



REGIONAL PANDEMIC HEALTH CARE PLAN

PREPARED BY THE

**EMERGENCY PREPAREDNESS
COMMITTEE
&
THE PANDEMIC FLU TASK
FORCE TEAM**

OCTOBER 1, 2006

SOUTH COUNTY HOSPITAL

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PURPOSE/RATIONALE

An influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat. Planning and preparedness before the next pandemic strikes is critical for an effective response.

- An influenza pandemic will severely tax and perhaps overwhelm healthcare resources at the local, regional and federal levels, requiring extraordinary measures to contain the outbreak and provide medical care to victims of the disease.
- The region must prepare to rely on its own resources to respond to a pandemic.
- Influenza pandemics are inevitable but unpredictable. Outbreaks are expected to occur simultaneously throughout much of the United States.
- HEALTH's plan is the overarching organizational structure for all emergency responses in state, addressing all phases of emergency management. The state serves to unify and coordinate the response efforts of all state agencies.
- Governors Declaration of a Public Health Emergency and implementation of isolation and /or quarantine procedures may be implemented to control the spread of the disease.

Unlike many other public health emergencies, an influenza epidemic will impact multiple communities across Rhode Island simultaneously. Therefore, contingency planning is required to moderate the impact through a coordinated effort between healthcare and state government, and in collaboration with local

partners. Advanced planning for a large scale and widespread public health emergency is required to optimize healthcare delivery through a pandemic.

This plan will provide guidance and direction for our region to use in response to an influenza pandemic.

The State of Rhode Island has begun working with hospitals in Rhode Island to develop regional areas to respond to pandemic influenza.

South County Hospital will be responsible for the medical care to the residents of **South Kingstown, North Kingstown, Narragansett, Exeter and Richmond**. Our goal is to work with our community partners to create a plan to deliver care fairly and efficiently in our region.

Based on the RIDOH (HEALTH) pandemic influenza assumptions on the number of residents that will be affected (located in the State plan) the hospital has calculated the regional numbers below to determine health care needs.

For South County Hospital health care region (5 communities) this equates to, during the first wave (6 to 8 weeks).

Our Geographic Responsibility Includes:

- ? Based on RI (00) Stats our service population is 85,000- total
 - ? North Kingstown—27,000
 - ? South Kingstown—28,000
 - ? Narragansett—16,500
 - ? Richmond—7,000
 - ? Exeter—6,000
-

South County Hospital Average Hospital Operations:

435 out patient visits per day
16 daily admissions

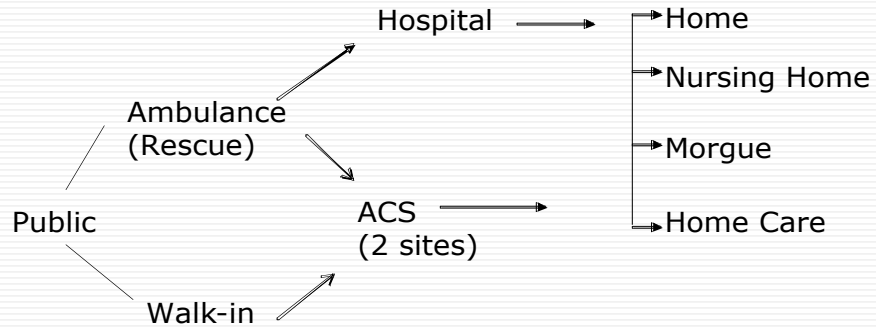
South County Hospital Health Care Region Expected:

30,000 residents ill
15,000 residents will need treatment

2 daily ICU admissions
90 daily ED visits
5 average deaths per month

3,500 residents will need hospitalization
520 residents will need ICU care
600-700 deaths

Where will the Sick be Treated?



REGIONAL HEALTHCARE INCIDENT COMMAND

A Pandemic Flu Planning Committee was established to produce this response plan. It has been designed to ensure that South County Healthcare Region is prepared to implement an effective response before a pandemic arrives, throughout a response if an outbreak occurs, and after the pandemic is over. The overall goal of pandemic preparedness and response is to minimize serious illness and overall deaths. The plan is intended to be dynamic and interactive; it consists of components that are consistent with international, federal and state guidelines as well as general principles of emergency response. It utilizes the Hospital emergency Incident Command System (HEICS).

The South County Hospital regional pandemic plan will be implemented using the hospital emergency incident command system (HEICS). This command system will operate in conjunction with multiple jurisdictions. The hospital's incident command center (ICC) is centrally located to the emergency department on the ground level and has technology to communicate to the state and local officials, and alternative care sites. All resource needs will flow through the command center. The activation of the essential section chiefs to determine the need to open up and operate out of the ICC will depend upon the states situation as well as the hospital's circumstances in seeing the influx of flu like illness patients needing medical care.

The South County Hospital healthcare task force team developed from internal and external members implemented by a planning team that consisted of our internal pandemic flu task force as well as community leaders and town agencies. The hospital partnered/paired "like" roles within the hospital leaders to the outside partners/agencies to facilitate the process. All of the agencies/partners have been identified (illustration #1).

