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Applicability:	*CA - Providence Tarzana MC*

Infection Prevention: Influx of Infectious Patients

PTMC-IC-II-5

POLICY

In keeping with the mission and values of Providence Health & Service, this Providence Tarzana Medical Center policy has been developed in the event of a real or potential risk of an influx of infectious patients, the hospital will implement a plan of response to reduce the risk of the spread of an infectious disease.

PURPOSE:

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To provide for an effective response to a real or potential risk of influx of infectious patients. Depending on the magnitude of the influx, determinations will be made regarding the need to establish a Quarantine Unit, activate patient beds currently not in use, and to determine the need to establish alternate sites of care. Working in conjunction with our Emergency Management Plan, the CA Regional Disaster Plan will be activated if deemed necessary. A separate Bioterrorism Plan is to be utilized if there is suspected bioterrorism incident, and is part of the hospital Disaster Plan.

DEFINITIONS

- **Influx of patients** is any anticipated or observed increase of patients beyond the normal expectations and capacity of the facility in a short period of time, usually due to an event such as an outbreak of an infectious disease or accident or incident resulting in mass casualties.

PROCEDURE/GENERAL INSTRUCTIONS

Notification/Activation

A. The Emergency Department is the first to note an influx of patients with similar symptoms and may become saturated within a short period of time.

   1. **Emergency Department staff** will relay suspected occurrences to:

      a. Nursing House Supervisor

      b. Administrator on Call (AOC)

      c. Infection Prevention Department STAFFs

      d. Emergency Preparedness Service Area Manager

      e. Los Angeles Acute Communicable Disease Center (LA ACDC)

f. Based on specific recommendations from the Emergency Department Physician, the ED charge nurse will ensure that the appropriate ED physicians are notified of the situation.

2. **The Nursing House Supervisor will:**
   a. Obtain a current census and assess bed availability
   b. Notify all Nurse Leaders to include CNO, Nursing Directors and Nurse Managers and Respiratory Care Leaders
   c. Notify Manager/ Director of EVS to prepare for possible supplemental staffing
   d. Prepare for possible supplemental staffing
   e. Consult with Respiratory Therapy and obtain ventilator availability if the suspected occurrence is respiratory in nature
3. **The Hospital Administrator will**
   a. Prepare to cancel elective admissions
   b. Designate certain floors where the influx of infected patients can be admitted
4. **The Infection Prevention Department will:**
   a. Notify the Infection Control Committee Chair, or designee
   b. Consult with the Chief Medical Officer (CMO), the Chief of Staff, and Administration to determine the need to implement the patient Surge Plan
   c. Liaison with public health for case definition, specimen testing, etc.
   d. Maintain a patient log of admitted and discharged patients with suspected or confirmed illness that is the focus of the surge/pandemic/epidemic
5. **The Infection Control Committee Chair, or designee, will:**
   a. Assure that rapid dissemination of facts reaches the medical staff, administration and hospital staff regarding all pertinent developments
   b. Develop a response plan, which must include:
   c. How to prevent the introduction of the suspected organism into the hospital
   d. How quickly recognize that this type of infection has been introduced
   e. How to contain the spread of the infection suspected to have been introduced
   f. The temporary halting of services and/or admissions
   g. Delaying transfers or discharges
   h. Limiting visitors within the hospital

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CRITICAL PATIENT CARE ISSUES:

The following issues have been identified that will be addressed for managing an ongoing influx of potentially infectious patients over an extended period of time:

A. **CLARIFICATION AND CONFIRMATION:**
   1. The Infection Prevention Department will clarify the type of illness and the transmission based precautions required for patient care
   2. If diagnosis is known, refer to HICPAC Appendix A for appropriate precautions

3. Establish a case definition for admission to the contaminated unit
4. Identify the types of precautions (Airborne, Droplet, Contact, Enteric Contact) and PPE needed
5. Clarify safety issues for Triage and patient transportation

