

Sample Emergency Management Program Standard Operating Procedure
(SOP) - *Pandemic Influenza Affecting a VA Health Care Facility*
(Modify for your facility)

Emergency Management Program Guidebook Department of Veterans Affairs

THE DEPARTMENT OF VETERANS AFFAIRS
MEDICAL CENTER
(LOCATION)

EMERGENCY MANAGEMENT PROGRAM (DATE)
STANDARD OPERATING PROCEDURE NO. ()

SUBJECT: VA Health Care Facility's Preparation and Response to an Influenza Pandemic

Description of the Threat/Event.

- a. **Agent.** Pandemic influenza occurs when a new strain of influenza virus emerges that has the ability to infect and be passed between humans. Because humans would have little immunity to the new virus, a worldwide epidemic, or pandemic, can ensue. Influenza viruses have threatened the health of human populations for centuries. The diversity and propensity for of influenza viruses for mutation have thwarted efforts to develop both a universal vaccine and highly effective antiviral drugs. As a result, and despite annual vaccination programs and modern medical technology, even seasonal influenza in the United States results in approximately 36,000 deaths and 226,000 hospitalizations each year. A pandemic strain of influenza could cause many-fold more. Transmission of influenza is aided by the fact that infected people may shed virus and spread the infection for one-half to one day *before* symptoms begin.
- b. **Clinical Disease.** Symptoms of influenza typically begin 2 days after exposure, often starting with a sudden onset of fever, severe fatigue or muscle pain, sore throat, and a dry cough. Uncomplicated seasonal influenza commonly leads to three to five days of acute illness, including fever and prostration, leaving the sufferer feeling weakened and with a residual cough for two or more weeks longer. Note: A new strain could present a different clinical course and be much more serious, causing severe morbidity and mortality from influenza pneumonia or pneumonitis and secondary bacterial infections.
- c. **Public Health Response.** Public health measures to slow or stop a pandemic influenza will likely include a number of actions that will have range of success. A monovalent influenza vaccine made for the specific pandemic strain will be manufactured, but it will take about 6 months from when the pandemic strain is identified until the first doses will be available. An antiviral medication, oseltamivir, that can be given to exposed persons to prevent illness and help limit transmission is available but supplies are limited and manufacturing is a complex

process. Oseltamivir may be effective against the H5N1 avian influenza that has infected humans in Asia and Europe; VA holds a stockpile of oseltamivir. Other public health measures that will be important to reducing the impact of pandemic flu and include ill individuals and their family members staying home, regular hand washing and respiratory hygiene, and using telework or telecommuting options when able. Health care facility actions involve isolating the sick, having staff wear appropriate personal protective equipment (PPE), and screening for influenza illness or exposure before permitting entry to a facility. Community, regional, and nationally mandated measures during a pandemic may include declaration of “social distancing” measures, such as dismissal of children from school and keeping them apart, postponing of large public gatherings, quarantining of individuals exposed to the disease, and restricting travel.

Impact on Mission Critical Systems.

- An influenza pandemic can quickly overwhelm a VA medical center’s or community-based outpatient clinic’s normal capacity to provide timely and accessible medical care. Because of the ease with which influenza is transmitted, health care facilities can quickly become sites of intensive exposure for staff and non-infected patients. Breaks in procedure or unanticipated exposures may overwhelm a whole Medical Center, for example, by exposing personnel and requiring quarantine of the Medical Center. For this reason it is incumbent that VHA facilities prepare for the possibility of an influenza pandemic.
 - Staffing shortages from community quarantine and competing family interests
 - Depleted supplies of vaccines and antivirals
 - Stretched bed capacity and operational space required for patient care or quarantine
 - A pandemic, by definition, will be a widespread—even national—event, so close coordination and cooperation with local, county, state public health agencies; and private sector health care facilities will be necessary and vital. It will also be necessary for VA medical centers to anticipate VA’s mission to back up the Department of Defense (and provide care to designated members of the military) and VA’s responsibilities to the National Response Framework (and provide care and resources for care to non-enrolled veterans and non-veterans).