Keeping in mind that the regional plan should not rely on timely resources from federal response efforts the state in collaboration with the 10 regional hospitals are planning to stockpile essential supplies/equipment to activate alternative care sites for each region.

Internal

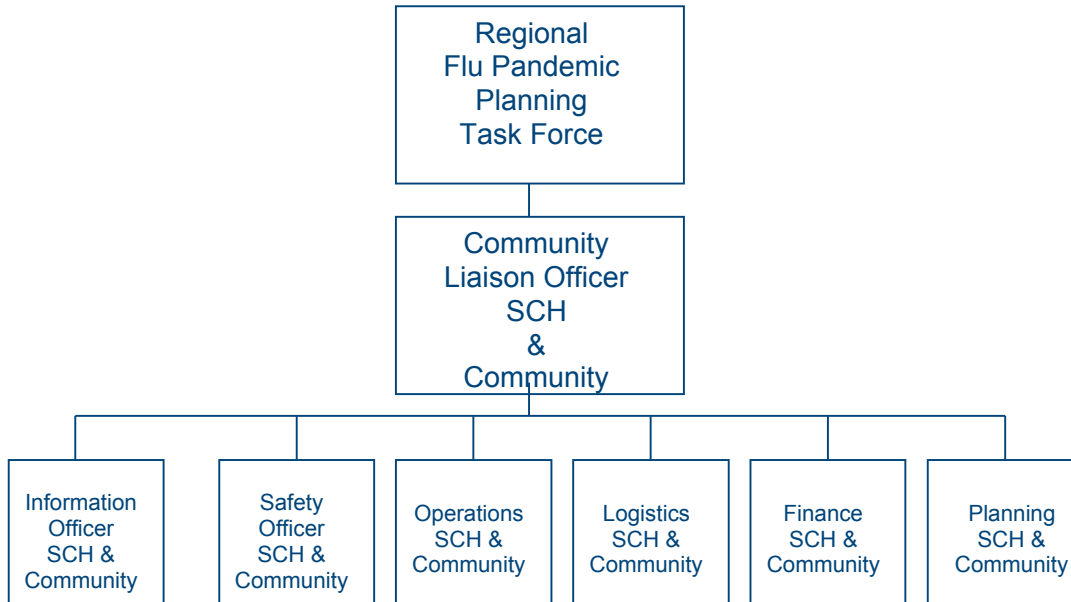
South County Hospital's Planning Task Force Team

-
- ? Lee Ann Quinn, Manager, Infection Control
 - ? Dr. Fred Silverblatt, Infectious Disease
 - ? Thomas Hoy, Manager, ED
 - ? Dr. Tim Drury, Medical Director ED
 - ? Barbara Seagraves, VP Pt. Care Services
 - ? Barbara Keaney, Safety Officer
 - ? Martha Murphy, Manager, Communications
 - ? Donna St. Andre, Manager, Tele-communications
 - ? Martha Pearson, Manager, Material Management
 - ? Bill Whitford, Manager, Facilities
 - ? Elaine Desmarais, VP Compliance & Regs.
 - ? Jon Mundy, Manager, Pharmacy
 - ? Karen Hockhousen, Clinical Director, VNS
 - ? Wayne Aucoin, Manager, Laboratory
 - ? Paul Desmarais, Manager, S.C.S.
 - ? Sherri Zinno, Manager, NKTC
 - ? Debbie Randall, Risk Manager
 - ? Dr. Louis Rubenstein, Medical Director Hospitalist
 - ? Marcia Polhemus, Manager Finance
 - ? Diane Kero, Volunteer Coordinator
 - ? All Nurse Managers
 - ? Lenor Durand, Manager DI
 - ? Maggie Thomas, VP Human Resources
 - ? Catherine Rafferty, Manager Patient Registration
-

External Partners/Members

- Community (town officials), fire, police, rescue
- University of Rhode Island
- Funeral directors
- Local pharmacies
- Nursing homes (Long term care facilities)
- Mental Health (South Shore Mental Health and Kodak)
- Thundermist Health Center and Bayside Family Healthcare
- South County Walk In Clinic
- All doctors office practices
- South Kingstown and North Kingstown School departments
- South Kingstown and North Kingstown Chambers of Commerce
- Clergy
- Private businesses
- Local media
- Health Insurers (BC, United, Medicare)

Incident Command for Planning



Regional Flu Pandemic Planning Task Force

Community Liaison

Responsibilities:

- ?Contact individual for this planning process
- ?Establish communications; email, memo
- ?Plan meetings
- ?Develop phone tree
- ?Compile list of regulatory changes required
- ?Repository of information of the plan

Information :

Responsibilities:

- Handle all media communication
- Disseminate public education material
- Develop and disseminate public messages
- Create information flow process – DOH – ACS – Hospital
- Regulation review

Safety

Responsibilities:

