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Gravely Group hopes that these materials are helpful. If you choose to use them, we do request that you provide attribution to Steve Gravely.

Report to the Virginia Department of Health on Human Resources Disaster Preparedness for Virginia Hospitals

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April 25, 2008

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GLOSSARY OF IMPORTANT TERMS

Accommodations: Room and board provided by a hospital for Staff Members who report to work and request such Accommodations so they do not have to return home and risk exposing Household Members to a Pandemic Influenza.

Antivirals: Medications used to treat the symptoms of or administered for prophylactic purposes to prevent the infection of influenza.

Dependents: Individuals who are completely reliant on a Staff Member for financial support.

Direct Patient Contact: Unprotected contact within 3 feet of a patient. Unprotected means that the Staff Member is not wearing Personal Protective Equipment and there are no physical safeguards in place between the patient and the Staff Member to limit transmission of the virus.

Exposure: Unprotected contact with an individual who is infected with Pandemic Influenza.

Fit Testing: A process by which respirators are fitted to a specific individual's face. This process must be completed on an annual basis for each specific make and model of respirator to ensure that there is a proper fit and that the respirator will protect the individual from Exposure.

Healthcare Worker: A person (e.g., employees, students, contractors, attending clinicians, public-safety workers, or volunteers) whose activities involve contact with patients, or blood or other body fluids from patients in a health care, laboratory, or public-safety setting.[1]

Household Member: An individual who primarily resides with a Staff Member.

Influenza Pandemic: A global disease outbreak of a novel strain of influenza virus that spreads easily and quickly causes severe illness for which there is little to no natural immunity in the human population.[2]

Medically At-Risk Staff: Staff Members who, because of a personal health condition, are more at risk for catching the Pandemic Influenza or who will suffer more severe complications from the Pandemic Influenza.

Outbreak Prophylaxis: The administration of Antivirals to an individual during an Influenza Pandemic who has not been exposed to the Pandemic Influenza. The course of Antivirals is given for 6-8 weeks or possibly longer.[3]

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[1] Centers for Disease Control and Prevention, "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis," June 29, 2001, available online at: http://www.cdc.gov/MMWR/preview/MMWRhtml/rr5011a1.htm (last visited February 22, 2008)

[2] US Department of Health and Human Services, http://www.pandemicflu.gov/faq/pandemicinfluenza/2008.html

[3] Centers for Disease Control and Prevention. *Proposed Guidance on Antiviral Drug Use Strategies during an Influenza Pandemic*. November 6, 2007, p. 6. ("CDC Antiviral Guidance")

Pandemic Influenza: The strain of influenza virus that causes an Influenza Pandemic.

Personal Protective Equipment (PPE): Materials, such as gloves, masks, respirators, and gowns, which can be used to limit the spread of disease through contact with others.

Post-Exposure Prophylaxis (PEP): The administration of Antivirals to an individual after a confirmed instance of Exposure to the Pandemic Influenza.

Prophylaxis: The administration of Antivirals to individuals who have not yet contracted the Pandemic Influenza in order to prevent illness.

Protective Measures: Any of a number of measures employed by a hospital to protect their Staff from Exposure to the Pandemic Influenza.

Screening: The process of examining Staff Members to allow for detection of the Pandemic Influenza at the earliest stage. Screening should be performed at the beginning and end of each shift to minimize the Staff Members' risk of exposing patients, co-workers, or Household Members to the Pandemic Influenza.

Staff or Staff Member: An individual who works in a hospital including all paid personnel, independent contractors, and volunteers.

Staff Clinic: A designated location either within or outside of a hospital that serves as an education and resource center on Influenza Pandemics, a site for Screening and assessment of Exposure for Staff both before and after shifts, and a triage center for Staff who become ill with the Pandemic Influenza or any other ailment requiring medical attention.

Treatment: The administration of Antivirals to individuals who have demonstrated symptoms of the Pandemic Influenza.

ANTIVIRALS CONSENSUS POLICY STATEMENT

KEY POINTS

- Staff will expect to receive Antivirals from their employer to treat Pandemic Influenza if they develop symptoms.

- Making Antivirals available to exceed these expectations can be used as an incentive for Staff to report to work during an Influenza Pandemic.

- Hospitals should, at minimum, provide Post-Exposure Prophylaxis to their Staff.

- Federally funded Antiviral caches cannot be used for Prophylaxis under current federal regulations.

- Hospitals should consider purchasing additional supplies of Antivirals with non-federal funds to use for Outbreak and Post-Exposure Prophylaxis.

- If Antivirals are not readily available during an Influenza Pandemic, providing Antivirals to Staff Household Members may serve as an additional incentive for Staff to report to work.

- The content of Antiviral incentive policies should be consistent among hospitals in a region to discourage "employer-shopping" during an Influenza Pandemic.

ANTIVIRALS CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statement.

The Work Group believes that during an Influenza Pandemic, Staff will expect to receive Antivirals from their employer to treat the virus should they develop symptoms (please see Attachment A for the different types of influenza Antivirals). Employees may expect Prophylactic Treatment. Some hospitals have already taken this into account as part of their Influenza Pandemic planning efforts by purchasing Antivirals with federal HRSA and private funds. Hospitals may also be expecting to receive some quantity of Antivirals from the Virginia Department of Health cache that has been purchased by Virginia or from the Strategic National Stockpile caches that are allocated to Virginia. It is important for hospitals to understand that Antivirals received from both of these government sources and those purchased with federal HRSA funds may only be used for Treatment of people who become ill with the Pandemic Influenza, not Prophylaxis. Hospitals that plan to distribute Antivirals for Prophylaxis will need to purchase these courses with private funds that do not place restrictions on how the Antivirals can be used.

For Antivirals to serve as an effective incentive to get Staff to report to work during an Influenza Pandemic, hospitals will have to provide them in a manner that meets Staff expectations. This means that hospitals should provide Antivirals to Staff for Prophylaxis in addition to Treatment. There are two Prophylaxis strategies hospitals should consider: Outbreak Prophylaxis and Post-Exposure Prophylaxis (PEP). The Outbreak Prophylaxis strategy provides Antivirals to individuals from the outset of a community outbreak before Exposure to Pandemic Influenza, whereas PEP provides Antivirals to individuals who have been Exposed to Pandemic Influenza. Recent guidance from the CDC recommends providing Outbreak Prophylaxis to high-risk workers and PEP to those who have unprotected Exposure to the Pandemic Influenza.[1] Outbreak Prophylaxis consists of a full, 6-8 week course of Antivirals. The CDC suggests that a continued course of Antivirals throughout the outbreak may be appropriate.[2]

The Work Group endorses Outbreak Prophylaxis for at least high-risk Staff; however, Outbreak Prophylaxis may not be feasible because of the expense associated with the acquisition of the medication and the limited nature of its supply. Stockpiling Antiviral courses is costly and often seen as inherently wasteful from a financial perspective because we do not know when an Influenza Pandemic will occur and the medications expire after time. Hospitals must use private funds if they choose to stockpile Antivirals for either Outbreak or Post-Exposure Prophylaxis as federal funds may only be used to provide Treatment courses of Antivirals. Therefore, PEP may be more practical and financially feasible for hospitals to provide to Staff than Outbreak Prophylaxis.