Operating Units and Key Personnel with Responsibility to Manage this Threat.

- *Facility Director*-Responsible for assuring the organization implements the necessary preparatory measures for a potential influenza pandemic. The Director is also responsible for initiating the organization’s disaster plan.
- *Infection Control Team/Epidemiology* – Key role in: tracking potential and confirmed cases; infection control management of patients using airborne precautions (private room, negative airflow, N95 respirator use by staff) or, when the Medical Center is overwhelmed, using droplet precautions and cohorting (isolation of infectious patients together, but away from non-exposed); working with and reporting to local and state public health; serving as a VA medical center information resource on changing public health recommendations and on the community/outbreak; assisting with vaccination decisions affecting staff and patients; advising on mass distribution systems for vaccine and antivirals.
- *Emergency Preparedness Coordinator* – Responsible for establishing relationships with state and local health services and coordinate the Medical Centers role in the community in the event of a pandemic influenza outbreak. The EPC also has responsibility for the monitoring of the organizational preparedness in managing a pandemic event, including mitigation of associated threats, preparation of personnel and the physical plant for managing the event, and ensuring there is a general plan for responding and recovering from a pandemic.
- *Engineering Service* – Key role in: assessing the capabilities of the physical properties under a VAMC for supporting the management of a pandemic, including negative pressure rooms and HVAC system

protection, identification of areas suitable for cohorting patients both in waiting areas and after hospitalization, and supporting the physical plant requirements for lock down procedures and other facility management aspects.

- *Clinical Laboratory* – Key role in: obtaining and performing diagnostic tests for the pandemic strain; knowing availability of reference laboratories for diagnosis (like the CDC’s Laboratory Response Network [LRN] or state laboratories); advising on specimen collection; safe handling, storage, and shipping of specimens.
- *Safety/Industrial Hygiene* – Key role in: support of all respirator usage (fit-testing) program, as well as advisory on infection prevention and control program support in conjunction with the infection control and environmental management services
- *Police and Security* – Key role in: crowd control, managing the flow of patients and visitors. If the situation warrants, police have key role in perimeter control, site access. Police may be called upon to protect the supply of influenza vaccines and supplies like oseltamivir, vaccine, N95 masks, and surgical or procedure-type masks. Perimeter access and site control may pertain to staff, staff relatives/family, and patients and require ingress and egress control. Site control may include assisting with drive-through triage stations or drive-through clinic sites, and mass distribution of vaccine and antivirals.
- *Medical Administration Service* – Screen patients presenting for admission with respiratory like illnesses for possible exposure or disease.
- *Medical Service* – Key role in: clinical diagnosis of cases; screening of patients for possible exposure or disease; treatment of cases; providing health care advice via telephone; staffing innovative care delivery sites, advising/assisting with mass delivery of vaccine and antivirals.
- *Nursing Service* – Key roles in: staffing and bed support for inpatient, outpatient, and innovative care delivery sites; screening of patients for possible exposure or disease; assisting with restriction of non-essential personnel from patient rooms (i.e., environmental management service, nutrition and food service personnel); providing health care advice via telephone; advising/ assisting with mass delivery of vaccine and antivirals.
- *Emergency Department* – Key role in: monitoring incoming patients suspected of exposure or disease; making decisions on maintaining separate clinical activities.
- *Pharmacy* – Key role in managing the supply of vaccines and antivirals.
- *Employee/Occupational Health* – Key role in: employee vaccination/clinical care (identification of vaccine contraindications), information flow/risk communication to staff; screening of employees for possible exposure or disease; advising/assisting with advice to staff about their ability to work, maintaining health care records for staff, including immune status..
- *EMS/Safety* – Key role in: advising on cleaning of rooms; equipment; communication of advice on cleaning measures.
- *Volunteer Service* – Key role in: coordinating volunteers (existing and community members) willing to assist. Voluntary also should assist in establishing an area for child care and respite for health care facility staff unable to leave the facility.
- *Public Affairs* – Key role in: keeping staff and patients informed, updating Web site, working with VSOs, media

Mitigation/Preparedness Activities of the Threat/Event.