B. **TRIAGE MANAGEMENT:**

1. Early development and utilization of specific event-related case definitions, provided by public health authorities whenever possible, will assist clinicians in:
2. Identifying persons who may have compatible clinical signs and symptoms
3. Separating those identified persons from others to reduce the risk of disease transmission
4. Providing appropriate treatment
5. If indicated, advisory signs for arriving patients and visitors will be placed at the facility entrances instructing patients exhibiting symptoms or those who have risk factors to immediately notify Emergency Department staff of any possibility of infectious illness.
6. Signs in appropriate languages may be required outside the hospital and/or the Emergency Department so that patients with event specific symptoms identify themselves to the triage nurse or intake staff.
7. A triage officer may be appointed to oversee operations in the triage area(s)
8. If possible, a triage area will be designated outside the Emergency Room and outside the facility as soon as practical for screening of new patients
9. A separate waiting area for persons with compatible clinical signs and symptoms of the suspected illness will be established and/or maintained away from waiting areas for other patients.
10. The **DHS Medical Alert Center** will be contacted if an outdoor temporary tent shelter is needed to house infectious patients
11. If a tent shelter is not available, the utilization of an off-site facility may be considered as a temporary unit to isolate large numbers of infectious patients
12. If a tent shelter or alternate site of care is utilized, the Department of Public Health (Healthcare Facilities Division) will be notified within 24 hours of activation **(213) 989-7140**
13. Assure that high-risk outpatients presenting for procedures (such as chemotherapy or radiation therapy) are separate from those who may be infectious

C. **Quarantine:**

1. Identify and establish a Quarantine Area, ensuring that area is secure with designated entry and exit points
2. **If the influx is anticipated to be small scale and/or short term**
    a. Admit patients to private rooms
    b. Admit patients to negative airflow rooms if airborne transmission is suspected: ED #8 at Tarzana, Rooms: 501,429,430,329,330,ICU# 8,CVICU# 3, CVU #10, 208, Peds: 602, 607,NICU#11
    c. Facilities Director will determine the number of portable HEPA filtered negative pressure machines available for use
    d. Implement appropriate isolation precautions based on suspected or known etiology

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e. Staff as appropriate to the level of care needed

3. **If the influx is anticipated to be large scale and/or over an extended period of time:**
    a. Admit patients to private rooms
    b. Admit patients to negative airflow rooms if airborne transmission is suspected: ED #8 at Tarzana, Rooms: 501,429,430,329,330,ICU# 8,CVICU# 3, CVU #10, 208, Peds: 602, 607,NICU#11
    c. Facilities Director will determine the number of portable HEPA filtered negative pressure machines available for use
    d. Implement appropriate isolation precautions based on suspected or known etiology
    e. Staff as appropriate to the level of care needed
    f. Evaluate need for opening a closed unit as quarantine or overflow unit
    g. Evaluate the ability to discharge patients to Home Care to open additional beds

D. **Quarantine Area:**

1. If airborne transmission is suspected, block off return air vents and open windows if room cannot be set up for negative air flow
2. Security will:
    a. Monitor the entrance to unit
    b. Record names with entry and exit times
3. Establish Zones as needed
    a. Clean Zone used for:
        i. Hand washing
        ii. Changing into and out of private clothes
        iii. Donning scrubs and double layers of PPE
    b. Intermediate Zone used for:
        i. Removing inner layer of PPE
        ii. Hand washing
        iii. Showering
    c. Contamination Zone used for:
        i. Removing outer layer of PPE
        ii. Washing or decontaminating hands before leaving area
    d. Employee Triage Zone, if determined necessary, used for:
        i. Monitoring staff daily for fever and/or signs of illness before entering/exiting zones
        ii. Consider the need for an overflow morgue
            a. If additional morgue space is needed, other areas of the facility or a refrigerated truck may be considered as a temporary morgue space

E. **Environment Control Measures for a quarantine unit (Refer to EVS policies for cleaning)**

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1. The entire unit is regarded as contaminated
2. Visitors will be restricted as appropriate (includes Media)
3. Patients not allowed to leave the room except for essential purposes
4. If Airborne, all doors to remain closed at all times and air balance of negative air flow rooms is to be monitored daily
5. All environmental surfaces should be decontaminated with disinfection solution twice a day and as needed
6. Dedicated rolling equipment is to remain on unit and decontaminated as per policy
7. Portable X-Ray machine is to remain on unit and cassettes should be cleaned with the hospital approved disinfectant and placed in double plastic bags for transport
8. Specimens should be placed in plastic bags as per policy, ensuring the outside of the bag is clean
9. Trash and soiled linen should be handled as per policy, ensuring the outside of the bag is clean
10. If liquid waste cannot be flushed down toilet, mix with hypochlorite solution (1:10), allow to stand 30 minutes, then carefully dispose down toilet
11. Rinse bedpans and urinals with water then the hospital approved disinfectant solution before storage

