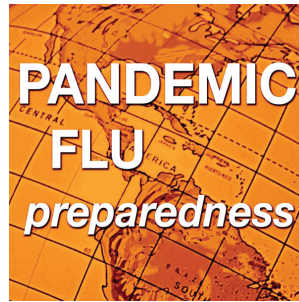




ASSUMPTION: Transmission will be primarily through exposure to respiratory droplets and direct contact with patients and their contaminated environments.

Universal Early Preparation

- Vaccinate all staff and their families against seasonal influenza. This will help differentiate seasonal influenza from the pandemic variant, help keep the health care workforce healthy, and may have some positive effect on the pandemic variant.
- Review patients' records to assess the need for seasonal influenza vaccine and pneumococcal vaccine. Many deaths in past epidemics were caused by postinfluenza bacterial pneumonia.
- Educate staff and patients about changes they can expect to be implemented in the office during a pandemic, and about ways to prepare themselves and their families.



Influenza education:

- Educate staff about influenza evaluation and treatment.
- Educate staff about alternative office management plans.
- Educate patients about developing family management plans.

Office preparedness training:

- Design an office management plan for pandemic influenza that includes patient flow, triage, treatment, and design.
 - Prepare for office staff illness, absences, and/or quarantine. Physicians' should plan for 40 percent absenteeism rate at the peak of a pandemic.
 - Cross-train staff for all essential office and medical functions.
 - Review proper office and medical cleaning routines.
- Plan for cross-coverage with other health care providers in your community, and participate in local hospital planning exercises.

- Identify materials and supplies required for care to be delivered during a pandemic, and suppliers that can provide those materials. (See "Checklist of Required Equipment/Supplies" on page 3.) Order appropriate materials and supplies.
- Contact representatives at your office's waste-disposal service regarding plans for appropriate waste disposal so that they can prepare for an increased amount of dangerous waste materials.
- Stay informed. Visit your state department of health's website weekly, or develop a reliable alternative method for routine epidemiologic monitoring.
- Become knowledgeable about drugs available for treatment and prophylaxis, and about other acute treatment options. This should include, general recommendations on pandemic influenza from the Centers for Disease Control and Prevention (CDC); other reliable clinical information sources; information about management options; and resources available and most effective in your area.
- Family physicians may consider keeping on hand an adequate supply of antivirals for staff and their families as prophylaxis during the first pandemic wave of up to eight weeks until a pandemic-specific vaccine becomes available.
- Stay up to date on the availability of diagnostic testing (both overall and in your area), location of labs and length of time needed for results to be returned, equipment required, etc.
- Make arrangements to ensure you have access to needed diagnostic testing resources and capabilities during a pandemic.
- Establish connections with your state and local public health offices so that you and your staff will be notified when a specific vaccine becomes available and plan for appropriate distribution according to state and CDC recommendations.
- Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area.

NOTE: For a task-based approach to preparing for an influenza pandemic, download the "Medical Offices and Clinics Pandemic Influenza Planning Checklist," available at www.flu.gov/planning-preparedness/hospital/medofficesclinics.pdf.

continued

In Areas With Suspected or Known Pandemic Influenza

- Post signage in appropriate languages at the entrance and inside the office to alert all patients with influenza symptoms to notify staff immediately.
- Post signage in appropriate languages to teach/ remind all patients about correct respiratory hygiene and cough etiquette. Specifically, they should cough and sneeze into a tissue (which then should be properly discarded), or into the upper sleeve. (See www.cdc.gov/flu/protect/covercough.htm.)
- Reorganize waiting areas to keep patients with respiratory symptoms a minimum of three feet away from others, and/or have a separate waiting area for patients with respiratory illness.
- Consider arranging a separate entrance for symptomatic patients.
- Schedule patients with acute respiratory illness (ARI) for the end of a day or at another designated time.
- Evaluate patients with ARI promptly. (See “Triage Systems.”)
- Provide disposable tissues to all symptomatic patients on arrival for use in trapping respiratory secretions.
- Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- Provide alcohol-based hand rub in all reception, waiting, patient care, and restroom areas.
- Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as office items shared among patients, such as pens, clipboards, phones, etc.
- Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas. This equipment should be cleaned with appropriate cleaning solutions for each patient. Consider the use of disposable equipment when possible (e.g., blood pressure cuffs).