- Establish security workforce
- Provide security to ACS
- Secure stockpile
- Control potential public panic
- Regulation review

Operations

Responsibilities:

- Develop plan for 2 ACS/triage
- Establish clinical protocols and standards of care
- Identify role of Pharmacy
- Identify role of Nursing Home
- Funeral Home, Morgue, Private MD practice
- Regulation review

Logistics :

Responsibilities:

- Acquire store and stockpile plan for supplies and equipment for ACS
- Food and water
- Transportation
- Telecommunication
- Regulation review

Finance :

Responsibilities:

- Track financial utilization during event
- Acquire financial resources from community and business
- Third party payors
- Donations
- Regulation review

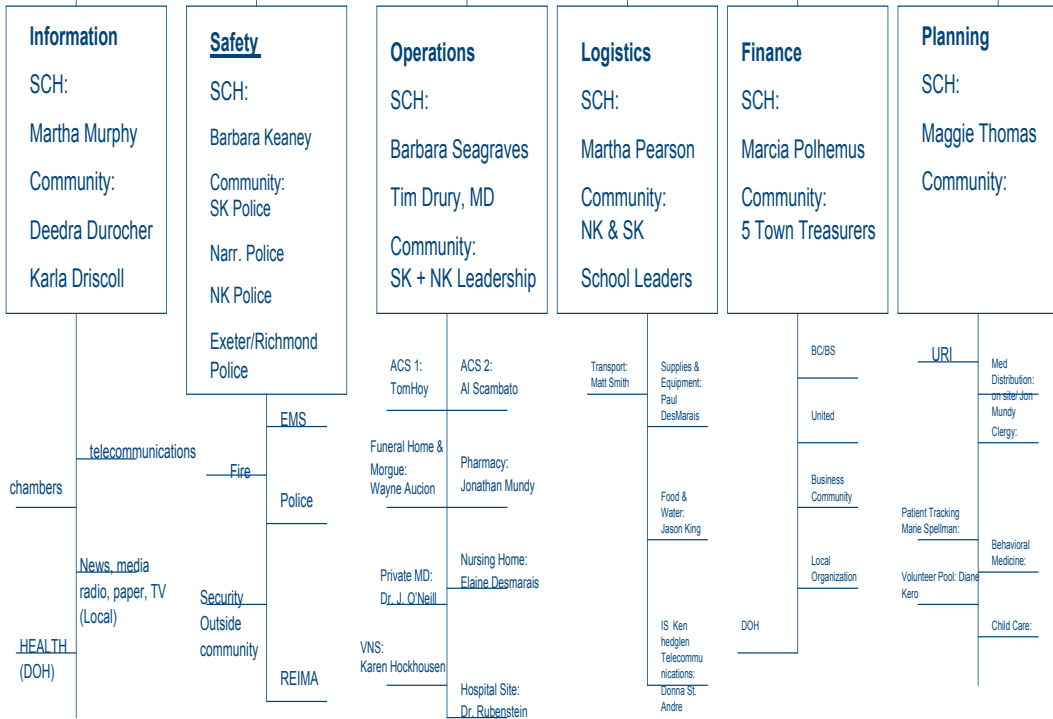
Planning

Responsibilities:

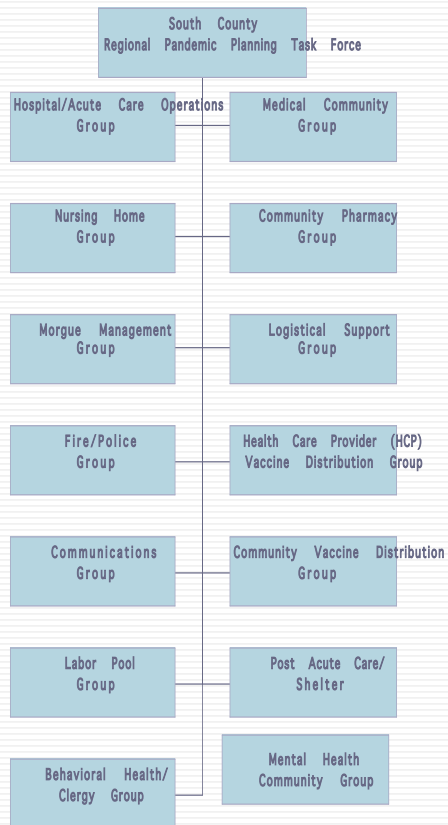
- Develop patient tracking
- Coordinate community med distribution plan
- Clergy
- Behavioral Medicine/Stress Support
- Identify volunteers
- Identify Labor Pool / qualifications for placement
- Regulation review

Regional Flu Pandemic Planning Task Force

SCH Liaison: Lee Ann Quinn
Community:



Regional Task Force



HOSPITAL INTERNAL OPERATION PLAN

Facility Access, Triage for Patients

In the pre-pandemic period the hospital will experience a surge of flu-like illnesses (FLI) even before the full activation of the pandemic plan. In this case we have developed the following steps to decrease transmission, maintain the Emergency Department for patients requiring immediate medical treatments and utmost important safety and security for the hospital campus.

