:

- Stabilize revenues
- Reduce/eliminate non-essential costs
- Take advantage of emergency funding opportunities

Stabilizing Revenues

Each existing revenue stream (insurance reimbursements, co-payments, grants, government funding programs, donations) should be examined and the potential impacts on the revenue stream projected. For example, co-payments from patients are likely to decline. Insurers, grantors and other funders should be contacted, and arrangements made if possible, to assure continued revenues. Donor organizations may have the flexibility to even increase allocations to the facility in response to the crisis.

Reducing/eliminating Non-Essential Costs

A comprehensive review of all planned and recurring expenditures should be undertaken to identify areas of potential savings. The effort should include discussions with service and supply vendors to see if extended payment options can be negotiated. Likewise, holders of debt should be contacted to see if repayment terms can be temporarily negotiated. Staff layoff, furloughs and pay cuts will be implemented only as a last resort after other options have been exhausted.

Emergency Funding Opportunities

Federal and state governments frequently institute disaster relief programs that provide financial support for emergency response organizations and individuals. The [insert position title or unit of responsible entity] should research and remain informed about such opportunities and aggressively pursue any that apply. In addition to opportunities that may be available to the facility, there may be opportunities available to staff and patients as individuals. These opportunities should be tracked as well, and staff and patients should be provided with information on how to take advantage. As noted previously, success depends upon careful documentation of costs and services provided

Employee Personal Preparedness

A prepared workforce is more likely to have reduced absenteeism and greater productivity at work. Proactive measures to ensure employee preparedness include:

- Encourage employees to develop family emergency plans. In addition to supplies normally included in preparedness kits, employees should be encouraged to maintain supplies of basic PPE (masks, gloves) at home, as well as supplies of disinfectants.
- Encourage employees to urge other members of their households to strictly adhere to recommended home sanitation, social distancing, and handwashing recommendations to reduce the chances of infection...which in turn may affect the availability of the employee for work.
- Communicate frequently to provide information about general conditions as well as conditions at the facility. Frequent communications are important for employee mental health and productivity.



Patient Care Operations

Objectives

To ensure that our patients and staff are well-cared for during large-scale, community-level outbreaks, [insert facility name] is fully committed to putting protocols in place for effective delivery of outpatient care when it is safe and feasible to do so. This sustained delivery of care will rely upon effective communication and coordination with the [insert local health department], other local healthcare agencies, and the California Department of Public Health.

Surveillance

In order to monitor potential spread of the disease, [insert facility name] will engage in the following activities:

- Increased monitoring of local and state surveillance reporting regarding disease activity
- Increased tracking of disease activity among patients seen by our health clinicians and staff
- Implementation of a screening form for all patients who call or present with symptoms of the disease in question
- Provision of a copy of a human resources policy regarding reporting of symptoms to all staff (this information is only kept for disease tracking and surveillance, and is not shared with other staff members or kept as part of personnel records)
- Regular reporting to [insert local health authorities, e.g., health department, coalition, etc.] regarding any suspected or confirmed cases amongst the patient or staff population

The human resources policy regarding staff reporting of symptoms should list the symptoms of the disease and ask staff members to voluntarily report if they are suffering from these symptoms and to take the appropriate sick leave [insert additional details as they pertain to your facility's HR and sick leave policies, or refer back to the Operational Continuity section].

Infection Control

Infection control precautions will be implemented to reduce the risk of transmission of infectious agents from individuals as well as environmental surfaces. The following section outlines standard, contact, droplet, and airborne precautions which can be put in place as needed. However, depending on the disease or infectious agent, these precautions should be reviewed against federal, state, and local public health guidelines depending on the characteristics of the spread of the disease. All infection control procedures shall be advertised within the facility and communicated to all staff and patients clearly and repeatedly to ensure adherence to requirements.

[Insert facility name] will provider just-in-time training and refresher information to all staff during staff meetings for infection control measures needed to minimize disease spread. Signage should be posted in and around all entrances and patient care areas related to signs and symptoms as well as required infection control measures. Request that all patients experiencing symptoms related to the disease identify themselves to front desk or reception staff immediately, and distribute communication ahead of time to patients and staff related to staying at home and calling in if they are experiencing symptoms. If a patient on-site indicates they are experiencing symptoms, provide



a face mask and encourage hand hygiene to them and anyone accompanying them before directing them to a clinical evaluation area.

