

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### RESPIRATORY INFLUENZA RESPONSE PLAN PHASES

---

<b>Effective Date:</b>	<b>November 2005</b>	<b>Policy No:</b>	<b>IC 009A</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>Infection Control</b>
<b>Reviewed Date:</b>	<b>September 2010</b>	<b>Authority:</b>	<b>Edward McManus, M.D.</b>
<b>Revised Date:</b>		<b>Page:</b>	<b>1 of 7</b>

---

**PURPOSE:** To provide guidelines for the surveillance, treatment, and management of Influenza patients to prevent the further transmission of the infection.

#### SUPPORTING DATA

- CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2004;
- Infection Control Guidance for the Prevention and Control of Influenza in Acute Care Facilities and Updated Infection Control Measures for -Prevention and Control of Influenza in Health-Care Facilities (A)\*see note;
- HRMC Infection Control Policies: 8762.001-Hand Hygiene; 8762.003B-Respiratory Hygiene/Cough Etiquette; 8762.003A-Standard Precautions; 8762.003D-Droplet Precautions (B):
- World Health Organization Influenza Preparedness Plan, Nov. 2005 (C);
- National Strategy for Pandemic Influenza, Homeland Security Council, Nov. 2005; (D1)
- National Strategy for Pandemic Influenza: Implementation Plan; May, 2006; (D2).
- United States Dept. of Health & Human Services Part 1-Strategic Plan (E);Part 2 – Public Health Guidance on Pandemic Influenza for State And Local partners (F): Supplement 3 Healthcare Planning (G); Supplement 4 Infection Control (H); Supplement 5 Clinical guidelines (I); Pandemic Planning Update, Mar. 2006; (J)
- NJDOHSS Influenza Pandemic Plan, Feb. 2006 (K);
- Emergency Health Powers Act, State of New Jersey, Nov. 2004 (L)
- Reference: Glossary of Terms; Comparison of Influenza Types; Cleaning Procedures.

**\* Note: All capital letters in parenthesis refer to the corresponding Tab in the Emergency Preparedness Influenza Plan Manual.**

# HACKETTSTOWN REGIONAL MEDICAL CENTER

## RESPIRATORY INFLUENZA RESPONSE PLAN PHASES

---

Effective Date:	November 2005	Policy No:	IC 009A
Cross Referenced:		Origin:	Infection Control
Reviewed Date:	September 2010	Authority:	Edward McManus, M.D.
Revised Date:		Page:	2 of 7

---

### RESPONSE PLAN PHASES:

#### Interpandemic/Postpandemic Period

- Phase 1:** No new influenza virus subtypes have been detected in humans. Present in animals, but human risk is low
- Phase 2:** No new influenza virus subtypes have been detected in humans. Circulating animal influenza subtype poses risk of human disease.

#### Pandemic Alert Period

- Phase 3:** Human infection with new subtype, but no human-to-human contact spread.
- Phase 4:** Small clusters with limited human-to-human transmission but spread is highly localized.
- Phase 5:** Larger cluster(s), but human-to-human spread is still localized.

#### Pandemic Period

- Phase 6:** Pandemic phase: increased and sustained transmission in general population.

### PROCEDURE:

1. Post influenza: **Phases 1 and 2**
  - a. Clinical Staff
    1. Current Influenza information from CDC and/or NJDHSS distributed to all employees.
    2. Influenza vaccine offered to employees.
    3. Post reminders of Infection Control policies in staff areas for review. Policies on Hand Hygiene, Respiratory Hygiene/Cough Etiquette, Standard Precautions, and Droplet Precautions.
    4. Posters on Respiratory Hygiene/Cough Etiquette posted in Staff lounges.
  - b. Registration and Emergency Department Waiting Area
    1. Surgical masks placed in registration areas and Emergency Department waiting area.
    2. Signs on Respiratory Hygiene/Cough Etiquette and Influenza posted at hospital entrances.
  - c. Laboratory has supply of Rapid Influenza A and B testing kits available.
2. Pandemic Alert Period: **Phases 3, 4, and 5**
  - a. Follow all of the steps in Phases 1 and 2.
  - b. Infection Control Surveillance of all Emergency Department patients and Direct Admissions. I. C. will check Daily Emergency Logs for admission diagnosis and follow-up (review CXR and Lab testing) with any presenting with influenza symptoms.

