

# WORKSHEET I: PHASES OF PANDEMIC INFLUENZA WITH RECOMMENDED LTC ACTIONS

## World Health Organization Phases and US Federal Government Response Stages

We are currently (July 2007) in WHO Pandemic Phase 3, which is the Pandemic Alert Period with “no or limited human-to-human transmission.” This chart compares the WHO phases with the federal government phases and includes helpful actions for LTC providers to take in each phase.

| WHO Phases                   |   | Federal Gov't Response Stages  | Recommended Actions for LTC Providers  |
|------------------------------|---|--|--|
| <b>INTER-PANDEMIC PERIOD</b> |   |  |  |
| <b>1</b>                     | No new influenza virus subtype in humans, though one may be present in animals with a low risk to humans  | <b>0</b><br>New domestic animal outbreak in at-risk country                    | <ul style="list-style-type: none"> <li>Conduct emergency preparedness planning</li> <li>Conduct pandemic &amp; general infection control training and education (for staff, families, and residents)</li> <li>Conduct facility surveillance for influenza</li> <li>Post signs for respiratory hygiene/cough etiquette</li> </ul>   |
| <b>2</b>                     | No new influenza virus subtype in humans, but a circulating animal strain poses a substantial risk of human disease   |  |  |
| <b>PANDEMIC ALERT PERIOD</b> |   |  |  |
| <b>3</b>                     | Human infection(s) with a new subtype, but no or limited human-to-human spread  | <b>0</b><br>New domestic animal outbreak in at-risk country                    | <ul style="list-style-type: none"> <li>Refine facility EOP and Pandemic Annex (including establishing/updating contact with key public health, healthcare, OES, and community partners)</li> <li>Conduct facility surveillance activities</li> <li>Vaccinate residents and staff for seasonal influenza and pneumonia</li> <li>Stockpile recommended supplies (<i>see Worksheet IV: Suggested Pandemic Supply List</i>)</li> </ul> |
|                              |   | <b>1</b><br>Suspected human outbreak overseas                                  |  |
| <b>4</b>                     | Small cluster(s) with limited human-to-human transmission—spread is highly localized suggesting virus is not well adapted to humans   | <b>2</b><br>Confirmed human outbreak overseas                                  |  |
| <b>5</b>                     | Large cluster(s) but human-to-human spread is still localized, suggesting virus is becoming increasingly well adapted to humans, but may not yet be fully transmissible (substantial pandemic risk) |  |  |
| <b>PANDEMIC PERIOD</b>       |   |  |  |
| <b>6</b>                     | Pandemic phase: increased and sustained transmission in the general population<br><b>Continued on next page</b>   | <b>3</b><br>Widespread human outbreaks in multiple locations overseas          | <ul style="list-style-type: none"> <li>Implement facility surveillance for new influenza strain (all incoming and previously admitted residents)</li> <li>Implement a system for early detection and treatment of healthcare personnel who might be infected</li> <li>Reinforce infection control procedures</li> <li>Accelerate staff training/cross training in accordance with the facility's Pandemic Annex</li> </ul>         |
|                              |   | <b>4</b><br>First human case in North America<br><b>Continued on next page</b> | <ul style="list-style-type: none"> <li>Implement activities to increase capacity, supplement staff and obtain supplies and equipment (if you have planned to be involved with the county surge capacity, contact them for supply distribution)</li> <li>Maintain close contact with healthcare facilities and with local health department</li> </ul> <b>Continued on next page</b>  |

# WORKSHEET I: PHASES OF PANDEMIC INFLUENZA (CONT.)

## World Health Organization Phases and US Federal Government Response Stages

| WHO Phases   | Federal Gov't Response Stages   | Recommended Actions for LTC Providers  |
|--|---|--|
| <b>PANDEMIC PERIOD (continued from previous page)</b>  |   |  |
| <b>6</b><br>Continued from previous page<br>Pandemic phase: increased and sustained transmission in the general population | <b>4</b><br>Continued from previous page<br>First human case in North America | Continued from previous page <ul style="list-style-type: none"> <li>Maintain high index of suspicion that residents/staff presenting with influenza-like illness could be infected with pandemic strain</li> <li>Ensure that infection control signs and measures (such as hand sanitizer) are refreshed and highly visible</li> </ul>   |
|  | <b>5</b><br>Spread throughout United States                                   | If the pandemic strain is detected within your facility (resident, staff, family member, etc.), implement the following: <ul style="list-style-type: none"> <li>If in a resident—implement droplet precautions for the resident and roommate(s) pending confirmation of pandemic strain infection</li> <li>Residents and roommates should not be separated or moved out of their rooms unless medically necessary—by the time a person is symptomatic, they have already been infectious for some time.</li> <li>Once a resident has been diagnosed with the pandemic strain, roommates should be treated as exposed cohorts</li> <li>Cohort residents and staff on units with known or suspected cases</li> <li>Limit movement within the facility (e.g., temporarily close the dining room and serve meals on nursing units, cancel social and recreational activities)</li> </ul> |
|  | <b>6</b><br>Recovery and preparation for subsequent waves                     |  |

### ADDITIONAL CONSIDERATIONS

|  |  |
|--|--|
| Precautions to take in the event of pandemic infection locally | <u>Limit/Control Access</u> <ul style="list-style-type: none"> <li>Limit number of visitors to those essential for resident support</li> <li>Screen all visitors at point of entry to facility for clinical signs and symptoms of influenza</li> <li>Limit points of entry to facility; assign clinical staff to provide entry screening</li> </ul> <u>Staffing practices</u> <ul style="list-style-type: none"> <li>Consider furlough or reassignment of pregnant staff and other staff at high risk for complications of influenza</li> <li>Consider re-assigning non-essential staff to support critical services or placing them on administrative leave</li> <li>Consider assigning staff recovering from the pandemic strain to care for your influenza patients</li> <li>As possible, provide staff with antiviral prophylaxis or vaccine following local distribution recommendations (participation in local surge may help you obtain limited supplies)</li> </ul> |
| Nosocomial Transmission  | Infection in your facility: <ul style="list-style-type: none"> <li>Consider closing units where there has been nosocomial transmission</li> <li>Restrict new admissions (except other pandemic patients) to affected units</li> <li>Restrict visitors to the affected units to those essential for resident care and support</li> </ul>  |