Triage Systems

- Consider rescheduling or postponing all routine appointments.
- Recommend that patients call the office before arrival.
- Implement alternative patient care systems.

Telephone triage system:

- Identify a staff person or persons dedicated to triaging phone patients using the following questions:
 - 1) “Do you have a fever higher than 100°F (37.8°C), and a cough or sore throat?” If no, go to question 2. If yes, go to question 3.
 - 2) “Have you had contact with sick people?” “Have you traveled recently to _____ (will vary according to epidemic disease areas identified)?” If yes to either, advise patient to come in for evaluation for possible need for prophylaxis. If no, pursue other symptoms.
 - 3) “Are you having shortness of breath or other signs of respiratory distress?” If yes, advise patient to proceed to emergency room. If no, schedule patient for outpatient evaluation using appropriate on-site precautions.

Office triage system:

- Isolate or separate all walk-in patients by at least a three-foot space until evaluated/triaged by designated office or nursing personnel. If patient exhibits shortness of breath or other signs of respiratory distress, the triage specialist should call the physician immediately. If not, proceed with triage using the following questions:
 - 1) “Do you have a fever higher than 100°F (37.8°C) and a cough or sore throat?” If yes, go to question 2. If no, pursue other symptoms.
 - 2) “Have you had contact with sick people?” “Have you traveled recently to _____ (will vary according to epidemic disease areas identified)?” If yes to either, continue evaluation for possible need for prophylaxis. If no, pursue other symptoms.

- Implement alternative patient flow systems.
 - Provide disposable tissues to all symptomatic patients on arrival for use in trapping respiratory secretions.
 - Distribute respiratory prevention packets consisting of a disposable surgical mask, facial tissues, and cleansing wipes to all symptomatic patients.
 - Attempt to isolate all patients with suspected influenza using doors, remote office areas, or negative-pressure rooms, if available.
 - Provide N95 respirators*, face shields/goggles, surgical masks, gloves, and gowns for all caregivers and staff to use when within three feet of patients with suspected influenza. (See www.cdc.gov/niosh/topics/respirators/.)
 - After delivering care, exit the room as quickly and directly as possible (i.e., complete documentation in clean area).
 - Clean room and all medical equipment completely with appropriate cleaning solutions.
 - Consider providing prophylactic antivirals to all staff who have contact with patients, and consider antiviral prophylaxis for their families, too. When a pandemic-specific vaccine becomes available, assist all staff with direct patient contact in receiving the vaccine.

Referral or Transfer

- While the patient is waiting for diagnostic test results, home isolation may be required. Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle such as an ambulance, not via public transportation.
- Notify the recipient of a referred/transferred patient that a suspected influenza case is being referred/transferred.
- Implement appropriate public health reporting procedures.

Waste Disposal

- No-touch methods should be used to dispose of waste materials with respiratory secretions.
- Arrange to use the currently recommended methods for disposal of dangerous waste.

Checklist of Required Equipment/Supplies

- Signage in appropriate languages instructing patients to alert staff about respiratory symptoms
- Signage in appropriate languages about correct respiratory hygiene and cough etiquette
- Boxes of disposable tissues for distribution to patients
- Single-use towels and tissues for use throughout the office
- No-touch wastebaskets and disposable liners
- Alcohol-based hand rub for reception, waiting, patient care, and restroom areas
- Single-use gloves
- N95 respirators, face shields/goggles, surgical masks, and gowns for providers and staff, as appropriate
- Surgical masks for distribution to patients
- Appropriate disinfectant for environmental cleaning
- Buckets and single-use mops
- Adequate medical supplies (e.g., IV solutions, antivirals, antibiotics)
- Handouts made available prior to a pandemic, and posters and patient education materials posted during a pandemic

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*N95 respirators protect against the inhalation of small *and* large airborne particles through the use of filter material fitted tightly to cover the nose and mouth. Some may look like traditional surgical masks.

Key Pandemic Influenza Websites

Flu.gov (Department of Health and Human Services)

www.flu.gov

Influenza (Flu) (Centers for Disease Control and Prevention)

www.cdc.gov/flu

Global Alert and Response (GAR) (World Health Organization)

www.who.int/csr/en

Association of State and Territorial Health Officials

www.astho.org/

Learn more about pandemic influenza and find tools to help you prepare your office, your patients, and your community on the AAFP's Pandemic Influenza Webpage.

www.aafp.org/disasterprep/pandemicflu.html



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