In planning for an Influenza Pandemic, hospitals should recognize that Antivirals may not be readily available from community physicians during an Influenza Pandemic. Additionally, Antiviral caches will, for the most part, be designated for Treatment purposes only.

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[1] CDC Antiviral Guidance, p. 6.
[2] *Id*.

Recent CDC guidance recommends that employers at least consider stockpiling Antiviral courses for their Staff.[3] The guidance states that employers will play a key role in protecting the health and safety of Staff. However, the guidance also cautions that employers who decide to stockpile Antivirals should have well-articulated plans for storing and distributing Antivirals during an Influenza Pandemic and must have carefully considered ethical, legal, regulatory, logistical, and economic implications of stockpiling.[4]

Assuming a 25% illness rate, it is anticipated that Antivirals will be available in sufficient quantities to Treat those in the Commonwealth who become ill. Staff will likely turn to the hospital for guidance and support regarding protecting their Household Members from Pandemic Influenza; therefore, hospitals should consider stockpiling additional courses of Antivirals to provide Prophylactic Antiviral courses to Staff Household Members as an additional incentive for Staff to report to work. Of course, the strength and utility of this incentive diminishes as the community availability of Antivirals increases.

Finally, hospitals cannot ignore the reality that many Staff are employed at more than one hospital. To avoid exacerbating Staff absenteeism and to discourage "employer shopping" because one Antiviral incentive policy is perceived to be more generous than another, hospitals should strive to have consistent policies in this area.

[3] Centers for Disease Control. *Proposed Considerations for Antiviral Drug Stockpiling by Employers in Preparation for an Influenza Pandemic*. October 29, 2007. ("CDC Stockpiling Guidance")
[4] CDC Stockpiling Guidance, p. 2.

ATTACHMENT A

TYPES OF ANTIVIRALS[5]

- Tamiflu® (Osteltamivir)
- Relenza ® (Zanamivir)
- Symmetrel (Amantadine) [not recommended for use during an Influenza Pandemic because so many influenza virus strains are resistant to this drug]
- Flumadine (Rimantadine) [not recommended for use during an Influenza Pandemic because so many influenza virus strains are resistant to this drug]

[5] Centers for Disease Control and Prevention. *Recommended Antiviral Agents for Seasonal Influenza for 2007-2008*. Available online at: http://www.cdc.gov/flu/professionals/antivirals/agents.htm (last visited February 22, 2008)

STAFF CLINIC CONSENSUS POLICY STATEMENT

KEY POINTS

- Staff will expect to receive healthcare services from their hospital employer if they become ill.

- Hospitals should develop a "Staff Clinic," to perform these key functions:
    - serve as a pre- and post-shift Screening location,
    - serve as an education and resource center on Pandemic Influenza, and
    - provide a triage center for Staff that become ill.

- Many hospitals may choose to operate the Staff Clinic as an extension of their existing employee health programs.

- Hospitals should examine their contracts with their Medical Review Officers and employee health partners to ensure that these contractual services will be available during an Influenza Pandemic and that they will be given priority over other customers.

STAFF CLINIC CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statement.

During an Influenza Pandemic, Staff will expect some degree of healthcare services from their hospital employer if they become ill. This should be addressed with the use of Antivirals, as described in the Antiviral Consensus Policy Statement. Hospitals should also provide Staff with a "Staff Clinic." The Staff Clinic will serve as a pre- and post-shift Staff Screening center, an education and resource center on Pandemic Influenza, and a triage center for Staff that become ill. During an Influenza Pandemic, Staff should be directed to report to the Staff Clinic at the beginning and end of each shift for Pandemic Influenza Screening. To the extent that sick Staff Members report to the clinic for further instructions on where to obtain care, these Staff Members should be separated from the Staff Members who are reporting to the clinic for Screening or Pandemic Influenza information. Hospitals may consider using off-site urgent care centers to triage sick Staff instead of having sick Staff present to the Staff Clinic. (Attachment A contains suggestions on possible sites for the Staff Clinic.)

The Work Group believes that many hospitals will choose to operate a "Staff Clinic" as an extension of their existing employee health programs. The Work Group encourages hospitals to examine their contracts with their Medical Review Officers and other employee health partners to ensure that these contractual services will be available during an Influenza Pandemic and that the hospital will be given priority over other customers.

ATTACHMENT A

POTENTIAL SITES FOR STAFF CLINICS

- Hospital lobbies
- Employee health clinics
- Unused hospital wings

STAFF ACCOMMODATIONS CONSENSUS POLICY STATEMENT

KEY POINTS

- Hospitals should plan to provide Accommodations, at no cost, to Staff who report to work during an Influenza Pandemic and do not desire to return home and risk exposing their Household Members to the Pandemic Influenza.

- To maintain a safe Accommodations environment, Staff should be assessed for Exposure and Screened for Pandemic Influenza symptoms before entering this environment.

- Hospitals should enter into negotiations with the hospitality industry to provide Accommodations and related services.

- VHHA may be in a good position to conduct these negotiations with the hospitality industry on behalf of Virginia hospitals for Accommodation services.

STAFF ACCOMMODATIONS CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statement.

As part of their Influenza Pandemic preparedness activities, hospitals should plan to provide room and board to Staff who report to work and request it so that they do not have to return home and risk Exposing their Household Members to the Pandemic Influenza. (Hereinafter this concept will be referred to as "Accommodations.") Accommodations should be made available, at no cost, to all Staff Members who make such a request without a differentiation based on personal characteristics such as position or living situation.

Staff who request Accommodations should be Accommodated for as long as they are working. Hospitals should consider modifying work schedules for Accommodated Staff so that they can work for a block of days and then return home for a block of days. In creating such a schedule, hospitals must remember that Staff will be encouraged to remain in the Accommodations for a "transition period" after they complete their work block to ensure that they are not contagious. The length of the transition period will be determined based on the incubation period of the Pandemic Influenza strain as determined by CDC and VDH.

To maintain safe Accommodations, Staff should be assessed for Exposure and screened for Pandemic Influenza symptoms before entering this environment. The Staff Clinic described in the Staff Clinic Consensus Policy Statement may serve as the Screening location. If a Staff Member is symptomatic, he should be provided with Accommodations in a designated area limited to housing sick Staff Members.

All Virginia hospitals, except those with ready access to college or university dorm facilities, should enter into negotiations with the hospitality industry to provide the Accommodations and related services (see Attachment A for detailed suggestions on locations for Accommodations). Tourism and, in turn, hospitality business, are expected to decline during an Influenza Pandemic because travel will be discouraged or restricted. (Hospital cafeterias should be equipped to provide meals.) The Work Group believes that VHHA may be in a good position to conduct negotiations with the hospitality industry on behalf of all Virginia hospitals for Accommodation services. VHHA can create a template Memorandum of Understanding for hospitals to use to contract with hospitality organizations once negotiations are complete.

