Pandemic Preparedness Planning Template
for
Federally Qualified Health Centers (FQHC)

July 10, 2007

I Background
Purpose/Scope/Legal Responsibilities

The purpose of this template is to provide the Federally Qualified Health Centers (FQHC) with a framework for health care preparedness planning and continued operation during an influenza pandemic. The information and tools in this template should be adapted for each health center and take into account the specific roles of each FQHC during an influenza pandemic, to include:

- ☐ specific role in providing triage and outpatient care (surge capacity as an alternate care site) of patients with influenza-like illness (ILI) while still providing for the ongoing medical care of all patients
- ☐ responsibility to distribute influenza vaccine and/or antiviral medications, if appropriate
- ☐ responsibility to perform influenza rapid antigen testing as part of ILI surveillance and/or treatment decisions, if appropriate
- ☐ coordination with on-going local, regional and state planning efforts

This template is a starting point. Plans need to be specific to each FQHC and should address all aspects of health care and surge capacity as they apply to each pandemic planning phase while:

- ☐ maintaining, to the extent possible, the provision of health care services to meet the needs of FQHC patients during an influenza pandemic
- ☐ maximizing the FQHC's ability to respond to patients' health care needs (and surge care demands) resulting from an influenza pandemic
- ☐ provide for FQHC staff and patient prophylaxis and vaccine considerations

II Situation

An influenza pandemic has the potential to cause widespread illness and death. Planning and preparedness before the next pandemic strikes are critical for an effective response.

The increased demand for health care services during an influenza pandemic will challenge existing health care services in New Jersey to a level not previously experienced. A pandemic will require a sustained health response for months or years. Planning for this kind of sustained response presents a unique challenge to hospitals and other health care providers and will require collaboration and integration among all health care partners.

FQHC can incorporate a pandemic influenza plan as an appendix to their existing all-hazard plans or have a separate pandemic influenza plan. This should include protocols/procedures to manage the large numbers of patients seeking care, with considerations for telephone triage, separate entrances, and segregated waiting areas for patients with influenza-like illnesses versus all other health care problems. All components of a pandemic influenza plan need to be consistent with local, state and federal plans.

Lessons learned from hurricanes Katrina and Rita demonstrate that special populations have difficulty accessing and utilizing medical services in both the public and private sectors. Prior to a pandemic, efforts must be made to identify populations with special needs as well as mechanisms to ensure their receipt of services.

III Assumptions

Because of activities funded through the Centers for Disease Control and Prevention's (CDC) Bioterrorism Preparedness and Response Cooperative Agreement and through the Health Resources and Services Administration's (HRSA) National Bioterrorism Hospital Preparedness Program, new infrastructure and key linkages among agencies have been created. Many aspects of planning for pandemic influenza use much the same infrastructure as that needed for response to bioterrorism events.

Planning assumptions include:

- An influenza pandemic will cause simultaneous outbreaks in communities across New Jersey and the United States;
- There will be an overwhelming number of ill persons requiring hospitalization and/or outpatient medical care;
- The New Jersey Department of Health and Senior Services (NJDHSS) will activate its risk communication strategies and disseminate public health advisories and alerts based on information received from the CDC and other credible sources;
- The ability of the federal government to support New Jersey will be limited at the onset of a pandemic and may continue to be limited for an extended period;

