

Points on Pandemics

Separating fact from fiction in long-term care

Within the past year, there has been much information in the news media about the potential effects of an avian flu pandemic.

Experts in infectious disease and epidemiology report that conditions are present for the development of a pandemic of an emerging infectious disease, such as avian influenza or another disease that has yet to develop. In fact, the World Health Organization

has classified current conditions as a “pandemic alert,” because there have been small clusters of human cases of avian influenza.

These media and public health alerts have probably caused your organization to consider—or begin—disaster planning for pandemic flu. But to create the most effective plans possible, long-term care facilities need to know how to separate the facts from speculation and rumor.

Take an all-hazards approach

The federal government has issued a report on planning for pandemic flu, *The National Strategy for Pandemic Influenza*, which recommends a similar approach to planning for pandemic disaster as for other disasters. This plan is known as an all-hazards approach.

All-hazards does not literally mean being prepared for any and all hazards that might manifest themselves. It means that there are things that commonly occur during many disasters, such as the need for emergency warning or a staffing plan, that can be addressed in a general plan.

The general disaster plan then provides the basis for responding to unexpected events. One advantage of using an all-hazards approach is that such plans can be useful for other threats of infectious diseases that haven't yet emerged.

Consider critical components

Within your long-term care organization's all-hazards disaster plan, there should be detailed plans regarding how to deal with a



pandemic. The federal government has outlined detailed components of this plan at the Web site www.pandemicflu.gov. This site is an invaluable resource for long-term care communities in developing their pandemic flu plan, as it includes specific areas to include in planning and provides a planning checklist.

Key components of a long-term care organization's disaster plan should include the following:

- A communication plan
- An infection control (IC) plan
- A plan for vaccine and antiviral use
- A plan for educating staff members, residents, and family
- A surge capacity plan

Make contacts with your local acute-care hospitals prior to the pandemic event.

If your approach is all-hazards, some of these areas will already be outlined in your disaster plan, but there are also specific areas unique to pandemic planning.

Disseminate information

During a pandemic, your local public health official will issue important information, such as updates on the status of the pandemic, preventive strategies, and treatment options.

For long-term care communities to obtain this information in a timely fashion, it's important to identify one staff member as the contact person for public health officials. Be sure to designate someone ahead of time to be this contact.

Also designate a staff member for communicating with residents, families, and staff, as there will be a great deal of anxiety related to the effects of the pandemic.

Stave off the threat of infection

Another staff member should be assigned the role of pandemic coordinator. This

individual has the responsibility of monitoring public health advisories and updating the administrative person responsible for implementing the pandemic plan when pandemic influenza has been reported in the United States.

The IC plan should include a protocol for evaluating residents and staff with symptoms of pandemic influenza, as well as a plan for preventive interventions, including isolation and cohorting infected residents. Cohorting involves grouping symptomatic residents by one of the following means:

- Confining symptomatic residents and their exposed roommates to one room
- Placing symptomatic residents in one designated area
- Closing units entirely

The plan should also include a protocol for assigning staff members to care for these groups. To prevent the spread of infection, the plan should include a protocol for limiting outside visits.

Don't wait on vaccines

Because of the nature of the influenza virus, viral-specific vaccines will likely not be available until six months after the virus is identified. Initially, the virus will be treated with antivirals such as Tamiflu (oseltamivir phosphate), which will probably be scarce during a pandemic.

Have plans for how you will obtain and distribute antivirals and vaccines within the organization. As outlined in the national pandemic plan, local health departments will be responsible for distributing these vaccines to organizations, so it is crucial to know your local health department's plan before the pandemic occurs.

Each state's plan can be accessed at www.pandemicflu.gov. Depending on your specific geographic location, you can find more detailed local plans on your public health department's Web site.

The Pandemic Severity Index

The Centers for Disease Control and Prevention (CDC) and other federal agencies have been working on national readiness plans for pandemic flu. The CDC's most recent publication, *Community Strategy for Pandemic Influenza Mitigation*, lists threats from pandemic flu in risk categories similar to the classification used for hurricanes.