The development of signs to direct everyone including patients and staff on what to do. Certain signs will instruct patients to inform the triage nurse if they have influenza-like-illness. Example:

WARNING!
When you are seen, tell
the triage nurse immediately
if you have flu-like-symptoms

Also, development of signs directing all staff to contact Employee Health immediately if you have influenza-like-illness.

Hospital Surge

As the influx of FLI rises in the ED and our internal surge plan is activated, the communication to Rhode Island Department of Health (HEALTH) is vital in this phase in planning to open and operate the Alternative Care Sites (ACS). At the same time our hospital staff will be looking to discharge as many patients to free up beds in the hospital for more critical patients. A team has been formed under the operations section chief to coordinate this in collaboration with our long term care facility liaisons, our medical director of the hospitalists, the continuing care coordinator, VNS coordinator and the inpatient nurse managers. All inpatients will be assessed and assigned to an appropriate level in determining whether they can be transferred to a LTC facility, home care services or home.

Prior to opening the ACS and the influx of FLI patients, the ambulatory care unit is the initial site for the overflow housing these patients. This area is close to the Emergency Department and away from the inpatient units and will serve as a designated influenza patient care area for the early phase. As patient needs increase the medical surgical floors will then convert to the firewall segregation plan.

Emergency Department Care and Segregation

Currently the ED has 2 wings/sides. ED side A and ED side B. When we need to segregate flu-like-illness we will set up triage at the entrance of the ED and screen patients at that location prior to entering our ED. This screening area will direct patients to the non-flu-side or the flu-side for emergency care.

As the volume of flu-like-illness patients increases we have a process to identify those patients who we can:

- Level I Send home with further instructions (bed rest, force fluids, analgesics, etc)
- Level II Monitor for dehydration, respiratory therapy services and discharge within 12-24 hours
- Level III Admit to hospital for further care

We currently have 15 rooms on the A side and 6 rooms on the B side with 4 additional rooms in the ED for observation. That is a total of 25 rooms. We could certainly double the stretchers in most of the rooms to gear up to 50 patients without using other areas of the hospital. There is an appropriate flow for fever-like illness patients from the ED entrance to discharge area or admission without crossing over non-flu-like patient flow.

We will maintain our trauma room as usual during this event because we know that emergent care for non-flu patients will continue.

If need be we can use the Ambulatory Care Unit for additional Emergency Care.

In the beginning of a surge when flu-like illness is being seen, treated and admitted to the hospital we have established infection control policies such as “firewalls” to protect the non-flu-like patients and will require all patients to wear surgical masks and instruction on hand hygiene protocol while in the ED area.

Surgical Services

We have placed the authority on the Incident Command Center staff to make the decision on when we will need to cancel elective surgery admissions and outpatient procedures for the safety of our patients. We will need to keep staff on call for those emergent cases that need surgery. We have two options, to dedicate the Read II C-Section operating room for those surgical emergent cases or just keep one operating room open.

Obstetrics

During the pre-pandemic phase we will continue to offer obstetrical services. The layout of the unit could possibly segregate non-flu from flu-like obstetrical patients.

When the level of surge rises to open up the alternative care sites and the hospital surge has reached its maximum level we will decide at that time the need to send our obstetric patients to Women and Infants where they will have their plan activated to serve those patients.

Pediatrics

The Borda Wing now serves the pediatric population. If we begin to see pediatric patient’s with FLI and require hospitalization the state has also made M.O.A. to take pediatric patients to care for both FLI and non-FLI.

Medical/Surgical

Influenza patients will be segregated from non-influenza patients in accordance with the infection control plan on segregation of flu-like-illness patients.

We will continue to service non-flu patients who require hospital level of care using our hospital surge plan.

ALTERNATIVE CARE SITES (ACS)

Our regional health care plan includes the development of (2) alternative care sites to relieve demand on the hospital emergency department and care for residents not ill enough to merit hospitalization but who cannot be cared for at home. During a pandemic the hospital will be treating those influenza patients that will need critical care.

The ACS is designed to treat 3 levels of patients. The triage area will assess for the level of care needed and assign an area in the site. The 3 levels are:

- Level I - less than 24 hours (treat and release)
- Level II - 1 to 3 days (IV fluids)
- Level III - 3 to 5 days (IV fluids +)

We will be receiving patients from

- ÿ Home
- ÿ Doctors offices, health centers
- ÿ Rescue*

All rescues handling flu-like-illness patients will call into the hospital's ED for instruction on where to transport a flu-like-illness patient. Clinical criteria have been pre-determined so we may triage the appropriate flu-like-illness patient to the appropriate treatment area (hospital or ACS).

Bp ranges, HR ranges, RR ranges and P02 as well as mental status will be assessed. The need for ventilator care or other hospital level needs will be included in the assessment (See ED triage assessment form).

