

Appendix A-1 Pandemic / Federal Government Response Stages Table

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country.
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	1	Suspected Human outbreak overseas.
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	2	Confirmed human outbreak overseas.
PANDEMIC PERIOD			
6	Pandemic phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas.
		4	First human case in North America
		5	Spread throughout the United States
		6	Recovery and preparation for subsequent waves

Appendix A-2
Infection Prevention and Control Pandemic Influenza Trigger Table

WHO Pandemic Phases	Actions (Infection Control) Public Health Services, Infection Control Nurse
<p>Interpandemic period: Phases 1 and 2</p> <p><i>No new influenza virus in humans, no new animal influenza virus; no human to human spread</i></p> <p>Trigger:</p> <p>1) Seasonal influenza cases</p>	<p>Implementation of standard infection control/environmental guidelines for seasonal influenza per infection control policies, which include:</p> <p><u>NMCS D-wide actions (Hospital and Clinics):</u></p> <ul style="list-style-type: none"> • Emphasize respiratory etiquette. Strategically place additional boxes of tissues, surgical masks and alcohol-based hand antiseptic products in waiting areas and treatment/exam rooms • Emphasize seasonal influenza vaccine for all NMCS D patients • Aggressive hand hygiene campaign. <p><u>Patient-related actions (for suspected/confirmed influenza)</u></p> <ul style="list-style-type: none"> • Negative pressure rooms are not required for seasonal influenza patients • Patients placed on isolation (droplet) • Place patients in a private room when possible. • Two patients with confirmed influenza may share a room • Limit patient transport. Offer in-room portable radiology exams • Patient wears a surgical mask when outside patient room • Use respiratory etiquette when patient can't tolerate a mask • Patient supplies are considered contaminated if opened. Limit supplies taken into room • Keep area around patients free of equipment to facilitate housekeeping <p><u>Visitor-related actions:</u></p> <ul style="list-style-type: none"> • Families/visitors are considered exposed and should wear surgical masks while visiting. Provide instruction for masks, respiratory etiquette, and hand washing <p><u>Staff-related actions:</u></p> <ul style="list-style-type: none"> • Health care workers avoid touching mouth/eyes with unwashed hands to prevent self-contamination • Seasonal influenza education for patients and staff • Continue employee-mandated vaccine administration campaign <p><u>Environmental Services related actions:</u></p> <ul style="list-style-type: none"> • Wear disposable gloves when handling waste and use hand washing after disposal • No special instructions for soiled linen • Dishes, utensils, and patient equipment are managed as usual

WHO Pandemic Phases	Actions (Infection Control) Public Health Services, Infection Control Nurse
<p>Pandemic alert period: Phase 3</p> <p><i>Same as above: Avian influenza subtype H5N1 is currently in phase three</i></p> <p>Triggers:</p> <p>1) Seasonal influenza Cases</p> <p>AND</p> <p>2) One case H5N1 identified in Local Community, Active Duty/Dependent/employee in NMCS D service area who visited an area/country with known cases of H5N1</p> <p>And/OR</p> <p>3)) One case of a novel influenza virus identified in Active Duty/Dependent/employee in NMCS D service area who visited an area/country with known cases of novel influenza virus</p> <p>AND/OR</p> <p>4) Novel influenza virus is identified in local birds or poultry and one case of novel influenza identified in person handling birds or poultry in San Diego area.</p>	<p>Employ safeguards in Phases 1-2 for annual cases; PLUS</p> <p><u>NMCS D-wide actions (Hospital and Clinics):</u></p> <ul style="list-style-type: none"> Review CDC and WHO websites for updated information regarding novel influenza and update infection plans and procedures as needed. Emphasize seasonal influenza vaccine for patients/staff. Distribute updated information on infection prevention. <p>If the NMCS D service area is the highly localized area with small number of cases, implement instructions for Phases 1-2 PLUS. If not, the items below are implemented in Phase 4.</p> <p><u>Staff-related actions:</u></p> <ul style="list-style-type: none"> Staff education campaign regarding necessity for airborne precautions for novel influenza cases. Broadened N-95 respirator fit testing for staff. Powered air-purifying respirator (PAPR) testing and fitting/instruction for staff performing nebulization, bronchoscopy, or humidified O2 on the initial cases of suspected novel influenza. Avoid touching the front of the N-95 respirator. Avoid shaking hands with patients/staff. Use dedicated equipment in the room of a novel influenza patient, i.e., blood pressure, etc. Disinfect equipment before removing it from room of novel influenza patient Inform lab to anticipate increased viral specimens. Employees who travel to an area with known novel influenza cases will self-monitor upon return for fever of >38°C (>100.4°F), cough/sneeze, and fatigue. If these symptoms occur, report to Occupational Health for evaluation. <p><u>Patient-related actions:</u></p> <ul style="list-style-type: none"> Place ILI patients in a treatment room immediately, if possible. Implement airborne precautions for initial suspect/confirmed novel influenza cases: <ul style="list-style-type: none"> N-95 respirator for staff and negative pressure isolation for inpatients. A negative pressure room may not be available in Primary Care Clinic. Physician will see a suspect novel influenza case immediately, preferably out-of-doors. Screen ILI patients for travel/occupational risks for novel influenza: <ul style="list-style-type: none"> Obtain travel history from symptomatic persons when there is one or more reported novel influenza cases in NMCS D service area. Obtain travel history from tourists from areas with known novel influenza cases. Travel should be within 10 days of symptom onset. Obtain travel history from a symptomatic employee who may have travel history for an area/country with known cases. Obtain work history from symptomatic persons when there are infected birds/poultry in localized area of San Diego region.

