Colorado Department of Public Health and Environment

GUIDELINES FOR MEDICAL OFFICE PANDEMIC READINESS

http://www.cdphe.state.co.us/epr/Public/medicalpanready.pdf

October 2007

Abstract: This document is provided to Colorado physicians to help them prepare for the possibility of pandemic influenza or other disaster. This plan is implemented under the guidelines of CDPHE, CDC and OSHA. It is a working plan to ensure the viability of "The Practice," a hypothetical practice representing the average physician practice in Colorado, and the safety of its employees and patients in the event of an influenza pandemic.

Table of Contents

Pandemic Influenza Plan for Medical Offices

OVERVIEW

Pandemics are epidemics of disease that occur on a worldwide scale and are traditionally caused by infectious diseases such as influenza. Pandemics are unpredictable in their timing and impact, making it vital that proper planning is carried out across the community. The potential enormity of an influenza pandemic requires coordinated planning and response efforts (both internal and external). Expectations and reactions from patients, vendors, government, local authorities and the general population all have to be considered in preparedness planning. As it is not possible to fully predict the impact of a pandemic, the plan must allow for considerable flexibility in its response. In the likelihood that the pandemic is widespread and will last for many months, our practice has developed this plan to remain viable.

NOTE: THIS PLAN OUTLINES THE ASSUMPTIONS, TRIGGERS AND OVERALL INCIDENT MANAGEMENT PLAN THAT 'THE PRACTICE' WILL FOLLOW.

PURPOSE

The purpose of this plan is to prepare 'THE PRACTICE' for the possibility of pandemic influenza or other disaster. This plan is implemented under the guidelines of CDPHE, CDC and OSHA. It is a working plan to ensure the viability of "The Practice" and the safety of its employees and patients in the event of a pandemic influenza.

SCOPE

This plan is for the owner-physicians, employees and patients of 'THE PRACTICE.'

OBJECTIVES

1. A consistent management approach regarding preparation for and response to pandemic influenza.
2. A practice-specific action plan for an influenza pandemic.
3. A check list to assist in providing the prerequisites that makes action plans effective.
4. A foundation to develop a comprehensive, all-hazards business continuity plan.

Disclaimer: This template incorporates industry standard contingency planning practices and suggested planning topics. It is intended to be a guide for medical offices to create a pandemic response plan. The practice's plan will need to be updated regularly with new information and changing circumstances.

1. ASSUMPTIONS

Assumptions are statements about conditions expected during a disaster which will affect your ability to respond according to plan. You will base your response/recovery actions on these expected conditions. To prepare this plan, assumptions have been made based on the fact that several features set pandemic influenza apart from other public health emergencies or community disasters. Listing assumptions here does not negate the need to plan. If, during an event, actual conditions differ from the assumptions, implementing a workaround or substitute will be a top priority.

A. Conditions of a Pandemic Influenza Outbreak

Although the specific conditions of a pandemic are unpredictable, you need to consider the factors that are likely to affect you. The National Strategy for Pandemic Influenza lists many core assumptions used for federal response planning. According to the best available information, an influenza pandemic will likely have the following conditions:

1. Susceptibility to the pandemic influenza virus will be universal.
2. The clinical disease attack rate will be about 30% in the overall population. Illness rates will be highest among school age children (about 40%) and decline with age.
3. Of those who become ill with the new strain of influenza approximately 50% will seek outpatient medical care.
4. In an infected community a pandemic outbreak will last about 6-8 weeks. At least 2 pandemic waves are likely. The seasonality of a pandemic cannot be predicted with certainty.
5. The number of hospitalizations and deaths will be higher than seasonal flu and will depend on the virulence of the pan flu virus.
6. In a severe pandemic, it is expected that the absenteeism may reach 40% due to illness. Absenteeism by staff due to their own illness, family illness or fear of illness may be so high that keeping the practice open and running may not be feasible.
7. Vaccine and antiviral agents may be ineffective, delayed, in short supply or not available.
8. Outbreaks can be expected to occur simultaneously throughout much of the US preventing shifts in human and material resources that usually occur in response to other disasters.
9. Preparation will need to be done to address the need for adequate food, water and medical supplies.

B. Public Sector Response

In addition to the federal response, each state, county and city will establish individual response plans. The assumptions below are from the Pandemic Influenza Annex to the Internal Emergency Response Implementation Plan developed by the Colorado Department of Public Health and Environment (CDPHE).

Please visit the following link to request your specific county and city plans and add other important information below: http://www.cdphe.state.co.us/oll/locallist.html.
The assumptions may include different levels of impact: processes that will remain the same, processes that will be partially disrupted and process that will be totally disrupted or unavailable.

1. Power
2. Water
3. Communications
4. Food
5. Transportation
6. Public Assembly
7. Sanitation
8. Governmental Response—Martial law, quarantine, emergency response (State EOC and emergency communication of information)

Refer also to Appendix H: Governor's Expert Emergency Epidemic Response Committee Draft Executive Orders.

C. 'THE PRACTICE' Response

This section describes conditions specific to your practice that will dictate response decisions.

Ask yourself the following questions to help identify your unique set of assumptions:

- *Who will be designated to make decisions about the level of operation for the practice?*
- *What is the effect of your practice type (urgent or non-urgent care) and client obligations on your decision to remain open?*
- *If the practice will close, what events will trigger that decision?*
- *If the practice will close, who will participate outside of the office, for how long and how will this impact closure and re-opening of the office?*
- *Who are your available personnel? What are their commitments to the practice and outside of the practice?*
- *Will your vendors and service providers be available?*

If your assumptions rely on external resources (vendors, suppliers, agencies, etc.), then you should validate your assumptions with them. Include the name of the person you spoke with and the date that you validated the assumption.