Bed Capacity and Spatial Separation of Patients

We have 50 cots for each ACS supplied by the States Pan-Flu funding. We will be using the gymnasium at each location to set up patient care. There are mats and in our communications plan there is a plan to ask the public to bring their own bedding if the need arises (suggested bedding includes camping mats, sleeping bags, and inflatable mattresses). We have designed the layout to keep 3 feet between each patient.

Tracking Systems

When the alternative care sites are operational a tracking system will need to be in place. At this time we only have a manual system (paper form) to put into place but hope to be able to use the state wide patient tracking system being implemented in the fall of 2006.

The real time outbreak detection system (RODS) that HEALTH has also begun to pilot will be an asset in tracking patient flu-like-illness in the pre-pandemic phase.

Lavatory and Shower Capacity for Patients

Both sites have the capacity to conduct personal hygiene for those patients requiring overnight stays. They have handicap accessibility. We will be responsible to bring in commodes, shower sites, etc for support of these functions (see supplies, equipment plan for more details).

Food Services (refrigeration, food handling, and preparation)

Planning and Assessment

Ascertain nutritional needs, resources, distribution, replenishment of food and supplies, storage space, clean up processes and systems for meal and nutritional services to South County Hospital Healthcare System, North Kingstown and South Kingstown alternative care sites. Menu planning for diabetic's and other patients and staff with special dietary needs will be provided.

Needs:

Consumables:

Water with Electrolytes

Protein Snacks

Crackers with Peanut Butter

Disposables:

Paper products

Disposable utensils

Trash liners

Trash Barrels

Toilet Paper

Infection Control attire

Staffing:

Labor Pool

Systems:

Identify current Food Storage and Distribution systems at NK & SK HS's

Review and revise emergency food storage and distribution systems at SCHHS

Determine meal schedules

Identify phone to receive staff call outs/sick calls

Staffing:

Determine number of staff members necessary to service Hospital and extended care sites.

Determine transportation of staff to hospital and alternative care sites.

Staffing considerations for alternative care sites:

ÿ 12 hours shifts with resting areas separate from patient care area.

ÿ To staff a 100 bed alternative care site 24/7.

Capacity:

Quantity of food, water and disposables to be determined

Review of established procedures to ensure that current emergency preparedness systems are appropriate for a pandemic.

JIT Training program for inexperienced workers

Supplies & Equipment

Planning and Assessment

Ascertain supply and equipment needs, resources, distribution, replenishment process, storage space, and systems for distribution to South County Hospital Healthcare System, North Kingstown and South Kingstown ACS's. Designate back up resources and establish emergency preparedness systems. Provide Infection Control attire for staff.

Needs:

Medical Supplies

Hand Soap
Central Line Kits
Cadaver Bags
Facial Tissue
Suction Catheters
Suction Tubing
Suction Collectors
Infection Control Attire
Mask Respirator
Gowns Isolation
Gloves Sm Md Lg
Thermometers
IV Fluids, Needles and Tubing

Medical Equipment:

Portable Ventilators and Disposable Ventilators
Patient Monitors
Portable Commodes
Respiratory Care Equipment
Beds, Stretchers
IV Pumps

Staffing:

Labor pool needed

Determine number of staff members necessary to service Hospital and ACS.
Determine transportation of staff, equipment and supplies to hospital and ACS.

Capacity:

Quantity of Medical Supplies and Equipment to be determined
Review of established procedures to ensure that current emergency preparedness systems are appropriate for a pandemic.
JIT Training program for inexperienced workers

Back-Up:

Prepare back up plan to include implementation from home
Include back-up team leaders in planning process
Distribution plan
Vendors

NURSING HOMES (Long Term Care Facilities)

There are 7 long term care facilities (LTC) in the South County region. We have identified the bed capacity and surge capacity with each facility. All long term care facilities involved have agreed on the following:

- ÿ Identify a coordinator from each facility to report patient's occupancy data and communicate back to the Incident Command Center (ICC) at the hospital daily.
- ÿ Report to the ICC any supplies, drugs, equipments and staffing needs.
- ÿ Coordinate transportation for deceased patients to the central morgue.
- ÿ Coordinate with assisted living facilities to take their patients.

Each LTC facility has begun to develop their own internal pandemic plan that will address space, flow segregation of flu-like illness, temporary morgue on-site, food, linen, Infection Control Policies, and other components of their plan. The hospital has offered training support for each facility so we may keep the patients in the facilities and not occupy ACS's and the hospital. Such training recommended is IV certification so we may administer IV fluids in these facilities.

State facility regulations will be required to be waived by the state for bed occupancy, patient transfers, standard of care issued and the role of the non-licensed person providing basic patient care, and MDS on patients that are not deemed critical.

Surge Capacity Concerns

Additional surge capacity is being built into the nursing home capacity as well. One of our local hotels is considering supporting the efforts of using a floor to convalesce patients that do not require the alternative care or hospital care. Our visiting nurse services has also been included in staffing this type of service to think "out of the box" and how best to provide services to those patients on their service.

