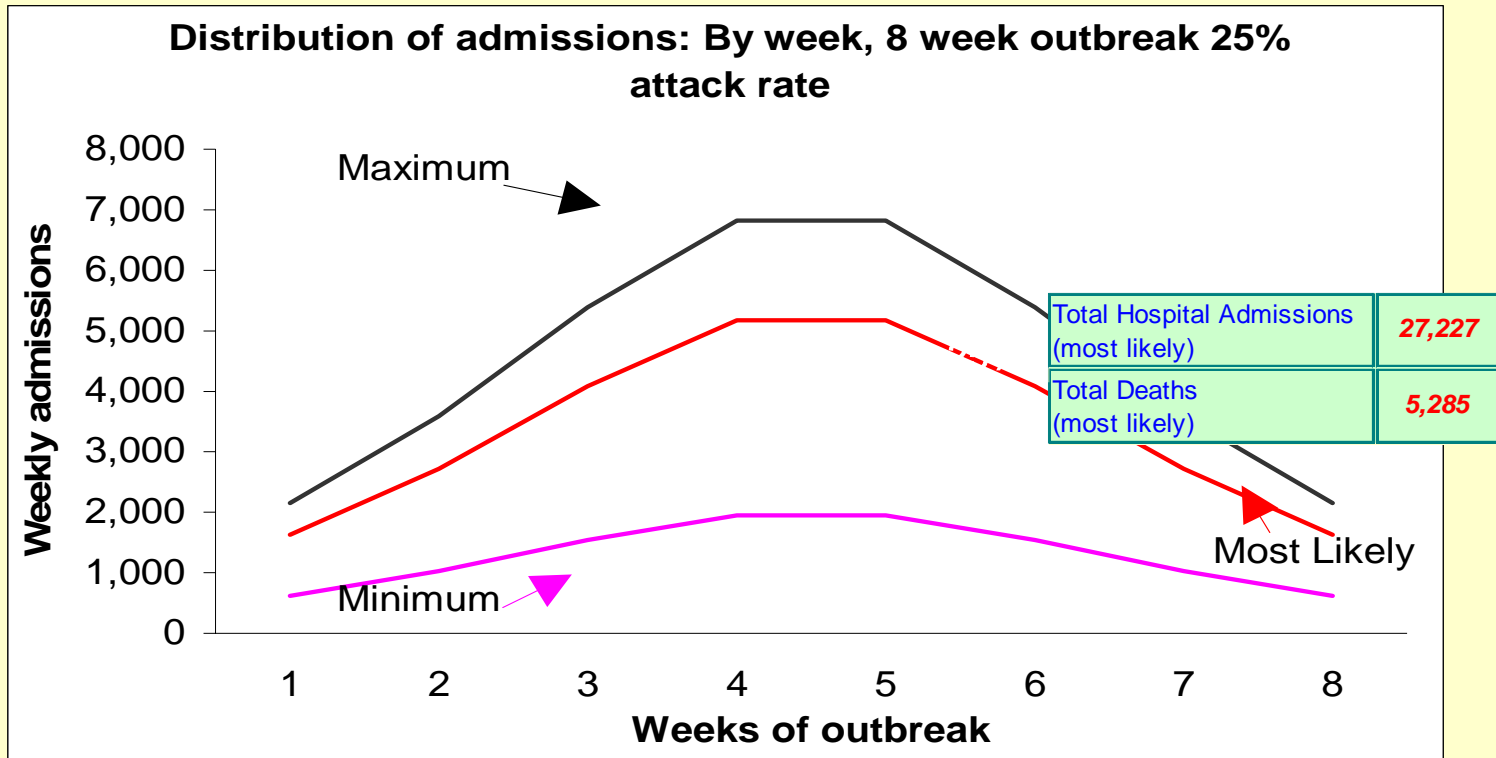


Pandemic Influenza: Health Care Planning and Emergency Response

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**Bioterrorism Hospital Preparedness
Program**

Impact of Pandemic on Hospital Admissions in NYC



Source: CDC FluSurge 2.0 – Data from referenced sources

Pandemic Alert and Pandemic Periods

Pandemic Alert Period (WHO phases 3-5)

- Human infections with new subtype
- **Small clusters with limited human-to-human spread**
- Large clusters but human-to-human spread still localized to specific areas

Pandemic Period (WHO phases 6)

- Increased and sustained transmission in population

Pandemic Alert Period

Large Localized Clusters Outside of USA

Activities for Health Care Facilities

- **Partially activate Hospital Incident Command System (HICS) (?)**
- **Conduct Personal Protection Equipment (PPE) Training & Drills**
 - **Doffing and removing PPE drills**
 - **Update fit testing in health care providers (HCPs)**
- **Inventory, order and purchase hospital supplies (IV fluids, meds, linens, antibiotics, other)**

Pandemic Alert Period: Large Localized Clusters Outside of USA (2)

Activities for Health Care Facilities

- **Test communication systems:**
 - Update logon rights and test passwords
 - NYCMED, HPN (NYSDOH), HERDS
 - Post phone numbers of OEM EOC, Bureau of Communicable Disease, Poison Control Center
 - Update information on GNYHA's Emergency Contact Directory
 - Update 6 senior level administrators contact information with DOHMH
- **Drill screening and isolation protocol in emergency department and ambulatory care centers**
- **Post visual alerts**

Pandemic Alert Period: Large Localized Clusters Outside of USA (3)

Activities for Health Care Facilities

- **Review infection control precautions** and include staff from housekeeping, engineering, security
- Make sure hospital lab is **CLEP-certified to conduct rapid antigen testing** for influenza
- **Staff education** about HICS, pandemic influenza, family emergency preparedness planning

Pandemic Alert Period: Global Cases and First Confirmed Human Case in US (1)