WHO Pandemic Phases	Actions (Infection Control) Public Health Services, Infection Control Nurse
<p>Pandemic alert period: Phase 4</p> <p><i>Small clusters, limited human-to human transmission. Spread highly localized</i></p> <p>Triggers:</p> <p>1) Seasonal influenza cases</p> <p>AND</p> <p>2) One case of a novel influenza virus identified in Local Community, Active Duty/ Dependent /employee in NMCS D service area who visited an area/country with known cases of novel influenza virus or H5N1 virus</p> <p>AND/OR</p> <p>3) Novel influenza virus is identified in local birds or poultry and one or more cases of novel influenza identified in person (s) handling birds or poultry.</p>	<p>If the NMCS D service area is the highly localized area with small number of cases, implement instructions for Phases 1, 2, 3 PLUS. If not, the items below are implemented in Phase 5.</p> <p><u>NMCS D-wide actions (hospital and clinics):</u></p> <ul style="list-style-type: none"> • Wide distribution of the novel influenza case definition to clinicians. • Provide information/documents from County Health Officer to clinicians. <p><u>Patient-related actions:</u></p> <ul style="list-style-type: none"> • Place admitted patients in a negative pressure room. A critical care patient suspected of having a novel influenza virus is placed in a negative pressure room in the critical care unit... • Do not move an in-patient patient from the negative pressure room unless there is a life-threatening reason for movement or room change. <ul style="list-style-type: none"> ○ Portable in-room procedures are offered to novel influenza patients to avoid exposing non-influenza patients. If a portable exam can not be offered THEN, evaluate procedure/scheduling time such that non-influenza patients are not exposed to influenza patients. <p><u>Visitor-related actions:</u></p> <ul style="list-style-type: none"> • Screen visitors before entering the facility for fever of 100 degrees F, cough/sneeze. • Asymptomatic visitors for suspect/confirmed novel influenza cases wear a surgical mask. Symptomatic visitors should not visit • Provide visitors/family of novel influenza patients with guidelines for infection control in home.

WHO Pandemic Phases	Actions (Infection Control) Public Health Services, Infection Control Nurse
<p>Pandemic alert period: Phase 5</p> <p><i>Larger clusters, spread highly localized</i></p> <p>Triggers: 1) Seasonal influenza Cases</p> <p>AND</p> <p>2) One case H5N1 identified in Local Community Active Duty/ Dependent /employee in NMCS D service area who visited an area/country with known cases of H5N1</p> <p>AND/OR</p> <p>3) One case of a novel influenza virus in Active Duty/Dependent /employee in NMCS D service area who visited an area/country with known cases of novel influenza virus</p> <p>AND/OR</p> <p>4) Novel influenza virus is identified in local birds or poultry and one case of novel influenza identified in person handling birds or poultry.</p>	<p>Employ safeguards in Phases 1-4; PLUS If the NMCS D service area is the localized area , with larger clusters of cases implement the items below. If not, the items below are implemented in Phase 6.</p> <p><u>NMCS D-wide actions (hospital and clinics):</u></p> <ul style="list-style-type: none"> • Post signs at each medical center entryway with instructions for respiratory etiquette, hand hygiene, isolation procedures. • Implement a designated ILI assessment area which is separate from the non-ILI assessment area. <p><u>Patient-related actions (for suspect/confirmed novel influenza):</u></p> <ul style="list-style-type: none"> • Identify an inpatient area to cohort suspect/confirmed novel influenza cases, as recommended by CDC; cohort area to be under negative pressure isolation. • Separate the inpatient areas into cohort units which include: <ul style="list-style-type: none"> ○ Suspect cases or those exposed to persons with ILI; ○ Non-exposed or immune to influenza; and ○ Non-exposed to ILI but at very high risk for complications. • Patients remain in designated cohort area. Coughing patients may leave their room only for urgent/necessary procedures. • As the number of cases increase, cohort of suspect cases and the confirmed influenza cohort may need to be merged. • Patients who leave the cohort area are continuously supervised by staff. • Patients recovered from influenza can be moved into the non-exposed or immune cohort area after the period of communicability of the pandemic strain has passed. • Cancel group activities, i.e. rehab patients eating or socializing together, alumni patients scheduling reunion events, going outside to smoke, etc. • Additional pick-up of laundry and waste containers are scheduled. <p><u>Visitor-related actions:</u></p> <ul style="list-style-type: none"> • Inform visitors when influenza patients are present for care. Visitors who have not been ill or immunized against the pandemic strain should not enter. • Asymptomatic visitors for suspect/confirmed novel influenza cases wear a surgical mask. • Restrict visitors with ILI until they are asymptomatic. • Immediate family members of terminally ill patients can be exempt, but should wear a surgical mask upon entry to the facility. Limit the visit to the terminally ill patient only. These visitors have a staff member/volunteer escort them to the patient room and when visit is over, escort to exit of the medical center. • Do not restrict visitors who have recovered from the novel influenza strain. Visitor must provide proof from a physician.