ATTACHMENT A

POTENTIAL LOCATIONS FOR STAFF ACCOMMODATIONS

- Hotels
- Motels
- Apartment buildings
- Hospital
- Hospitality Houses
- Unused Wings of Hospitals
- University/College Residence Halls

DEPENDENT CARE SERVICES/SUPPORT CONSENSUS POLICY STATEMENT

KEY POINTS

- It is highly likely that schools and day care centers for both children and adults will be closed early during an Influenza Pandemic.

- To mitigate the impact of school and elder/child care closures on Staff absenteeism during an Influenza Pandemic, the Work Group encourages hospitals to support personal preparedness and provide the tools Staff need to adequately plan for Dependent care during an Influenza Pandemic.

- The Work Group does not have a consensus position on the use of hospital daycares during an Influenza Pandemic. It is not clear at this time if federal or state orders to close daycare centers would exempt hospital facilities. Each hospital should make its own decision about providing actual daycare services during an Influenza Pandemic, consistent with applicable law and emergency declarations in effect at the time.

DEPENDENT CARE SERVICES/SUPPORT CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

It is highly likely that schools and day care centers for both children and adults will be closed early during an Influenza Pandemic. To mitigate the impact of school and elder/child care closures on Staff absenteeism during an Influenza Pandemic, the Work Group encourages hospitals to support personal preparedness and to provide the tools Staff need to adequately plan for Dependent care during an Influenza Pandemic. These tools include a list of Dependent care resources located in an accessible, central location or an education fair where Staff can obtain information about these resources. Hospitals should reinforce the importance of personal preparedness by requiring Staff to submit, or at least discuss, their personal preparedness plans during their annual performance reviews.

The Work Group does not have a consensus position on the use of hospital daycares during an Influenza Pandemic. Hospitals with existing daycare centers should consider that these facilities may be closed during an Influenza Pandemic for the same reasons schools will be closed. It is not clear at this time if federal or state orders to close daycare centers would exempt hospital facilities. For hospitals that do not have existing daycares, it will be difficult to establish such a center in the midst of an Influenza Pandemic. Each hospital should make an individual determination about providing daycare services during an Influenza Pandemic consistent with applicable law and emergency declarations in effect at the time.

RETURN TO WORK CONSENSUS POLICY STATEMENT

KEY POINTS

- During an Influenza Pandemic, Staff will be fearful of Exposure to the Pandemic Influenza because of their close proximity to Pandemic Influenza patients and co-workers.

- Hospitals should prepare HR policies that prevent sick Staff Members from coming to work and that outline a Return to Work policy post-illness.

- Return to Work policies should include details on how long a Staff Member must remain home after being ill with the Pandemic Influenza.

- Hospitals should institute a Screening mechanism that requires minimal resources, but is robust enough to ensure that only fully recovered, non-infectious Staff Members return to work.

- Many characteristics of Pandemic Influenza will not be known until the virus arrives; therefore, specific recommendations regarding length of time off work or Screening processes cannot be made at this time.

RETURN TO WORK CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

The Work Group understands that during an Influenza Pandemic, Staff will be fearful of Exposure to Pandemic Influenza because of their close proximity to Pandemic Influenza patients. As co-workers become ill, Staff will fear infection through interactions with co-workers. To alleviate some of these fears, the Work Group suggests that hospitals prepare HR policies that prevent sick Staff Members from coming to work and that provide a detailed return to work process post-illness. Having this infrastructure will reassure Staff that the hospital and other Staff Members are taking appropriate steps to prevent Staff Exposure to the Pandemic Influenza, thus making Staff more likely to report to work.

Return to Work policies should include details on how long a Staff Member must remain home after being ill with the Pandemic Influenza. This time frame may be affected by a number of factors, including the severity of the illness, type of Treatments, and the particular viral strain. Once a Staff Member recovers from Pandemic Influenza and is able to return to work, he should be Screened to ensure that he is no longer contagious. This Screening can take the form of a questionnaire, a medical exam, or an influenza test (if available). In light of the limited resources available during an Influenza Pandemic, the Work Group recommends that hospitals institute a Screening mechanism that requires minimal resources, but is sufficiently robust to ensure that only fully recovered, non-infectious Staff Members return to work. The Staff Clinic described in the Staff Clinic Consensus Policy Statement can be used for return to work Screening.

Many characteristics of the Pandemic Influenza will not be known until the virus arrives; therefore, specific recommendations regarding length of time off work or Screening processes cannot be made at this time. While this information is not currently available, hospitals should establish a process for incorporating this information into existing plans as it becomes available from CDC or VDH.

HAZARDOUS DUTY PAY CONSENSUS POLICY STATEMENT

KEY POINTS

- Many hospitals currently offer additional compensation during staffing shortages to encourage Staff to report to work.

- Hospitals should continue "crisis staffing pay" models during an Influenza Pandemic. However, additional compensation may be less of a motivator during an Influenza Pandemic because the Staff Member's health and life are at risk.

- The content of "crisis staffing pay" policies should be consistent among hospitals in a region to discourage "employer-shopping" in the midst of an Influenza Pandemic, within the confines of the law.

HAZARDOUS DUTY PAY CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

Many hospitals currently offer additional compensation to clinical Staff during staffing shortages to encourage Staff to report to work. The Work Group suggests that hospitals continue these "crisis staffing pay" models during an Influenza Pandemic. However, additional compensation may be less of a motivator during an Influenza Pandemic because the Staff Member's health and life are at risk. Furthermore, Staff may believe that their Household Members' health and life may be at risk if the Staff Member goes to work which may also lessen the incentive of additional pay.

Hospitals should consider instituting crisis pay practices for non-clinical Staff. In developing these policies, hospitals should consider the amount of additional compensation, the method through which it will be distributed, and any limitations on providing crisis pay.

Many Staff Members work at more than one hospital. To avoid exacerbating Staff absenteeism at any one hospital because its "crisis staffing pay" policy is not perceived to be as generous as the policy at another hospital, hospitals in a region should strive to have consistent policies in this area to avoid "employer-shopping" while remaining in compliance with anti-trust laws.

RE-ASSIGNMENT OF MEDICALLY AT-RISK STAFF
CONSENSUS POLICY STATEMENT

KEY POINTS

- During non-pandemic times, Staff who are assigned to infectious patients may request re-assignment because they believe that, because of a personal health condition, they are either more at risk for catching the virus or will suffer more severe complications from the virus ("Medically At-Risk" Staff).

- During an Influenza Pandemic, it is likely that higher numbers of Staff will request re-assignment.