F. **Bed Availability**

1. Each inpatient unit as outlined in the hospital Emergency Management Plan will prepare a list of inpatients that may be discharged. There will be a need to redistribute existing patients to alternate care locations such as chronic care hospitals and nursing homes. Finally, seriously ill or injured patients may need to be sent to medical facilities not routinely used for such purposes.
   a. Physicians will be contacted by the Chief of Staff to discuss the need for:
   b. Possible discharge of inpatients
   c. Possible transfer of inpatients to another unit
   d. Ceasing all non-emergent hospital admissions
   e. Canceling all non-urgent surgeries and elective admissions until the epidemic of influx of infectious patients is determined to be under control
2. Additional beds may be made available by activation of the hospital Emergency Operations Plan (EOP) and use of the following strategies:
   a. Discharge patients who do not require ongoing inpatient care
   b. Transporting discharged patients home or to other facilities quickly
   c. Create a patient discharge holding area or discharge lounge to free up bed space
   d. Coordinate with Case Management, Social Services and Home Care agencies to provide follow-up for persons who are discharged earlier than usual or not admitted to the hospital
   e. Implement more stringent triage as directed by public health, and opening unused licensed space
   f. Converting beds to medical care beds: (surgical day care, infusion suites, various procedure suites)
3. **DHS Licensing and Certification MUST be notified by Administration PRIOR TO utilization of**

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any non-licensed spaces or temporary tent shelters for patient use
DHS Licensing and Certification: (323) 869-8205

G. **Staffing:**

1. Staffing levels may be adjusted as needed to provide adequate patient care. Normal medical-patient care standards will not apply. The normal standards of medical care will need to be suspended temporarily to handle the victims. Disaster recall may also need to be implemented.
2. Consult with Caregiver Health on the immunity of the employee, if applicable, and make assignments accordingly.
3. Hospital volunteers are included in the Employee Health Plan and may be considered as a resource.

H. **Isolation, Transmission and Prevention:**

1. If the influx is anticipated to be small scale and/or short term
   a. Admit patients to private rooms
      i. Admit patients to negative airflow rooms if airborne transmission is suspected: ED #8 at Tarzana, Rooms: 501,429,430,329,330,ICU# 8,CVICU# 3, CVU #10, 208, Peds: 602, 607,NICU#11
      ii. Facilities Director will determine the number of portable HEPA filtered negative pressure machines available for use
   b. Implement appropriate isolation precautions based on suspected or known etiology
   c. Staff as appropriate to the level of care needed
2. If the influx is anticipated to be large scale and/or over an extended period of time.
   a. Evaluate need for opening a closed unit as quarantine or overflow unit
3. The decision to convert a nursing unit to an isolation unit will be made collaboratively by representatives from Administration and the Infection Prevention Department.
   a. Admit patients to private rooms
      i. Admit patients to negative airflow rooms if airborne transmission is suspected
   b. Implement appropriate isolation precautions based on suspected or known etiology
   c. Staff as appropriate to the level of care needed
   d. Evaluate the ability to discharge patients to Home Care to open additional beds
   e. Daily assessments should be conducted to determine early discharge possibilities of any patients, and of surgical suite capability

I. **The Administrator on call will be notified if the county issues an isolation order:**

1. In the event a patient will not comply with isolation precautions or seeks to leave AMA, the Department of Public Health will be notified. The Department of Public Health will be responsible to investigate the case and pursue an emergency isolation order
2. The following standards will be utilized when implementing isolation or quarantine:
   a. Utilize appropriate levels of CDC transmission-based precautions or Los Angeles County Department of Public Health recommendations.
   b. Employees will be notified as to the appropriate level of precautions needed with all patients,

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visitors, and staff, if any additional precautions are advised in addition to standard precautions.

c. If Airborne Precautions are deemed necessary and the influx exceeds the number of available negative airflow rooms:

    i. Facilities is contacted regarding any need to establish additional negative air flow

    ii. In an emergency, two (2) or more airborne precautions patients with the same organism &/or diagnosis may be cohorted in one (1) negative pressure room with the approval of the Infection Control Practitioner , the Infection Control Chairman or an Infectious Disease physician

    iii. Portable HEPA filter units may be considered as a temporary measure when all negative pressure rooms are in use, and will only be utilized after approved by the Infection Control Practitioner (ICP), or the Infection Control Chairman or an Infectious Disease physician (if the ICP is unavailable for consult). Portable HEPA filters do NOT take the place of negative pressure isolation rooms

    iv. Negative Pressure Bed Enclosures may be used instead of traditional negative pressure isolation rooms

3. Personal protective equipment, including gloves, gowns, masks, N-95 masks, face shields, and foot coverings will be identified through each hospital's infection prevention plan or the local public health agency at time of incident.

    a. If the use of N95 mask is indicated, staff must have completed a successful fit-test annually, prior to donning the mask

    b. Use negative pressure rooms and wear PAPRs when performing high-risk aerosol generating procedures if possible. If not able, it is prudent to conduct these activities in a private room (with the door closed) or other enclosed area and to limit personnel in the room to the minimum number necessary to perform the procedure properly

4. The Infection Prevention Department will make recommendations for the disposal of linens and medical waste based upon guidance from local and state health departments.