WHO Pandemic Phases	Actions (Infection Control) Public Health Services, Infection Control Nurse
<p>Pandemic alert period: Phase 5</p> <p><i>Larger clusters, spread highly localized</i></p> <p>Triggers: See above for Phase 5</p>	<p>Phase 5 Continued:</p> <p><u>Staff-related actions</u></p> <ul style="list-style-type: none"> • Avoid using high risk procedures (nebulization, bronchoscopy, humidified O2). • Pregnant employees or those at high risk for complications from influenza are assigned to non-influenza cohort areas. • Staff assigned to cohort areas do not float to non-cohort areas. • Staff assigned to cohort areas are evaluated daily for fever and other symptoms . • Implement staff surveillance: all staff will self-monitor for fever of >38°C (>100.4°F), cough/sneeze, and fatigue. If these symptoms occur, report to Occupational Health. <ul style="list-style-type: none"> ○ Fit-to-work procedure is implemented. Ill employees who become asymptomatic wait one incubation period (currently 4 to 6 days) and report to Occupational Health for exam and declaration for fit-to work. ○ Implement furlough status for symptomatic employees: These employees remain home for the duration of the illness. ○ Staff who fully recovers from pandemic illness may be assigned to care for patients with active novel influenza and/or may care for patients at high risk for complications from novel influenza. • Transition to droplet precautions pending virus identification and transmissibility • Review CDC and SDCPH websites for updated information regarding novel influenza and update infection plans and procedures as needed. • Managers on each unit allocate supplies. Reusable items (i.e.,non-disposable N-95) are signed out by the employee.
<p>Pandemic period: Phase 6</p> <p><i>Increased, sustained transmission in the general public</i></p> <p>Triggers: 1) 10 Cases admitted to NMCS D</p>	<p>Employ safeguards as stated in Phases 1-5; PLUS</p> <p><u>NMCS D-wide actions (hospital and clinics):</u></p> <ul style="list-style-type: none"> • Maintain cohort principles until the pandemic wave is declared over. • Prioritize medical/surgical acute care admissions • Quarantine will be implemented as directed by public health agencies. The quarantine period extends for one incubation period. The incubation period differs for each pathogen. A typical incubation period for influenza is 4 to 6 day. <p><u>Staff-related actions:</u></p> <ul style="list-style-type: none"> • Shelter-in-place may be implemented for employees assigned to the influenza cohort areas if staffing reaches a critical level. <p style="text-align: center;">HAND HYGIENE MAY BE THE ONLY PREVENTATIVE METHOD AVAILABLE IF SUPPLIES BECOME UNAVAILABLE</p>
<p>Post Pandemic period: Phase 7</p>	<ul style="list-style-type: none"> • Return to basic infection control measures • Review enhanced novel influenza infection control measures and modify if needed.

