

- Administrative  
 Departmental

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<b>Creation Date:</b> <hr/> 10/6/06 <b>Review Date:</b> <hr/> <b>Revision Date:</b> <hr/> 5/07, 6/07, 7/08	<b>Responsible Department</b> Emergency Preparedness and Security

**POLICY TITLE:**  
 Baptist Health South Florida Pandemic Influenza Preparedness Plan

**SUMMARY & PURPOSE:**

Recognizing that healthcare facilities must be prepared for the rapid pace and dynamic characteristics of a pandemic, Baptist Health South Florida (BHSF) joins the World Health Organization (WHO), the United States Department of Health and Human Services (HHS), the Centers for Disease Control (CDC), the State of Florida, Miami-Dade County Health Department and other local agencies and organizations in the development of a plan to create a seamless preparedness network.

Pandemics are caused by the global spread of novel type of influenza virus which results in increased morbidity, mortality, psychosocial and economic impact which can last from a few weeks to 2-3 years. Most people will not have immunity to the Pandemic Influenza virus and hence will be susceptible to influenza infection with the novel virus. Pandemics can quickly overwhelm the healthcare resources in the community hence proper planning is essential to manage the impact of the pandemic on individuals, community and health care institutions.

U.S. Department of Health and Human Services (HHS) developed a National Pandemic Influenza Plan in November 2005 with updates in March, June and November 2006 (02, 03, 04, and 05). HHS plan has specific guidance in eleven areas of preparation which include surveillance, infection

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control, community disease control and prevention, healthcare planning, clinical guidelines, managing travel related risk of disease, laboratory diagnostics, vaccine distribution and use, antiviral drug distribution use, public health communications and work force support (psychosocial and information needs).

The foregoing plan and procedure attempts to address how BHSF will prepare for and confront the outbreak of a pandemic of potentially unknown proportion. This policy sets forth guidelines based on BHSF ethical framework that outlines ethical values in case of a pandemic, reflecting the overall mission of compassionate healthcare at Baptist Health. The scale and impact of such a pandemic can only be estimated, and it is likely that if an outbreak were to occur, BHSF will need to address on an immediate and continuous basis the guidelines set forth herein and their continued applicability to the current situation. Therefore, it is the intent of BHSF to follow the principles/guidelines in these documents (and any future guidance from HHS, CDC, OSHA, FDOH and MDCHD), combined with the clinical judgment of the clinicians, epidemiologists, infectious disease specialists and infection control practitioners, to the extent possible with available resources including, staffing, personal protective equipment, other equipment, supplies, bed capacity, surge capacity and funding. It also may be determined by the BHSF CEO, COO or their appointed designee that modification to or different procedures or policies are warranted in particular circumstances due to the changing conditions resulting from the pandemic, or otherwise imposed upon BHSF by local, state, or federal authorities.

BHSF will work with Miami-Dade County Hospitals Consortium, Regional Domestic Security Task Force, Miami-Dade County Emergency Operation Center, Miami-Dade County and State Health Department to prepare for pandemic influenza response.

**POLICY:**

All BHSF entities and departments shall review the procedure to determine the actions that each area must take in order to be properly prepared for a Pandemic Flu Outbreak. The procedures clearly show the education, surveillance, command and control duties, communications, and supply management responsibilities, and more, in the case of a Pandemic Flu Outbreak.

It is the responsibility of each area's Director and /or senior management to insure that each staff member understands the duties to be expected of them in case of such an event, and at each physical location. As an on-going component of this policy, various departments within BHSF will be expected to create procedures that will directly support this policy.

Each clinical department should prepare for a 30% extra surge from their usual capacity. This will mean planning for space, supplies, equipment and staff to manage this extra 30% of clinical load. They should also prepare their healthcare workers (HCW) and provide or arrange education and training regarding proper infection control practices and proper use of personal protective equipment (PPE). Infection Control at each BHSF facility will act as a resource to other departments as they prepare for a Pandemic Influenza response. The BHSF Emergency Preparedness & Security Department will also be available as a resource.

BHSF will use the following criteria to determine Pandemic Influenza activation triggers, response levels and action.