The mode(s) of transmission, degree of morbidity and mortality, and amount of societal disruption that a pandemic influenza might cause will be uncertain until the specific influenza strain is identified and observed. From applying what is known about seasonal influenza, it might be expected that a pandemic influenza would follow some of the same transmission patterns: ready transmission by respiratory droplets (and perhaps by aerosolized particles) from person to person; shedding and transmission of virus

before persons are ill, a short incubation period of approximately 2 days, and thus a potential doubling of cases every 2 to 3 days.

- a. Hazard Reduction.
 - Notification/risk communications plan for reaching all key audiences, including staff, patients, and the community, as well as VA channels.
 - Activation of hospital emergency plan and the Hospital Incident Command System
 - Perimeter control potential: need for increased security staffing, heightened security requirements for access control
 - Building systems assessment for cohorting potential and confirmed patients
 - Implementation of measures to provide added capacity for a potential surge of inpatient and ambulatory care.
 - Exposure control/Infection control: Airborne Infection Isolation and Contact Precautions are advised for a potentially lethal strain of pandemic influenza, in order to maximally protect staff. Patients should be placed in room with negative airflow and HEPA exhaust; and should wear surgical masks when transported through the Medical Center. If facilities are unable to exercise this degree of isolation, cohorting of patients in common, exposed areas with HVAC isolation and exhaust (if possible) and use of respiratory droplet precautions by staff are advised.
 - Separation of new, unexposed patients from potential pandemic influenza cases.
 - Use of Airborne Infection Isolation and Contact Precautions, if possible, or Droplet Precautions
 - Visitor restriction policies
 - If necessary, control of the perimeter: need for increased security staffing, heightened security requirements for access control.
 - Initiation of staff and patient education programs to inform population on personal preparedness and infection management.
 - Monitoring of international and national cases of avian influenza infections on humans and the inter-transmission of the virus among people

- b. Preparedness Strategies and Resources.
 - Establishment of Pandemic Response Team that will be prepared to work during a pandemic
 - When vaccine is available, implementation of a plan to administer it to staff, patients, and family members of staff (to enable staff to keep working).
 - Antiviral medications prescribed to treat or prevent illness.
 - Public health measures of hand washing, respiratory hygiene, staying home when ill, respecting quarantine, isolation, and travel, and public gathering limitations
 - Education (on public health measures, infection control guidelines, home care, self-triage [to determine when medical care is necessary])
 - Plan for Airborne infection Isolation and Contact Precautions for all personnel with patient contact
 - Anticipation of need to manage a large number of fatalities.
 - Participation in Community Pandemic Influenza planning
 - Consideration of tele-commuting for non-essential staff

Response/Recovery from the Event/Threat.

- a. Hazard Control and Monitoring Strategies.
 - First case identified at a VAMC.

