



Checklist to Prepare Doctors' Offices for Pandemic Influenza

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 workforce healthy and may have some ameliorating effect on the pandemic variant.)
- Review patients' records to assess their need for pneumococcal vaccination. (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. (See CDC's "Pandemic Flu Planning Checklist for Individuals and Families" at "<http://www.pandemicflu.gov/planguide/checklist.html>).

Influenza education:

- Educate staff about avian (or other pandemic strain) 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 medical flow, triage, treatment and design.
 - Prepare for office staff illness, absences and/or quarantine. (Physicians should plan for a 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-covering 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 businesses that can provide those materials. (See "Checklist of Required Equipment/Supplies" on page 3.) Order appropriate materials and supplies.
- Contact representatives at your office 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 Web site (find it at <http://www.statepublichealth.org/index.php?template=directory.php>) on a weekly basis, 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 entail familiarity with general recommendations on pandemic influenza from the CDC and other reliable clinical information sources, as well as with information about what management options and resources may be available and most effective in your area.
- Keep 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 necessary to ensure you'll have access to needed diagnostic testing resources and capabilities during a pandemic.
- Establish linkages with your state/local public health offices so that you and your staff can be notified when specific vaccine becomes available and can 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 CDC's "Medical Offices and Clinics Pandemic Influenza Planning Checklist" at <http://www.pandemicflu.gov/plan/pdf/medofficesclinics.pdf>.

In Areas Without Known But With Suspected Avian Flu

- Post signage, in appropriate languages, at the entrance to and inside the office to alert all patients with influenza symptoms to notify staff immediately of that fact.
- Post signage, in appropriate languages, to teach/remind all patients about correct respiratory hygiene and cough technique. (<http://www.cdc.gov/flu/protect/covercough.htm>)
- Reorganize waiting areas to keep patients with respiratory symptoms a minimum of three feet 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) to the end of a day or at another distinct time.
- Evaluate patients with ARI promptly. (See "Triage Systems" below.)
- Provide disposable tissues to all symptomatic patients on arrival for their 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 such shared items in waiting areas, as well as shared items between patients, such as pens, clipboards, phones, etc.
- Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas; this equipment will need to be cleaned with appropriate cleaning solutions between each patient. Consider the use of disposable equipment, such as blood pressure cuffs, when possible.

Triage Systems

- Consider rescheduling or postponing all routine appointments.
- Recommend that patients phone 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 greater than 100.5°F (38°C) and cough or sore throat?" If no, go to question 2). If yes, go to question 3).
- 2) "Have you had contact with other sick people or with sick or dead birds? Have you traveled recently to _____ (will vary according to epidemic disease areas identified)?" If yes to either, advise patient to come in for evaluation of 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 margin 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 greater than 100.5°F (38°C) and cough or sore throat?" If yes, go to question 2). If no, pursue other symptoms.
 - 2) "Have you had contact with other sick people or with sick or dead birds?" "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.
 - Post signage, in appropriate languages, about respiratory hygiene and cough etiquette at entrance to and inside office. (<http://www.cdc.gov/flu/protect/covercough.htm>) Signs should direct patients to notify staff immediately if they have influenza signs or symptoms.
 - Distribute respiratory prevention packets consisting of a disposable mask, facial tissues and cleansing wipes to all symptomatic patients.
 - Isolate all symptomatic patients or separate them from others by a minimum of three feet.
 - Deliver symptomatic patients to exam room as soon as practical.
 - Examine symptomatic patients wearing appropriate isolation equipment: mask, face shield, gown and gloves.

- After delivering care, exit office as quickly and directly as possible (consider completing all exit paperwork in exam room).
- Clean room and all medical equipment completely with appropriate cleaning solutions.

In Areas With Known Avian Flu

- Post signage, in appropriate languages, at the entrance to and inside the office to alert all patients with influenza symptoms to notify staff immediately of that fact.
- Post signage, in appropriate languages, to teach/ remind all patients about respiratory hygiene and cough etiquette. (<http://www.cdc.gov/flu/protect/covercough.htm>)
- Reorganize waiting areas to keep patients with respiratory symptoms a minimum of three feet from others and/or have a separate waiting area for patients with respiratory illness.
- Arrange a separate entrance for symptomatic patients.
- Schedule patients with ARI to the end of a day or at another distinct time.
- Evaluate patients with ARI promptly. (See “Triage Systems” above.)
- Provide disposable tissues to all 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 such shared items in waiting areas, as well as shared items between patients, such as pens, clipboards, phones, etc.
- Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas; this equipment will need to be cleaned with appropriate cleaning solutions between each patient. Consider the use of disposable equipment, such as blood pressure cuffs, when possible.
- Provide surgical masks for patients with suspected or known avian influenza exposure or ARI.
- Provide face shields/goggles, masks, gloves and gowns for all caregivers and staff to use when within three feet of patients with suspected influenza or concerned patients.
- Provide disposable gloves for all staff involved in direct patient care.

- Attempt to isolate all patients with suspected influenza using doors, remote office areas or negative-pressure rooms, if available.

Referral or Transfer

- While 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 done 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 of disposing of waste materials with respiratory secretions should be used.
- Arrange to use the methods for disposal of dangerous waste that are currently recommended.

Checklist of Required Equipment/Supplies

- Signage, in appropriate languages, instructing patients to alert staff about respiratory symptoms
- Signage, in appropriate languages, about proper cough etiquette (<http://www.cdc.gov/flu/protect/covercough.htm>)
- Boxes of tissues for patient distribution
- 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
- Face shields/goggles/masks/gowns for providers and staff as appropriate
- Masks for patient distribution
- Appropriate disinfectant for environmental cleaning
- Buckets and single-use mops
- Adequate medicinal supplies: IV solutions, antivirals and antibiotics
- Patient education handouts