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### RESPIRATORY INFLUENZA RESPONSE PLAN PHASES

---

Effective Date:	November 2005	Policy No:	IC 009A
Cross Referenced:		Origin:	Infection Control
Reviewed Date:	September 2010	Authority:	Edward McManus, M.D.
Revised Date:		Page:	3 of 7

---

- c. Warren County Department of Health electronic surveillance of all Emergency Department visits. (Automatic process coordinated between HRMC IS Department and Warren County Public health).
- d. Follow NJDHSS directives for the reporting of influenza-like respiratory illnesses by the Emergency Department.

#### **Pandemic Alert Period Surveillance and Testing if Avian Influenza A (H5N1) in Humans**

Healthcare providers should inquire about recent travel history of patients presenting with influenza like illness (ILI). Patients with ILI and a history of travel within the previous 10 days to an affected area\* should be reported immediately to New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) at 609-588-7500 during normal business hours and 609-392-2020 during nights, weekends, and holidays.

#### Reporting/Procedures

All suspect cases of influenza meeting the above criteria ***must be reported to NJDHSS within one working day***. NJDHSS will follow up on each case. In addition to demographic and clinical information, travel itinerary, food history and information regarding contact with animals should be obtained. If possible, a rapid antigen test for influenza should also be performed.

#### Deciding who to test for H5N1

Testing for avian influenza A (H5N1) is indicated for **hospitalized** patients with:

- Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternative diagnosis has **not** been established; **and**
- History of travel within 10 days of symptom onset to a country with documented avian influenza A (H5N1) infections in poultry and/or humans.

**OR**

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with state and local health departments for **hospitalized or ambulatory** patients with:

- Documented temperature of >100.4°F (>38°C); **and**
- One or more of the following: cough, sore throat, or shortness of breath; **and**
- History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days prior to onset of symptoms.

Testing can be arranged through NJDHSS CDS by contacting the above numbers.

# HACKETTSTOWN REGIONAL MEDICAL CENTER

## RESPIRATORY INFLUENZA RESPONSE PLAN PHASES

---

Effective Date:	November 2005	Policy No:	IC 009A
Cross Referenced:		Origin:	Infection Control
Reviewed Date:	September 2010	Authority:	Edward McManus, M.D.
Revised Date:		Page:	4 of 7

---

### Specimens

The following specimens are appropriate for testing and should be collected within 24 hours of symptom onset and **before** administration of antiviral medications. It is acceptable and recommended that more than one swab or aspirate be collected.

- Nasopharyngeal swab or aspirate
- Oropharyngeal swab
- Brocheoalveolar lavage specimen (BAL)
- Serum (Note: Acute samples should be drawn within 7 days of symptom onset on all suspect AI cases. CDC will perform confirmatory testing on sera, depending on results of other testing. These sera samples should be held at the facility until AI diagnosis is ruled out.)

PHEL lab submission forms can be obtained at the following website: <http://nj.gov/health/forms/srd-1.pdf>. Information regarding specimen collection, packaging and transport can be obtained by contacting NJDHSS CDS at the above numbers.

For a regularly updated listing of H5N1-affected countries, see the World organization for Animal Health [OIE] website at [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm) and the WHO website at <http://www.who.int/en/>.

- e. Institute restricted visitor policy if in geographical area of new sub-type Influenza infection.

### **Phase 4 - Influenza not in geographic area-outside the United States**

- A. Maintain contact with Public Health through the Lincs network
- B. Review Emergency Preparedness Plan for Influenza outbreak.
  - a. Triage of Influenza patients (M)
  - b. Employee Prophylaxis Plan (N)
  - c. Materials Management Plan for Re-stocking of Supplies (O) - Hospital must be able to sustain itself independently for 48-72 Hours
  - d. Review Physicians Disaster call list (P)
  - e. Security Plan (Q)
  - f. Mortuary Issues (R)
  - g. Education Dissemination Plans (S)
    - Medical Staff
    - Employees
  - h. Public Relations (T)
  - i. Nutritional Services (U)
- C. Check on needed quantity of supplies and antiviral medications.
- D. Institute Medical Directors Plan for Education of Medical Staff

**HACKETTSTOWN REGIONAL MEDICAL CENTER**

**RESPIRATORY INFLUENZA RESPONSE PLAN PHASES**

---

<b>Effective Date:</b>	<b>November 2005</b>	<b>Policy No:</b>	<b>IC 009A</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>Infection Control</b>
<b>Reviewed Date:</b>	<b>September 2010</b>	<b>Authority:</b>	<b>Edward McManus, M.D.</b>
<b>Revised Date:</b>		<b>Page:</b>	<b>5 of 7</b>