Examples of practice-specific assumptions include:

- *Our practice will close as soon as Denver reaches Alert Level 5 (See Section 13).*
- *Our practice will remain open until we cannot staff the essential positions OR we run out of medical supplies.*
- *Our practice will partially close and we will only handle chronic illness patients (CAD, DM) or emergencies.*
- *Our IT support vendor will not be available during a pandemic event.*

2. ROLES AND RESPONSIBILITIES

"The Practice" should determine who will assume the roles of Pandemic Coordinator and back-up Pandemic Coordinator. The Pandemic Coordinator will be responsible for decision making during the pandemic event. The Pandemic Coordinator may designate certain decisions or coordination of aspects of the practice, but all significant decisions should be cleared through him or her.

The Pandemic Coordinator should:

1. Review personnel assignments for essential functions and non-essential functions (See Appendix A: Personnel Information)
   a. Consider how you will designate personnel to support critical functions. Every employee is important to your practice, but some employees who support your most critical functions are considered essential. Define what "essential" and "non-essential' workers are and see if there are any additional considerations for each category in your policies.
   b. Convey to employees that their duties, functions and roles may change throughout the pandemic. People may move between "essential" and "non-essential' depending on the nature of the event.

      Essential Functions: Medical, business or support positions which must be consistently staffed for the medical practice to safely conduct business (e.g., physicians, RNs, etc). Some essential functions may be able to be performed from an alternate location, but in general employees assigned to essential functions will be on site for the office to be open.

      Non-Essential Functions: Positions for which staffing may be deferred during a medical emergency or disaster. Employees assigned to non-essential functions may not be required to be at the office during an emergency and will be notified when they should report back to work.
2. Create and maintain a chain of command.
   A chain of command within the office should be established starting with the physician/owners, office manager, head nurse, front office supervisor, front and back office staff, surgery scheduling, billing personnel as well as ancillary staff.
3. Collect employee information and update quarterly.
   An information sheet should be completed for each employee with information including: name, address, phone numbers, emergency contact person, job description, other job skills available, any extenuating circumstances that could influence their availability (medical conditions, allergies, etc.) Contact and availability information should be updated quarterly. How each member fits into the operation of the office will help to determine the feasibility of keeping the office functioning. (See Appendix B: Personnel Information).
4. Create and maintain a phone tree. (See Appendix C: Phone Tree)
5. Plan for absenteeism.
   Absenteeism rates may be extremely high, up to 40% or more during a pandemic event (25% due to illness, 15% caring for others and/or fearful of potential illness). OSHA guidance recommends three levels of backup for highly critical positions.

a. Cross train staff members for ancillary duties and identify potential emergency backup personnel who will be needed to maintain effective staffing levels.
b. Contact retired or inactive professionally trained personnel for emergency staffing purposes.

6. Update employee insurance information
   Ensure that all employee insurance forms and beneficiaries are accurate and up to date before a pandemic hits.

3. COMMUNICATION

Clear and consistent communication will be critical to managing your response to a pandemic outbreak. Designate a single person to handle internal and external communications and update contact lists periodically. If possible, designate a secondary person for each position in the event the primary person is unavailable. This may be the Pandemic Coordinator or someone he/she delegates.

1. Internal Communication
   Use your established phone tree and chain of command to communicate messages on a regular basis to your employees.
   How do you want employees to report their status? How often?
   How will you communicate office status to your employees? How often?
2. Patient Communication
   Develop a plan to communicate office status to patients. This could be by phone directly, phone message system or signage if other systems are not available. Maintain hard copies of patient contact lists in the event computer systems are down.
3. External Communication
   a. Maintain contact information for key external organizations and ensure it is available and easily accessible (See Appendix F: Key Business Contacts).
   b. Designate a single contact person to establish lines of communication with:
      - CDPHE
      - Local Health Department
      - Hospitals
      - Call groups
      - Answering Service
      - Medical vendors
      - Building Management
   c. Designate a single contact person to communicate with the media
   d. Assess the phone system for features and limitations.
      - Can the system be accessed from home or other offsite location?
      - Can messages be changed to inform staff and patients of changes in office status?
      - Can the system be transferred back and forth to the answering service or voice mail system?
      - If changes can be made to system offsite, make sure “how to” lists are available to responsible staff members within the chain of command.
      - If possible pre-record phone messages in case of emergency.
      - What alternate systems are available? - e-mail, text messaging, walkie talkies, emergency broadcast system, CB radio or other communication systems.
   e. Evaluate the answering service vendor’s plan to deal with possible staffing issues and surge in calls
   f. Produce signage in advance to cover possible scenarios for infection control, triage and office closure/recovery.

4. EDUCATION AND TRAINING

Education of your staff and patients should begin **prior** to the pandemic activation.

1. Designate a person who will be in charge of providing training and educational programs on avian/pandemic influenza to the staff. This person should maintain records of all training and provide updates on a regular basis.
2. Determine what information should be given to patients and who will give it.
3. Provide information to patients to educate them now, during routine care.
4. Determine triage guidelines and train staff. (See Appendix G: Emergency Preparedness Resources).
5. Education and training can be enhanced through tabletop exercises (see Appendix I: Tabletop Exercises).

5. SURVEILLANCE

It will be very important to keep current on news and updated information on the progression of the pandemic.

1. The Pandemic Coordinator should monitor the alert level posted by the Colorado Health Department for the first reported occurrence in the US and the State (See Section 13). Activate this plan according to the phased event management section.
2. Design an automated or manual system to track patients presenting with pandemic flu symptoms (in person or by phone) either by diagnosis code, procedure code or appointment type. This system should be accessible for reporting and communication purposes as well. A designated person will report to CDPHE and your local health department on a regular basis by a designated person. See Appendix G: Emergency Preparedness Resources for contact information.
3. Monitor staff for flu symptoms.
4. PF coordinator should know how to order testing for avian or novel influenza viruses for patients meeting case definition according to the CDC and WHO.
5. Start asking patients about travel history.
6. Establish your connection to the Health Alert Network (HAN) by contacting your local health department.

6. INFECTION CONTROL

Until vaccines are developed and distributed (vaccine may not be available for up to six months), infection control will be the primary weapon against pandemic influenza.