Standard Precautions

Standard precautions are the basic level of infection control used to reduce the risk of transmission from both known and unknown sources. *These should be used in the care of patients at all times*. Standard precautions apply to blood, all bodily fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes. Standard Precautions include:

- Hand Hygiene
 - Álways following any patient contact. Wash hands for 20 seconds with soap and warm water especially if visibly soiled. Clean hands with alcohol-based hand rub or sanitizer if not visibly soiled.
- Gloves
 - Wear clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions or excretions
 - Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions
 - Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient
 - o Clean hands immediately after removing gloves
- Gowns
 - o Fluid resistant, non-sterile
 - Protect soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions and excretions
 - o Apply gown prior to performing such activities
- Mask, Face Shield, Eye Protection
 - o Protect eyes, nose, mouth, and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions and excretions
 - o Apply appropriate protection prior to performing such activities
- Patient Care Equipment
 - Avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces, and environments
 - o Clean, disinfect, or reprocess non-disposable equipment before reuse with another patient
 - o Discard single-use items properly

Contact Precautions

Contact precautions should be used when direct or indirect contact with contaminated body fluids, equipment, or the environment is anticipated. Use contact precautions in the care of patients known or suspected to have a serious illness easily transmitted by direct patient contact or by indirect contact with items in the patient's environment, and in addition to standard precautions. Contact Precautions include standard precautions in addition to:

- Gloves for possible contact with an infected or colonized patient and their environment
- Gown if substantial contact with the patient or their environment is anticipated



Contact transmission occurs via direct contact (body surface to body surface contact and physical transfer of microorganisms) or indirect contact (contact of susceptible person with a contaminated object such as needles, dressings, gloves, or contaminated unwashed hands). This is most common between healthcare workers and patients rather than between patients. It is also most commonly a result of poor hand hygiene.

Droplet Precautions

Droplet precautions should be used when in the presence of a person with an infection transmitted via the droplet route (e.g., within six feet of the individual). Droplets can be generated from the source person during coughing, sneezing, talking, and during the performance of certain procedures such as suctioning or bronchoscopy. Droplets generally travel no more than three feet from the patient.

Droplet precautions include standard precautions with the addition of a surgical mask when working within three to six feet of the patient.

Note: If a pandemic event is ongoing, the facility will also recommend that patients visiting the facility wear masks (if available) to limit droplet spread and further protect staff.

Airborne Precautions

Airborne precautions are required to protect against transmission of infectious agents spread via the airborne route. This requires respiratory protection and special ventilation and air handling. Airborne transmission occurs when airborne evaporated droplet particles remain suspended in the air for long periods of time, or dust particles containing an infectious agent are in the air. In this case, patients and staff may be at risk of transmitting disease simply by being in the same room or at a long distance from the source patient depending on temperature and ventilation. Airborne precautions include standard precautions with the addition of:

- Personal respiratory protection
 - o N95 respirator (prior fit-testing must be repeated annually and fit-check / seal-check prior to each use) OR
 - o Powered Air-Purifying Respirator (PAPR)
- AND airborne infection isolation room (AIIR) that at a minimum must:
 - o Provide negative pressure room with a minimum of six air exchanges per hour
 - Exhaust directly to the outside or through High Efficiency Particulate Air (HEPA) filtration

Full Barrier Precautions

Full barrier precautions refers to the use of a combined approach: standard precautions, plus eye protection, in addition to airborne and contact precautions. This is typically used in the emergence of a highly infectious novel pandemic event. Care must be taken when donning and offering personal protective equipment (PPE) to ensure the protection of the user. Many reference materials and training videos on donning and offing PPE are available online and should be utilized to train staff, in accordance with guidance provided by the state health department or the CDC.



General Recommendations

The following table outlines general precautions, which can be implemented immediately upon suspected pandemic events and/or an outbreak of a highly infectious disease *until further guidelines are released from local public health authorities*.