- Health care providers, including FQHC must be prepared to manage the surge of pandemic influenza patients presenting for care
    - The clinical disease attack rate is estimated to be 25 to 35 percent of the population
    - About 50 percent of ill persons will seek outpatient medical care
    - Health care providers will experience staffing shortages throughout the pandemic and into the recovery periods;
- Effective outpatient management may reduce the demand for inpatient care. Home-based treatment provided by families, and supported by primary care practitioners, home health agencies, and other professionals, will be essential during a pandemic;
- As is true of most diseases, an influenza pandemic is likely to disproportionately affect vulnerable populations, such as the poor, those with low literacy levels, the uninsured, ethnic and racial minorities, and those with disabilities. Attempts to meet the special needs of these populations should be addressed in planning;
- There will be shortages and delays in the availability of vaccine and antiviral medications;
- Public, private and non-profit sector partners have been brought into the planning process and are encouraged to develop plans for some period of self-sustained operation;
- Pandemic influenza planning will be integrated into other preparedness activities;
- Up to 30 percent of the workforce will be too sick to come to work at some point during the pandemic. Rates of absenteeism may be driven to 40 percent during the peak weeks of a community outbreak. This could continue well into the postpandemic (recovery) period. Therefore, planning for continuity of operations is an essential component of pandemic influenza preparedness;
- Supplies, equipment and pharmaceuticals will be in short supply during an influenza pandemic;
- Traditional standards of care may need to be altered to maximize health care resources and benefits; and
- ILI surveillance is already in place.

These assumptions were based on available information about past pandemics, especially the severe 1918 pandemic. It is important to recognize that we cannot predict many aspects of a pandemic and any plan must include the flexibility to adjust to the characteristics of an actual pandemic.

IV Concept of Operations

A Command and Control

Existing command and control structures should be applied to pandemic influenza.

- ☐ Identify operational priorities
- ☐ Identify key leadership positions and all essential functions
- ☐ Identify personnel 3-deep for all of these positions
- ☐ Develop training programs for all of these positions/individuals

B WHO Global Pandemic Phases (WHO Global Influenza Preparedness Plan, 2005)

Interpandemic Period – No new influenza subtypes have been detected in humans, but a novel subtype that could cause human infection may be present and circulating in animals.

Pandemic Alert Period – Human infection(s) with a new subtype of influenza virus with no or very limited human-to-human transmission has occurred.

Pandemic Period – Increased and sustained transmission in the general population of a new subtype of influenza subtype somewhere in the world (includes "Between Waves" which is a separate Period in the NJDHSS Influenza Pandemic Plan).

Postpandemic Period – Return to the Interpandemic Period

C Elements of the Pandemic Plan

The elements below must be addressed for each of the five (5) pandemic periods listed in Section D. Section D suggests activities to be considered within these eleven (11) elements.

- **Decision making and coordination**
  - Key to any plan is the establishment of a Pandemic Planning Committee and identification of a Pandemic Influenza Coordinator
  - All staff/alert rosters should identify personnel 3-deep

- **Diseases Surveillance and laboratory testing**

- **Communications**
  - External
    - State and local public health agencies – NJDHSS, local health departments and New Jersey Local Information Network Communications System (NJ LINCS) Agencies
    - Key stakeholders (e.g., New Jersey Primary Care Association (NJPCA), County/Local Office of

Emergency Management, health care facilities – hospitals, other FQHCs)

- Internal
  - FQHC management
  - FQHC staff
  - Patients

- **Patient triage**
  - Develop criteria for identifying patients who need to be seen during an influenza pandemic versus those who do not
  - Develop methodology and system for phone triage of patients (home care versus outpatient visit versus referral to hospital emergency department)
  - Develop methodology and system for screening and segregation of patients presenting to the facility
  - Maintenance of care for patients with chronic illnesses

- **Clinical evaluation/treatment of patients**
  - Testing/diagnosis procedures
  - Treatment protocols (including home care)
  - Establish a system for rapid distribution of vaccine and antivirals (including NJDHSS-required reports)
  - Development of agreements with acute care facilities and home care agencies

- **Human resources for patient care**
  - Identify categories and minimum number of personnel needed to provide care
  - Maintaining staffing in the face of anticipated workforce shortages
    - Use of staff not usually involved in patient care activities
    - Reassignment of staff
    - Use and credentialing of newly hired and volunteer health professionals
    - Use of community volunteers
  - Assignment of staff based on co-morbid illnesses
  - Time-off policies
  - Issues of childcare, eldercare, pet care and staff absenteeism
  - Development of policies for screening employees for symptoms of influenza-like illness prior to reporting for duty and when returning to work after illness
  - Prioritization and distribution of available antivirals and vaccines utilizing available protocols
  - Personal/Family Preparedness Plans for staff