1. Establish a triage plan to determine which patients need to be evaluated in person or over the phone. Establish determining factors that would necessitate referral to the hospital for care or another agency (home health) for follow up care. Incorporate local health department triage plan when available.
2. Develop a plan for how to handle patient visits. Example of possible changes:
   - Temporarily cancel all non essential visits such as annual exams.
   - Designate blocks of time, alternate days or specific office locations for sick patients to minimize contact with healthy patients.
   - Separate waiting rooms -- exam rooms or entrances may be used to minimize contact.
3. Decide what functions can be moved offsite
4. Prepare patient disposition protocols – written triage, home care, post hospital instructions.
5. Establish a policy to require all staff to use standard and droplet precautions with symptomatic patients. Compliance with OSHA standards should be monitored. Protection of reception and triage personnel at initial points of patient encounter is essential. (Don't forget phones and keyboards)
6. For patients:
   a. Display signage to instruct patients to advise office staff if they are symptomatic (fever, cough, ill contacts)
   b. Provide instructions on non-pharmaceutical interventions (NPI) such as tissue use to cover cough, hand hygiene. Ensure tissue disposal is available.
   c. Make sure marked disposal receptacles are available for patients and staff.
   d. Make tissues and hand sanitizer available to all patients and staff.
   e. Distribute masks to symptomatic patients.
7. Evaluate personnel for evidence of acute symptoms at the beginning of each shift. Follow established policy to send ill staff workers home in the event of apparent illness.
8. Identify a backup waste disposal or storage plan to handle accumulated medical waste should service be interrupted.
9. Develop a method for telling employees, patients, contractors and suppliers that they may have been exposed to an illness
10. Suggest that the exposed employee contact their health care provider, but do not give details about the source (person) of exposure – confidentiality is key.
11. Develop a vaccine/anti-viral distribution plan
    a. A plan is in place for use of vaccines and anti-virals. A decision needs to be made on what staff and patients should be the first to receive vaccine or prophylactic antiviral therapy when available.
    b. Develop a notification and administration plan for office supplies of vaccine/antivirals.
    c. Identify sources for obtaining vaccine and antivirals. Decide in advance whether to stockpile antivirals ahead of a pandemic and the quantity needed. This is currently not recommended by the state health department.

d. Keep records or logs of all patients and staff receiving seasonal flu vaccine, pandemic vaccine and antivirals.
e. Immunize all staff for seasonal flu.
f. Monitor Health department announcements regarding priority for vaccine/antivirals.
g. Keep records of staff who have refused vaccine or are unable to receive vaccine due to egg allergy.

7. HUMAN RESOURCES

Unlike the disasters that most organizations plan for, a pandemic will not primarily affect equipment and facilities, but rather the people organizations depend upon to provide services. Additionally, the current assumptions about a pandemic's duration push the boundaries of most existing absence-from-work policies.

1. Leave Policies
   a. Sick leave policy addresses:
      - Guidelines for sending employees home in the event of apparent illness.
      - Guidelines for return to work processes for recovered employees.
      - Employees who will need to care for their ill family members.
   b. Failure to report to work.
      Consider how you will address issues related to employees who refuse to come to work due to fear of imminent harm or threat of becoming ill (see legal considerations below).
   c. Other Considerations
      - Consider temporary shutdown ("hibernation") policy, layoff or extended leave policy, re-employment policy.
      - Consider retaining existing procedures but extending timelines to address longer absences as may be required.
      - Establish triggers to activate modified procedures.
      - Devise and approve plans to accommodate leaves of absence and extended sick leave.
      - Encourage or enforce sick employees to not report to work.
2. Compensation
      - Encourage direct payroll deposits for all employees.
      - Be prepared to handle large volume of insurance claims, both health and death beneficiary.
      - Be aware of possible changes to employment taxes.
      - Review disability and death benefits coverage and payment levels.
      - Review existing severance pay guidelines if applicable.
3. Legal considerations
   a. Family Medical Leave Act (FMLA). Influenza likely will be covered under FMLA. This federal law requires employers (those with 50 employees at a work site) to grant eligible employees up to 12 work weeks of unpaid leave for certain medical or family reasons. Check with your human resource and legal counsel to ensure your compliance.
      - Ensure that supervisors know when to recognize possible FMLA triggers (i.e., out 3 calendar days).
      - Though not mandated by FMLA, consider providing a paid portion of the maximum 3 month period, perhaps 4-8 weeks.
      - Review state laws on additional FMLA requirements if applicable (not in Colorado).
   b. Occupational Safety and Health Act (OSHA) requires that most employers provide employees workplace free from "recognized hazards causing or likely to cause death or serious physical harm. Employees who voice concerns about

workplace safety or refuse to report to work due to a real or perceived threat of influenza may be protected from adverse employer action. See OSHA Guidance on Preparing Workplaces for an Influenza Pandemic (February 2007) at www.osha.gov

c. The Americans with Disabilities Act (ADA) generally prohibits discrimination against qualified individuals with disabilities. Given the temporary nature of influenza it is unclear whether it would be considered a "disability" under the ADA. An employee with influenza or an employee merely regarded as having influenza may assert claims of adverse treatment, e.g., isolation, stereotypical treatment, more onerous work standards or exclusions, under the ADA. May require reasonable accommodation, including modifications to the work environment, an extended leave of absence, and alternate work arrangements where practicable and telework. The ADA does not require employers to allow persons who are a direct threat to the health and safety of themselves or others to continue working. An employer must allow an asymptomatic worker who has recovered from illness to return to work, and it cannot treat that employee differently from any other employee once they return.
d. HIPAA implications of influenza pandemic. Medical information obtained as a plan sponsor generally cannot be disclosed without a release. HIPAA does, however contain various exceptions to its privacy rules including; Disclosure to public health officials in certain circumstances; Disclosure to individuals exposed to communicable disease or at risk of spreading such illnesses to the extent allowed by law and; certain disclosures for law enforcement purposes.
e. National Labor Relations Act (NLRA) protects employee's right to engage in protected concerted activity (i.e., protects employees' right to be involved in discussions related to pay, benefits and working conditions). Employees may attempt to claim that their refusal to work with certain coworkers or to report to work during a pandemic is "protected concerted activity"
f. Fair Labor Standards Act (FLSA) addresses employee compensation when employees are required by their employer to stay home or when employees refuse to report to work. Docking of pay of exempt employees is subject to special rules.
g. Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) Review COBRA and Colorado Continuation of Group Health Coverage requirements should employees lose health insurance coverage.
h. Workers' Compensation. Consult with your Worker's Compensation provider for guidance related to pandemic issues as employees who become ill on the job may be entitled to Workers' compensation benefits.