Precau	ition Type	Recommendation			
	Basic infection control recommendations for all health care facilities	Standard precautions for all patients, plus droplet precautions for patients with symptoms of the disease of concern			
2.	Respiratory hygiene/cough etiquette	Patients/family members cover cough with mask or tissue and perform hand hygiene			
3.	Early recognition and reporting of cases	Coordinate with local, state, and federal public health entities to determine case definition and symptoms to monitor and screen for. Advise staff and implement routine reporting procedures			
4.	Isolation precautions for suspected and confirmed cases	Full barrier precautions (standard, droplet, and airborne) and patient placement in negative pressure room and/or isolation room			
5.	Additional measures to reduce the possibility of transmission	Limit numbers of healthcare workers/family members/visitors exposed to the suspected and/or confirmed cases			
6.	Specimen collection/transport within health care facilities	Full barrier precautions for health care workers collecting specimens, careful transport of specimens to laboratory			
7.	Family member recommendations	Family members should be limited to those essential for patient support and should use full barrier precautions			
8.	Waste Disposal	Treat waste possibly contaminated with the disease as clinical waste and dispose of accordingly			
9.	Environmental cleaning and disinfection	Use routine health care disinfectants, clean and disinfect frequently touched surfaces twice daily (e.g., doorknobs, tables, tools, waiting areas, etc.) and other surfaces once a day			
10.	. Patient care equipment	Dedicate specific equipment to care of suspected and/or confirmed cases and clean/disinfect before each use			
	Occupational health recommendations	Monitor health of exposed health care workers, use antiviral prophylaxis if available/recommended and/or provide vaccine if available/recommended			
12.	Health care facility administrative	Health care worker education, training, and risk			

Table 4: General Infection Prevention Guidelines4

⁴ Adapted from the Missouri Primary Care Association's Pandemic Influenza Planning Template (2010).



Precaution Type	Recommendation			
controls	communication. Adequate staffing and PPE			
I 3. Prioritization of PPE when supplies are limited	Hand hygiene and facial protection of health care workers (eyes, nose, and mouth) are priorities if PPE is limited			
14. Health care facility engineering controls	Spatial separation and distancing of patients and staff, barriers between patients, ventilation, negative pressure			

Surge Capacity



The facility should list here any potential surge capacity strategies previously used or identified, such as conversion of facility rooms/buildings for repurposing (e.g., isolation, patient care), use of outdoor clinical evaluation area to screen incoming patients and visitors, and partnerships with other local healthcare partners. This may also include canceling certain appointments and procedures to create additional blocks of time for evaluating pandemic cases or other essential cases.

Surge capacity encompasses potential patients beds; available space in which patients can be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment; and even the legal capacity to deliver healthcare services which exceed normal authorized care. During previous influenza pandemics, roughly 50% of ill persons sought medical care, and of those, at least half sought care in an outpatient medical care setting.

[Insert facility name] must be prepared to receive a surge of cases related to the pandemic. If the influx of patients and suspected cases presenting at [insert facility name] threatens to overwhelm capacity, [insert assigned position or title] will coordinate with the local healthcare coalition and [insert local public health department] to inquire regarding external surge capacity options; such as directing patients to other alternate care sites or mobile triage locations.

Behavioral Health and Psychological First Aid

[Insert facility name] will monitor staff for signs of psychological stress. As the peak of a pandemic passes, the stress of the situation may manifest itself more and more as staff reflect on what has happened in the world around them. Healthcare personnel will likely suffer from exhaustion, which can further exacerbate behavioral health impacts. Post traumatic stress disorder can occur depending on the severity of the pandemic and early referrals to behavioral health providers or services will help staff with the recovery process in a timely manner. Support services may be provided in collaboration with faith-based, mental health, or social service organizations. [insert assigned position] will be responsible for ensuring that behavioral health resources are made available to staff throughout the pandemic event.





The facility should list any established staff support mental and behavioral health partnerships, vendors, or other resources here.

Similarly, pandemics will result in an increase in mental and behavioral health impacts for patients and their families as well. These outbreaks may be stressful for individuals. Fear and anxiety about a disease can be overwhelming and cause strong emotions in both adults and children. Coping mechanisms will differ, and patients may have other impacts such as job loss, economic instability, or loss of a loved one.

Stress during an infectious disease outbreak can include:

- Fear and worry about health and the health of loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs

In addition, those who may respond more strongly to the stress of a crisis include:

- Older people and people with chronic diseases who are at higher risk of severe illness
- Children and teens
- People who are involved in the response to the disease, such as first responders, healthcare providers, and essential workers
- People who have mental health conditions including problems with substance abuse

Staff meetings and training during a pandemic should include frequent reminders of these factors and talking points for patients to help them cope with stress. Healthcare providers and staff should offer resources to patients who may be experiencing increased mental and behavioral health impacts. Staff may benefit from a psychological first aid refresher to better communicate with patients during a pandemic.