- Identification of mental health resources to provide counseling to personnel (in collaboration with New Jersey Department of Human Services (NJDHS) Division of Mental Health Services Disaster and Terrorism Branch)

- **Physical resources for patient care**
  - Separation of individuals with influenza-like illness from those presenting with non-influenza symptoms/diagnoses
  - Development of surge capacity plans
    - Expansion of patient services into other areas of facility
    - Cohorting of patient services with other local facilities
  - Availability of equipment and supplies
    - Plans for dealing with supply shortages (primary and contingency)
    - Procedures for requesting supplies (otherwise unavailable) from County/Local Office of Emergency Management
    - Sharing/obtaining limited resources with other local and regional facilities/groups
  - Availability and use of antivirals and vaccine
    - Identifying contact(s) for requesting/receiving influenza vaccine and antiviral prophylaxis
    - Plans in place for rapid distribution of vaccine and antivirals to both patients and staff as appropriate (including NDHSS-required reports)
  - Use of ancillary areas for patient care

- **Education and training**
  - Identification of language and reading-level appropriate pandemic influenza education materials utilizing government recommended sources
  - Education and training for patients utilizing materials in appropriate languages and reading-levels for the population served
  - Education and training of staff
    - Facility's Pandemic Preparedness Plan
    - Pandemic influenza
    - Cross-training to maintain essential services
  - Cross-training of staff
  - Exercising all areas of plan
  - Development and implementation of just-in-time training plan

- **Facility access**
  - Security personnel
  - Limit points of access/egress

- Criteria and protocols
  - Limiting patient visits
  - Limiting access/egress to the facility
  - Screening staff/patients/visitors for ILI symptoms prior to building entry
  - Securing the facility
  - Crowd control

- **Business continuity** (pending federal guidance)

- **Infection Control (staff & patients)**
  - Use of surgical masks and N-95 particulate respirators
  - Respiratory hygiene/cough etiquette
  - Cleaning, disinfection and sterilization
  - Availability of alcohol-based gels, tissues and waste receptacles at the facility
  - Increased environmental cleaning

D Health Care Response during specific pandemic periods

Listed here are some of the issues to be considered when addressing each of the Elements of Section C.

1 Interpandemic Period

- Estimate the impact of an influenza pandemic on FQHC services using software such as Flu Work Loss available from the CDC at http://www.cdc.gov/flu/pandemic/preparednesstools.htm
- ☐ Ensure pandemic influenza plan and protocols are in place
- ☐ Review internal emergency management and disaster mental health plans (i.e. in collaboration with NJ DHS Division of Mental Health Services Disaster and Terrorism Branch and local/state Office of Emergency Management)
- ☐ Establish contact and plan with other FQHC and with state and local public health agencies (i.e., register for LINCS Health Alert Network)
- ☐ Update and/or inventory pharmaceutical supplies and sources of pharmaceutical resources and ensure that suppliers have adequate business continuity plans
- ☐ Update and/or inventory medical supplies and sources of medical supplies and ensure that suppliers have adequate business continuity plans
- ☐ Establish/maintain inventory of personal protective equipment (PPE)
- ☐ Develop and maintain contact lists of FQHC personnel (including work and home communication information)

- ☐ Conduct education/training for staff on the Pandemic Plan, Personal Pandemic Plan, infection control, respiratory etiquette and hand hygiene
- ☐ Conduct surveillance for influenza

2 Pandemic Alert Period

- ☐ Continue activities of the Interpandemic Period
- ☐ Review and update FQHC Pandemic Influenza Plan
- ☐ Obtain from NJDHSS and public health authorities case definitions, protocols and algorithms to assist with case finding, management, infection control, and surveillance reporting
- ☐ Review, revise as needed, and activate guidelines for prevention and control measures
- ☐ Maintain contact and continue planning with other FQHCs and with state and local public health agencies (i.e. NJ LINCS Health Alert Network)
- ☐ Conduct surveillance and testing for influenza per NJDHSS guidance
- ☐ Provide “refresher” training to staff
- ☐ Cross-train staff as appropriate
- ☐ Begin education of patients (ensure uniformity of message with state education) to include
    - Seasonal influenza vs pandemic influenza
    - Prevention activities (i.e. handwashing, social distancing, etc)
    - Home care of those ill with influenza
- ☐ Exercise each of the key components of the plan and revise/adjust plan accordingly