Phases/Triggers of Pandemic Flu Outbreak:

HHS Triggers		WHO Phases		CDC Response Stages
<b>INTER-PANDEMIC PERIOD</b>				
Conduct planning Conduct education / training Conduct hospital surveillance for influenza	<b>1</b>	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	<b>0</b>	New domestic animal outbreak in at-risk country
	<b>2</b>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
	<b>PANDEMIC ALERT PERIOD</b>			
Increase preparation; refine local plan Conduct hospital surveillance for influenza	<b>3</b>	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	<b>0</b>	New domestic animal outbreak in at-risk country
	<b>4</b>	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	<b>1</b>	Suspected human outbreak overseas
		Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	<b>2</b>	Confirmed human outbreak overseas
	<b>5</b>			
<b>PANDEMIC PERIOD</b>				
<b>1</b>	<b>Pandemic influenza outside the United States</b> <ul style="list-style-type: none"> <li>Establish contact with key public health, healthcare, and community partners</li> <li>Implement hospital surveillance for pandemic influenza (Supplement 1) in incoming patients and previously admitted patients.</li> <li>Implement a system for early detection and treatment of healthcare personnel who might be infected with the pandemic strain of influenza.</li> <li>Reinforce infection control procedures to prevent the spread of influenza (Supplement 4).</li> <li>Accelerate staff training in accordance with the facility's pandemic influenza education and training plan.</li> </ul>	Pandemic phase: increased an sustained transmission in general population.	<b>3</b>	Widespread human outbreaks in multiple locations overseas

Global Pandemic HHS Triggers, WHO Phases and CDC Response Stages  
 Page 1 of 3

<p><b>2</b></p>	<p><b>Pandemic influenza in the United States</b> As above, plus:</p> <ul style="list-style-type: none"> <li>• Implement activities to increase capacity, supplement staff, and provide supplies and equipment.</li> <li>• Maintain close contact with and among healthcare facilities and with state and local health departments.</li> <li>• Post signs for respiratory hygiene/cough etiquette.</li> <li>• Maintain high index of suspicion that patients presenting with influenza-like illness could be infected with pandemic strain. If pandemic strain is detected in local patient, community transmission can be assumed and hospital would move to next level of response.</li> </ul>		<p><b>4</b></p>	<p>First human case in North America</p>
<p><b>3</b></p>	<p><b>Pandemic influenza in the local area</b> As above, plus:</p> <p>Emergency department (ED)</p> <ul style="list-style-type: none"> <li>• Establish segregated waiting areas for persons with symptoms of influenza.</li> <li>• Implement phone triage to discourage unnecessary ED/outpatient department visits.</li> <li>• Enforce respiratory hygiene/cough etiquette.</li> </ul> <p>Access controls</p> <ul style="list-style-type: none"> <li>• Limit number of visitors to those essential for patient support.</li> <li>• Screen all visitors at point of entry to facility for signs and symptoms of influenza.</li> <li>• Limit points of entry to facility; assign clinical staff to entry screening.</li> </ul> <p>Hospital admissions</p> <ul style="list-style-type: none"> <li>• Defer elective admissions and procedures until local epidemic wanes.</li> <li>• Discharge patients as soon as possible.</li> <li>• Cohort patients admitted with influenza.</li> <li>• Monitor for nosocomial transmission.</li> </ul> <p>Staffing practices</p> <ul style="list-style-type: none"> <li>• Consider furlough or reassignment of pregnant staff and other staff at high risk for complications of influenza.</li> <li>• Consider re-assigning non-essential staff to support critical hospital services or placing them on administrative leave; cohort staff caring for influenza patients.</li> <li>• Implement system for detecting and reporting signs and symptoms of influenza in staff reporting for duty.</li> <li>• Provide staff with antiviral prophylaxis, according to HHS recommendations (See Supplement 7).</li> </ul>		<p><b>5</b></p>	<p>Spread throughout United States</p>

<p><b>4</b></p>	<p><b>Nosocomial transmission</b>                  As above, plus, if nosocomial transmission is limited to only a small number of units in the facility.                  Close units where there has been nosocomial transmission.</p> <ul style="list-style-type: none"> <li>• Cohort staff and patients.</li> <li>• Restrict new admissions (except for other pandemic influenza patients) to affected unit(s).</li> <li>• Restrict visitors to the affected units to those who are essential for patient care and support.</li> </ul> <p>See also Supplement 4.</p>			
<p><b>5</b></p>	<p><b>Widespread transmission in community and hospital; patient admissions at surge capacity</b>                  As above, plus:                  Redirect personnel resources to support patient care (e.g., administrative clinical staff, clinical staff working in departments that have been closed [e.g., physical/occupational therapy, cardiac catheterization]).                  Recruit community volunteers (e.g., retired nurses and physicians, clinical staff working in outpatient settings).                  Consider placing on administrative leave all non-essential personnel who cannot be reassigned to support critical hospital services.</p>		<p><b>6</b></p>	<p>Recovery and preparation for subsequent waves</p>

In accordance with BHSF's Comprehensive Emergency Plan, in the event of an outbreak, Baptist Health will operate under the principles outlined in the National Incident Management System (NIMS) and in concert with the National Response Plan (NRP) utilized by the Federal Emergency Management Agency (FEMA) and other governmental and non-governmental agencies.