Tip: Often during a pandemic, there will be grant opportunities for expanded behavioral health programs, resources, and treatment, such as suicide prevention, first responder treatment, and substance abuse disorders. Grant information can usually be found at the SAMHSA Website.

Overall, staff should do the following for all patients during a pandemic:

- Help connect people with family and loved ones to help lower distress and feelings of social isolation.
- Let older adults and people with disabilities know that it is common for people to feel distressed during a crisis. Remind them that asking for and accepting help is a sign of strength.
- Have a procedure and referrals ready for anyone who shows severe distress or expresses a desire to hurt him- or herself or someone else.
- Visit the CDC and SAMHSA websites for incident-specific resources and information.



Appointment Desk Triage

Staff may implement a screening and/or telephone triage protocol to help prioritize appointments and limit the spread of the disease within our facility. Staff will implement telephone or appointment desk triage when:

- There is sustained, human-to-human transmission of the disease within the local community or adjacent local communities; OR
- The state has recommended triage protocols for healthcare facilities to limit the spread of infectious patients; OR
- Facility leadership have determined it is necessary due to risks inherent in the patient population (e.g., patients in the community travel frequently to areas of high risk, etc.); OR
- [insert other potential triggers as determined by your facility]

The Clinical Telephone Triage Form in the appendices may be used and modified for appointment desk staff to screen potentially symptomatic patients.

Staff and Patient Vaccinations

Regardless of the nature of the pandemic, [insert facility name] will reinforce seasonal influenza vaccinations for all staff and patients to minimize staff illness transmission during the pandemic.

If and when a vaccine becomes available for the virus in question, [insert facility name] will coordinate with [insert local health department] to determine the likelihood of receiving doses and when. If a vaccine is new, there will likely a limited supply initially. Priority will be given to healthcare personnel. [Insert facility name] will prioritize vaccination of key, essential personnel before others.



The facility should evaluate the essential, critical, and non-critical staff listed earlier (see Continuity section) and determine if vaccination prioritization would occur in similar categories (e.g., Essential personnel will receive the vaccine first, Critical second, and non-critical when remaining supplies become available).

Once vaccine is widely available, [insert facility name] will likely be relied upon to setup a mass vaccination site for patients and visitors. Additional guidance has been included in the appendices regarding vaccine storage and handling, vaccine site layout, and administration recommendations. If a mass vaccination clinic is setup, the following actions will need to be taken:

• Secure staff to fill positions of:

- o Greeters/Educators
- o Priority Client Screeners
- o Registration Personnel
- o Medical Screeners
- o Form/Payment Collectors
- o Clinic Flow Controllers / Line Staff
- o Vaccination Assistants
- o Vaccination Administrators
- o Security
- o Emergency Medical Personnel



- Meet the language needs of the community using multi-lingual staff
- Prepare staff members to know and execute their responsibilities and be able to answer questions from clients
- Ensure clinic staff are trained and have demonstrated knowledge in the proper vaccine storage, handling, and administration of vaccines
- Cross-train staff members, if possible, to enable flexibility in meeting needs at different stations
- Make provisions for surge capacity staffing, particularly at clinic opening time, where prescheduling will not be done or large numbers of unscheduled clients are anticipated
- If a surge in vaccine demand is possible, consider requesting surge capacity staff from outof-area city/county agencies, local private nursing agencies, local nursing associations, local law enforcement, local medical community, local medical and nursing students, and volunteers
- Identify the location of the mass vaccination clinic, whether on or off-site, and ensure proximity to mass transit, ample parking, separate entry and exit points, adequate lighting and heating, functional and accessible restrooms, and adequate space
- Select an appropriate storage location for vaccine that can ensure cold chain is maintained during transport, delivery, and return
- Determine the layout and patient flow through the vaccination clinic to limit potential bottlenecks or safety hazards

More information on hosting a vaccination clinic can be found at https://www.cdc.gov/flu/professionals/vaccination/vax_clinic.htm

Patient Education

[insert facility name] will incorporate additional patient education throughout the pandemic phases. This will be done in appointments and other patient interactions (such as outreach) when possible as well as providing print materials to be taken home, if available. Language and reading level appropriate materials related to emergency preparedness and the virus in question will be produced or identified and placed in common areas around the facility. Patients should be advised that they will not be penalized for cancellations or missed appointments.

During an infectious disease outbreak, [insert facility name] should consider reaching out to patients who may be at a higher risk of complications such as the elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications, such as pregnant women, to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill. This outreach should be frequent and routine, with updates on the pandemic and recommended steps to take to prevent exposure for these high risk populations.