Appendix A-3
Disease Surveillance Pandemic Influenza Trigger Table

WHO Pandemic Phases	Actions (Disease Surveillance) Department Head, Preventive Medicine
<p>Interpandemic Period (phases 1 and 2)</p> <p><i>No new virus in animals; no human Cases</i></p>	<ul style="list-style-type: none"> Daily monitoring of influenza like illness (ILI) for clusters of cases. Enhanced isolation and surveillance occurs when more than 4 influenza cases are placed on one patient care unit. This is an internal infection control process. Recommend using the Rapid Influenza Test to rule out Influenza A for patients with ILI in Primary Care Clinics and ED. Report testing results to the San Diego County Health Department after clearance from the PHEO.
<p>Interpandemic Period (Phase 3)</p> <p><i>No new virus in animals; no human cases</i></p>	<p>Same as Phases 1 & 2</p> <ul style="list-style-type: none"> Activate and begin updating the Pandemic Influenza Webpage. Update the Pan Flu line as necessary.
<p>Pandemic Alert (Phase 4)</p> <p><i>Small clusters, limited human-to-human spread, clusters highly localized</i></p> <p>Trigger: Seasonal influenza</p> <p style="text-align: center;">AND</p> <p>1) ILI employee or patient with travel or occupational risks suspected / confirmed with novel influenza</p> <p style="text-align: center;">AND/OR</p> <p>2) Local birds are identified with novel influenza virus. When cases occur or suspected in DoD populations overseas</p>	<p>Same as for Phases 1-3; PLUS</p> <ul style="list-style-type: none"> Implement surveillance of health care workers in contact with confirmed and hospitalized novel influenza case(s) Implement surveillance of employees who travel to areas where the novel influenza strain is causing cases Implement surveillance of person with occupation exposure to birds or poultry confirmed with a novel influenza virus. Initiate the NMCS D Pandemic Influenza Hotline with current information and status of the outbreak. Update when situation warrants. Update the NMCS D internet page with Pandemic Influenza information.
<p>Pandemic Alert (Phase 5)</p> <p><i>Larger clusters, cases still localized</i></p> <p>Triggers: same as above Phase 4</p> <p style="text-align: center;">AND</p> <p>One novel influenza case identified in NMCS D service area</p>	<p>Same as phases 1-4; PLUS</p> <ul style="list-style-type: none"> Real time ED surveillance within health system. Employee absenteeism surveillance. Symptom monitoring in employees. Continue to update the NMCS D Pan Flu line as needed. Continue to update the NMCS D intranet page for staff and internet page for local area personnel.
<p>Pandemic Period (Phase 6)</p> <p><i>Sustained transmission in the general Population</i></p> <p>Triggers: 10 cases of novel influenza virus admitted to NMCS D</p>	<p>Same as phases 1-5; PLUS</p> <ul style="list-style-type: none"> Discontinue routine isolate testing or rapid antigen testing
<p>Post -pandemic Period (phase 7)</p>	<ul style="list-style-type: none"> Return to phase 1 activities Review enhanced surveillance procedures and modify if needed. Analysis of surveillance success

Appendix A-4
Clinical Management Pandemic Influenza Trigger Table

WHO Pandemic Phases	Actions (Clinical Management) Chairman, ECOMS
<p>Interpandemic Period: Phases 1 and 2</p> <p><i>No new virus in animal , bird or man, no human to human spread</i></p> <p>Trigger: 1) Seasonal influenza cases</p>	<p>Implement standard procedures for triage, clinical evaluation, admissions, and clinical management of seasonal influenza cases.</p>
<p>Pandemic alert period: Phase 3</p> <p><i>Same as above: Avian influenza subtype H5N1 is currently in phase three</i></p> <p>Triggers: 1) Annual influenza cases</p> <p style="text-align: center;">AND</p> <p>2) One case H5N1 identified in Active Duty/Dependent/Employee in NMCS D service area who visited an area/country with known cases of H5N1</p> <p style="text-align: center;">and/or</p> <p>3) One case of a novel influenza virus identified in Active Duty/Dependent/employee in NMCS D service area who visited an area/country with known cases of novel influenza virus</p> <p style="text-align: center;">and/or</p> <p>4) Novel influenza virus is identified in local birds or poultry and one case of novel influenza identified in person handling birds or poultry.</p>	<p>Implement actions in Phases 1 & 2; PLUS</p> <ul style="list-style-type: none"> • Emergency Department to implement standard surveillance and reporting of unusual clusters of respiratory illness or death. • Preventive Medicine, Epidemiology Section and Infection Control to review CDC and WHO web sites to gather up-to-date information regarding changes to information about exposure risks, travel risks, and occupation risks.