1. Should be immediately reported: any suspected case(s) of pandemic influenza to Infection Control for confirmation. Infection Control would then brief the Chief of Medicine, Chief of Staff and the Emergency Preparedness Coordinator. If case is confirmed, the Director, Safety Officer, Police and Occupational Health would be notified (this will most likely occur when a known pandemic virus is circulating elsewhere in the world and a VA medical center suspects it has the first US or regional case).
 2. Activate Infection Control Team for initiation of patient/exposed staff tracking system, patient/staff educational information.
 3. Clear all patients and employees from the vicinity of the suspected case.
 4. Document details of incident and names of all persons within the immediate “at risk” area (i.e., who have become contacts and may require quarantine, antiviral medications).
 5. Contact local/state public health contacts for diagnostic sample collection and shipping instructions.
 6. Contact local/state public health, Pharmacy Benefits Management, or VACO Office of Public Health and Environmental Hazards to obtain vaccine, depending on guidance provided at the time (if pandemic vaccine is available).
 7. Contact Pharmacy Benefits Management, or VACO Office of Public Health and Environmental Hazards for access to VA’s oseltamivir (antiviral medication) stockpile.
 8. Activate Infection Control Team for initiation of patient/exposed employee tracking system, patient/employee educational information.
 9. Initiate antiviral medication for all potential exposed persons as appropriate after discussion with local/state public health, if appropriate.
 10. Notify internal personnel, as appropriate, including Chief of Staff, Emergency Preparedness Coordinator, Health Care Providers, Nursing Service, Pharmacy, Microbiology Laboratory, and Engineering for immediate inventory of critical resources.
 11. Consider activation of Emergency Operations Plan and Center (partial) for the purposes of tracking the emergence of a pandemic and management of preparation efforts.
 12. Immediately assess potential impact of actual event on mission-critical systems to include staffing, critical supplies, operational space, potential for patient and staff exposures and HVAC system.
 13. Identify or establish reporting processes and frequency for communicating activities, needs, and support capabilities to staff, patients, the community, and VA channels, utilizing the pre-established incident command formats.
- Cases already identified among existing enrolled veterans.
 1. VA personnel must maintain communications and awareness with local and state public health of progression of the pandemic in the community. Information must be shared with internal VA personnel, including VAMC Director, Chief of Staff, Police and Security, Chief Nurse Executive, Safety Officer/Industrial Hygienist, Employee/Occupational Health, Emergency Room Personnel, Health Care Providers, Pharmacy, and Microbiology Laboratory for immediate inventory of critical resources.
 - A. Perform active surveillance for pandemic influenza appearing among hospitalized inpatients, or outpatients according to the prevailing case definition.

- B. Notify the Clinical Microbiology Laboratory of potential for use of rapid diagnostic tests or sending of specimens to reference laboratories.
 - C. Immediately assess potential impact of reported community events on mission critical systems to include staffing, critical supplies and operational space.
 - D. Await follow-up information from local authorities and prepare for potential presentation of patients.
- b. Resource Issues.
- Staffing needs will be monitored and addressed by Chief of Staff, Chief of Nursing, VAMC Director, and other involved Service Chiefs.
 - Critical Supplies – Vaccine (if available at the time) will likely be distributed through state health departments or through VA Central Office Pharmacy Benefits Management Strategic Healthcare Group. Additional timely information about vaccine may be expected from VACO. Other critical supplies to assess in the event of pandemic influenza include respiratory support equipment (oxygen, and oxygen-delivery equipment, ventilators), personal protective equipment, antimicrobial soap and alcohol-based hand cleaners, antibiotics to treat secondary bacterial pneumonias, morgue kits.
 - Resource Allocation – Develop criteria and transparent processes for allocation decisions regarding resources that may not be available in sufficient quantities during a pandemic: antivirals, respirators, vaccines, staff.
 - Space Management – Assess negative airflow room and cohorting bed and space availability; refrigerated space to store bodies.
 - Emergency Room capabilities, acute care clinic capabilities and current/projected bed availability should be immediately assessed.
 - Exposed patients and staff might expect short-term quarantine on site or relocation to alternate care sites or alternate health care facilities.
 - Consideration should be made to providing pandemic influenza countermeasures that are in short supply to staff members' families (vaccine, antivirals, personal protective equipment), depending on availability and on the facility's responsibilities and assignments under the National Response Plan. If staff members' families can be protected, staff will be more available to take care of patients.
 - If the emergency plan is activated, this should be coordinated through the appropriate sections of the organization's emergency operations center or Incident Command System.
- c. Clinical Response.
- Treatment protocols will be based upon prevailing knowledge of the pandemic influenza strain and will include supportive care (respiratory support, hemodynamic support) and use of antivirals.
 - Clinical admission/treatment decisions will be made by the health care providers.
 - All quarantine and visitor restriction decisions will be made by the VAMC Director based upon recommendations of the Infection Control Team or pandemic influenza response team following local/state public health guidance and decisions, and advice of regional VA counsel, if needed. Such decisions will be proportional to the disease impact, necessary, relevant, and applied equitably, and will employ the least restrictive means if options are available.
 - All patients treated and evaluated for potential pandemic influenza must be reported to the Infection Control Team or designated pandemic influenza response team for data-collection.
 - Patient and staff record-keeping must be maintained according to usual standards, if possible.

