South Central Public Health District
Prevent. Promote. Protect.

Medical Offices and Clinics Pandemic Influenza Planning Checklist

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Senior Services offers the following checklist to help medical offices and ambulatory clinics assess and improve their preparedness for responding to pandemic influenza. This checklist is modeled after a pandemic preparedness checklist for hospitals and should be used in conjunction with guidance on healthcare preparedness planning in Supplement 3 of the HHS Pandemic Influenza Plan. Many of the issues included in the checklist are also relevant to other outpatient settings that provide episodic and chronic healthcare services (e.g., dental, podiatric, and chiropractic offices, ambulatory surgery centers, hemodialysis centers). Given the variety of healthcare settings, individual medical offices and clinics may need to adapt this checklist to meet their unique needs. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. Medical offices and clinics can use this tool to identify the strengths and weaknesses of current planning efforts. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and it will be necessary to monitor selected websites for new and updated information.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
☐	☐	☐	Pandemic influenza has been incorporated into emergency management planning for the organization.
☐	☐	☐	A planning committee1 has been created to specifically address pandemic influenza preparedness for the medical office or clinic.
☐	☐	☐	A person has been assigned responsibility for coordinating preparedness planning for the practice or organization (hereafter referred to as the pandemic influenza response coordinator). (Insert name, title, and contact information.) _____
☐	☐	☐	Members of the planning committee include the following: (Insert below or attach list with name, title and contact information for each.) Administration: _____ Medical staff: _____ Nursing: _____ Reception personnel: _____ Environmental services (if applicable): _____ Clinic laboratory personnel (if applicable): _____ Other member(s): _____
☐	☐	☐	A point of contact (i.e., person assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control measures to prevent transmission of pandemic influenza has been identified. (Insert name, title, and contact information.) _____ _____

1. The committee could be very small (e.g., two or three staff members) or very large, depending on the size and needs of the organization.
2. Formal memorandum of understanding or contract may be needed if an outside consultant is used.

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2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
❑	❑	❑	Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained from www.hhs.gov/pandemicflu/plan.
❑	❑	❑	A written plan has been completed or is in progress that includes the elements listed in #3 below.
❑	❑	❑	The plan describes the organizational structure that will be used to operationalize (i.e., lines of authority) the plan.
❑	❑	❑	The plan incorporates and compliments the community response plan.

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
❑	❑	❑	**A plan is in place for surveillance and detection of pandemic influenza in the population served.**
			❑ Responsibility has been assigned for monitoring public health advisories (federal and state) and informing members of the pandemic influenza planning committee and/or the pandemic influenza response coordinator when pandemic influenza is in the United States and when it is nearing the geographic area (e.g., state and/or city). (For more information, see www.cdc.gov/flu/weekly/fluactivity.htm) (Insert name, title and contact information) _____
			❑ A system has been created to monitor and review influenza activity in patients cared for by clinical staff (i.e., weekly or daily number of patients calling or presenting to the office or clinic with influenza-like illness) and among medical office or clinic staff. (For more information see www.cdc.gov/flu/professionals/diagnosis/) (Monitoring for seasonal influenza activity is performed to ensure that the monitoring system for pandemic influenza will be effective and will ensure that organizations can detect stressors that may affect organizational capacity, such as staffing and supply needs, and hospital and emergency department capacity [and supply needs] during a pandemic.)
			❑ A system is in place to report unusual cases of influenza-like illness and influenza to the local or state health department. (For more information see www.hhs.gov/pandemicflu/plan/sup1.html#outpat and www.hhs.gov/pandemicflu/plan/sup5.html#nov.)
❑	❑	❑	**A communication plan has been developed.**
			❑ Key public health points of contact for pandemic influenza have been identified and arrangements have been made for telephone, facsimile, or e-mail messaging. Local health department contact: (Insert name, title and contact information) _____ State health department contact: (Insert name, title and contact information) _____
			❑ The office or clinic's point person for external communication has been assigned. (Insert name, title and contact information) _____ (Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization)
			❑ A list has been created of healthcare entities and their points of contact (i.e., local hospitals/health facilities, home health care agencies, social service agencies, emergency medical services, commercial and clinical laboratories, relevant community organizations [including those involved with disaster preparedness]) with whom the medical office or clinic anticipates that it will be necessary to maintain communication and coordination of care during a pandemic. (Attach or insert location of contact list.) _____