8. OPERATIONAL CONSIDERATIONS

For each process that supports your business, complete one of the surveys on the following page for each function. Copy the survey as many times as necessary.

Identify each process and rank it with a number from 0-5, with 5 being the most important function. Identify the people, processes, computer application or vendors that the process depends on. Describe any workaround processes that could be used to support the process if any of the dependencies failed.

Some of the processes you may want to include are:

Medical Functions:

- Appointment Scheduling
- Surgery Scheduling
- Patient check-in and Check-out
- Triage
- Back Office Nursing Duties
- Patient Visits (Doctor/NP/PA)
- Medical Records
- Laboratory Testing
- US/Radiology
- Referral Functions/Test Scheduling
- Disease Reporting

Business Functions:

- Data Entry/Claims Transmission
- Accounts Payable
- Patient A/R
- Human Resources
- Payroll
- Banking

A. SURVEYS

Process	Rank
Dependencies (include key support contacts)	
Workarounds	

Process	Rank
Dependencies (include key support contacts)	
Workarounds	

Process	Rank
Dependencies (include key support contacts)	
Workarounds	

Process	Rank
Dependencies (include key support contacts)	
Workarounds	

Process	Rank
Dependencies (include key support contacts)	
Workarounds	

9. INFORMATION AND EQUIPMENT RESOURCES

Most medical offices rely on computer systems for scheduling, updating medical records, interfacing with insurance providers, etc. Consider the following questions when assessing your computer system for features and limitations:

- Is the computer accessible from home? Make sure instructions are available to staff.
- Can some tasks be done from home to minimize person to person contact? (billing, surgery scheduling, appointment scheduling, or triage)
- Are back up systems in place to secure the system if office is closed?
- Have lists been printed of pending appointments that may need to be cancelled or rescheduled if office is going to close or change status?
- If system is accessible from home this may be done without printing lists.
- What essential functions are internet based?
- A backup plan is in place if internet access is not available.

See Appendix E: Vendor List for vendor support contact information.

10. SURGE CAPACITY ISSUES

1. Staffing needs are assessed and minimum numbers are determined for keeping the office open. A list of alternate staffing sources is available, such as retired employees, staffing agencies, part-time employees.
2. Staff has been encouraged to set up personal and family plans in the event of pandemic. Consider school closures and ill family members.
3. A plan is in place for closing the office. Who will make the decision? Telephone tree to notify staff has been established. How will patients be notified and by whom? Patient appointment lists have been run and distributed to staff to make calls. A person is designated to make daily assessment regarding closing and reopening the office.
4. Can some office functions be done at home such as triage, billing, scheduling. Decide ahead of time and make arrangements for how this will be done.
5. A list of essential supplies has been compiled. Sources and alternate sources have been set up and listed with contact names and numbers. Plan on obtaining a stockpile of essential supplies to last a minimum two weeks. Plan to recycle supplies that expire. This includes both medical and office supplies. Consider alternate supplies in the event normally used supplies are not available (e.g. Disposable gowns if laundry services are not available). (See Appendix D , E)
6. There will be shortages of supplies. Stock the following supplies ahead of time:
   - Masks
   - Hand sanitizer
   - Gloves
   - Eye protection
   - Gowns
   - Surface disinfectant
7. Recovery plans should address:
   - Staff availability
   - Supplies needed to reopen
   - Reevaluate pandemic plan
   - When to reopen
   - How to notify patients
   - If doctors are volunteering – what is their time commitment to their volunteer responsibilities?
   - Staff recovery from illness.

11. RISK MANAGEMENT

1. Have practice assessed by local law enforcement agency for physical security issues.
2. Computer system is password protected. A backup system is in place to prevent loss of patient and financial information.
3. Check with your malpractice carrier to validate your malpractice liability coverage.
4. Review practice insurance policies and update as needed.

12. VOLUNTEER OPPORTUNITIES

1. Community Support Volunteer – requires online and onsite training
    a. See http://www.cphmvs.com

2. State Deployable Volunteer – requires online and onsite training
    a. See http://www.cphmvs.com

3. National Disaster Medical System (NDMS) Volunteer – requires training
    a. See http://www.cphmvs.com

4. Medical Reserve Corps Volunteer – recommended training
    a. See http://www.medicalreservecorps.gov

For more information, see Appendix G: Emergency Preparedness Resources.

13. STAGED INCIDENT MANAGEMENT

Describe your methods and procedures for determining the criticality of the situation, communicating with your employees and recovering from the interruption. Following the completion of your plan, we suggest your office run through tabletop exercises (See Appendix I: Tabletop Exercises).

Alert Levels
The World Health Organization alert levels are the basis for global risk assessment and response benchmarks. Additionally, the U.S. Federal Government has further defined its response in terms of the immediacy and specific threat to the U.S. population. Because all 'THE PRACTICE' operations are contained within the borders of the U.S., 'THE PRACTICE' pandemic response will be tied to the Alert Levels of the U.S. Federal Government.

