

PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE STANDARD OPERATING PLAN FOR HOME HEALTH AGENCIES

This is a SAMPLE plan for home health agencies to adapt to their agency if they choose.

Pandemic viruses constitute new Influenza A viruses to which large portions of the world's population lack preexisting protective antibody. Consequently, global and national levels of illness and deaths can be much higher and more severe. A pandemic may come and go in waves, each of which can last for months at a time. Everyday life could be disrupted including school and business closings with interruption of basic services such as public transportation and health care. An especially severe influenza pandemic could lead to high levels of illness.

In the event that a Pandemic Influenza outbreak occurs, area hospitals may find it necessary to discharge in-patients that are not as acute. In this instance, (agency name) may have a major influx of patients. Employees will be assigned more hours as necessary to care for patients. The Director of Clinical Services will be consulted to approve overtime as needed and to access any available additional staff. Agency office bound nursing personnel may also be required to care for patients.

COMMUNICATIONS AND POINT OF CONTACT

Communications will be through the incident command system.

The Director of Clinical Services (person assigned responsibility for coordinating preparedness planning hereafter referred to as the Pandemic Response Coordinator) will be responsible for coordinating and implementing the preparedness plan. In the event the Director of Clinical Services is unavailable, the Nursing Supervisors will assume responsibility for coordinating and implementing the preparedness plan.

Pandemic influenza is incorporated into (agency name)'s Emergency Disaster Procedures/Disaster Planning.

During a Pandemic "alert" period, the Pandemic Response Coordinator will assure that enough supplies and equipment are ordered so that cross contamination from patient to patient will not occur, e.g. surgical masks, gloves, goggles, disposable gowns, alcohol based hand hygiene products and other disposables and to assure daily operations, will remain uninterrupted in the event

of supply shortage. At least stockpiling a two-week's supply will be anticipated and ordered from the medical supply vendor. The Pandemic Response Coordinator is responsible for reporting protocols, securing medical supplies if local supplies and inventory is exhausted and securing vaccine for the vaccine recipient groups based on state and National Threat assessments.

(agency name) will cooperate with the State of La. Office of Public Health regarding any specific procedures with quarantine and isolation.

The Pandemic Response Coordinator will coordinate with any local emergency rooms, clinics and physicians office managers to identify (agency name) Home Health patients and staff presenting with suspected or confirmed pandemic influenza and if the patient can be treated at home or requires hospitalization. The Pandemic Response Coordinator will assist the referral sources by identifying other home health agencies and resources available in the event of surge capacity and will coordinate with them daily and how many new referrals can be accepted.

CRITERIA FOR EVALUATION OF PATIENTS WITH POSSIBLE PANDEMIC INFLUENZA

CLINICAL CRITERIA

Suspected cases of pandemic influenza virus infection should meet the following criteria: temp of greater than 38 degrees centigrade plus either sore throat or cough. Since lower respiratory tract involvement might result in dyspnea; this should be considered as an additional criterion. Therefore the full clinical criteria are: fever plus one of the following: sore throat, cough, or dyspnea. Although past influenza pandemics have most frequently resulted in respiratory illness, the next pandemic influenza virus strain might present with a different clinical syndrome. During a pandemic, updates on other clinical presentations might be provided at www.pandemicflu.gov. The Pandemic Response Coordinator will be responsible for obtaining updates and distributing to agency staff.

EPIDEMIOLOGIC CRITERIA

During the pandemic period, an exposure history will be marginally useful for clinical management when disease is widespread. Once pandemic influenza has arrived in a particular locality, clinical criteria will be sufficient for classifying the patient as a suspected pandemic influenza case.

INITIAL MANAGEMENT OF PATIENTS WHO MET THE CRITERIA FOR PANDEMIC INFLUENZA

When a patient meets the criteria for a suspected case of pandemic influenza, healthcare personnel will initiate the following activities:

1. **Follow local and state health department recommendations on reporting for patients who meet the criteria for pandemic influenza. This will be coordinated by the Pandemic Response Coordinator.**
2. **Obtain clinical specimens as ordered. Ensure that clinical specimens from suspected cases are handled under proper biocontainment conditions and notify the local health department of intention to ship if appropriate.**
3. **When caring for patients at home, they should be separated from other household members as much as possible. All household members should follow recommendations for hand hygiene, and tissues used by the ill patient should be placed in a bag and disposed with other household waste. Infections within the households may be minimized if a primary caregiver is designated; ideally, someone who does not have an underlying condition that places them at increased risk of severe influenza disease. Although no studies have assessed the use of masks at home to decrease the spread of infection, using a surgical or procedure mask by the patient or caregiver during interactions may be of benefit. Separation of eating utensils for use by a patient is not necessary as long as they are washed with warm water.**
4. **Children aged <18 years with suspected or confirmed pandemic influenza should not be treated with aspirin or other salicylates because of an increased risk of Reye Syndrome in this age group.**