Demobilization and Recovery

Transitional Planning

[Insert facility name] will monitor local health department advisories throughout the pandemic to identify triggers for a potential transition to planning for a return to normal operations. Triggers for this transition may include:

- A steady decrease in the number of new cases identified daily;
- Vaccine becomes widely available;
- Federal, state, or local entities have indicated a transition to recovery;
- [Insert others as may be applicable to your facility specifically]

There is a possibility that not all staff may be able to return to work at the time of return to dayto-day operations. It may be necessary to hire temporary or permanent workers to complete the transition back to normal operations.

Once the number of daily, local new cases begins to decline, [insert position or title] will be responsible for drafting a Recovery Plan and/or Transition Plan to help identify necessary triggers and strategies. This plan should include:

- A point person or team in charge of identifying triggers for activation of the plan;
- Identification of who will be returning to day-to-day operations or positions, and in what order (e.g., certain departments may return earlier than others);
- Identification of clinical services or procedures that may have been cancelled or postponed which can be re-instated, in what order, and when;
- A description of how pandemic response policies may change once transitioning back to day-to-day (e.g., relaxing of PPE requirements, relaxation of sanitation and environmental cleaning schedules, etc.);
- Patient and staff communication strategies and guidelines;
- A description of potential risks (e.g., second waves of illness, absenteeism amongst staff) and mitigation strategies.

Evaluation and After Action Reporting

[Insert facility name] will begin planning for evaluation and after action reporting of response efforts during the Pandemic Phase. Staff should meet regularly during response and recovery to debrief on processes that are working or not working, and to identify corrective actions. Notes from these debriefings should be taken and maintained for later reference in evaluation. During the recovery period, staff should schedule a formal After Action Meeting aimed at creating a formal After Action Report / Improvement Plan for response. This AAR/IP will be especially important later on for grant and funding documentation. This document will then be used to further update and refine this plan.



Appendices

References and Resources

Primary Infection Prevention Points Table (From: MCPA Influenza Planning Template, Page 32, https://cdn.ymaws.com/www.mpca.net/resource/resmgr/emergency_management/pandemic%20influenz a%20planning%20template.pdf)

Key POINTS: STANDARD PRECAUTIONS				Key POINTS: RESPIRATORY HYGIENE/COUGH ETIQUETTE			
1. Hand hygiene	•	Clean hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Use soap and water or an alcohol-based hand rub immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to clean hands between tasks and procedures on the same patient to prevent cross contamination of different body sites.		1. Visual alerts		 Post visual alerts (in appropriate languages) at the entrance instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette. 	
2. Gloves	•	Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and clean hands immediately to avoid transfer of microorganisms to other patients or environments.		2.Respiratory protection and cough hygiene		 Patients with acute febrile respiratory symptoms should: Cover the nose and mouth when coughing/sneezing Use tissues to contain respiratory secretions and dispose of them in the nearest receptacle after use Perform hand hygiene after having contact with respiratory secretions or contaminated objects Ensure the availability of materials so that patients can adhere to these measures: Tissues and no-touch receptacles for used tissue disposal Alcohol-based hand rub and/or handwashing supplies (soap and water, clean towels) 	
3. Mask, eye protection, face shield	•	Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.		3. Masking and separation of persons with respiratory symptoms		 Offer surgical or procedure masks to persons who are coughing. When space and chair availability permit, encourage coughing persons to sit at least 3 feet away from others in common waiting areas. 	
4. Gown	•	Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.		4. Droplet precautions		 Advise healthcare personnel to wear a surgical or procedure mask for close contact, in addition to standard precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires droplet precautions. 	



Top 10 Tips to Protect Employees' Health

Healthy employees are crucial to your business. Here are 10 ways to help them stay healthy.

 Actively encourage sick employees to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisals, and ensure employees are aware of these policies.



 Develop other flexible policies for scheduling and telework (if feasible) and create leave policies to allow employees to stay home to care for sick family members or care for children if schools and childcare close.



 Promote etiquette for coughing and sneezing (https://www.cdc.gov/ healthywater/hygiene/etiquette/ coughing_sneezing.html) and handwashing (https://www.cdc. gov/handwashing/index.html).
 Provide tissues, no-touch trash cans, soap and water, and hand sanitizer with at least 60% alcohol.