- The Infection Control Team, the Operations Section of the incident command system (EOC) or designated pandemic influenza response team will monitor all potential cases and make appropriate reports to the VAMC Director and state and local public health.

Notes:

1. Vaccination of Health Care Providers: Vaccine for a pandemic influenza strain will be developed once the strain is known. This vaccine will most likely be distributed to states and then to public and private medical centers. Changes and updates on vaccine availability will be communicated to VISNs and VAMCs from VACO.
 - i. The Infection Control Team, or designated pandemic influenza response team, working with the Chief of Staff and VAMC Director will notify Health Care Providers when treatment/exposure guidelines are updated or as new resources are made available. The Infection Control Team can monitor the VA pandemic influenza web sites for these updates. Note that VA guidance may differ from CDC guidance.
- d. Recovery Strategies.
 - Periodic critical supply inventories with re-supply or supplementation from outside facilities, as needed.
 - Periodic staffing census with workload redistribution, as needed.
 - Close monitoring of patient census and bed status.
 - Monitoring of staff and patient mental health.

External Notification Procedures.

- a. *Within VA.* VISN, VACO.
- b. *Other State and Federal Agencies.* Local and State public health departments who will notify CDC.
 - OSHA –follow prevailing rules for notification of employee fatalities and hospitalizations.
- c. *Community Entities.* Neighboring hospitals, emergency response systems (police, firefighters, emergency medical services, 911 operators).

Specialized Staff Training.

- Health Care Provider Training – Recognition of clinical syndromes associated with influenza, treatment protocols, guidelines for personal protective equipment.
- Infection Control Team Training – Passive and active surveillance systems for monitoring reportable infectious disease pathogens.
- Safety Specialist/Industrial Hygienist – N95 respirator usage.
- Clinical Laboratories – Diagnostic tests, specimen collection, handling, and shipping.
- Social Work Service – Introductory training on pandemic influenza, risks, treatments, family implications, and follow-up.
- Police and Security – Introductory training on pandemic influenza, PPE recommendations.
- Environmental Management Service Personnel – Introductory training on pandemic influenza risks, decontamination of environments, bed-clothing management, PPE recommendations.

References and Further Assistance.

- The VA Pandemic Influenza Plan.
- The VA Respiratory Infectious Diseases Emergency Plan (an amendment to the VHA Emergency Management Guidebook). Available at <http://www.publichealth.va.gov/watch/respiratoryID.htm>

- VHA Under Secretary for Health Influenza Advisories. Available at <http://www.publichealth.va.gov/flu/advisory.htm>
- Local, County, State Health Departments (24/7 contact information *must* be part of your emergency plans for pandemic influenza).
- VA guidance and Web sites on pandemic influenza
<http://www.publichealth.va.gov/infectiondontpassiton>
- <http://www.publichealth.va.gov/flu/pandemicflu.htm>
- Federal Web sites on pandemic influenza www.pandemicflu.gov
- Flu Surge 2.0 Software <http://www.cdc.gov/flu/tools/flusurge/>
- Phone Numbers.
 - VACO Office of Public Health and Environmental Hazards - 202-461-7200
 - VACO Pharmacy Benefits Management - 708-786-7886

Review Date

(NAME)

Chief, (SERVICE NAME)

Attachment:

Key Activity Management Tool/Structure

Office of Public Health and Environmental Hazards (13)
Veterans Health Administration, Department of Veterans Affairs
Washington, DC 20420 - (202) 461-7200
<http://www.publichealth.va.gov>