

Pandemic Influenza

Continuity of Operations (COOP) Training for Behavioral Health Service Providers



Disaster Preparedness

Bridging the gap between
“It won’t happen to me.”
and
“We are all going to die!”

Tom Kilday, *Health Magazine*

Definitions

Epidemic –

Disease outbreak with higher than normal incidence in a community or region

Pandemic –

Disease outbreak affecting the population of an extensive region, country, continent or the world

Planning for Pandemic Influenza

- Planning for the worse case scenario – not uplifting, but necessary
- We're due – pandemics are projected to occur every 40 years
- 1918 Spanish flu – 500,000 die in U.S.
- 1958 Asian flu – 70,000 die
- 1968 Hong Kong flu – 34,000 die

H1N1 Influenza



What is H1N1?

- Has been called swine flu in the past
- Is a respiratory disease caused by type A influenza viruses that causes regular outbreaks in pigs.
- People do not normally get this type of influenza because it is a novel (new) virus, but human infections can and do happen.
- This type of flu viruses has been reported to spread from person-to-person, but in the past, this transmission was limited and not sustained beyond three people.

How Does the H1N1 Flu Spread?

- Spread of H1N1 virus is thought to be happening in the same way that seasonal flu spreads.
- Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza.
- Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

What are the signs and symptoms of H1N1 flu in people?

- Similar to the symptoms of regular human flu
 - fever, cough, sore throat, body aches, headache, chills and fatigue.
 - Some people have reported diarrhea and vomiting associated with swine flu.
 - In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people.
- Like seasonal flu, H1N1 flu may cause a worsening of underlying chronic medical conditions.

How can someone with the flu infect someone else?

- Infected people may be able to infect others beginning 1 day before symptoms develop and up to 7 or more days after becoming sick.
- That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

Are there medicines to treat H1N1?

- CDC recommends the use of oseltamivir or zanamivir
- Antiviral drugs are prescription medicines fight against the flu by keeping flu viruses from reproducing in your body.
- Antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications.
- Antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

What should I do to keep from getting the flu?

- First and most important: wash your hands.
- Try to stay in good general health.
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
- Try not touch surfaces that may be contaminated with the flu virus.
- Avoid close contact with people who sick.



How long can an infected person spread H1N1 flu to others?

- People with H1N1 influenza virus infection should be considered potentially contagious as long as they are symptomatic and possible for up to 7 days following illness onset.
- Children, especially younger children, might potentially be contagious for longer periods.

What Makes Response to a Pandemic So Different?

- Duration – 6-8 weeks, often in two waves 3-12 months apart
- CDC planning assumptions: (Bird Flu)
 - Over 1 million sick in Minnesota
 - 15,000 to 172,000 hospitalized
 - 3,600 to 32,900 deaths

Pandemic Influenza Impacts

- Economic impact – 30 – 50 percent of the workforce will be unavailable for work; public events may be cancelled; schools may be closed and essential shopping venues may be unavailable
- No vaccines are currently available; antivirals will be in short supply and may be of limited effectiveness
- This will be a local event; we can expect little help from the federal government.

Why Do We Need to Planning Now?

- Anticipate the possibility of the event
 - A pandemic will be an extremely stressful time for both the organization and employees
- Adopt a preventive perspective
 - How will the organization communicate with employees?
 - How will the safety of clients be assured?
 - How will benefits be administered?
 - How and by whom will decisions be made?

Pandemic Influenza Continuity of Operations Planning

Organization: _____

Pandemic Flu Coordinator: _____

Infection Control Point of Contact: _____

Services Provided: (check all that apply)

- Mental Health _____
- Substance Abuse _____
- Developmental Disabilities _____

24/7 Emergency Services

- Face-to-face _____
- Phone _____

List Other Services Provided

Residential Services

- Group Home _____
- Supervised Apartment _____
- Community Outreach Teams _____

Outpatient, Adult and Child _____

Intensive Outpatient _____

SPMI & SED Services _____

Community Support _____

Crisis Response Teams _____

I. Service Planning



A. Service Priority

The essential services/functions of the organization that must be maintained to assure the safety of clients, regardless of staffing limitations are:

Priority #	Essential Service
1	24/7 Emergency Services Phones
2	Group Homes
3	Crisis Mobile Response Teams
4	Supervised Apartments

B. Support Services

The following support services (administration, human resources, information services, finance, communications, etc.) are prioritized to assure that essential services receive the needed supports to continue to function.

Support Priority	Support Function
1	Administrative Core
2	Communications – Land Line, Cell, Email
3	Information Systems
4	Finance
5	Human Resources

C. Alternate Care Sites

The following alternate care locations have been identified for identified essential services and administration. Alternate sites should be equipped with communication options. (Do not rely on the Red Cross to provide shelter facilities.)

Essential Services	Present Location	Alternate Location
24/7 Emergency Phone	Answering Services/Crisis Line	Changed to Ring at Staff Home Phone
Group Home		
Group Home		
Crisis Mobile Response Team		

II. Staffing Plan



A. Staffing - Key Leaders

Position Held Currently by:	Identified Successors (at Least 3)	Office #	Cell #	Pager #	Home #
CEO					
Director					
Mental Health Supervisor					
Crisis Team Coordinator					
Program Director					
Program Manager					

B. Staffing Plan- Basic

Anticipate that nearly 50% of staff may be unavailable for work at any given time. The following minimum staffing levels are projected for the identified essential services. Implement telecommuting for staff where practicable.