- Perform routine environmental cleaning. Routinely clean and disinfect all frequently touched surfaces, such as workstations, countertops, handrails, and doorknobs. Discourage sharing of tools and equipment, if feasible.
- Provide education and training materials in an easy to understand format and in the appropriate language and literacy level for all employees, like fact sheets and posters (https://www.cdc. gov/coronavirus/2019-ncov/ communication/index.html).





 Have conversations with employees about their concerns. Some employees may be at higher risk for severe illness, such as **older adults** (https://www.cdc. gov/coronavirus/2019-ncov/need-extraprecautions/older-adults.html) and those with chronic medical conditions.



- Plan to implement practices to minimize face-to-face contact between employees if social distancing is recommended by your state or local health department. Actively encourage flexible work arrangements such as teleworking or staggered shifts.
- Consider the need for travel and explore alternatives. Check CDC's Travelers' Health (https://wwwnc.cdc.gov/travel) for the latest guidance and recommendations. Consider using teleconferencing and video conferencing for meetings, when possible.
- If an employee becomes sick while at work, they should be separated from other employees, customers, and visitors and sent home immediately. Follow CDC guidelines for cleaning and disinfecting (https://www.cdc.gov/coronavirus/2019ncov/community/organizations/ cleaning-disinfection.html)areas the sick employee visited.



For more tips and information see the **CDC Interim Guidance for Businesses and Employers** (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) and the **OSHA Guidance for Preparing Workplaces for COVID-19** (https://www.osha.gov/Publications/OSHA3990.pdf).

cdc.gov/coronavirus



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Sample Vaccine Clinic Room Layout / Flow Diagram



AT-A-GLANCE RESOURCE GUIDE VACCINE ADMINISTRATION AND STORAGE AND HANDLING

IMMUNIZATION AND VACCINES (GENERAL)

General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) Guidance about vaccination and vaccines for health care providers. www.cdc.gov/vaccines/hcp/acip-recs/ general-recs/index.html

Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book), 13th Edition: Course Textbook (2015) Comprehensive information on routinely used vaccines and the diseases they prevent.

www.cdc.gov/vaccines/pubs/ pinkbook/index.html

Vaccine Administration e-Learn

Free, interactive educational program on proper vaccine administration.

"You Call the Shots" Online Training Modules

A series of training modules for health care providers on vaccine recommendations with self-tests to assess learning, CE credit available. www.cdc.gov/vaccines/ed/ youcalltheshots.htm

Vaccine Safety

Safety information about specific vaccines and answers to commonly asked questions.

www.cdc.gov/vaccinesafety/ hcproviders/index.html

Vaccine Information Statements (VIS) Statements required by law to inform patients about the benefits and risks of a vaccine they are receiving. www.cdc.gov/vaccines/hcp/vis/ ACCINE STORAGE AND HANDLING

- Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book): Storage and Handling Chapter www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html
- Vaccine Storage and Handling Guidelines and Recommendations Resources on vaccine storage and handling recommendations and guidelines.
 www.cdc.gov/vaccines/recs/storage/default.htm
- Vaccine Storage and Handling Toolkit
 Comprehensive guidance for health care providers on vaccine storage and handling recommendations and best practices.
 www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
- "Keys to Storing and Handling Your Vaccine Supply" Training Video This training outlines vaccine storage and handling best practices, and provides helpful tips for preventing errors and preserving vaccine supply and integrity. www2.cdc.gov/vaccines/ed/shvideo/

VACCINE ADMINISTRATION

- Skills Checklist for Immunization A self-assessment tool from the Immunization Action Coalition for health care staff who administer vaccines. www.immunize.org/catg.d/p7010.pdf
- Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book): Vaccine Administration Chapter www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html
- Vaccine Administration Guidelines and Recommendations CDC resources include information on vaccine dosage, route, and site; vaccines with diluents; sample vaccine records; recommendations for emergency situations; managing vaccine reactions; and vaccine indications. www.cdc.gov/vaccines/hcp/admin/admin-protocols.html

Injection Safety

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Information for health care providers about safe injection practices. www.cdc.gov/injectionsafety/providers.html

 Using Standing Orders for Administering Vaccines: What You Should Know The Immunization Action Coalition provides standing orders for ACIPrecommended vaccines and an overview about the use of standing orders for vaccination.

www.immunize.org/standing-orders/

June 18, 2018 CS294358-A



U.S. Department of Health and Human Services Centers for Disease Control and Prevention



Contact Lists

Facilities should complete a contact list for various situations to ensure adequate reporting and situational information.