The elements of the Baptist Health Pandemic Influenza Preparedness Plan include the following areas. Each of these is described, in detail, in the supporting procedure.

1. Phases of Preparation for a Pandemic Flu.
2. Education and training.
  - a. Educate about seasonal, avian and pandemic flu.
3. Triage, clinical evaluation and antiviral drugs.
4. Surge capacity.
  - a. Staffing.
  - b. Bed capacity.
  - c. Alternative care sites.
5. Hospital-specific surveillance.
6. Command and control.
7. Internal and external communications.
8. Facility access controls and security.
9. Employee health.
  - a. Vaccine administration and antiviral drugs.
10. Infection control recommendations.
11. Degradation of services.
  - a. Altered Standards of Care.
12. Supply management.
13. Fatality management.
14. Psychosocial impacts.
15. Business resumption and recovery.

**SCOPE/APPLICABILITY:**

This policy concerns itself with Pandemic Flu Outbreaks, and covers all BHSF entities and staff. There are no exceptions.

**PROCEDURES TO ENSURE COMPLIANCE:**

See Procedure BHSF 40.010, the supporting procedure for this policy.

**SUPPORTING/REFERENCE DOCUMENTATION:**

- American Red Cross Disaster Services Preparedness Information
  - <http://www.redcross.org/services/disaster/0,1082.0500,00.htm>
- Center for Disease Control / U.S. Department of Health & Human Services
  - <http://www.cdc.gov/flu/pandemic>
  - <http://www.pandemicflu.gov>
- Federal Emergency Management Agency
  - <http://www.fema.gov/>
  - <http://www.fema.gov/about/regions/regioniv/index.shtm>
  - National Response Plan
- Miami Dade County Emergency Management Portal
  - <http://www.co.miami-dade.fl.us/oem/>
  - <http://www.miamidade.gov/eoc/LMS.asp>
- Miami Dade Fire Rescue
  - <http://www.miamidade.gov/oem>
- Miami Dade Health Department
  - <http://www.dadehealth.org>
- Occupational Health Disaster Expert Network (OHDEN)
  - <http://www.ohden.net/pandemic/updates.htm>
  - <http://www.ohden.net/pandemic>
- National Incident Management System (NIMS)
- Miami-Dade County Department of Health Hospital Consortium
  - [www.mdchospitals.org](http://www.mdchospitals.org)
- Federal Pandemic Guidelines and Recommendations
  - [www.pandemic.gov](http://www.pandemic.gov)
- U.S. Homeland Security Council also Published in May 2006, National Strategy for Pandemic Influenza Implementation Plan (06)
- World Health Organization (WHO) has developed interim infection control guidelines for healthcare facilities dated April 24, 2006 (07)
- State of Florida Department of Health has developed an "Influenza Pandemic Annex" to the Emergency Operation Plan. October 2006 version is the latest version at this time (08)
- Miami Dade County Health Department has developed Pandemic Influenza preparedness and response plan. January 18, 2006 version is the latest version as of now (09)
- Brevard County has also developed a "Hospital Pandemic Influenza Plan" (attached) and we have adapted their format and some of the material for our plan (10)
- WHO has also published Rapid Advice Guidelines on pharmacological Management of Humans infected with H5N1 virus in 2006 (16)
- CDC has also published, in February 2007, interim planning guidance for use of non pharmaceutical interventions for mitigation of pandemic influenza in the USA (17). <http://www.cdc.gov/>
- OSHA has also published, in 2007, Guidance on preparing Workplaces for an Influenza Pandemic (18)
- OSHA has also published in 2006, Guidance Update on Protecting Employees from Avian Flu (Avian Influenza) Viruses (19)
- Clinical review articles about Avian Influenza in Humans have been published in NEJM (3/18/04 and 9/29/05) (11 and 12), EID (February 2005) (13), Chest (January 2006) (14) and WHO weekly epidemiological record (June 30, 2006) (15)
- OSHA Guidelines on Workplace Stockpiling of Respirators & Facemasks for Pandemic Influenza

**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**

N/A

**ENFORCEMENT & SANCTIONS:**

Violations of this policy will be referred to the appropriate HR management level. See HR policies 5250 and 5300 for applicable sanctions.