VNS (HOME HEALTH CARE)

A complete outline of all planning activities is found in the VNS Plan.

- The Chief Executive Officer of Visiting Nurse Services Washington County Inc. will report to the operations section chief.
- The Visiting Nurse Services of Washington County, Inc. has a system in place to triage patients according to severity of illness which would be implemented to reduce visits to accommodate additional patient load expected.
- The Visiting Nurse Services will be included in the hospitals vaccination distribution plans.
- Depending on circumstances, consideration will be given to consolidate patients with home care needs at the local hotel (Holiday Inn).

PRIVATE PHYSICIANS PRACTICES/WALK-IN CLINICS/HEALTH CENTER

Our responsibility to this medical community is to keep them operational so the impact to the hospital and ACS's can meet the medical demands.

We will work with the medical office managers to identify their needs on a daily basis by asking them to call into the incident command center with the following:

- ÿ Identify employees displaced because the practice had to close
- ÿ Inform us of expanded hours of operation for care of non-flu patients

We will also publicize for them on our website their expanded hours and its intended use of the hours. We will offer non-licensed volunteers to assist in their support services. We encourage the office practices to curtail or eliminate routine exams to increase slots for those with illness.

Transportation will be provided for those patients seen in these facilities and need medical treatment for flu-like-illness to an alternative care site or the hospital. The office will either use 911 or for non-emergent call the number given to them for non-emergent transport requests.

BEHAVIORAL HEALTH/MENTAL HEALTH

South Shore Mental Health has developed an Influenza Continuity of Operations Plan (COOP) to make sure the essential services and functions are maintained. They have plans in place for both adult services and children services. They have included in their plan a response plan in collaboration with the Department of Mental Health, Retardation and Hospitals and the Department of Children Youth and Families.

During a pandemic the following areas will be addressed for psychosocial support services:

1. Hospital, Alternative Care Sites, 2 health centers (Thundermist and Bayside).
 - ÿ Staff to support the psychological first aid
 - ÿ Patient family support
 - ÿ Families of deceased

2. Morgue Management
 - ÿ Family and staff support
 - ÿ Clergy support

Our own behavioral health tem will be available under the operations section Chief to advise the Chief on recommendations for staff support and family support measures.

REGIONAL MORGUE MANAGEMENT

Currently the hospital has a morgue capacity of 2 bodies at any given time, which meets the need for the normal operations. In the event of the overwhelming death rate from a pandemic event we are prepared to centralize the morgue at the Boss Arena (ice rink) located on the University of Rhode Island Campus.

We had the morgue management planning group tour the facility to make sure it would meet the needs. The group consisted of the lab manager, the transportation unit leader, a local funeral director, the infection control practioner, a clergy person, a medical records member, the South Kingstown Police Department, and the facilities person from the arena.

This building has a capacity to handle and house up to 800 corpses on the ice rink. The ice rink provides the appropriate temperature to store dead bodies. The floor design for intake, family support services, capacity and security is the right fit. We also have areas for family visitation/identification and facilities for

staff due to the need to staff this 24/7 during this event. The individual rooms available have communications for staff to input data to the hospital system.

Once the hospital begins having more than one pandemic flu death per day, notification to the ice rink authorities to have them begin lowering the temperature to 40 degrees F.

If the state allows funerals, the funeral directors should insist on private or graveside services to prevent large gatherings of people.

1. Death Certificates/Pronouncement of Death
 - a. Death certificates need to be signed by a physician, PA, or Nurse as soon as possible
 - b. Pronouncement of death must be made by a physician, PA, or Nurse
 - c. Death certificates need to be available for the alternative care sites and hospital
 - d. DOA's will be transported directly to long term storage area at URI for pronouncement of death and death certificate completion and identification
 - e. **Refer to Information Group for opinion by HEALTH on death certificate signatures and death pronouncements by other than physicians**
2. Storage of Bodies
 - a. Short term: hospital morgue, 2 bodies
 - b. Short term: refrigerated truck in hospital parking lot, 2-4 *C
 - c. Long term: URI ice rink (Boss Arena), floor plan of ice rink due from URI
 - d. **Refer to Logistics for generator power for refrigerated trucks in hospital parking area**
 - e. **Refer to Logistics for transport of bodies to URI in refrigerated trucks**
 - f. **Refer to Logistics for transport of bodies from alternative care sites, home, nursing homes, and home care to hospital or URI**
3. Identification and Tagging of Bodies
 - a. Assign a unique sequential reference number to each body, write on a waterproof label, and attach to body
 - b. Photograph the body for identification including reference number in each photograph
 - c. Secure personal belongings with the body and include reference number in the package
 - d. Record the name and contact details of the person or relative who claims the body with the body's reference number
 - e. **Refer to Logistics for acquisition of camera and body numbering system**
 - f. **Refer to Planning for patient tracking system in Meditech**
4. Body Preparation
 - a. Bodies should be placed in body bags