J. **Education and Communication with Staff will be a High Priority**

    1. Clinicians, triage and appropriate staff; will be regularly updated via email, memoranda, or other methods on the status of the outbreak of the infectious disease. Triage staff will be notified of how to assess for signs and symptoms of the infectious disease.

K. **Environmental Disinfection**

    1. Current policies will be followed for environmental cleaning. These guidelines may require alteration depending on the pathogen of concern and will revised at the discretion of the Infection Prevention Department

L. **Medical Supplies**

    1. Determine the inventory of personal protective equipment and hand hygiene supplies and begin ordering additional supplies. A 24 hour supply of PPE will be maintained within acute facility. An additional 30 day supply will be maintained in the Warehouse whenever possible

        a. Supplies will be assessed and re-ordered as necessary especially those required for respiratory disease (N95), procedure/surgical masks, and gloves

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b. Additional procedure/surgical masks and hand gel will be available for Home Care
c. Additional PPE may be available from the **DHS Medical Alert Center**
d. In the event of actual or anticipated shortages of N-95 respirators, other NIOSH-certified N-, R-, or P-class respirators may be considered in lieu of the N-95 respirator.
e. If re-useable elastomeric respirators are used, these respirators must be decontaminated according to the manufacturer's instructions after each use
f. Excessive use of N-95 respirators could result in their unavailability for high-risk procedures
g. Decision guidance for determining respirator wear should consider factors such as duration, frequency, proximity, and degree of contact
h. Work activities such as those performed by a receptionist at the entrance of a hospital should be designed to prevent exposure of the worker to large numbers of potentially infected patients. In such situations, the use of transparent barriers or enclosures is preferable to the use of respirators.
i. If supplies of N-95 (or higher) respirators are not available, surgical masks can provide benefits against large droplet exposure, and should be worn for all health care activities for patients with confirmed or suspected pandemic-influenza.
j. Additional supplies may be obtained through the Strategic National Stockpile (SNS) if conditions are warranted.

M. **Respiratory Therapy Equipment**

1. Each acute facility's respiratory therapy department maintains a supply of ventilators.
2. Any transfer or sharing of ventilators or other respiratory equipment will be coordinated by Respiratory Therapy and/or through the Command Center.
3. Additional ventilators may be available from the **DHS Medical Alert Center**

N. **Additional Supplies**

1. Designated Disaster Resource Centers (*DRC*) located throughout Los Angeles County can be accessed through the Department of Health Services (DHS) and may assist in addressing physical space issues and provide additional resources for equipment, supplies and pharmaceuticals.
2. Supplies and equipment which may be available include:
   a. Ventilators
   b. Pharmaceutical cache
   c. CHEMPACKS - nerve agent antidote cache
   d. Medical supplies
   e. Tent shelters and cots to address physical space surge and isolation capacity
   f. Generators, light and heaters
   g. Tables and chairs
   h. HEPA filters for isolation
   i. Trailer containing supplies
   j. Additional supplies may be obtained through the Strategic National Stockpile (SNS) if conditions

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are warranted.

3. Administration, or designee, will contact Los Angeles County Department of Health Services (DHS) Medical Alert Center (MAC) when a sudden influx of infectious patients exceeds the existing medical infrastructure
   a. **DHS Licensing and Certification: (323) 869-8205**

O. Pharmaceuticals

1. Policies are in place for recommendations of prophylaxis and vaccination. Consult with Pharmacy on availability and necessity of obtaining additional medications. Additional supplies may be obtained through the Strategic National Stockpile (SNS) if conditions are warranted. This is generally done through communication with Los Angeles County Emergency Management and the Los Angeles County Health Department.

P. **Lab Specimen Collection**

1. Lab staff will consult with the state health department for recommendations regarding specimen collection, containment, and transport.