'THE PRACTICE' and U.S. Federal Gov't Alert Level	Description
Stage 0	New Domestic Animal Outbreak in At-Risk Country
Stage 1	Suspected Human Outbreak Overseas
Stage 2	Confirmed Human Outbreak Overseas
Stage 3	Widespread Human Outbreaks in Multiple Locations Overseas
Stage 4	First Human Case in North America
Stage 5	Spread throughout United States
Stage 6	Recovery and Preparation for Subsequent Waves

Stage 0: New Domestic Animal Outbreak in At-Risk Country

Summary

Disease outbreak in animals does not necessarily indicate the introduction of a pandemic in humans, but it does indicate a higher likelihood of such an event happening. Viruses that cause disease in birds must mutate in specific ways to overcome the species barrier and adapt to cause human infections. Outbreaks in domestic animals present a relatively higher likelihood of human exposure to influenza virus than do outbreaks in wildlife. Domestic animal infections may also present more opportunity than do wildlife infections for an influenza virus to undergo genetic reassortment and become a human pandemic strain.

At Stage 0, worldwide health organizations and governments increase their surveillance and implement plans to isolate outbreaks and try to eradicate them. Risk Management will monitor reputable news sources and lead company-wide efforts to prepare for a pandemic scenario.

Objectives

- Establish surveillance and monitoring procedures.
- Track outbreaks until control/resolution and monitor for reoccurrence of disease.
- Provide analysis of specific pandemic threat and probable impact to business.
- Begin mitigation and preparedness efforts.

Immediate Actions

- Validate your critical business processes, interdependencies and resource requirements.
- Identify essential duty personnel and skill sets needed to support critical processes, and work with HR as needed to identify alternate staffing sources.
- Begin necessary modifications to your supply chain for critical equipment and services.
- Begin necessary modifications to your internal processes to ensure continuity of operations within the parameters of the identified assumptions. Social distancing techniques applicable to the practice will be evaluated, tested and documented.
- Identify business services needs to maintain critical processes and document them in your contingency plans (application system access, teleconferencing, telephone and messaging, physical mail, overnight delivery, email, faxing).
- Identify risk exposures, including loss of personnel with unique or specialist knowledge, and practice mitigation plans for such a loss (may include cross-training of personnel inside or outside of the practice, identification of contract resources, and/or more extensive process documentation).
- Distribute general influenza personal preparedness instructions and recommendations for employees.
- Train employees and make them aware of their roles and responsibilities during a pandemic.

<u>Stage 1: Suspected Human Outbreak Overseas</u>

Summary

In the current H5N1 outbreak, most human cases have developed in Southeast Asia, Eastern Europe and Northern Africa where people live in very close contact with domestic poultry. While it is possible for the genetic shift that enables the current H5N1 strain to easily travel from human to human to develop anywhere in the world, it is reasonable to estimate that the first significant human outbreak with sustained person-to-person transmission will occur in one of these regions.
At Stage 1, world health authorities and governments will rapidly investigate and confirm or refute reports of human-to-human transmission. They will initiate coordination mechanisms and logistical support that will be necessary if the outbreak is confirmed.

Objectives

- Monitor for confirmation of human outbreak and pandemic threat escalation.
- Inform all employees of escalated threat status.
- Continue forward progress on preparedness and response activities for all practices.

Immediate Actions

- Review contingency plans with all employees and ensure that they know how to respond to a pandemic emergency.
- Develop and test alternate work strategies (telecommuting, staggered shift scheduling, etc.) to achieve social distancing.
- Employees should ensure that they have adequate personal preparedness plans in place, and supplies stocked for an extended stay at home, likely with sick family members.
- Employees should identify resources to find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.

Stage 2: Confirmed Human Outbreak Overseas

Summary

The U.S. Federal Government will rely on the WHO to confirm sustained human-to-human transmission of a new influenza virus. At Stage 2, worldwide health organizations and governments will be committing resources to attempt to contain the outbreak and limit potential for spread, and they will activate domestic public health and medical response, including escalated domestic surveillance for humans and animals, travel screening and restrictions, and vaccine identification and production.

Objectives

- Continue to monitor outbreak and track approach to U.S.
- Inform employees and prepare them for business continuity plan activation.

Immediate Actions

- Step up surveillance and issue weekly reports to employees.

Stage 3: Widespread Human Outbreaks in Multiple Locations Overseas

Summary

The occurrence of widespread outbreaks suggests that efforts are unlikely to be successful in containing the emerging pandemic. At Stage 3, the U.S. Federal Government will focus efforts on domestic preparedness posture and response actions and on delaying the onset of epidemics within the United States.

Objectives

- Monitor outbreaks and inform employees of updates.
- Refine social distancing techniques to identify and address gaps.

Immediate Actions

- Continue to drill social distancing techniques, maintain surveillance and communication within medical community and improve response processes.

Stage 4: First Human Case in North America

Summary

The development of the first case anywhere in North America represents a significant escalation in risk to the entire continent; for practical purposes it will be impossible to prevent completely the migration of disease across land borders. As stated earlier, it is conceivable that the pandemic could originate in North America, rather than overseas, in which case response will begin at this stage.

U.S., Canadian and Mexican governments will work closely to delay the spread of the pandemic across North America through aggressive attempts to contain the initial North American outbreak. U.S. national response will be implemented, including more stringent travel restrictions, implemented, continued research and development of a vaccine, and release of national stockpiles of antiviral treatments and prophylaxis.

Objectives

- Activate BC plans.
- Implement social distancing.

Immediate Actions

- The Pandemic Coordinator will confirm the start day for full implementation of social distancing plans for staff and patients.
- Distribute PPE to staff as outlined in the plan.
- Activate infection control plan as outlined in the plan.
- Staff should report any suspected cases in their living area/social circle.

Stage 5: Spread throughout United States

Summary

The emergence of human cases in multiple locations around the country will portend a progressive increase in case load on communities and a resulting impact on all institutions, including those supporting critical infrastructure. Communities will begin to see peak impacts.

Objectives

- Prioritize support of critical functions and re-assign resources to maintain continuity of operations.

Immediate Actions

- Isolate all ‘THE PRACTICE’ offices and ban employees from traveling between offices.
- Continue any practice split operation plan.
- Restrictions on business travel will be enforced. Personal travel should be kept to a minimum and on an essential basis.
- Suspend employees from work if [he/she or family members] are waiting for the laboratory test result.
- Avoid external meetings.