SPECIAL SITUATION AND EXCEPTIONS TO THE CLINICAL CRITERIA

PERSONS WITH A HIGH RISK OF EXPOSURE

For persons with a high risk of exposure to a novel influenza virus (e.g. poultry worker from an infected area, caregiver of a patient with laboratory confirmed novel influenza. Employee in a laboratory that works with live novel influenza viruses): epidemiologic evidence might be enough to initiate further measures, even if clinical criteria are not fully met. In these persons, early signs and symptoms such as rhinorrhea, conjunctivitis, chills, rigors, myalgia, headache, and diarrhea, in addition to cough or sore throat, may be used to fulfill the clinical criteria for evaluation.

HIGH RISK GROUPS WITH ATYPICAL SYMPTOMS

Young children, elderly patients, patients in long term care facilities, and persons with underlying chronic illnesses might not have atypical influenza like symptoms, such as fever. When such patients have a strong epidemiologic risk factor, novel influenza should be considered with almost any change in health status. Conjunctivitis has been reported in patients with influenza A and (H7N3) infections. In young children, gastrointestinal manifestations such as vomiting and diarrhea may be present. Infants may present with fever or apnea alone, without other respiratory symptoms and should be evaluated if there is an otherwise increased suspicion of novel influenza.

HOME CARE SERVICES INFECTIONS CONTROL GUIDANCE IF PANDEMIC INFLUENZA OCCURS

Most patients with pandemic influenza will be able to remain at home during the course of their illness and can be cared for by family or others who live in the household. Anyone who has been in the household with the influenza patient during the incubation period is a risk for developing influenza. A key objective in this setting is to limit transmission of pandemic influenza within and outside the home.

NEW REFERRALS AND EXISTING PATIENTS

- **The decision to accept pandemic influenza patients will be on a case-by-case basis in consultation with the physician at the direction of the Pandemic Response Coordinator. For example, if the physician determines that the patient with a mild disease can be managed at home without home health intervention, (agency) may assist with follow up phone calls on home management of fever and dehydration, pain relief, recognition of deterioration in status as well as infection control measures to follow and other standardized instructions.**
- **Patients are triaged according to emergency management plan. Pandemic influenza patients in the home that are triaged as lower than level I, have nonessential services postponed.**
- **All agency staff will have available (agency name) pyramid phone tree list at home to contact their immediate supervisor daily for arranging patient care assignments. All Nursing Supervisors will teleconference with the Pandemic Response Coordinator as to updates and planning. If an influx of patients occurs, all vacations or leaves will be canceled and all employees will be notified of the need to increase their hours of work.**
- **The Pandemic Response Coordinator will be responsible for maintaining communications daily with staff to evaluate symptoms of pandemic influenza; those staff with illness will not be allowed to report to work; staff wishing to return to work following influenza will need to clear through Human Resources Coordinator prior to being assigned.**
- **Agency staff at increased risk of influenza complications such as pregnant women, immunocompromised staff will be placed on leave.**
- **During a pandemic, the following activities will be managed by the Pandemic Response Coordinator and Nursing Supervisors according to emergency plan policy; patient care related activities including patient**

communication, scheduling, modifying or discontinuing services, control of patient information and patient transfer or referral.

- **Agency staff will be rotated as little as possible to decrease the incidence of exposure.**
- **Home Healthcare providers who enter homes where there is a person with influenza like illness will follow the DPH Pandemic Influenza Plan recommendations for care if patients with pandemic influenza that include standard, droplet and contact precautions with personal protective equipment. Agency staff will wear goggles and face shields when within 3 feet of the patient.**
- **The Pandemic Response Coordinator and Nursing Supervisors will coordinate patient care activities and interventions that can be done by phone to decrease the risk exposure to staff and lessen the visit per day burden assuming staff are also ill. The Pandemic Response Coordinator will coordinate care by phone to prevent risk of exposure.**
- **Agency staff will assist in educating the health care community and patient families on how to avoid exposure to a potential virus.**
- **The Pandemic Response Coordinator will ask the Nursing Supervisors to assist by coordinating food delivery and needed resources for staff and patients through the local Red Cross, Salvation Army, local churches, and other assistance resources and businesses in their locations.**
- **Non-clinical staff such as clerical will be asked by the Pandemic Response Coordinator to assist with any communication and other tasks as needed.**
- **The Pandemic Response Coordinator will notify the Funeral Homes regarding proper state and local procedures for removal of the deceased from the home.**

OTHER ISSUES

The Chief Financial Officer will coordinate with the Chief Executive Officer as to agency hours by staff in the event staff is unable to report to the office for payroll purposes. In the event data communications are interrupted, the Chief Financial Officer will be responsible for an alternate method of payment. It is imperative in any emergency that accurate records of actions and expenses are kept.