- Hospitals should consider re-assignment of Medically At-Risk Staff Members who have Direct Patient Contact within 3 feet while performing their duties.

- Recognizing that there will be more Staff requesting re-assignment than positions available, hospitals should develop a list of specific conditions for which re-assignment is appropriate and permitted.

- To combat potential abuse of re-assignment policies, hospitals should consider developing or using existing policies concerning verification of the personal health condition that qualifies the Staff Member as Medically At-Risk.

RE-ASSIGNMENT OF MEDICALLY AT-RISK STAFF
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

During normal times, Staff Members are assigned to treat infectious patients. Staff assigned to these patients may request re-assignment because of a personal health condition that may place them at higher risk for catching the illness or that will cause them to suffer more severe complications of the illness ("Medically At-Risk" Staff). Generally, these Staff Members report their personal health condition to occupational health and request re-assignment. These requests are typically accommodated.

During an Influenza Pandemic, it is likely that more Staff Members will request re-assignment because of a personal health condition. Re-assignment requests will likely be in excess of the number of positions or tasks to which Staff can be re-assigned. The Work Group recommends that re-assignment requests be honored, to the extent possible, based on existing or newly developed re-assignment policies.

The Work Group recommends re-assignment of Medically At-Risk Staff Members who have Direct Patient Contact within 3 feet while performing their duties. Re-assignment requests should be initiated by the Staff Member and should be made on a first-come, first-served basis as Staff Members inform hospital administration of their personal health conditions.

Because there will be more Staff who request re-assignment than positions available, hospitals should develop a list of specific conditions for which re-assignment is appropriate and allowed during an Influenza Pandemic. (See Attachment A for a list of conditions that may make re-assignment appropriate.) This list will help hospitals prioritize re-assignments and limit the number of Staff who are eligible for re-assignment. The list will provide a level of objectivity to the re-assignment process. Hospitals should also consider developing policies for responding to re-assignment requests when there are no positions available for re-assignment.

The Work Group recognizes that during an Influenza Pandemic, re-assignment policies may be subject to abuse. To combat potential abuse, hospitals should consider developing or using existing policies concerning verification of the personal health condition that qualifies the Staff Member as Medically At-Risk. Verification would most likely take the form of a doctor's note; however, the Work Group believes physician's notes will be difficult to obtain during the Influenza Pandemic as doctors' offices may not be open. Therefore, hospitals may need to implement alternate verification plans for these situations. The Work Group suggests methods such as review of the Staff Member's prescription medications and/or utilizing the Staff Clinic to verify their medical condition.

ATTACHMENT A

CONDITIONS FOR WHICH RE-ASSIGNMENT MAY BE ALLOWED

- Pregnancy
- HIV
- AIDS
- Cancer/Chemotherapy/Radiation therapy
- Hepatitis-C
- Staff undergoing chemotherapy for any condition
- Immuno-compromising conditions

PROTECTIVE MEASURES
CONSENSUS POLICY STATEMENT

KEY POINTS

- Influenza is spread through close contact with others.

- Hospitals should employ a number of measures to protect Staff from Exposure to the Pandemic Influenza at work ("Protective Measures").

- Social distancing strategies, alternative work schedules, engineering controls, and Personal Protective Equipment are just a few categories of Protective Measures Staff can use to protect themselves.

- Hospitals should encourage Staff to maintain a distance of at least 3 feet between themselves and others when possible.

- Hospitals should devote time to identifying job roles and functions where social distancing can be used effectively.

- Hospitals should consider implementing engineering controls or identifying areas of the facility that already provide physical barriers that can be used in new and innovative ways during the Influenza Pandemic.

- Since no Protective Measure is foolproof, Protective Measures should be used in conjunction with a robust Pandemic Influenza preparedness and response plan.

PROTECTIVE MEASURES
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

Hospitals can employ a number of measures to protect Staff from Exposure to the Pandemic Influenza while performing their work duties ("Protective Measures"). These Protective Measures include:

- social distancing strategies,
- alternative work schedules,
- engineering controls, and
- Personal Protective Equipment.

For the Work Group's recommendations regarding Personal Protective Equipment, please see the separate Consensus Policy Statement devoted to this subject.

Influenza is spread through close contact with others. Social distancing strategies can limit this spread by increasing the space and decreasing the frequency of contact between people. The Work Group recommends that hospitals encourage their Staff to maintain a distance of at least 3 feet between themselves and others when possible. Hospitals should strive to minimize face-to-face meetings and large gatherings by utilizing teleconferencing mechanisms. Social distancing can also be accomplished through the implementation of alternative work schedules and engineering controls.

Alternative work schedules can minimize contact between Staff Members. The Work Group recognizes that this measure will be difficult to implement in a health care setting because of a number of factors. In the clinical setting, alternative work schedules may not be practical because a certain number of individuals are needed for each shift and clinical Staff generally work in close proximity to each other. In the non-clinical setting, there are certain functions that must occur during regular working hours, such as billing when communication with insurance companies is necessary. Alternative work schedules may interfere with a Staff Member's ability to make Dependent care arrangements.

Alternative work schedules can be useful in limiting the spread of Pandemic Influenza, therefore hospitals should devote significant time to identifying job roles and functions in which social distancing can be used effectively. Rather than providing completely separate, alternate shifts, hospitals may consider staggering the beginning and ending of each shift so that smaller groups of Staff are reporting to work at one time. This will enable social distancing and will streamline the Staff Members' Screening in the Staff Clinic. The streamlining benefit of staggered shifts should be weighed against the reality that Staff will come into contact with a greater number of other Staff.

Engineering controls, such as sneeze guards and partitions, are effective methods of limiting the spread of Pandemic Influenza because they do not require compliance from Staff

Members. Engineering controls are semi-permanent or permanent modifications to the hospital environment that help minimize direct contact between individuals. Hospitals should consider implementing engineering controls and should identify areas of the facility that already provide physical barriers that can be used in new and innovative ways during the Influenza Pandemic.

(See Attachment A for a list of potential protective measures.)

ATTACHMENT A

POTENTIAL PROTECTIVE MEASURES

- Online patient registration
- Relocate registration to an area with glass barriers between Staff and patients or introduce such barriers to current registration area
- Restrict patient and Staff movement through hospital
- Restrict entry to one or two locations to minimize access by general public and to have better control on Screening people who are entering the facility
- Restrict visitors and general public from entering facility

PERSONAL PROTECTIVE EQUIPMENT
CONSENSUS POLICY STATEMENT

KEY POINTS

- Influenza is spread through close contact with others.

- The use of gloves, gowns, surgical masks, and respirators ("Personal Protective Equipment" or "PPE") may provide some degree of protection against the Pandemic Influenza.

- Hospitals should make appropriate PPE available to Staff based on their risk for Exposure to the Pandemic Influenza.

- Hospitals should develop structured, controlled distribution plans whereby appropriate PPE is provided in accordance with the hospital policy by knowledgeable, properly trained, competent individuals.