- Prevent external visitors.
- Managers should establish regular communications and check ins with employees.
- Where employees must be on-site to work, establish monitoring programs to immediately identify sick employees.
- Evacuate and isolate immediately any floor where suspected cases occur and suspend work in the affected location.
- Employees should report to management if they begin to show symptoms of influenza and seek medical attention immediately. Employees must refrain from going back to work until it is advisable by a medical professional.

Stage 6: Recovery and Preparation for Subsequent Waves

Summary

While a pandemic may impact the Nation for several months or over a year, a given community can expect to be affected by a pandemic over the course of 6 to 8 weeks. While subsequent waves have been the norm in previous pandemics, it will be important for communities to begin reconstructing themselves as soon as possible in order to mitigate persistent secondary and tertiary impacts of the outbreak, include the adverse economic consequences that are anticipated.

Objectives

- Return all sectors to normal operations as soon as possible.
- Prepare for subsequent waves of pandemic.

Immediate Actions

- Work with all parts of the practice to prioritize and begin restoring essential services and reviewing plans to maintain continuity of operations in subsequent waves with support of employees that are immunized or have developed immunity.
- Redeploy and refit response resources.
- Maintain continuous situational awareness of disease in communities, in order to forecast the reduction in illness and reduction in strain on critical resources.
- Provide continuously updated information about the virus, effective treatments, and lessons learned from the first wave, so as to enhance preparedness for subsequent waves.
- Review lessons learned to develop strategies for subsequent waves.
- Advise that additional waves of the pandemic may occur and emphasize the need to prepare accordingly.
- Communicate key lessons learned to all practices, and recommend actions to enhance preparedness for subsequent waves.

PLAN REVIEW, APPROVALS AND HISTORY

Document Reviewers

Name	Role	Version 1.0 Approved
Name Title	Physician	MM/DD/YYYY
Name Title	Office Manager	MM/DD/YYYY
Name Title	Nursing	MM/DD/YYYY
Name Title	Front Office	MM/DD/YYYY
Name Title	Back Office	MM/DD/YYYY
Name Title	Accounts Receivable	MM/DD/YYYY
Name Title	Clinic Laboratory Personnel	MM/DD/YYYY
Name Title	Environmental or Waste Management	MM/DD/YYYY
Name Title	Other	MM/DD/YYYY
Name Title	Other	MM/DD/YYYY
Name Title	Other	MM/DD/YYYY
Name Title	Other	MM/DD/YYYY

PLAN History

Version	Date	Author	Comments
1.0	MM/DD/YYYY	Name	Initial release

APPENDIX A: PERSONNEL INFORMATION

Employee Information	
Name:	Position:
Primary Responsibilities:	
Backup/Cross Training Responsibilities:	
Home Street Address City, State, ZIP	Office Phone Cell Phone Home Phone Pager/Beeper
Emergency Contact Name:	Emergency Contact Relationship
Emergency Contact Address City State ZIP	Primary Phone Alternate Phone
Telephone Call Order:	

Medical Training and Certifications		
☐ Medical Degree (MD/DO)	☐ Nurse Practitioner (NP)	☐ Physicians Assistant (PA)
☐ Registered Nurse (RN)	☐ Medical Assistant (MA)	☐ Emergency Medical Tech (EMT)
☐ First Aid Basic Life Support (BLS)	☐ First Aid Advanced Life Support (BAS)	☐ Incident Command System (ICS)
Notes:		

Potential Conflicts		
Pre-existing medical condition	☐ Yes	☐ No
At-risk family member in household (elderly, children)	☐ Yes	☐ No
Daycare complications during school closures	☐ Yes	☐ No
Fear of contracting illness and spreading to others	☐ Yes	☐ No
Inability to accommodate extended work shift/hours	☐ Yes	☐ No
Inability to be away from home multiple days/weeks	☐ Yes	☐ No
Complications due to interrupted public transportation	☐ Yes	☐ No
Other (specify):		

APPENDIX B: CHAIN OF COMMAND

Name
Title

Office
Home
Cell
Pager/Beeper:

Name
Title

Office
Home
Cell
Pager/Beeper:

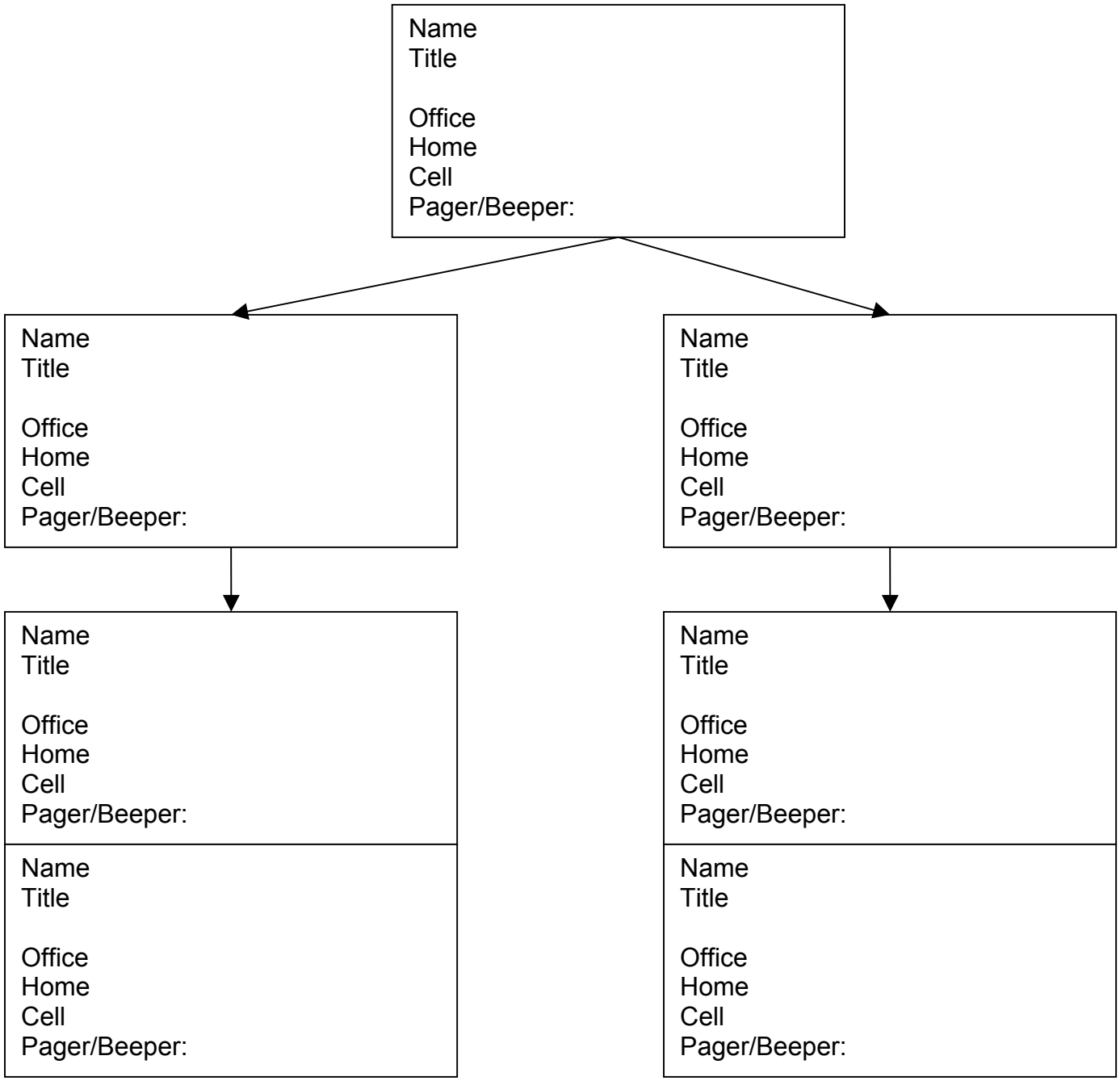
Name
Title

Office
Home
Cell
Pager/Beeper:

Name
Title

Office
Home
Cell
Pager/Beeper:

APPENDIX C: PHONE TREE



APPENDIX D: SUPPLY LIST

Item	Order Number	Quantity	Supplier/Vendor	Related Business Function
Recovery Notes				

APPENDIX E: SUPPLIER/VENDOR INFORMATION

Copy the table below as many times as necessary to document all of your vendors and service providers.

Company Name	
Account Number	
Materials/Service Provided	
Street Address	
Company Phone (main)	
Primary Contact	Name Title Office Phone Cell Phone Pager Fax eMail

Company Name	
Account Number	
Materials/Service Provided	
Street Address	
Company Phone (main)	
Primary Contact	Name Title Office Phone Cell Phone Pager Fax eMail

APPENDIX F: KEY BUSINESS CONTACTS

Copy the table below as many times as necessary to document all of your vendors and service providers. Depending on your circumstances, you may want to include: Accountant, Bank, Billing/Invoicing Service, Benefits Administration, Building Manager, Building Owner, Building Security, Creditor, Electric Company, Emergency Management Company, Fire Department, Gas/Heat Company, Hazardous Materials, Hospital, Insurance Agent/Broker, Insurance Company (Claims Reporting), Key Customers/Clients, Local Newspaper, Local Radio Station, Local Television Station, Mental Health/Social Service Agency, Payroll Processing, Police Department (non-emergency), Public Works Department, Small Business Administration Office, Telephone Company.

Company Name	
Account Number	
Materials/Service Provided	
Street Address	
Company Phone (main)	
Company Website	http://
Primary Contact	Name Title Office Phone Cell Phone Pager Fax eMail

APPENDIX G: EMERGENCY PREPAREDNESS RESOURCES

American Red Cross – Mile High Chapter
- http://www.denver-redcross.org

Ready Colorado
- www.readycolorado.com

Colorado Department of Health and Environment
- http://cdphe.state.co.us

Office of Local Liaison
- http://www.cdphe.state.co.us/oll/locallist.html

Department of Health and Human Services
- http://pandemicflu.gov

Centers for Disease Control
- http://www.cdc.gov/flu

Colorado Medical Society
- http://www.cms.org

National Strategy for Pandemic Influenza
- http://www.whitehouse.gov/homeland/pandemic-influenza.html

Note: There are many resources available on the Web; however, we have found these associated resources to be very useful for medical office planning specifically.

Pandemic Influenza Annex to the Internal Emergency Response Implementation Plan developed by the Colorado Department of Public Health and Environment (CDPHE).
http://www.cdphe.state.co.us/epr/Public/InternalResponsePlan/CDPHEPanfluVer2.pdf
http://www.cdphe.state.co.us/epr/attachments.html

How individuals can prepare
- http://www.redcross.org/news/ds/panflu/learnthefacts.html
- http://www.pandemicflu.gov/planguide/checklist.html

How to care for ill family members
- http://www.redcross.org/news/ds/panflu/careforothers.html

Signage
http://www.nyc.gov/html/doh/html/cd/cdmaterials.shtml
http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcpposter.html
http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/genposter.html
http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/stopposters.html
http://www.health.state.mn.us/handhygiene/index.html

Triage guidelines
- http://www.cdphe.state.co.us/epr/

Health Alert Network
- http://www.bt.cdc.gov/DocumentsApp/HAN/han.asp

Volunteer resources:
- http://www.cdphe.state.co.us/epr
- http://www.coloradodmat.com
- http://www.medicalreservecorps.gov
- https://covolunteers.state.co.us

APPENDIX H: GOVERNOR'S EXPERT EMERGENCY EPIDEMIC RESPONSE COMMITTEE DRAFT EXECUTIVE ORDERS.

http://www.cdphe.state.co.us/epr/Public/InternalResponsePlan/Attachment3.pdf

The Governor has the broad powers to meet an emergency. See C.R.S. § 24-32-2104(7). In any disaster, the Governor may "Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency, if strict compliance with provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency." C.R.S. § 24-32-2104(7)(a)

Executive Order 0.0 - Declaration of a State of Disaster Emergency due to Criminal Acts of Biological Terrorism.