Essential Service	Current Staffing per Shift (Be Specific re: Training/Specialty)	Basic Maintenance Staffing (Be Specific re: Training/Specialty)
Emergency Services Phone		
Group Home		

B. Staff Redeployment

To supplement the above staff staffing needs we anticipate the redeployment of staff from:

Outpatient Services

This redeployment will necessitate cross-training in the following areas:

Group home record maintenance including change of shift logs and medication tracking, meal preparation, and more

Maintaining key support services will be crucial during the pandemic flu.

Cross- training among administration support staff will be necessary to assure that key support functions continue. Cross training will begin by _____and be completed by_____.

C. Program Supplies

Stockpiling of supplies will be needed for the following programs:

Program	Needed Supplies
Group Home	Food and household supplies to minimally sustain facility for 4-6 week period

D. Personnel Issues

In the event of the pandemic flu, the following personnel policies/practices have been developed to address the special nature of this event. (Insert statement on how the organization intends to address these issues.)

- **Benefit Usage:** Staff will be able to use accrued sick time to care for ill family members. Should a staff member have no accrued sick time (fill in your policy).
- **Compensation:** Overtime pay? Time off at a later date? Salary and hourly pay handled differently?
- **Return to Work Conditions:** (Dr.'s note may not be practical.)
- **Work Expectations/Duty to Provide Care:** Some employees will be afraid to risk exposure by coming in. Think about how to communicate your expectations to staff.

D. Personnel Issues (cont.)

Staff In-service Needs: Education on self-care (infection control in the workplace, respiratory hygiene, hand washing, cough etiquette, etc.), stress management, family care plans, personal emotional support, support through death of co-worker, clients, or family.

- Who is responsible for developing an in-service?
- Who will deliver the in-service?
- Written materials will be available through MDH and/or your EAP.
- Infection control supplies: cough etiquette stations – hand cleaner, tissues, receptacles for tissue disposal, etc.
- Infection control supplies will be place in the following locations: (outline your plan here).

D. Personnel Issues (cont.)

Ongoing Communication with Staff:
decide on modes of communication with staff during a pandemic.

During the pandemic, there will be daily blast emails from administration updating the current status of the organization's response. For those without computers, e-mails will be posted in staff lounges.

III. Consumer/Client Care



A. Education of Consumers

All written materials should be culturally and linguistically appropriate. MDH will provide basic brochures with Spanish translations as needed. The organization will conduct the following education efforts for clients:

- Personal care (respiratory hygiene, coughing etiquette, hand washing)
- Information on pandemic flu and how it is spread
- Stress management, responding to anticipated fear, anxiety

A. Education of Consumers (cont.)

The organization plans to conduct the following education efforts for clients:

SPMI caseload – Case managers will be responsible for reviewing personal care materials with assigned clients during the inter-pandemic period. Timing of these educational efforts will be decided by the confirmation of a pandemic influenza in the United States.

B. Medical Needs of Clients

- Availability of medical consultation
- Need for hospitalization
- Avoidance of hospital emergency departments

C. Ongoing Communication Modes with Clients

Identify possible modes of communication:

- Hotline,
- Check-in calls to priority clients,
- Web site,
- E-mail, and more.

D. Surveillance and Detection

- Responsibility for monitoring public health advisories and informing agency leadership has been assigned to _____.
- Describe the system you will use to monitor and review influenza outbreaks in the client caseload.
- Influenza incidence data for clients and staff will be provided to MDH by _____.

E. Plan for Medication Distribution

Outline the review process for distributing medication.

Program	Review Staff	Review Trigger
Group Home 1	Program Manager, other key staff ...	First human-to-human transmission

F. Procurement of Medications

- Medications will have to be procured for Medical Assistance, Medicaid, Medicare, and private insurance clients.
- MDH is working on the medication distribution issue. Guidance will be available in the near future.

G. Processing of Client Deaths

- Given that the usual practice of reviewing client deaths may not be possible, the following modifications will be enacted. (Describe)
- The following staff will be responsible for organizing this process: (Name 3-4 staff).

IV. Action Plan



Inter-Pandemic Action Plan

Activity	Resources needed	Due date
Provide in-service to staff on personal care, stress management, family planning, benefit usage policies and work expectations	Development of presentation by medical, human resource and EAP staff	
Have staff develop family plan with supervisor	Trained supervisory staff	

Inter-Pandemic Action Plan

Implement education plan within each facility addressing standard precautions to prevent spread of flu	Print signs for lavatories re: hand washing; have brochures available for staff and clients	
Educate clients on self care and address any anxiety issues	Case Managers. Clinicians – all staff with assigned caseloads	
Repeat education efforts (just-in-time training) as pandemic appears to be imminent	Above Resources	

Inter-Pandemic Action Plan

Prioritize cases for medicine distribution	Clinical teams	First human-to-human transmission
Adapt psycho-educational materials as necessary to meet the cultural and linguistic needs of clients served	Administration/translators	
Exercise the pandemic flu plan	Organization's pandemic flu coordinator	Simultaneous with the Federal Pandemic Flu Exercise

Pandemic Action Plan

Activity	Resources needed
Provide phone support to clients	
Assure delivery of meds to prioritized clients	
Address emotional support needs of staff	

Recovery Action Plan

Activity	Resources needed
Assess response during the pandemic – what worked well and what didn't – and develop a plan to alter response in next wave based on lessons learned	
Assess resilience of staff and provide supports accordingly	
Document losses of clients and staff and provide grief support as necessary	
Procedures for standing down the operation	

Helpful Web Sites

- <http://www.health.state.mn.us/>
(click on H1N1)
- www.cdc.gov
(click on H1N1)
- <http://www.who.int/csr/disease/swineflu/en/index.html>
(World Health Organization)