- b. Personnel handling bodies need to wear personal protective equipment
 - c. Personal belongings for the deceased need to be placed in secure packages
 - d. Items need to be available at alternative care sites, hospital, and URI
 - e. **Refer to Logistics for acquisition of body bags, packages for personal belongings, and personal protective equipment for health care personnel**
5. Information About Bodies
- a. Chain of custody system needed for handling of bodies
 - b. Media information policy and procedure needed
 - c. Meditech patient registration and EMR data procedures needed
 - d. **Refer to Information for news media procedures and contact information, list of dead patients**
 - e. **Refer to Information for Meditech hardware and applications at URI**
 - f. **Refer to Information for Registration and EMR procedures**
 - g. **Refer to Planning for patient tracking procedures**
6. Family Support
- a. Provide family support area in the hospital, alternative care sites, and URI
 - b. Assist families with funeral home arrangements, visitation procedures
 - c. **Refer to Staffing/Labor Pool Planning of areas by health care providers or clergy/mental health.**
7. Funeral Home Contact
- a. Funeral home notification for burial or cremation
 - b. Death certificates for funeral homes available at hospital switchboard or URI Boss Arena
 - c. Transportation of bodies to funeral homes after death certificate is complete (as state permits)
 - d. Transportation of bodies to alternative site for burial or cremation, not the funeral home
 - e. **Refer to Logistics for transportation of the bodies to a site other than the funeral home**
 - f. **Refer to Information for opinion by HEALTH on final disposition of the bodies (if not funeral home)**
 - g. **Refer to Information for death certificate distribution**
8. Security
- a. Provide security of refrigerated storage trucks and URI ice rink
 - b. **Refer to security plan**
 - c. Will have also asked URI to assist with this piece because the campus has their own security staff
9. Staffing
- a. 2-4 people 24/7 with the ability to lift and carry

10. Regulations/Procedure changes

- a. We will ask that mid level practitioners can pronounce in the home setting
- b. Police do not need to stay in a home with a dead body until it is picked up. We will ask fire, police and rescue to call into the central transportation number to request pronouncement and transport

REGIONAL MEDICATION MANAGEMENT

Plan for Vaccine Distribution for Health Care Workers

In the event of a flu pandemic and a vaccine is available, South County Hospital will provide this vaccine to all employees, physicians and other health care personnel who are working throughout the South County regional health care system. This vaccine will be distributed in the Potter Conference Room in the Hazard Building. Access to this area will be from the Kenyon Avenue entrance of the hospital. Specific procedures can be found in the MEDS Plan. Our MEDS plan also states that we will include the staff's family members (up to 3).

Staff will also be sent to the alternative care sites (South Kingstown and North Kingstown high schools) to provide vaccine for all staff and volunteers there. These sites will have the necessary PPE and equipment to administer vaccine.

Plan for Vaccine Distribution for all 5 Communities

- *The hospital's pharmacy department houses all 5 of our community MEDS plans.*

STAFFING/LABOR POOL

We understand that given the event our own workforce will be down 30% but our patient volume will surpass any previous historical event.

We know that we will have an altered standard of care and our goal will be to provide care and allocate scarce staff in a way that saves the largest number of lives.

The operations section chief will coordinate with the unit leaders from all of the areas identified both internal and external that will care for patients. Each area will report to the operations section chief their staffing needs based on minimum standard of care (altered) and the type of patient (level) they are responsible for.

- ÿ Assess current practices for patient care
- ÿ Must be performed to assure patient and staff safety
- ÿ May be performed less frequently
- ÿ May be discontinued or used only for selected patients

The planning section chief will be responsible for identifying the types of labor pool resources available. For this area we have begun developing relationships with the following agencies or businesses:

Healthcare Workers (HCW)

- URI nursing and pharmacy students
- Retired nurses and allied health staff
- ESAR-VHP (under development)
- Residents of the region who are HCW's in schools, businesses, daycare, etc.

Non Healthcare Staff

- Bus Drivers
- School Teachers & Staff
- Senior Centers
- Faith Based Communities
- Community Organizations
- Businesses

One of the assignments for our staff development department is to assess the need for "Just-in-time-training". Job action sheets are being developed and the resources to support this type of training are being discussed with the school nurse teachers.

If such an event were to occur, schools would be closed and school nurse teachers might be available to take this assignment. Various needs to support the alternative care sites can be achieved with "Just-in-time-training".

State Regulations would have to be relaxed in order for this to happen.

Support for Staff

In order to have staff stay and take care of patients where ever the site may be (hospital, ACS, doctors office, home care) we need to put into our plan support for staff. If they and their family are taken care of then our patients will be as well. During a pandemic event we will not be allowed to set up daycare for children or elderly, but we can educate our staff and community to identify a neighbor or relative that could care for their family while they are caring for the ill. Our clergy and our behavioral health team are other resources for our staff (Refer to the Employee Health section).