- All employees provided with respirators must undergo a medical evaluation and be Fit Tested before using the respirator to improve the efficacy of the device and to comply with OSHA requirements.

- To ensure that there is sufficient Staff in the hospital that can conduct medical evaluations and Fit Testing, a group of Staff outside of occupational health should be trained to do this.

- Hospitals should be prepared to offer alternative PPE to Staff Members who are at high risk of Exposure and who have been identified through the medical evaluation as unable to use the standard PPE.

- PPE should not be provided for Staff Members' Household Members or families because of supply limitations.

- In anticipation of Staff requests for PPE for their Household Members or families, hospitals should educate Staff on the importance of personal preparedness and obtaining PPE from other sources.

- In implementing a PPE program, hospitals should be aware of and coordinate with recommendations of VDH and CDC.

PERSONAL PROTECTIVE EQUIPMENT
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

The use of gloves, gowns, surgical masks, and respirators ("Personal Protective Equipment" or "PPE") will provide some degree of protection against the Pandemic Influenza. Recent guidance documents published by government agencies such as the Department of Health and Human Services ("HHS"), the Occupational Health and Safety Administration ("OSHA") and the Centers for Disease Control and Prevention ("CDC") address the appropriate use of PPE during an Influenza Pandemic.

HHS guidance[1] divides Healthcare Workers into two groups based on risk of Exposure – a higher risk group and lower risk group. The higher risk group includes Healthcare Workers performing aerosol-generating procedures, resuscitation, or direct care to Pandemic Influenza patients. The lower risk group includes all other Healthcare Workers.

OSHA guidance[2] also divides Healthcare Workers and all other Staff into categories based on risk. This division, which is contained in the February 2007 OSHA "Occupational Risk Pyramid for Pandemic Influenza" divides Staff into four categories: Very High, High, Medium, and Lower. These categories are consistent with the HHS categories, but because of the additional layers of risk stratification, the Work Group believes that the OSHA Risk Pyramid is clearer than the HHS risk groups. The OSHA Risk Pyramid is included as Attachment A.

Hospitals should make appropriate PPE available to Staff based on their risk of Exposure to the Pandemic Influenza. Appropriate PPE should be available and mandatory for Staff Members in the OSHA Very High and High risk categories. Requests for PPE from Staff Members who do not participate in activities that place them in the OSHA Very High and High risk categories should be considered based on the Staff Member's relative risk for Exposure and the availability of PPE. Once a Staff Member requests and is provided with PPE, proper and appropriate use is mandatory to prevent waste of valuable resources. Hospitals should develop a structured, controlled distribution plan whereby appropriate PPE is provided in accordance with the hospital policy by knowledgeable, properly trained and competent individuals.

All employees provided with respirators must undergo a medical evaluation and be Fit Tested before respirator use to help improve the efficacy of the device and to comply with OSHA requirements. To ensure that there are a sufficient number of persons within the hospital to perform medical evaluations and Fit Testing, the Work Group recommends using a group of

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[1] *Department of Health and Human Services*. "Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic." October 2006. Available online at <http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>

[2] *Occupational Safety and Health Administration.* "Guidance on Preparing Workplaces for an Influenza Pandemic." 2007. Available online at <http://www.osha.gov/Publications/influenza_pandemic.html>

Staff outside of occupational health for these tasks. Medical evaluations and Fit Testing should be conducted on an annual basis.

The use of some PPE, particularly respirators, may be contraindicated for certain Staff Members based on pre-existing medical conditions and/or physical characteristics (see Attachment B for a sample list of these contraindications). Hospitals should be prepared to offer alternative PPE to Staff in the OSHA Very High and High risk categories who have been identified through the medical evaluation as unable to use the standard PPE.

If resources allow, hospitals should consider providing PPE to Staff Members for personal use outside of the hospital. The Work Group does not recommend providing PPE to Staff Members' Household Members because of supply limitations. Anticipating Staff requests for PPE for their Household Members' use, hospitals should educate Staff on the importance of personal preparedness, including obtaining PPE from other sources. Hospitals may also consider providing medical evaluation and Fit Testing as a service for all Staff Members, including those who will not be given a respirator by the hospital. The medical evaluation and Fit Testing will enable Staff to purchase the appropriate size respirator for their own use outside of the hospital. Staff Members who participate in this program should understand that Fit Testing is brand and model specific and must be updated on an annual basis.

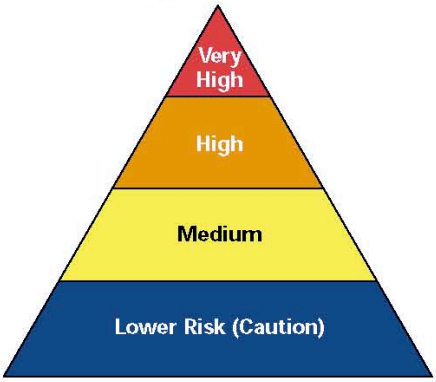
In implementing a PPE program, the Work Group recommends that hospitals be aware of and coordinate with recommendations from VDH and CDC. There will likely be an abundance of misinformation and conflicting messages in the media during an Influenza Pandemic. Hospitals should provide consistent, accurate messages to avoid exacerbating this problem. Decisions about how to provide PPE to Staff Members and what, if any, services to provide to Staff to use or purchase PPE for use outside of work should be consistent with the recommendations of VDH and CDC.

Attachment A

OSHA Occupational Risk Pyramid for Pandemic Influenza

OSHA
www.osha.gov

Occupational Risk Pyramid for Pandemic Influenza



Very High Exposure Risk:

- Healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection).
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

High Exposure Risk:

- Healthcare delivery and support staff exposed to known or suspected pandemic patients (for example, doctors, nurses, and other hospital staff that must enter patients' rooms).
- Medical transport of known or suspected pandemic patients in enclosed vehicles (for example, emergency medical technicians).
- Performing autopsies on known or suspected pandemic patients (for example, morgue and mortuary employees).

Medium Exposure Risk:

- Employees with high-frequency contact with the general population (such as schools, high population density work environments, and some high volume retail).

Lower Exposure Risk (Caution):

- Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).

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ATTACHMENT B

POTENTIAL CONTRAINDICATIONS FOR USE OF PPE[3]

- Asthma or other respiratory condition
- Facial hair
- Latex allergy
- Lack of training
- Improper fit

[3] "Masks and Respirators: Issues Related to Pandemic Influenza." Presentation by Diane Woolard, PhD, MPH at the September 6, 2007 meeting of the Work Group.

PSYCHOLOGICAL SUPPORT
CONSENSUS POLICY STATEMENT

KEY POINTS

- An Influenza Pandemic will create psychological and emotional stressors for everyone, especially Staff in health care facilities.

- Hospitals should develop measures to help Staff Members minimize or cope with this stress.

- Hospitals should consider including a psychological evaluation component in their pre-shift Screening of Staff Members.