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3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
❑	❑	❑	❑ The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including notification when updated plans are created. ❑ A list or database has been created with contact information on patients who have regularlyscheduled visits and may need to be contacted during a pandemic for purposes of rescheduling office visits or assigning them to another point of care. (Insert location of list/database.) _____ _____
❑	❑	❑	**A plan is in place to provide an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza.** ❑ A person has been designated to coordinate education and training (i.e., identify and facilitate access to education and training programs, maintain a record of attendance at education and training programs). (Insert name, title and contact information) _____ ❑ Current and potential opportunities for long-distance (i.e., web-based) and local (i.e., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of medical and nursing personnel have been identified. (http://www.cdc.gov/flu/professionals/training/) ❑ Language and reading-level appropriate materials on pandemic influenza (i.e., available through state and federal public health agencies and professional organizations) appropriate for professional, allied and support personnel have been identified and a plan is in place for obtaining these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm.) ❑ Education and training includes information on infection control measures to prevent the spread of pandemic influenza. www.hhs.gov/pandemicflu/plan/sup4.html
❑	❑	❑	**Informational materials for patients on pandemic influenza that are language and reading-level appropriate for the population being served have been identified, and a plan is in place to obtain these materials. (For more information see www.cdc.gov/flu/professionals/patiented.htm .)** ❑ The roles of medical and nursing personnel in providing health care guidance for patients with pandemic influenza have been established.
❑	❑	❑	**A plan for triage and management of patients during a pandemic has been developed.** ❑ A system is in place for phone (and e-mail, where appropriate) triage of patients to determine who requires a medical evaluation, to limit office visits to those that are medically necessary. ❑ Plans have been developed to manage patient care at the height of the pandemic including the following possibilities: • Temporarily canceling non-essential medical visits (i.e., annual physicals). • Designating separate blocks of time for non-influenza and influenza-related patient care. ❑ Local plans and criteria for the disposition of patients following a medical evaluation (i.e., hospitalization, home health care services, self- or family-based care at home) have been discussed with local hospital and health care agencies and local health department. (Flexibility will be necessary based on hospital bed capacity)
❑	❑	❑	**An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza see www.hhs.gov/pandemicflu/plan/sup4.html)** ❑ A specific waiting room location has been designated for patients with symptoms of pandemic influenza that is segregated from other patients awaiting care. (This may not be feasible in very small waiting rooms, in which case the emphasis may be on use of masks as noted below.)

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3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
❑	❑	❑	❑ A plan for implementing Respiratory Hygiene/Cough Etiquette is in place. (For more information see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm.) • Signage (language appropriate) directing patients and those accompanying them to notify reception personnel if they have symptoms of pandemic influenza has been developed or a source of signage (i.e., CDC website above) has been identified. • Signage (language appropriate) on Respiratory Hygiene/Cough Etiquette instructing symptomatic persons to use tissues to cover their cough to contain respiratory secretions and perform hand hygiene has been developed or a source of signage (i.e., CDC website above) has been identified. • The plan includes distributing masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues, receptacles for their disposal and hand hygiene materials in waiting areas and examination rooms. • Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when influenza and other respiratory viruses (i.e., respiratory syncytial virus, parainfluenza virus) are circulating in communities. • If patients with pandemic influenza will be evaluated in the same location as patients without an influenza-like illness, separate examination rooms have been designated for evaluation of patients with symptoms of pandemic influenza. • A policy is in place that requires healthcare personnel to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients. • The policy includes protection of reception and triage personnel at initial points of patient encounter.
❑	❑	❑	**A vaccine and antiviral use plan has been developed.** ❑ Websites where current federal and/or state health department recommendations for the use and availability of pandemic influenza vaccines and antiviral medications have been identified. (for more information see www.hhs.gov/pandemicflu/plan/sup6.html) ❑ An estimate of the number of personnel and patients who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis, based on HHS guidance for use, has been developed. (www.dhhs.gov/nvpo/pandemicplan/annex6.pdf) (This estimate can be used for considering which patients may need to be notified first about vaccine or antiviral availability, anticipating staffing requirements for distribution of vaccines and antivirals, and for procurement purposes.)
❑	❑	❑	**An occupational health plan has been developed and includes the following:** ❑ A liberal/non-punitive sick leave policy for managing personnel who have symptoms of or documented illness with pandemic influenza. ❑ The policy considers: • The handling of staff who become ill at work. • When personnel may return to work after recovering from pandemic influenza. • When personnel who are symptomatic, but well enough to work, will be permitted to continue working. • Personnel who need to care for their ill family members. ❑ A system for evaluating symptomatic personnel before they report for duty and tested during a nonpandemic influenza period. ❑ Mental health and faith-based resources that are available to provide counseling to personnel during a pandemic.

continued

3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
			❑ The management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work location. ❑ The ability to monitor seasonal influenza vaccination of healthcare personnel. ❑ The offer of annual influenza vaccine to medical office or clinic personnel.
❑	❑	❑	**Issues related to surge capacity (i.e., dealing with an influx of patients and staff and supply shortages) during a pandemic have been addressed. (For more information see www.hhs.gov/pandemicflu/plan/sup3.html#surge)** ❑ Plans for managing a staffing shortage within the organization due to illness in personnel or their family members have been addressed. ❑ Staff have been encouraged to develop their own family care plans for the care of dependent minors and seniors in the event community containment measures (i.e., "snow days," school closures) are implemented. (www.pandemicflu.gov/planguide/checklist.html; www.pandemicflu.gov/planguide/familyhealthinfo.html) ❑ The minimum number and categories of personnel necessary to keep the office/clinic open on a given day have been determined. ❑ Plans for either closing the office/clinic or recruiting temporary personnel during a staffing crisis have been addressed. ❑ Anticipated consumable resource needs (i.e., masks, gloves, hand hygiene products, medical supplies) have been estimated. ❑ A primary plan and contingency plan to address supply shortages have been developed and each details procedures for acquisition of supplies through normal channels, as well as requestingre-sources when normal channel resources have been exhausted. ❑ Plans include stockpiling at least a week's supply of consumable resources, including all necessary medical supplies, when there is evidence that pandemic influenza has reached the United States.

Information Adapted from guidance provided by the Centers for Disease Control and Prevention