COMMUNICATIONS PLAN

The Public Information Officer (PIO) is responsible for this section which involves a communication system between the state EOC, which will house the JIC (Joint Information Center), our regional incident command center, the ACS's, our local/regional partners and agencies. The PIO has established a list serve, a phone list of all local communications offices such as our local chambers, municipalities, ACS partners and others. This office will be responsible for notifying the people below of the states declaration to activate pandemic level.

- ÿ Hospital employees via e-mail
- ÿ ACS partners (school) NKHS and SKHS
- ÿ Municipality leadership (all 5 communities)
- ÿ Business leadership
- ÿ Clergy partners
- ÿ Nursing homes
- ÿ Funeral Directors

Our hotline will be staffed to take calls to provide guidance on what people should do. We will have a pool of volunteers to help staff the hotline.

Daily messages will also go out over our website and our local cable network has agreed to place messages for local residents.

The PIO has identified a clinical spokesperson and a media spokesperson to release information to the public. All of our spokespeople have been trained on:

- ÿ Expression of empathy with people's worries and fears
- ÿ Confirmation of known facts and action steps SCHHCS is taking
- ÿ Description of what we do know at this point
- ÿ Steps we are taking to address the unknowns and our constant contact with state health and RIEMA.
- ÿ Statement of our commitment to be here for the long term and do all we can
- ÿ Where people can get information and what they can do

All of our statements will be saying the same as the JIC. We need to all be saying the same message. Specific instructions to our residents will be scripted as well from our PIO.

SAFETY/SECURITY SECTION

Our Safety and Security Plan is still under development with various agencies. We have outlined the needs as well as the possible resources. Further discussion with the external partners/agencies will be set up.

Overall Regional

- ß "Security Plan" (located in the EOC manual)
- ß Hospital

- β ACS's (NK & SK)
- β Stockpiling Areas
- β Morgue

URI

- β Police/Security
- β Include them in our Group
- β What are the Regulations in getting them included?
- β Bring 5 Communities
 - Police together to meet (Include John Aucott and Nathan Rogers)

Number of Police, URI Security and Reserves.

- β Number of National Guard
- β Number of RI State Police
- β Security
 - Contracted
 - Private
 - URI

Traffic Control

- β Constables
- β Lions Club
- β CERT Teams
- β Retired Police Officers
- β College Students
- β ROTC Students
- β

Recommendations:

- β Use Town Websites
- β Chamber of Commerce

INFECTION CONTROL

The infection control department's role will be:

- ÿ Assist in segregation of patients
- ÿ Designate the "flu" areas of the hospital ED
- ÿ Development of the "firewall" segregation of flu patients from non-flu patients on the med/surgical floors
- ÿ Visitor restriction policy
- ÿ Monitor surveillance plan

Visitor Policy – When we are aware of FLI in the community and the real time data from the Emergency Department confirms the influx, infection control will activate the restriction of visitors to the hospital. Our goal is to decrease exposure to our patients, staff and volunteers, as well as reduce the spread of FLI. If immediate family members need to visit we will screen visitors under the direction of the Infection Control Department. Visitors will be asked some screening questions to assess for possible FLI. When cleared they will be instructed to wear a surgical mask and use the waterless hand cleaner before and after visiting.

EMPLOYEE HEALTH

In conjunction with the Human Resource Department a non-punitive sick leave policy has been developed for this event. The policy includes:

- ÿ Identifying sick who are ill at work
- ÿ Criteria to return to work after flu-like-illness from pandemic influenza
- ÿ Staff who are well and want to work but need family services to care for ill family members
- ÿ Staff support with Employee Assistance Program (EAP), clergy and behavioral health for counseling
- ÿ Employee tracking/surveillance of flu-like-illness

FINANCIAL PLAN

Our financial plan is also under development. This group has met several times to discuss the financial impact and ways to get funding to continue operations. These are the issues being discussed:

Patient Revenue

- Payor commitments: BC/BS, United, Medicaid, Medicare
 - Involve patient financial services staff in planning process
 - Status of commitment from BC/BS and United
 - State and Federal commitment
 - Will 'minor' payors follow precedent set by major payors
 - Potential processing problems with a diminished workforce at the providers and payors; timely filing issues?
- Patient access/registration
 - Staffing and systems at the ACS
 - Any modifications to the requirements?
 - Impact of a diminished trained workforce
 - Involve patient access staff in planning process
- Community Support
 - What can we expect from the communities? Donation for planning
 - Need to secure before the town budgets are finalized

Expenditures

- Cash flow
 - Will Hospital's have cash flow issues given potential for diminished staffing?
 - Credit extensions – should the state provide an advance or should each Hospital secure?
 - What is the potential impact?
 - Do current credit arrangements with major suppliers need to be modified?
- Non staff compensation
 - Can these personnel be paid thru A/P as an independent contractor?
 - Need to involve HR

Processes

- Will additional remote system access be needed for the financial processing?
- If financial staff is reassigned, what will be the impact?

- Will current physical space need to be utilized for a more urgent purpose?