WHO Pandemic Phases	Actions (Clinical Management) Chairman, ECOMS
<p>Pandemic alert period: Phase 4</p> <p><i>Small clusters, limited human-to-human transmission. Spread highly localized</i></p> <p>Triggers:</p> <p>1) Annual influenza cases</p> <p>AND</p> <p>2) One case H5N1 identified in Active Duty/Dependent /employee in NMCS D service area who visited an area/country with known cases of H5N1</p> <p>and/or</p> <p>3) One case of a novel influenza Virus identified in Active Duty/Dependent /employee in NMCS D service area who visited an area/country with known cases of novel influenza virus</p> <p>and/or</p> <p>4) Novel influenza virus is identified in local birds or poultry and one case of novel influenza identified in person handling birds or poultry.</p>	<p>Implement actions in Phases 1-3; PLUS</p> <p>If the NMCS D service area is the localized area , implement the items below. If not, the items below are implemented in Phase 5</p> <p><u>General actions (Hospital and Clinics):</u></p> <ul style="list-style-type: none"> • Refer to precautions in Section B Infection Control regarding actions to prevent/control infection within NMCS D • Report cases to Preventive Medicine and Infection Control 725-7137. Refer to section on Disease Surveillance • Apply case definition (definition is fluid and may change with a novel pandemic virus strain) <p><u>Clinical Evaluation related actions:</u></p> <ul style="list-style-type: none"> • Implement rapid detection of novel influenza to quickly contain case(s) Note: rapid detection is not confirmation. • Laboratory evaluation (due to large number of cases is recommended only for the following per CDC recommendations as of August 2006) • Test for influenza A(H5N1) is indicated for hospitalized patients with: <ul style="list-style-type: none"> ○ Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND ○ History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans. • Test for influenza A(H5N1) should be considered on a case-by-case basis in consultation with state and local health departments for hospitalized or ambulatory patients with: <ul style="list-style-type: none"> ○ Documented temperature of >38°C (>100.4°F), AND ○ One or more of the following: cough, sore throat, shortness of breath, AND ○ History of contact with domestic poultry (e.g., visited a poultry farm, household raising poultry, or bird market) or a known or suspected human case of influenza A(H5N1) in an H5N1-affected country within 10 days of symptom onset. <p><u>Clinical Management related actions:</u></p> <ul style="list-style-type: none"> • Implement clinical treatment/management for suspected/confirmed novel influenza cases as described in overview for this section
<p>Pandemic alert period: Phase 5</p> <p><i>Larger clusters, human-to-human spread still localized</i></p> <p>Trigger:</p> <p>Same as Phase 4</p>	<p>Implement actions in Phases 1-4; PLUS</p> <p>If the NMCS D service area is the localized area , implement the items in Phase 4. If not, the items in Phase 4 are implemented in Phase 6</p>

WHO Pandemic Phases	Actions (Clinical Management) Chairman, ECOMS
<p>Pandemic period: Phase 6</p> <p><i>Increased, sustained transmission in the general public</i></p> <p>Trigger:</p> <p>1) Cases identified on Marine Corps Base Camp Pendleton with admission to NMCS D</p>	<p>Implement actions in Phases 1-5; PLUS</p> <p><u>General actions (Hospital and Clinics):</u></p> <ul style="list-style-type: none"> • Implement real time reporting of cases. • Implement active surveillance of employee absenteeism. <p><u>Triage-related actions:</u></p> <ul style="list-style-type: none"> • Implement ED pandemic triage and clinical assessment plans <ul style="list-style-type: none"> ○ Set up alternate triage site outside of ED or clinic ○ Implement modified triage assessment. <p><u>Admissions-related actions:</u></p> <ul style="list-style-type: none"> • Implement modified/expedited admissions procedures (refer to Section on Surge Capacity) <p><u>Clinical Evaluation related actions:</u></p> <ul style="list-style-type: none"> • Relatively high likelihood that ILI during Phase 6 will be novel influenza; discontinue clinical evaluation for novel influenza • Focus evaluation predominately on clinical, epidemiologic and basic lab findings with less emphasis on laboratory diagnostic testing. • Areas without pandemic activity should continue to ask patients about recent travel or close contact with a suspect or confirmed pandemic case. <ul style="list-style-type: none"> ○ Note: the next pandemic strain might present a different clinical syndrome. • Exposure history will be marginally useful in areas with pandemic activity. • Once the pandemic arrives in the Camp Pendleton area, clinical criteria will be sufficient for classifying the patient as a suspected novel influenza case.
<p>Post -pandemic Period: phase 7</p>	<ul style="list-style-type: none"> • Return to routine surveillance and reporting. • Review effectiveness of modified procedures for triage, admissions, and clinical treatment/management and update if needed. • Focus group reviews of pandemic plan strategies