 If a suspect case is identified at the facility......
 Contact Phone/Email:

 Contact Name/Title:
 Contact Phone/Email:

 Additional Guidelines:
 Contact Phone/Email:

 If a patient calls in and reports a positive diagnosis after previous visiting the facility......
 Contact Name/Title:

 Contact Name/Title:
 Contact Phone/Email:

 Additional Guidelines:
 Contact Phone/Email:

 If an employee at the facility reports feeling ill......
 Contact Phone/Email:

 Additional Guidelines:
 Contact Phone/Email:

 If an employee at the facility reports feeling ill......
 Contact Phone/Email:

 Additional Guidelines:
 Contact Phone/Email:

 If an employee at the facility reports an ill family member or having been exposed.....
 Contact Phone/Email:

 Additional Guidelines:
 Contact Phone/Email:

 Additional Guidelines:
 Contact Phone/Email:



Vendor Agreements

The facility should utilize this space for copies of any vendor agreements that may be specific to emergency and/or infectious disease outbreak scenarios, such as 24/7 sanitation or cleaning contracts, additional supplies of PPE or other supplies, pharmaceutical agreements, Points of Dispensing or Mass Vaccination site agreements, etc.



Forms

Appointment Desk Telephone Triage Form and Message Template (*From: MCPA Influenza Planning Template, Page 26-27,*

https://cdn.ymaws.com/www.mpca.net/resource/resmgr/emergency_management/pandemic%20influenz a%20planning%20template.pdf)



Appointment Desk - Telephone Triage

These questions will be used for triage purposes by non-clinical staff.

NOTE: Specific triage symptoms may need to be adapted, depending on the presenting clinical signs/symptoms of the circulating influenza strain.

Name: _____

DOB:_____ Gender: M / F

Does the patient have: [Adjust according to symptoms of concern]

Fever? Y N

Cough? Y N

- Shortness of breath? Y N
- Difficulty breathing? Y N

If the patient answers "yes" to any of the above questions, transfer the call for clinical triage.

During a pandemic, clinic office telephone lines should be set for telephone triage in which the listener is provided updated information regarding the symptoms of the disease, what precautions to take, and directions on how to access additional information (i.e. hotline numbers, website information, etc.). The purpose of the automated triage is to provide the public with helpful information while alleviating some of the burden for clinic office triage personnel. Only those who are experiencing symptoms or are caring for those experiencing symptoms will be held on the line to talk to triage personnel.



Example of automated triage recording:

"Thank you for contacting (clinic name). Please understand that during a severe pandemic, hospital and clinic resources will be stretched beyond capacity and attention must be focused to who are ill. As such, we ask for your cooperation and that you only remain on the line if you believe that you or someone you are caring for is in need of medical attention. Symptoms of (disease) include (fever, headache, muscle aches, weakness, and respiratory symptoms such as a cough, a sore throat, or difficulty breathing). The disease may be spread from person to person by means of inhaling infectious particles expelled when an infected individual talks, coughs, or sneezes or by touching an infected individual or a contaminated surface and subsequently touching your eyes, nose, or mouth. Those at highest risk of becoming infected include (children, the elderly, and those with underlying immunodeficiency or other medical ailments). The best methods to prevent the spread the disease include social distancing, proper hand hygiene, and covering your cough. Please refer to (website) or call the pandemic hotline at (number) for additional information. If you are experiencing any of the symptoms previously mentioned, please remain on the line to speak to a clinic employee."

Phone triage tips:

- The pandemic is likely caused by a virus. Antibiotics won't help. Don't demand antibiotics; your healthcare provider will decide whether or not you need them.
- Everyone can help prevent the spread of disease!
- Clean your hands often by using soap and water for 20 seconds or an alcohol-based hand rub if your hands are not visibly soiled.
- Cover your cough / sneeze with your upper arm or a tissue (and dispose of the tissue immediately after use).
- Inform patients with symptoms that they will be asked to wear a mask upon arrival at the clinic.



Just-in-Time Training Resources for Staff

COVID-19 Clinical Care and Infection Control: https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html

Clinician Outreach and Communication Activity: https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html

Donning and Doffing PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Psychological First Aid: https://emergency.cdc.gov/epic/learn/2020/webinar_20200422.asp

National Incident Management System: https://training.fema.gov/nims/

CPCA Website: http://www.cpca.org