---

**Phase 5** Influenza not in geographic area (2-3 Day Lag Time estimate by U. S. Gov't)

- A. Put Employee Prophylaxis into effect
- B. Discharge Planning of Non- influenza patients
- C. Set up Triage Area of possible Influenza Patients

**Phase 5** Influenza in geographic area – GO TO PHASE 6

**3. Phase 6** Pandemic Period

- Follow all steps in Phases 1 through 5.
- **Institute Incident Command.**

# HACKETTSTOWN REGIONAL MEDICAL CENTER

## RESPIRATORY INFLUENZA RESPONSE PLAN PHASES

---

<b>Effective Date:</b>	<b>November 2005</b>	<b>Policy No:</b>	<b>IC 009A</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>Infection Control</b>
<b>Reviewed Date:</b>	<b>September 2010</b>	<b>Authority:</b>	<b>Edward McManus, M.D.</b>
<b>Revised Date:</b>		<b>Page:</b>	<b>6 of 7</b>

---

### • Communication Plan

1. HCH will implement the Emergency Management Plan as outlined in the Environmental and Patient Safety Manual. This Plan outlines the operation of the Incident Command Center and the roles and responsibilities of hospital staff members in case of a disaster.
2. Internal: The Hospital Telephone Operator is responsible for notifying Department Managers that the Emergency Plan is being implemented. Human Resources is responsible for notifying additional staff members that are not presently working when the incident occurs.
3. External:
  - a. The Bioterrorism Coordinator or Administrator-on-Call will contact the Hackettstown Office of Emergency Management (908-979-2305) or (911) to notify them of the incident. Hackettstown Office of Emergency Management (OEM) will contact Warren County OEM (Day: 908-835-2047 Night: 908-835-2060).
  - b. The Bioterrorism Coordinator, Administrator-on-Call or designee will notify the New Jersey Department of Health and Senior Services (NJDHSS) (09-588-7500) during regular business hours; (609-392-2020) after 5pm weekdays, weekends and holidays; and the Warren County Health Department 908-689-6693. Note: the NJDHSS is the primary contact for a suspected smallpox case. Do not call the CDC or FBI.
  - c. Communication between HRMC, and other local healthcare providers, the County Department of Health, and local OEM will be provided by the Bioterrorism Coordinator/Administrator-on-Call according to the HRMC Emergency Management Plan.
4. In the event that the routine network of communication is disabled, the Hospital has the ability to communicate with the State and other agencies via the State Police Radio located in the Emergency Room as well as the Incident Command Center (Board Room).
5. The Emergency Preparedness Coordinator and Infection Control Coordinator subscribe to the State Health Alert Network through the Local Information Network and Communication System (LINCS).
6. Emergency Department
  - a. Institute Pandemic Triage Plan (M)
  - b. Put Influenza-like Illness Assessment Tool into use
  - c. Enforce respiratory hygiene/cough etiquette
7. Institute Security Plan (Q)
  - Limit number of visitors
  - Limit points of entry to hospital

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### RESPIRATORY INFLUENZA RESPONSE PLAN PHASES

---

<b>Effective Date:</b>	<b>November 2005</b>	<b>Policy No:</b>	<b>IC 009A</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>Infection Control</b>
<b>Reviewed Date:</b>	<b>September 2010</b>	<b>Authority:</b>	<b>Edward McManus, M.D.</b>
<b>Revised Date:</b>		<b>Page:</b>	<b>7 of 7</b>

---

8. Hospital Admissions
  - a. Defer elective admissions and procedures
  - b. Discharge patients as soon as possible
  - c. Cohort patients admitted with influenza
  - d. Open alternate inpatient area if no beds available on units.
  
9. Staffing Practices
  - a. Consider reassignment of pregnant and high risk staff due to complications of influenza
  - b. Cohort staff caring for influenza patients
  - c. Implement system for detection and reporting signs and symptoms of influenza in staff reporting for duty
  - d. Consider assigning staff recovering from influenza to care for influenza patients
  
10. HAI (Hospital Acquired Infection) Transmission
  - a. Restrict visitors
  - b. Restrict new admissions to affected units/alternate patient areas