Appendix A-5
Occupational Health Pandemic Influenza Trigger Table

WHO Pandemic Phase	Actions (Occupational / Employee Health) Department Head, Occupational Medicine / Human Resources
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> Participate in pandemic planning.
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> Work with Mental Health to develop pandemic psychological counseling resources list. Develop exposure prevention, surveillance, testing, and quarantine procedure(s) and protocols. Develop procedures for large scale novel influenza testing. Review influenza exposure prevention practices. Work with Infection Control and Safety to ensure respirator availability for designated employees. Complete all physicians and medical student respirator fit testing. Proceed with season influenza immunization plans. Goal is <i>85%-plus</i> immunization rate. Participate in mass immunization/antiviral dispensing drills.
Pandemic Alert Period: Phase 4	<p>If the NMCSD service area is experiencing clusters of cases, implement the actions in Phase 5.</p> <ul style="list-style-type: none"> Review, update, and modify Occupational and Employee Health pandemic plans and procedures. Review and develop pandemic education materials with Infection Control, Preventive Medicine and Staff Education and Training (SETD). Devise expanded Occupational Medicine staffing schedule.
Pandemic Alert Period: Phase 5	<p>If the NMCSD service area is experiencing clusters of cases, implement the actions in Phases 5 and 6.</p> <ul style="list-style-type: none"> Distribute exposure prevention, surveillance, testing, treatment protocols and psychological resource list to departments. Trial high volume Occupational Health influenza testing process. Ensure that testing locations, staffing and supplies are adequate. Revise service estimates. Promote seasonal influenza immunizations. Coordinate with Infection Control and Pharmacy for final antiviral/vaccination plan. Finalize employee quarantine plan, including possible resources and locations, with administration.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> Review employee quarantine, testing and infection logs. Assess inventory/staffing needs for second pandemic wave. Assess effectiveness of Occupational Health procedures and practices. Prepare for second mass inoculations if indicated by Preventive Medicine and Infection Control.

Appendix A-6
Vaccines & Antivirals Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Vaccines & Antivirals) Public Health Services, Immunizations Program Manager
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> • None
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> • Develop protocols to request pharmaceuticals (antivirals or vaccine) from state or federal reserves (Strategic National Stockpile or Vendor-managed inventory). • Develop priority lists for persons (staff and patients) to receive vaccine and/or antivirals by risk group based on CDC, Division of Communicable Disease Control (DCDC) Pandemic Influenza Work Group (PIWG), BUMED and SDCPH prioritization strategies • Develop a stratification scheme for prioritizing vaccination of healthcare personnel who are most critical for patient care and essential personnel to maintain the day-to-day operation of the healthcare facility. • Establish projections for numbers of persons (staff and patients) to receive vaccine and/or antivirals by risk group • Monitor CDC, Division of Communicable Disease Control (DCDC) Pandemic Influenza Work Group (PIWG), BUMED and SDCPH for updates to prioritization and treatment strategies.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> • Work with local health department to establish MOU and procedures for receiving vaccines and antivirals • Monitor CDC, Division of Communicable Disease Control (DCDC) Pandemic Influenza Work Group (PIWG), BUMED and SDCPH for updates to prioritization and treatment strategies.
Pandemic Alert Period: Phase 5	<ul style="list-style-type: none"> • Implement mass vaccination and/or dispensing of antivirals as warranted • Monitor CDC, Division of Communicable Disease Control (DCDC) Pandemic Influenza Work Group (PIWG), BUMED and SDCPH for updates to prioritization and treatment strategies.
Pandemic Period: Phase 6	<ul style="list-style-type: none"> • Continue mass vaccination and/or dispensing of antivirals • Monitor CDC, Division of Communicable Disease Control (DCDC) Pandemic Influenza Work Group (PIWG), BUMED and SDCPH for updates to prioritization and treatment strategies.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> • Review and make adjustments to procedures for vaccination and antiviral drug use to prepare for second wave. • Provide vaccination for individuals missed during first wave.

Appendix A-7
Surge Capacity Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Surge Capacity) Director, Nursing Services / Department Head, Patient Administration
Interpandemic Period (Phases 1 and 2)	<ul style="list-style-type: none"> • None
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> • Develop NMCS D Surge Plan(s) to address ED Capacity, Patient Placement and Bed Capacity, Patient Discharge and Transfers, and Ventilator Capacity. • Coordinate Operations Management and Telecomm to evaluate and concur with proposed modifications to area usage.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> • Review and update Surge Plan(s)
Pandemic Alert Period: Phase 5	<p>If NMCS D experiences influx of cluster of novel influenza patients, implement Surge Plan(s)</p> <ul style="list-style-type: none"> • Triggers to implement the Surge Plan may include: <ul style="list-style-type: none"> ○ The proportion of emergency room visits attributable to influenza. ○ The proportion of influenza cases requiring hospitalization. ○ The capacity of the hospital to accommodate influenza cases. ○ The proportion of cases who normally live with high-risk individuals or who have no support at home and cannot care for themselves.
Pandemic Period: Phase 6	<p>Implement Surge Plan(s)</p> <ul style="list-style-type: none"> • Triggers to implement the Surge Plan may include: <ul style="list-style-type: none"> ○ The proportion of emergency room visits attributable to influenza. ○ The proportion of influenza cases requiring hospitalization. ○ The capacity of the hospital to accommodate influenza cases. ○ The proportion of cases who normally live with high-risk individuals or who have no support at home and cannot care for themselves.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> • Review and update Surge Plan • Prepare for second or third pandemic wave