3 Pandemic Period

- ☐ Continue activities of the Pandemic Alert Period
- ☐ Activate Pandemic Influenza Plan
- ☐ Keep up-to-date on the latest recommendations from governmental public health authorities
- ☐ Screen all incoming patients for influenza-like-illness
- ☐ Implement a plan for early detection, reporting and treatment of health care personnel (staff)
- ☐ Implement plan to vaccinate and provide antiviral agents to staff per NJDHSS guidance, when vaccine is available
- ☐ Implement plans to vaccinate and provide antiviral agents to patients per NJDHSS guidance
- ☐ Reinforce infection control procedures to prevent the spread of influenza and utilize appropriate PPE
- ☐ Maintain close contact with other FQHC and with state and local public health agencies

- ☐ Post signs for respiratory hygiene/cough etiquette
- ☐ Maintain high index of suspicion that patients presenting with influenza-like illness could be infected with pandemic strain
- ☐ Cohort and segregate patients
- ☐ Consider co-morbid conditions when developing staffing assignments
- ☐ Consider assigning staff recovering from influenza to care for influenza patients
- ☐ Follow guidelines for when sick staff are allowed to return to work
- ☐ Increase environmental cleaning efforts

4 Between Waves

- ☐ Scale back pandemic response activities as appropriate returning to Pandemic Alert Period activities
- ☐ Initiate recovery operations including stress management and crisis counseling
- ☐ Summarize and analyze the pandemic response and lessons learned for next wave
- ☐ Review and revise the Pandemic Influenza Plan based on outcome measurements and performance results of current plan
- ☐ Rebuild/reinstate essential services
- ☐ Prepare for the next wave

5 Post-pandemic Period

- ☐ Scale back activities as appropriate returning to Interpandemic Period activities
- ☐ Initiate recovery operations including stress management and crisis counseling
- ☐ Summarize and analyze the pandemic response and lessons learned for future pandemic situations
- ☐ Review and revise the Pandemic Influenza Plan based on outcome measurements and performance results of current plan
- ☐ Rebuild/reinstate services

V Responsibilities

Identify/list Interpandemic roles/responsibilities for all staff members.

Identify/list Pandemic Alert Period roles/responsibilities for all staff members.

Identify/list Pandemic Period roles/responsibilities for all staff members.

Identify/list roles/responsibilities for all staff members between waves.

Identify/list Postpandemic Period roles/responsibilities for all staff members.

VI Plan Maintenance

Any FQHC Pandemic Influenza Preparedness and Response Plan is a dynamic document and should be updated periodically to reflect new developments in understanding of the novel influenza virus with potential to cause a pandemic, its transmission, prevention, and treatment.

The plan should be exercised to identify operating challenges and promote effective implementation. Plan updates should incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts and exercises.

Attachments

1 Acronyms/Definitions

CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
COG	Continuity of Government
COOP	Continuity of Operations Plan
DHHS	Department of Health and Human Services
FQHC	Federally Qualified Health Centers
HAN	Health Alert Network
H5N1	Avian flu virus
HRSA	Health Resources and Services Administration
ILI	Influenza-like Illness
IC	Incident Commander
ICS	Incident Command System
LAL	Look-A-Like (health center functioning like an FQHC but without federal designation)
NJ LINCS Agency	New Jersey Local Information Network and Communications System
NJPCA	New Jersey Primary Care Association
MRC	Medical Reserve Corps
NIMS	National Incident Management System
NJDHS	New Jersey Department of Human Services
NJDHSS	New Jersey Department of Health and Senior Services
PPE	Personal Protective Equipment
WHO	World Health Organization

2 WHO/HHS Pandemic Phases and US Government Response Stages

3 Policies included in Primary Care Association Plan could be added here

Resources

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