

New York State Department of Health
2009 H1N1 Influenza Planning Checklist for
Medical Offices and Clinics
October 2009

1. Surveillance and Reporting

- A system is in place to report influenza cases to the local health department (LHD) using the most current reporting criteria from the LHD and/or New York State Department of Health (NYSDOH). Refer to the NYSDOH health advisories for the most current criteria at:
www.nyhealth.gov/diseases/communicable/influenza/h1n1/health_care_providers/

2. Communications

- A telephone/email/fax list has been created of key local healthcare entities points of contact (e.g., local hospitals/health facilities, home health care agencies, social service agencies, emergency medical services, commercial and clinical laboratories, relevant community organizations) with whom the medical office or clinic anticipates communication will be necessary during the pandemic.

3. Staff Education

- Conduct or arrange for staff education and training on infection control measures to prevent the spread of influenza and on immunization practices.

4. Patient Education

- Identify and obtain informational materials for patients on 2009 H1N1 influenza

5. Triage

- Create and implement a system to triage patients using phone and/or e-mail where appropriate to identify those who require an office visit for a medical evaluation, those who should be referred to a hospital emergency department and those who can be treated at home. Consider extending hours of operation to include telephone triage of patients during a community outbreak.

6. Surge Capacity and Employee Absenteeism

- The office's essential functions and necessary staffing have been identified and cross training has occurred to allow for potential absenteeism.
- Staff members have been encouraged to develop their own family care plans.

7. Infection Control

- Post language-appropriate signs directing patients and those accompanying them to:
 - notify reception if they have symptoms and
 - observe respiratory hygiene and cough etiquette. See:
www.nyhealth.gov/diseases/communicable/influenza/pandemic/
- A specific waiting room or section of a waiting room has been designated for patients with symptoms of influenza that is segregated from other patients. If a separate area is not feasible, there should be an emphasis on the use of face masks and cough and hand hygiene to minimize possible disease transmission and/or action to promptly direct patients to an exam room. For more information see
www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)
- Before every patient contact:
 - Clean/Wash hands
 - Put on medical/surgical mask and gloves
 - Put on eye protection, gown if there is a risk of exposure to bodily fluids
 - Remove personal protective equipment and wash hands after seeing patient
 - Clean and disinfect personal/dedicated patient equipment between patients
- For Aerosol-generating procedures (nebulized treatment, CPR, suctioning, intubation, bronchoscopy):
 - Limit room entry to essential staff only
 - Put on gown and N-95 respirator if available
 - Put on eye protection and then put on gloves
 - Perform procedure in adequately ventilated room (negative pressure room, if available)

- Before patient leaves the office provide advice on home isolation and infection control (www.nyhealth.gov/diseases/communicable/influenza/h1n1/frequently_asked_questions/in_the_household.htm)
- After patient leaves the office dispose of or clean patient equipment; clean surface with approved disinfectant, dispose of viral contaminated waste as trash and change and bag linen at point of origin.

8. Vaccination

- At least one prescribing medical professional in the practice has registered with the NYSDOH to express interest in receiving H1N1 vaccine, if applicable. See the following website for details: <https://hcsteamwork1.health.state.ny.us/pub> .
- If the practice does not plan to offer 2009 H1N1 vaccine to its patients and staff, a plan is in place to refer patients and staff in the priority groups to 2009 H1N1 vaccination clinics in the community.
- A plan is in place to ensure that patients are vaccinated according to current recommendations with
 - seasonal influenza vaccine and with
 - 23-valent pneumococcal polysaccharide vaccine (PPSV23) as recommended.

More information on indication for PPSV23 can be found at:

http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm

- A plan for the safe handling and storage of vaccines has been developed. More Information about appropriate vaccine storage and management can be found at www.nyhealth.gov/prevention/immunization/supply_storage.htm
- A plan is in place to become familiar with Vaccine Adverse Event Reporting System (VAERS) and how to report adverse events from vaccination. For more information, visit the VAERS website at www.VAERS.gov

9. Treatment/Antiviral Medications

- A plan has been developed to review regional and state influenza virus surveillance data during the influenza season to determine which types (influenza A or B) and subtypes of influenza A virus (2009 H1N1, seasonal H1N1 or seasonal H3N2) are currently circulating in the area. Surveillance reports can be found at: www.nyhealth.gov/diseases/communicable/influenza/h1n1/health_care_providers/
- Websites where current federal and/or state health department guidance for antiviral treatment and prophylaxis of patients have been identified. (See *Resources* at the end of the checklist.)

10. Occupational Health

- An occupational health plan has been developed that includes a sick leave policy for personnel who have symptoms of or documented influenza. The policy considers:
 - Requiring staff with febrile respiratory illness to remain home until they are no longer infectious (afebrile for 24 hours without antipyretic medications).
 - Excusing staff members who become ill at work immediately.
 - Encouraging staff to self-monitor daily for signs and symptoms of febrile respiratory illness (www.cdc.gov/h1n1flu/sick.htm)
 - Policies for personnel who need to care for ill family members.
 - 2009 H1N1 and seasonal influenza vaccination of medical office personnel.

11. Supplies

- Anticipate supply needs (e.g., masks, gloves, hand hygiene products, medical supplies) and develop a plan to address possible shortages. Providers are encouraged to contact their local health department if they have difficulty securing needed supplies.

Resources:

- New York State Department of Health: www.nyhealth.gov
- New York City Department of Health and Mental Hygiene: www.nyc.gov/health/nycmed
- Department of Health and Human Services: www.flu.gov
- Centers for Disease Control and Prevention: www.cdc.gov/h1n1flu/
- World Health Organization: www.who.int/en/