Appendix A-8
Clinical Labor Pool Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Clinical Labor Pool) Human Resources Department, Military (Preventive Medicine – ADHOC)
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> Review and update phone tree and emergency phone numbers. Review the Disaster Plan with all staff.
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> Review critical elements of the Pandemic Plan with all staff including non-clinical resources. Complete fit testing of all current employees as needed. Initiate webpage to keep staff informed on status and provide educational updates. Monitor employee absenteeism for increases that might indicate early cases of pandemic influenza.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> Senior leadership collaborates with local and regional health care groups in attempt to coordinate response. <p>If the NMCS D service area is the localized area with cases of novel influenza , otherwise, implement in Phase 5</p> <ul style="list-style-type: none"> Implement staff rotation restriction; Staff in cohort areas do not float to non-cohort areas.
Pandemic Alert Period: Phase 5	<ul style="list-style-type: none"> Departmental senior personnel to implement phone tree: first level phone calls to ascertain if staff is available to come for their next scheduled shift. Departmental senior personnel to assess current patient staffing needs and available resources; notify Human Resources of status. Human Resources personnel to notify Non-Clinical Labor Pool Leader of potential needs and status of pandemic. <p>If the NMCS D service area is the localized area with cluster of novel influenza cases , otherwise, implement in Phase 6</p> <ul style="list-style-type: none"> Implement staff rotation restriction; Staff in cohort areas do not float to non-cohort areas
Pandemic Period: Phase 6	<ul style="list-style-type: none"> Activate pandemic staffing plan for clinical and non-clinical resources Manager or designee to assess patient needs, communicate with staff on those needs and keep Human Resources Department informed of needs and available resources. Human Resources Department / Clinical Labor Pool to be the central hub for clinical staffing resources under leadership of Director for Administration. Human Resources Department to coordinate available resources with non-clinical labor pool leader. Update webpage and 1-800-number to keep staff informed. (Preventive Medicine) Staff sick calls: <i>call in to work center; work center records sick call and notifies senior person on duty(SEL, LCPO, LPO); Records to be reconciled at a later date.</i> Human Resources Department to coordinate with EOC on need to staff alternate care sites. (if needed) Continual assessment of staff s physical and emotional status and provide intervention as needed. Implement staff rotation restriction; Staff in cohort areas do not float to non-cohort areas
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> Return to normal operational staffing procedures. Evaluate staff s physical and emotional status and provide intervention as needed, e.g., critical incident debriefing management program and grief management. Assess staff s needs for days off, vacation, alternative schedules. Evaluate effectiveness of pandemic plan, revise as needed.

Appendix A-9
Handling of Decedents Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Handling of Decedents) Department Head, Laboratory
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> Review standard decedent handling processes and procedures.
Pandemic Alert Period: Phase 3 <i>Human infection(s) with a new subtype, but no human-to-human spread, or rare instances of infectious spread to a close contact.</i>	<ul style="list-style-type: none"> Continue use of standard decedent handling processes and procedures. Prepare and finalize new and modified decedent handling procedures needed to meeting each phase of the pandemic. Develop and implement procedure to comply with pandemic influenza planning guide for decedent handling. Identify point of contact for securing additional decedent refrigerated/freezer storage.
Pandemic Alert Period: Phase 4 <i>Small clusters with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</i>	<ul style="list-style-type: none"> Continue use of standard decedent handling processes and procedures. Review policy and procedures for decedent handling and update if needed. Verify refrigerator/freezer unit location(s) Verify availability and connection process for electrical power to refrigerator/freezer units. Identify location and transport requirements for high volume decedent storage
Pandemic Alert Period: Phase 5 <i>Larger clusters, but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans</i>	<ul style="list-style-type: none"> Continue use of standard decedent handling processes and procedures. Review policy and procedures for decedent handling and update if needed. Regularly notify all departments and staff involved on status of procedures. Have Non Clinical Labor Pool training materials complete and available. Upgrade or downgrade level of activity as directed by Incident Commander or Public Health Emergency Officer.
Pandemic Period: Phase 6 <i>Increased and sustained transmission in the general population</i>	<ul style="list-style-type: none"> Implement decedent handling SOP's and associated implementation procedures, as directed by Incident Commander or Public Health Emergency Officer. Notify Non-Clinical Labor Pool of staffing needs. Upgrade or downgrade decedent handling level as directed by Incident Commander or Public Health Emergency Officer.
Post Pandemic Period: Phase 7 <i>Rates of infection return to normal flu season.</i>	<ul style="list-style-type: none"> Evaluate procedures, processes and activities that were used or occurred during each phase of the pandemic. Modify and update SOP's and implement changes to improve future response and management.