This system, called *The Pandemic Severity Index*, ranks severity on a scale of one to five. The index is based on characteristics that include percentage of fatality, excess death rate, percentage of the population infected, estimated number of deaths, and 20th century experience. The index provides case-based tools that can be used as guides for preparing pandemic disaster plans. Following are the five classes of the pandemic scale:

Class I: Case fatality rate under 0.1%; potential number of deaths less than 90,000; comparable to seasonal flu

Class II: Case fatality rate of 0.1%–0.5%; potential number of deaths 90,000–450,000; comparable to pandemics of 1957 and 1968

Class III: Case fatality rate of 0.5% to less than 1%; potential number of deaths 450,000 to less than 900,000; not comparable to pandemics of the 20th century

Class IV: Case fatality rate of 1%–2%; potential number of deaths 900,000 to fewer than 1.8 million; not comparable to pandemics of the 20th century

Class V: Case fatality rate of 2% or higher; potential number of deaths 1.8 million or more; comparable to the 1918 flu pandemic

—Karen V. Lamb, DNP, APRN, BC, and the CDC

Educate your core staff

Another component of the plan is education. Develop and conduct plans to educate staff members, residents, and families ahead of time. An important topic to cover during educational sessions is the measures that will be used to prevent and control the spread of influenza.

The educational plan should include printed materials that address the importance of IC measures, especially respiratory hygiene and cough etiquette (see below). You can disseminate information about respiratory hygiene to residents, families, and staff members via printed brochures and signs posted throughout the community.

It is a given that during pandemics staff members will also be affected by the flu. If staff members themselves do not become ill, they could be responsible for caring for family members who have become ill.

To ensure adequate staffing, put in place an occupational health plan for pandemics that addresses the following:

- A sick leave policy
- How to handle staff members who develop symptoms while at work

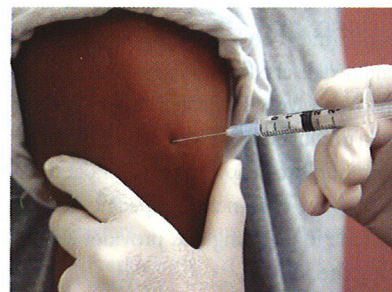
- When personnel will be cleared for work after recovering from the pandemic influenza
- A policy about caring for ill family members.

Determine your surge capacity

Senior living communities will be assets sought by local hospitals in their surge capacity plans, so make sure your facility's surge capacity plan includes minimum staffing needs with prioritization of essential services to be provided. Make contacts with your local acute-care hospitals prior to the pandemic event so you can work together to provide care in your local area.

To be ready to handle surge capacity, identify space in your community that you can expand to accept transfers from hospitals. Surge capacity planning includes having adequate supplies on hand, so consider the need for ample personal protective equipment such as masks, gloves, and goggles, for example.

The current recommendation from the National Institute for Occupational Safety and Health is that certified respira-



All educational plans should stress the importance of IC measures.

tors, N-95, are to be used for activities that have a high likelihood of generating respiratory symptoms. These activities include resuscitating a resident with confirmed or suspected pandemic influenza and providing care to residents with suspected or diagnosed pandemic influenza who produce larger-than-normal amounts of respiratory particles when they cough. N-95 masks require fit-testing to ensure that they prevent inhalation of infectious particles. **cltc**

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Respiratory hygiene and cough etiquette

Measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

They include the following:

- Covering the nose and mouth when coughing or sneezing
- Using facial tissues to contain respiratory secretions and disposing of them in the nearest waste receptacle after use
- Handwashing with nonantimicrobial soap and water, alcohol-based hand rub, or antiseptic solution after contact with respiratory secretions and contaminated objects

All healthcare facilities should provide materials for following respiratory hygiene and cough etiquette to staff, residents, and visitors. These materials should include the following:

- Facial tissues and no-touch receptacles for used tissue disposal
- Conveniently located dispensers of alcohol-based hand rub
- Where sinks are available, consistently accessible supplies for handwashing, including soap and disposable towels

—The Centers for Disease Control and Prevention