Q. **EMPLOYEES**

1. The organization will attempt to utilize staff who are known to be immune to the infectious agent/ disease to care for infectious patients, whenever possible
2. Staffing needs will be evaluated for present and continuing requirements (see Disaster Plan for other recommendations)
3. Staffs who are asked to care for infectious patients will be given priority for appropriate vaccination and/or prophylaxis/medication(s), if available.
4. Caregiver Health and Pharmacy will coordinate vaccination and/or medications for staff.
5. To increase patient care staff from among current employees, consideration will be given to the use of:
   a. Registered nurses and other healthcare providers currently serving in administrative positions to provide patient care
   b. Appropriate use of trainees such as medical or nursing students
   c. use of retired healthcare professionals such as volunteers for some patient care roles
   d. Increasing the use of community volunteers for functions such as patient and/or specimen transport and for maintaining patient flow in crowded emergency department or other settings
6. In addition to regular staff, registry, and travelers, the National Disaster Medical System (NMS) has twenty-seven (27) primary care teams who can respond to an emergency call within twelve (12) to twenty-four (24) hours. Four (4) teams specialize in responding to an incident caused by a chemical or bioterrorism attack. There are also burn teams, mental health teams, and disaster mortuary teams that can assist in a mass casualty event.
   a. These teams may be available through the **DHS MEDICAL ALERT CENTER: (323) 722-8073**
   b. Healthcare workers who have respiratory illnesses should be excluded from work to avoid infection of patients
   c. Policies for restriction of identified ill staff may be reviewed and amended in an emergency as appropriate (i.e., healthcare workers with symptoms of influenza-like illness, who feel well

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enough to work, might be allowed to care for patients with known influenza, thus freeing other personnel to care for non-influenza patients). Any such changes must be approved by the Infection Control chairman or the Infection Control Practitioner prior to implementation

d. Additional interventions which may be considered to decrease staff absenteeism include:

    i. Use of a staff hotline with current information about the infectious agent and staff roles and responsibilities; information on how to prevent disease transmission at home may be included.

    ii. Consider providing on-site childcare, sick childcare and elder care to assist hospital staff.

    iii. Consider including families of staff in planning for treatment, prophylaxis and/or vaccination

R. **VACCINATION AND VACCINE AVAILABILITY**

1. Vaccine availability will change drastically during the course of a pandemic.

    a. Infection Prevention and / or Pharmacy will collaborate with public health when and if vaccine becomes available.

2. The U.S.Department of Health has identified 4 Stages of vaccine supply:

    a. **Stage 1:** No vaccine available.

        i. The duration this stage depends on several factors:

        ii. Time lag from pandemic strain identification to start of vaccine production and disease occurrence in US.

        iii. Time of year when pandemic strain is identified.

        iv. Time required for vaccine development and licensure

    b. **Stage 2:** Limited vaccine supply.

        i. Vaccine supply will be less than supply needed to protect susceptible population. Duration of this stage cannot be predicted; may include entire first pandemic season. Planning issues for this stage:

        ii. Identify priority groups for vaccination.

        iii. Formulate plans for rapid, efficient and equitable distribution of vaccine.

        iv. Inform priority groups of vaccine availability and locations.

        v. Educate public regarding vaccine priorities and rationale.

        vi. Develop systems to identify those who have been vaccinated; if a two-dose schedule is needed, system to identify and notify those who need second dose.

        vii. Monitor vaccine effectiveness and safety

    c. **Stage 3:** Adequate vaccine supply.

        i. Vaccine supply will match need, ability to distribute and administer. Widespread vaccination may include entire population, through public sector vaccination clinics and/or private sector providers.

    d. **Stage 4:** Vaccine excess**.**

        i. Vaccine supply will exceed the need to protect the U.S. population. This stage is unlikely to occur before the second or third wave of pandemic disease.

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S. **ANTIVIRAL PROPHYLAXIS AND THERAPY FOR PANDEMIC INFLUENZA**

1. Infection Prevention and/or Pharmacy will collaborate with public health to:
    a. Define and identify priority groups for antiviral therapy,
    b. Develop plans for acquiring and distributing antiviral prophylaxis to appropriate groups
    c. Provide education regarding target groups and optimal drug use strategies
    d. Public health officials will determine optimal strategies based on the amount and type of antiviral drugs available, the severity of and drug responsiveness to pandemic disease, and the ability to deliver drugs for therapy soon after symptom onset.