- Hospitals should encourage Staff Members to monitor their peers to help identify Staff that may need psychological support.

- To minimize absenteeism, hospitals should focus on preventative psychological support and early intervention to address issues before they rise to the level of a crisis.

- The Work Group recognizes that providing psychological support requires additional human resources already in short supply during an Influenza Pandemic. Therefore, hospitals should partner with other organizations, such as employee assistance plans ("EAPs"), chaplains, and community support groups to provide these services.

- Some Staff Members may be identified as psychologically at-risk. Hospitals should draft policies and procedures, similar to those used for re-assignment of Medically At-Risk Staff Members, to govern how these Staff Members will be supported through re-assignment.

PSYCHOLOGICAL SUPPORT
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

An Influenza Pandemic will create psychological and emotional stress for everyone, especially Staff in health care facilities. Staff Members will be confronted with very ill and dying Pandemic Influenza patients on a scale far beyond the norm. Stressors will be compounded by illness and death at home and fear of Exposure and personal illness. The Work Group recommends that hospitals plan to help Staff Members minimize or cope with these stressors.

Hospitals should consider including a psychological evaluation component in the pre-shift Screening process (see Staff Clinic and Return to Work Process Consensus Policy Statements for the Work Group's recommendations regarding this Screening process). Psychological evaluation and monitoring will enable hospitals to determine whether a Staff Member is psychologically and emotionally fit to work. Hospitals should encourage Staff to monitor their peers and identify individuals in need of psychological support. To minimize absenteeism, hospitals should focus on preventative psychological support to address any issues before they rise to the level of a crisis.

The Work Group recognizes that providing psychological support requires additional human resources already in short supply during the Influenza Pandemic. Therefore, hospitals should partner with other organizations, such as employee assistance plans (EAPs), chaplains, and community support groups to provide these services (see Attachment A for a more complete list of suggested organizations). Hospitals with agreements with an outside EAP should review these agreements now to ensure the EAP will provide needed coverage during an Influenza Pandemic. As part of this review, hospitals should consider negotiating with these EAPs for priority during an Influenza Pandemic.

Hospitals may encounter situations in which Staff Members need to be re-assigned because they are psychologically at-risk (see Re-Assignment of Medically At-Risk Staff Members Consensus Policy Statement). The Work Group recommends that hospitals draft policies and procedures, similar to those used for re-assignment of Medically At-Risk Staff Members, which will govern how Staff Members will be supported through re-assignment.

ATTACHMENT A

POTENTIAL PARTNERS AND ORGANIZATIONS TO PROVIDE PSYCHOLOGICAL SUPPORT

- Employee Assistance Programs (EAPs)
- Chaplains
- Churches, temples, mosques, and other faith organizations
- Community support groups
- Ad hoc Staff support groups

EDUCATION AND COMMUNICATION CONSENSUS POLICY STATEMENT

KEY POINTS

- During an Influenza Pandemic, information will be provided to the public from a number of sources. Much of this information may be contradictory, or even incorrect, especially in the early days of the Influenza Pandemic.

- Employers, especially healthcare facilities, should expect Staff to turn to them for guidance and information during an Influenza Pandemic. Employers should be prepared to respond to these inquiries with accurate information about the Influenza Pandemic.

- Information provided by healthcare facilities to Staff should be consistent with the VDH messages being delivered to the public. Healthcare facilities should collaborate with VDH and local health departments to prepare educational materials and messages.

- Hospitals should designate a point of contact within the organization that will be responsible for obtaining updated information from VDH. In recognition of the large number of Staff Members who will become ill during an Influenza Pandemic, hospitals should appoint more than one person to serve as a point of contact.

- Hospitals should wait until the Pandemic Influenza emerges before initiating employee education on the hospital's specific response to the Influenza Pandemic. Education done now will likely be forgotten.

- Hospitals should prepare now by developing generic messages on topics that will likely not change when the Pandemic Influenza arrives (i.e. proper use of PPE, respiratory etiquette, etc.).

- Hospitals must review current educational tools and systems (i.e. newsletters, websites, hotlines, etc.) to determine which can be used for Influenza Pandemic education.

- To assist with infection control during an Influenza Pandemic, hospitals should provide as much education as possible through electronic methods to minimize face-to-face contact.

- The primary focus of the educational messages should be on Staff; however, if the infrastructure and resources allow for response to external requests from other community organizations, hospitals should make arrangements to provide this information.

EDUCATION AND COMMUNICATION
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

During an Influenza Pandemic, information will be disseminated to the public from a number of sources. Some information will be accurate, some will not. Lack of understanding about the Influenza Pandemic situation will result in a greater level of fear, which will in turn lead to greater levels of absenteeism. The best antidote to this fear is education and communication. Employers, especially healthcare facilities, should expect that their Staff will turn to them for guidance and information during an Influenza Pandemic. They should be prepared to respond to these inquiries to provide accurate information about the Influenza Pandemic and to alleviate their Staff's fears.

It is important that healthcare facilities provide information to Staff that is consistent with the VDH messages being transmitted to the general public. To this end, healthcare facilities should collaborate with VDH and local health departments to prepare educational materials and messages. These organizations will update messages on a regular basis during an Influenza Pandemic; therefore, hospitals need to be prepared to access updated information, stay informed and disseminate the information to Staff. A number of mechanisms to access this information are currently in place. Hospitals should become familiar with these mechanisms now so they can be easily activated during an Influenza Pandemic. Hospitals should designate a point of contact within the organization responsible for obtaining and disseminating updated information. In recognition of the large number of Staff Members who will likely become ill during an Influenza Pandemic, the Work Group recommends that hospitals appoint more than one person to serve as a point of contact.

While it may be easier to begin providing education to Staff now, the Work Group recognizes that no one knows when the next Influenza Pandemic will occur and too much information now might result in Staff apathy. There is already a vast amount of information being disseminated by government agencies and organizations, and the Work Group recommends that hospitals wait until the Pandemic Influenza emerges somewhere in the world before implementing the employee education on the hospital's specific response to the Influenza Pandemic. Initiation of the Staff education plans should correspond with Pandemic Level 5 on the World Health Organization alert scale and Level 2 on the U.S. Centers for Disease Control and Prevention alert scale.

Although educational information should not be disseminated to Staff at this time, the Work Group recommends that hospitals prepare now by developing generic messages on topics that are not likely to change when the Pandemic Influenza arrives (i.e. proper use of PPE, respiratory etiquette, etc.; see Attachment A for a more detailed list). A number of these educational materials are available from VDH; therefore, the Work Group recommends that hospitals coordinate with VDH on the types of materials that will be provided before developing their materials.

Hospitals should review their existing educational tools and systems (i.e. newsletters, websites, hotlines, etc.) to determine which can be used for Influenza Pandemic education. Using existing materials and tools is beneficial because the infrastructure is in place and therefore, will not cause a large financial impact on hospitals. Moreover, Staff are accustomed to receiving information through existing mechanisms, and will likely turn to them first when seeking information about an Influenza Pandemic. To assist with infection control measures, hospitals should provide as much education as possible through electronic methods to minimize face-to-face contact.