Activities for Health Care Facilities

- Fully activate HICS and open emergency operation center (EOC)
- Intensity staff education, family preparedness plans
- **Heighten patient screening**
 - Mask all patients with suspect symptoms
 - Prepare to activate large scale screening protocol (tent adjacent to triage entrance or previously identified indoor space)

Pandemic Alert Period: Global Cases and First Confirmed Case in US (2)

Activities for Health Care Facilities

Anticipate Hospital Surge

- Prioritize and perform elective surgeries and plan to decrease them
- Ramp up outpatient services
- Plan how to best communicate with public
 - Example:
 - Establish hospital hotline with prerecorded greeting to triage calls for information

Pandemic Alert Period: Global Cases and First Confirmed Case in US (3)

Activities for Health Care Facilities

Anticipate Hospital Surge

- Plan to cohort suspect case-patients
 - Create temporary anterooms on med-surgical floors
 - Prepare flat space areas for patient care
- Identify HERDS data enterer for all 3-shifts

Early Pandemic Period or Confirmed Cases in NYC

Activities for Health Care Facilities

- **Patients with fever and respiratory symptoms:**
 - Immediately place in private room with closed door
 - Strict attention to standard, droplet and airborne precautions
 - Use infection control observers for monitoring infection control practices
 - Treat and isolate case-patients that meet case definition even if rapid influenza testing is negative

Early Pandemic Period or Confirmed Cases in NYC (2)

Activities for Health Care Facilities

- Once private rooms are exhausted.....
 - Cohort patients by unit, floor or building
 - Prepare non-traditional isolation space for non-infectious patients (ideally)
- Limit oseltamivir use for early treatment of suspect/confirmed cases (ideally within 48 hours of illness onset)
- Recommended dosage and length of therapy to be determined based on sensitivity and clinical experience

Peak Pandemic Period

- As number of patients increase, set up separate triage and waiting areas for persons presenting with fever/respiratory illness
- Designate specific units/areas to cohort patients with suspect or confirmed H5N1; avoid scattered bed approach; use dedicated staff
- Rely on ambulatory care centers to screen, triage and treat (if indicated) ambulatory, stable suspect case-patients
- Limit admissions of influenza patients to those with severe complications or those unable to be cared for at home
- Limit patient movement and transport; if transport is necessary, patient should wear a surgical mask

HERDS to Monitor Hospital Resource Needs

Hospital Emergency Data Reporting - Netscape

File Edit View Go Communicator Help

Back Forward Reload Home Search Netscape Print Security Shop Stop

Explosion - Theater in Albany

Version: 1 Hospital Emergency Data Reporting Date: 3/6/2003 Time: 12:51:38 PM

[Main](#) [Event Patients](#) [Beds/Equip](#) [Personnel](#) [Antibiotics](#) [Antidotes](#) [Blood](#) [Supplies](#)

Event Related Patients Information

Albany Medical Center Unknown Gas Exposure - Palace Theater

Waiting in ED		All patients currently waiting to be seen	
Adults		<input type="text"/>	
Children (<16)		<input type="text"/>	
Patient workload		<input type="text" value="Please Pick One"/>	

Treated in ED		Total treated (including admissions counted below)	
Adults - event-related		<input type="text"/>	
Adult total-treated for any reason (including event-related)		<input type="text"/>	
Children (<16) - event-related		<input type="text"/>	
Child total-treated for any reason (including event related)		<input type="text"/>	

Admissions		Total Admitted	
Adults - event-related		<input type="text"/>	
Adult total-admitted for any reason(including event-related)		<input type="text"/>	
Children (<16) - event-related		<input type="text"/>	
Child total-admitted for any reason(including event-related)		<input type="text"/>	

Event Related Deaths		Event related deaths (including DOA's)	
Adult Mortalities (including DOA's)		<input type="text"/>	
Pediatric Mortalities (including DOA's)		<input type="text"/>	

Document: Done

Hospital Needs Request

PROPOSED UNIFIED HEALTH COMMAND FOR ALLOCATION OF RESOURCES

Level 1
Hospital Network
Normal Suppliers/Vendors



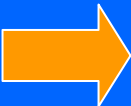
Level 2
Report on HERDS



Acknowledgement of request and placed in queue



Level 3
Urgent Immediate Need
NYC EOC Health Desk
and Report on HERDS



Acknowledgement of Request



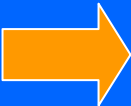
Priority Action



Queued Action



Information Provided Back to Hospitals on Status of Request



Request met, logistics arranged by EOC

How are We Doing?

- **Hospital Incident Command System (HICS)**
- **Personal Protection Equipment (PPE) Training & Drills**
- **Increase hospital supplies**
- Updated NIMS-compliant HICS training planned for Spring '07
- Training materials created; will be posted on DOHMH website; conduct drills, combine with fit-testing & screening and isolation drills
- Plan to increase par levels of hospital supplies (include IV fluids, antibiotics, meds, linens, PPE); NYC and NYS to have cache of PPE

How Are We Doing?

- **Mass Screening and Isolation**
- **Critical Care Surge Capacity**
- **Creating hospital-based non-traditional space**
- **Special Populations**
- **DOHMH and ID Workgroup creating; conduct single patient screening and isolation drills at least yearly**
- **DOHMH gradually building citywide cache of ventilators, durable medical equipment, and associated training; end-of-life issues still complicated**
- **DOHMH, Surge capacity and ID Workgroups creating draft tools**
- **Pediatrics, geriatrics, immunocompromised being addressed**

New Initiatives

- **Mass fatality planning with hospitals and funeral firms**
- **Drilling of Unified Health Command for resource allocation**
- **Staff retention**
- **Mental Health Surge Capacity**
- **Better define role of other medical facilities and intensify work with visiting nursing services**

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