The Chief Executive Officer will be responsible for coordinating needed data with the fiscal intermediary for agency payment in the event data communications are interrupted.

PERSONAL PROTECTIVE EQUIPMENT

PURPOSE

To define personal protective equipment requirements and indications for use in patient care.

POLICY

(agency name) will supply and make assessable appropriate personal protective equipment consistent with the tasks being performed. (agency name) will provide guidelines to assist organization personnel in selecting appropriate personal protective equipment.

Note: Personal protective equipment for eyes, face, head, and extremities, and protective shields and barriers reduce the incidence of contamination but cannot prevent penetrating injuries due to needles and other sharp instruments.

PROCEDURE

- 1. On home health assignments where personnel have a risk of occupational exposure, the organization will furnish, repair, clean, and launder, at no cost to personnel, appropriate personal protective equipment so that barrier precautions can be observed and compliance with this policy can be maintained. Personal protective equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation masks/devices, pocket masks, or other ventilation devices. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the organization personnel's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.**
- 2. All personnel must use appropriate personal protective equipment when exposed to blood or other potentially infectious materials. This equipment will be readily accessible at the work site or will be issued to personnel prior to home health assignments where personal protective equipment is needed. If, in rare and under extraordinary circumstances, organization personnel decline to use personal protective equipment for brief and temporary periods, they must do so only when in their professional judgment, in that specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of themselves or a coworker. When this occurs, (agency name) will investigate**

the circumstances involved in order to determine whether changes can be instituted to prevent such occurrences.

PROTECTIVE DEVICE CHECKLIST

Protective devices are usually required during the following patient care activities. The family/caregiver should assess the individual patient's situation to determine if additional protective devices are required.

Patient Care Activities	Protective Devices				
	Hand Washing	Gloves	Gown/ Plastic Apron	Mask	Eye Protection
Bagged specimen handling	X				
Bed change, visibly soiled	X	X	S		
Blood gases	X	X			
Blood glucose monitoring	X	X			
Care of patients with vomiting/diarrhea	X	X	S		
Clean up of incontinent patient-feces/urine	X	X	X		
Collecting specimens-stool, urine, sputum, wound	X	X			
Coughing patient, forceful and/or productive – direct contact	X			X	
Denture handling	X	X			
Diaper change	X	X			
Direct contact with blood/body substance	X	X	S		
Ear oximetry	X				
Enema	X	X	S		
Equipment cleaning	X	X	S		
Fecal impaction removal	X	X	S		
Feeding	X				

SECTION VIII

Foley irrigation	X	X			
Gastric lavage	X	X	S		
Inserting rectal suppository	X	X			
Inserting vaginal suppository	X	X			
Keto urine checks	X	X			
Medication administration:					
Oral	X				
IV Piggyback	X	X			
IV direct or into hub of catheter	X	X			
Nasotracheal or endotracheal suctioning	X	X	S	X	X
NG tube placement	X	X	S		
Oral exam with hand	X	X			
Oral exam with tongue blade	X	X			
Oral/nasal care	X	X		M	M

Legend: **X = Routinely splattering likely** **S = If soiling likely** **M = If**

PROTECTIVE DEVICE CHECKLIST

Patient Care Activities	Protective Devices				
	Hand Washing	Gloves	Gown/ Plastic Apron	Mask	Eye Protection
Oral suctioning	X	X	M		
Ostomy care, irrigation, emptying bag	X	X	S		
Oxygen cannula or mask placement	X				
Physical assessment	X	S			
Post-mortem care	X	X	S		
Postural drainage	X	X	S		
Pressure to control bleeding	X	X	S	M	M
Rectal temperature	X	S			
Routine bath	X	S			
Routine breathing treatment	X	S		X	
Shaving	X	S			
Sitz bath	X				
Soiled equipment handling	X	X	S		
Sputum induction	X	X		X	X
Traction	X				

SECTION VIII

Tube feeding	X				
Vaginal irrigation	X	X	S		
Venipuncture opening specimens	X	X	S	X	X
Ventilatory tubing changes	X	X	S		
Vital signs – oral temperature, pulse, respiration, blood pressure	X				
Washing hair	X				
Wound care	X				
Dressing change – burn	X	X	S		
Dressing change – lg. amt. drainage	X	X	S		
Dressing – routine	X	X	S	M	M
I & D of abscess	X	X			
Suture/staple removal – clean/dry	X	X	S	M	M
Suture/staple removal – drainage	X	X	S	M	M
Topical ointment to lesion		X	S	M	M
Tracheostomy care					
Wound irrigation					
Wound packing					

Legend: X = Routinely splattering likely S = If soiling likely M = If

This sample plan was provided by the VNA of Cordele, Georgia.