Hospitals will likely receive requests for educational materials from other healthcare providers, businesses, schools, and other organizations in the community. If the infrastructure and resources allow, hospitals should respond to these requests; however, the hospitals' primary focus should be on providing educational materials and updated information to internal Staff.

ATTACHMENT A

EDUCATION AND COMMUNICATION TOPICS

Materials that should be developed pre-pandemic:

- Respiratory Etiquette (i.e. hand washing, covering your mouth when you sneeze, etc.)
- Proper use of PPE
- Social distancing strategies
- Personal preparedness guidance
- Where to go for updated information during the Influenza Pandemic
- Hospital's Influenza Pandemic policies and procedures
- Process for reporting to work
- Process for informing hospital that you will not be reporting to work
- Protecting yourself from Exposure and preventing illness
- Hospital's process for responding to critical resource shortages

Materials to be developed when an Influenza Pandemic occurs:

- Recognizing the signs and symptoms of Pandemic Influenza
- Understanding the recommended Treatment regimen
- Locations/organizations where Staff Members obtain assistance (Antivirals, medical care) for their Household Members
- Closures of schools and daycare facilities
- Resource availability
- General assessment of the Influenza Pandemic situation (ongoing)
- Release of state stockpile of Antivirals
- Information regarding vaccines
- Characteristics of the specific Pandemic Influenza strain (i.e. incubation period, method of transmission)
- Just-in-time training for Staff who are assigned additional job roles and for volunteers working at the facility
- Altered Standards of Care

TECHNOLOGY
CONSENSUS POLICY STATEMENT

KEY POINTS

- Technology can be used in innovative ways in the hospital setting to minimize close, face-to-face contact between Staff Members (e.g. teleconferencing and telecommuting).

- Because of varying capabilities among hospitals and the expense associated with establishing an infrastructure for telecommuting, the Work Group suggests that human resources professionals talk to the information technology professionals within their facilities about telecommuting issues.

TECHNOLOGY
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statements.

Technology can be used in innovative ways in the hospital setting to minimize close, face-to-face contact between Staff Members (e.g. teleconferencing and telecommuting). Minimizing this contact helps to protect Staff from infection and, hopefully, alleviates some of their fears, thus allowing them to continue to perform their job functions.

The Work Group focused on the use of technology to maintain administrative and support functions within the hospital, both of which are crucial to ensuring that patient care will not be compromised. Although the Work Group believes that technology could potentially play an important role in ensuring continuity of operations in administration and support services, at this time, the barriers to adoption are too great and prevent the Work Group from recommending that hospitals implement technology solutions in these areas. Instead, the Work Group suggests human resources professionals consult with their information technology personnel and others with relevant knowledge about the hospital's capabilities in this area. Among the issues that human resources personnel should examine are:

- The significant time and cost requirements necessary to allow telecommuting, including upgrading current hospital systems, expanding server capacity, and providing the hardware and software to allow Staff to telecommute;
- The time and cost associated with training Staff on the use of the technology;
- The lack of certainty that investments in telecommuting will actually be used;
- Community infrastructure to support telecommuting (e.g. availability of high speed internet access or lack thereof);
- Monitoring and managing Staff who telecommute in terms of productivity and actual hours worked;
- Privacy concerns when protected health information is taken outside of the hospital; and,
- The lack of clarity around issues of Workers' Compensation for injuries sustained at home but while "on the clock."

SUPPLEMENTAL STAFFING
CONSENSUS POLICY STATEMENT

KEY POINTS

- Recent guidance documents estimate that employers can expect 30-40% absenteeism during an Influenza Pandemic.

- Despite a hospital's best efforts to minimize absenteeism, there will be a segment of Staff unable to report to work resulting in diminished Staff levels.

- Hospitals should investigate alternative staffing methods to supplement their workforce.

- Hospitals should begin obtaining Memoranda of Understanding ("MOUs") with supplemental staffing sources now so that these sources can be quickly accessed during an Influenza Pandemic.

- Supplemental staffing in large part will come from volunteer organizations; therefore, credentialing and liability concerns should be addressed now.

- Background checks may be difficult to obtain during an Influenza Pandemic because of lack of resources and infrastructure. Therefore, hospitals should coordinate as many volunteers as possible through Medical Reserve Corps ("MRCs") which have the capability to perform background checks during an Influenza Pandemic.

- It is unlikely that there will be adequate supplemental staffing during an Influenza Pandemic.

SUPPLEMENTAL STAFFING
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following Consensus Policy Statement.

Recent guidance documents estimate that employers can expect 30-40% absenteeism during an Influenza Pandemic. Absenteeism will be caused by three principal factors: Staff illness; Staff Members caring for an ill Household Member; and, Staff Members' fear of becoming ill or taking the illness home to their Household Members. The Work Group has formulated a number of Consensus Policy Statements for hospitals to assist in implementing policies and procedures to minimize absenteeism levels. The Work Group recognizes that despite a hospital's best efforts, there will be a segment of Staff, both direct and indirect patient care Staff and non-patient care Staff, unable to report to work. Hospitals need to develop policies and procedures to continue operations despite high levels of absenteeism.

Hospitals should investigate alternative staffing methods to supplement their workforce. Potential sources of supplemental Staff during an Influenza Pandemic are listed in Attachment A. Hospitals should coordinate with these individuals and organizations to develop Memoranda of Understanding ("MOUs") to facilitate supplemental staffing initiatives during an Influenza Pandemic. Hospitals should begin discussions regarding these MOUs now so that they can be quickly implemented when the Pandemic Influenza arrives.

It is unknown whether community physicians and other health care organizations will continue to operate during the Influenza Pandemic, therefore, these may not be viable sources for supplemental staffing. The Work Group assumes that much of the supplemental staffing will come from volunteer organizations. This presents challenges regarding credentialing and liability issues. Hospitals need to work with VDH to develop a rapid credentialing process for volunteers. Hospitals should also be aware that without liability protection, some potential sources for Staff, specifically the Red Cross, will be unwilling to provide volunteers during the Influenza Pandemic.

To protect the safety of Staff and patients, background and criminal checks must be performed before volunteers begin to work in the hospital. Obtaining information for background checks will be difficult during an Influenza Pandemic because of limited resources and infrastructure; therefore, hospitals should coordinate as many volunteers as possible through Medical Reserve Corps ("MRCs") that have the capability to perform background checks during an Influenza Pandemic. Hospitals should contact their local MRC now to determine the types of volunteers that will be available during an Influenza Pandemic.

It is unlikely that sufficient supplemental staffing will be available during an Influenza Pandemic. Therefore, the Work Group suggests that hospitals develop contingency plans that consider methods for maximizing available Staff. Please see the Maximizing Available Staff Consensus Policy Statement for further details on the Work Group recommendations.