T. **Visitors**

1. Hospital visitors will be restricted during implementation of the Influx of Infectious Patients Plan.
    a. Visitors will be restricted to immediate family and only as needed to stay with patients such as elderly patients, children, or confused patients.
    b. Visiting hours may need to be suspended, and the facility may need to be closed to all but approved personnel.
    c. Signs will be posted at all entrances to the hospital regarding visitor restrictions.
    d. Non-compliant visitors will be reported to the local public health department.

U. **Information Updates**

1. Disease specific information (e.g., mode of transmission, appropriate isolation precautions and additional methods of control, treatment options, etc.) will be obtained from public health authorities, and communicated to all healthcare workers as soon as possible after the infectious agent/organism has been identified.
2. Information may be communicated via email, flyers, fax, or telephone depending on the situation and the availability of ready to use materials
3. Regular bulletins and updates will be issued as needed, in conjunction with the chair of Infection Prevention Committee and the Infection Prevention Department, to the following:
    a. Administration
    b. Chief of Staff
    c. Emergency Department
    d. Nursing
    e. Medical Center Leadership
    f. Unit staff
    g. Community, including
        i. Visitors
        ii. Volunteers
        iii. Media (via the Public Information Officer)
        iv. Others as necessary or identified
4. In the event the Public Health Department issues a community warning NOT to come to the hospital unless absolutely necessary, the Public Information Officer will oversee public communication

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warnings and communicate the warning to the public

V. **Patient Discharge**

1. Patients affected by the epidemic or infection will be discharged from the hospital when their medical condition warrants.
2. Discharge planning will be done for instructions on appropriate use of barrier precautions, hand hygiene, cleaning and disinfecting the environment, and patient care items in the event other persons may be exposed following discharge.
3. Discharge instructions and instructions for follow-up care will be provided to patients and their caregivers upon discharge.

W. **NOTIFICATION OF POTENTIAL EPIDEMICS OR NEW INFECTIONS**

1. The Infection Prevention Department will monitor for potential epidemics or emerging, infectious public health threats, through routine surveillance of admissions, syndrome surveillance, and surveillance of microbiology culture results.
2. Communication with the local and state departments of public health and the CDC has been established through designated fax, internet sites, and e mails.
3. If a potential epidemic or new infectious risk is identified, the Chief Executive Office, or Administrator on call, Chief Nursing Office, Emergency Department physician, and the Emergency Department charge nurse will be notified to determine if the influx of infectious Patients Plan will be implemented.

X. **Resources**

1. The Infection Prevention Department obtains current clinical and epidemiological information about potentially infectious patients from various sources to monitor for clusters or outbreaks of infectious disease
2. The following are some of the identified resources which provide information about infections that can cause an influx of potentially infectious patients
   a. **Internal resources**
      i. Daily Patient Data Review
      ii. Admission Diagnoses
      iii. In-patient microbiology
      iv. Out-patient microbiology
   b. **External resources**
      i. The Centers for Disease Control and Prevention (CDC), through the automatic alert network, **www.cdc.gov/incidod/hp**
      ii. California State Department of Health Services (CSDHS)
      iii. Hospital Alert Network (HAN) through the Los Angeles County Department of Public Health (LA Co DHS), Acute Communicable Disease Control Unit (ACDC) 213 240 7941,
      iv. Hospital Outreach Unit of Los Angeles County DHS: (213) 240-7941
      v. Association for Professionals in Infection Control and Prevention (APIC) member alerts
      vi. Links shared by the Infectious Disease Physicians, including Infection Prevention Committee Chair

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REFERENCE(S)/RELATED POLICIES

Department of Health and Human Services Pandemic Influenza Response and Preparedness Plan November 2004: www.hhs.gov/nvpo/pandemicplan

JCAHO, Healthcare at the Crossroads: Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems.

Influenza Pandemic Response Plan. California Department of Health Services, September 2001.

White Paper, Hospital Association of Southern California (HASC), Recommended Management Actions to Prepare Hospitals for Overflow Situations 2004-2005 Winter Season.

County of Los Angeles Department of Health Services, Public Health: Hospital Pandemic Influenza Guidelines in Acute Care Hospital Settings, March 1, 2006.

Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic. Centers for Disease Control and Prevention, October 2006.

Related Policies:

Emergency Management Plan

Bio-Terrorism Response Procedure

Aerosol Transmissible Diseases (ATD) Exposure Control Plan

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Attachments

No Attachments

Approval Signatures

Approver	Date
Sansu Paul: Infection Central/Epidemiologist	11/2018

Applicability

CA - Providence Tarzana MC