This order activates the Colorado Emergency Operations Plan.

Executive Order 1.0 - Ordering Hospitals to Transfer or Cease the Admission of Patients to Respond to the Current Disaster Emergency

Authorizes the CDPHE to order hospital emergency departments to cease admissions and transfer patients to a hospital or facility as directed by CDPHE. CDPHE would control the determination of when a hospital has reached capacity and when the hospital may resume admission.

Executive Order 1.1 - Ordering Hospitals to Transfer or Cease the Admission of Patients to Respond to the Current Disaster Emergency

Directly authorizes hospitals to cease admissions and transfer patients. Provides that hospital emergency departments may determine on their own, without central direction from CDPHE, whether they have reached capacity to examine and treat patients. Authorizes hospital emergency departments to resume admissions when they have determined that they have the capacity.

Executive Order 2.0 - Concerning the Procurement and Taking of Certain Medicines and Vaccines Required to Respond to the Current Disaster Emergency

Authorizes the seizure of named drugs from "outlets" (as defined in the pharmacy statutes.) Embargoes the supply of the named drugs in the possession of the outlets except for those supplies that CDPHE regulation requires certain facilities and organizations to keep for chemoprophylaxis of their employees.

Executive Order 3.0 - Concerning the Suspension of Certain Statutes and Regulations to Provide for the Rapid Distribution of Medication in Response to the Current Disaster Emergency

Implements Colorado's Strategic National Stockpile Plan. Provides for the rapid distribution of medication by suspending the pharmacy statutes and regulations pertaining to the compounding, dispensing and delivery of any drug. Suspends the "single patient- single prescription" requirement and authorizes the Executive Director or Chief Medical Officer of the CDPHE or the director of a local department of health to direct listed health care providers to compound, dispense or deliver prescription drugs.

Executive Order 3.1 – Concerning the Rapid Distribution of Influenza Vaccine in response to the Current Disaster Emergency

Authorizes volunteers to administer vaccines. Authorizes rapid distribution of vaccines to specified groups. Requires data collection and reporting of the vaccinations. May implement Colorado's Strategic National Stockpile Plan for mass dispensing.

Executive Order 3.2 – Concerning the Rapid Distribution of Antiviral Medication in Response to the Current Influenza Pandemic Disaster Emergency

Authorizes volunteers to administer vaccines. Authorizes rapid distribution of antiviral medication to specified groups. Requires data collection and reporting of the vaccinations. May implement Colorado's Strategic National Stockpile Plan for mass dispensing.

Executive Order 4.0 - Concerning the Suspension of the Physician and Nurse Licensure Statues to Response to the Current Disaster Emergency

Authorizes physicians and nurses who hold a license issued by another state to practice under the supervision of a Colorado licensed physician or nurse to meet the current emergency epidemic.

Executive Order 5.0 - Concerning the suspension of Certain Licensure Statutes to Enable More Colorado Licensed Physician Assistants and Emergency Medical Technicians to Assist in Responding to the Current Disaster Emergency

Authorizes Colorado licensed physician assistants and EMT's to practice outside of their normal supervision but under the supervision of another physician to meet the emergency epidemic. **Executive Order 6.0 - Concerning the Isolation and Quarantining of Individuals and Property in Response to the Current Disaster Emergency Epidemic**

Authorizes CDPHE to establish, maintain, and enforce isolation of all individuals infected with the disease or to quarantine all individuals exposed to the disease.

Executive Order 7.0 - Ordering Facilities to Transfer or Receive Patients with Mental Illness and Suspending Certain Statutory Provisions to Respond to the Current Disaster Emergency

Authorizes the transfer of mental patients to different facilities when necessary to combat the current epidemic and promote the public health.

Executive Order 8.0 - Concerning the Suspension of Certain Statutes Pertaining to Presumptions of Death and Burial Practices in Response to the Current Disaster Emergency

Authorizes suspension of statutes to allow for the rapid burial of epidemic victims without following normal funeral procedures, religious practices or death certificates in all cases.

Executive Order 9.0 – Concerning the Cancellation of Public Events and the Closure of Public Buildings in Response to the Current Public Health Emergency

Orders cancellation of public events and closure of certain public buildings and schools.

APPENDIX I: TABLETOP EXERCISES

What would you do?

1. Two feet of snow has fallen overnight without warning. Travel is restricted on the major highways and side streets are treacherous if not impassible. There are some power outages and telephone service is out. How would you communicate with your staff and patients? (Stage- 0)

2. There is an active pandemic outbreak. 40% of staff is ill. You are down to one doctor and one nurse. Number of phone calls for ill patients has doubled. What would continue? What could wait two weeks? What could remaining staff do to help? How would you handle the schedule? (Stage-5)

3. You closed your office for two weeks because of staff and physician illness. The worst seems to be over and you would like to reopen your office. What do you do?

4. You have remained open during the first wave of influenza. A second wave is coming. Some vaccine is now available. Who gets it and who gives it? How has staying open changed your pandemic influenza plan and what adjustments need to be made? (Stage- 6)

APPENDIX J: CONTRIBUTORS

We would like to thank the Arapahoe Douglas Elbert Medical Society and the Association of Contingency Planners (ACP) in partnership with Colorado Department of Public Health and Environment and Colorado Medical Society and also individuals from the following organizations and associations, for contributing to the development of this document:

Aurora-Adams County Medical Society (AACMS)
Boulder County Medical Society (BCMS)
Colorado Association of Family Physicians (CAFP)
Colorado Psychiatric Society (CPS)
Denver Medical Society (DMS)
El Paso County Medical Society (EPCMS)
Larimer County Medical Society (LCMS)
Mountain States Employers Council (MSEC)
Pueblo City-County Health Department (PCCHD)
Tri-County Health Department (TCHD)