ATTACHMENT A

POTENTIAL SOURCES FOR SUPPLEMENTAL STAFFING

- Medical Reserve Corps (MRCs)
- Recently retired Staff
- School nurses
- Community healthcare providers and their office Staff
- Medical and nursing students
- State and local Red Cross Chapter[1]
- Local, state, and national level disaster service worker programs
- Community volunteers
- Housekeeping Staff from local hotels that may be shut down
- Other support Staff from local businesses that may be shut down

[1] In a statement released in 2007 by the American Red Cross, they stated that they "are *not* able to commit Red Cross workers to local public health overflow facilities without appropriate worker protections, including liability coverage and worker safety measures." Therefore, volunteers from this organization cannot be considered a reliable resource.

MAXIMIZING AVAILABLE STAFF
CONSENSUS POLICY STATEMENT

KEY POINTS

- Recent guidance documents estimate that employers can expect 30-40% absenteeism during an Influenza Pandemic.

- Despite a hospital's best efforts to minimize absenteeism, there will be a segment of the Staff that are unable to report to work.

- It is likely that hospitals will be unable to supplement Staff; therefore, hospitals must be prepared to maximize the Staff they have available.

- The Work Group suggests a number of methods for maximizing Staff, including re-assignment of job tasks, canceling of elective procedures, extension of work shifts, and assigning Staff Members who have recovered from the Pandemic Influenza to higher-risk environments.

- There cannot be a "one size fits all" solution; therefore, hospitals should develop individualized methods for maximizing Staff.

- Hospitals should recognize that demands upon resources and the need for certain resources will shift as the Influenza Pandemic progresses. Decisions regarding staffing and assignments will need to be made on an ongoing basis for the duration of an Influenza Pandemic.

MAXIMIZING AVAILABLE STAFF
CONSENSUS POLICY STATEMENT

In order to provide care to our patients and to have a workforce in place to ensure this, the Work Group has formulated the following consensus policy statement.

Recent guidance documents estimate that employers can expect 30-40% absenteeism during an Influenza Pandemic. Absenteeism will result from three principal factors: Staff illness; Staff Members caring for an ill Household Member; and, Staff Members' fear of becoming ill or taking the illness home to their Household Members. The Work Group has formulated a number of Consensus Policy Statements for hospitals to assist in implementing policies and procedures that can help to minimize these absenteeism levels. However, despite a hospital's best efforts, there will be a segment of Staff, both direct and indirect patient care Staff and non-patient care Staff, unable to report to work. Hospitals need to develop policies and procedures to continue operations with minimal Staff.

In the Supplemental Staffing Consensus Policy Statement, the Work Group provided recommendations for hospitals to acquire supplemental Staff; however, these resources may be unreliable during a prolonged event such as a "major" Influenza Pandemic (Category 4 or 5 under the CDC Pandemic Severity Scale). Hospitals will likely find they are unable to supplement Staff and must be prepared to maximize available Staff. The Work Group suggests a number of methods to maximize Staff, including re-assigning job tasks, canceling elective procedures, extending work shifts, and assigning Staff Members who have recovered from the Pandemic Influenza to higher-risk environments. There cannot be a "one size fits all" solution. Hospitals should take the suggestions in this Consensus Policy Statement into consideration and should develop individualized methods to maximize Staff. Hospitals should recognize that resource needs will shift as the Influenza Pandemic progresses; therefore, decisions regarding Staff need to be made on an ongoing basis throughout an Influenza Pandemic.

Hospitals may consider re-assigning certain, more critical tasks to Staff Members who usually do not perform these tasks. The Work Group does not recommend that Staff Members be completely re-assigned to a new job, as no job role can be considered non-essential during a prolonged event such as an Influenza Pandemic. In re-assigning Staff, hospitals must consider the competency, knowledge, and skills of the individual being reassigned to ensure the assignment is appropriate. Just-in-time cross training should be used to train Staff for new responsibilities. Licensure and certification requirements must be considered when reassigning Staff to avoid assigning responsibilities that are outside the approved scope of practice.

Canceling or postponing elective and non-emergent procedures can help relieve staffing deficiencies during an Influenza Pandemic; however, hospitals must be aware that the Influenza Pandemic will be prolonged and procedures that were appropriately postponed may later become necessary.

Some Staff will contract the Pandemic Influenza, recover and return to work. Hospitals should consider re-assigning these Staff Members in areas of the hospital with a higher risk of Exposure because they have a natural immunity to the Pandemic Influenza. However, hospitals

should be cautious in making these assignments because it will be difficult to ensure these individuals are immune. Furthermore, if the Pandemic Influenza mutates, these individuals will not be immune to the mutated strain. Therefore, hospitals should use caution in developing return to work policies and should continue reinforcing the importance of pre- and post-shift Screening and other Protective Measures with Staff returning to work.

ADDITIONAL RESOURCES

Documents:

Centers for Disease Control. *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions.* February 2007.

Centers for Disease Control. *Proposed Guidance on Anti-viral Drug Use Strategies During an Influenza Pandemic*. November 6, 2007.

Center for Disease Control. *Proposed Considerations for Anti-viral Drug Stockpiling by Employers in Preparation for an Influenza Pandemic*. October 29, 2007.

Occupational Safety and Health Administration. *Guidance on Preparing Workplaces for an Influenza Pandemic.* 2007.

Occupational Safety and Health Administration. *Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers.* 2007.

Troutman Sanders LLP. *Summary of OSHA's Guidance on Preparing Workplaces for an Influenza Pandemic.*

Troutman Sanders LLP. *Summary of CDC's Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions.*

Troutman Sanders LLP. *Critical Resource Shortages: A Planning Guide v. 1.0.* 2006.

Virginia Department of Health. *Emergency Operations Plan: Pandemic Influenza Attachment.* Revised March 2006.

Websites:

http://www.pandemicflu.gov – General pandemic influenza information site managed by the U.S. Department of Health and Human Services.

http://www.vdh.virginia.gov/pandemicflu/ - Virginia Department of Health pandemic influenza information.

http://www.who.int/csr/disease/influenza/pandemic/en/ - World Health Organization pandemic preparedness information

Organizations:

Virginia Department of Health
109 Governor Street
Richmond, VA 23219
804-864-7001
http://www.vdh.state.va.us/

Virginia Hospital and Healthcare Association
4200 Innslake Drive
Glen Allen, VA 23060
804-965-0475
http://www.vhha.com/

Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333
404-498-1515
800-311-3435
http://www.cdc.gov/

U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201
202-619-0257
877-696-6775
http://www.hhs.gov/

Red Cross
National Headquarters
2025 E Street NW
Washington, D.C. 20006
800-733-2767
http://www.redcross.org/

Occupational Health and Safety Administration
200 Constitution Ave. NW
Washington, DC 20210
800-321-6742
http://www.osha.gov/

Local health departments

Regional Hospital Coordinating Centers