Appendix A-10
Communication & Education Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Communication & Education) Preventive Medicine / Staff Education and Training / Public Affairs Officer
Interpandemic Period (Phases 1 and 2)	<ul style="list-style-type: none"> • None
Pandemic Alert Period: Phase 3	<p>Preventive Medicine</p> <ul style="list-style-type: none"> • Develop an influenza prevention educational campaign targeted to internal audiences (e.g., NMCS D staff, primary care patients, etc.) Produce and distribute communications materials (brochures, posters) and/or a flu prevention kit. (e.g. information on hand washing, hygiene, covering up coughs, self-diagnosis, when to seek medical attention, etc.) Utilize available resources for distribution of information. • Test expansion of influenza prevention educational campaign to external audiences (i.e., general public). Develop and run advertisements with an offer of flu prevention information (or a free kit) from NMCS D. Requests for the information would be made online at the NMCS D web site. • Identify NMCS D subject matter experts on influenza pandemic. Provide media training, as needed. • Develop emergency/crisis intranet web site, with content to include emergency procedures, hospital/clinic operating status, etc. • Consult with state and local health departments on plans for coordinating or facilitating communication among healthcare facilities in the event of an influenza pandemic. • Determine the types of NMCS D-specific communications that might be needed (i.e., news releases, fact sheets, etc.). Develop templates for all materials. <p>Staff Education and Training</p> <ul style="list-style-type: none"> • Develop an ongoing plan for distribution of influenza prevention educational materials to hospital staff, military, dependents, patients and visitors. Reinforce good hygiene behaviors throughout NMCS D. Provide all necessary information. • Identify educational resources for clinicians (e.g., federally sponsored teleconferences, state and local health department programs, web-based training, CDC satellite broadcasts, etc.) Inform clinicians about these resources. • Add influenza prevention training to new employee orientation sessions. • Add continuing education training in PI. <p>Public Affairs Officer</p> <ul style="list-style-type: none"> • Identify clinical spokespersons. Provide media training, as needed. • Identify all key points of contact with external information sources (e.g., outside agencies, hospitals, etc.) • Determine how communications between local and regional healthcare facilities will be handled in the event of an influenza pandemic. Assign responsibility within NMCS D for communication with other healthcare facilities.
Pandemic Alert Period: Phase 4	<p>Preventive Medicine</p> <ul style="list-style-type: none"> • Notify all internal personnel of the change in pandemic status via email notice, staff intranet site, and voicemail broadcast messages as well as through interpersonal means (from managers/supervisors). Inform staff of the health systems preparedness should the phase escalate. • Finalize and distribute influenza pandemic educational materials for internal and external audiences. Emphasize hygiene, social distancing and emergency supplies needed. • Activate emergency/crisis intranet site; fill in all relevant content; maintain throughout crisis period. <p>Staff Education and Training</p> <ul style="list-style-type: none"> • Provide training to personnel on dealing with anxiety and stress as a result of emergency situations. • Provide separate training to mental health service providers (i.e., psychologists, psychiatrists, social workers, and nurses) to provide psychological support for staff and patients during an influenza pandemic. Topics may include: signs of distress, traumatic grief, stress management, coping skills, etc.

	<p>Public Affairs Officer</p> <ul style="list-style-type: none"> • Train hospital operators; customer service representatives, Public Affairs and Patient Relations phone staff, and any other points of entry for callers on how to handle an influx of calls. Topics include where to direct calls from patients families, the media, people looking for loved ones, along with other key messages. • Inform personnel and their families about protective measures being taken by NMCSD.
<p>Pandemic Alert Period: Phase 5</p>	<p>Preventive Medicine</p> <ul style="list-style-type: none"> • Notify all internal personnel of the change in pandemic status via email notice, staff intranet site, voicemail broadcast messages and through interpersonal means (from managers/supervisors). Provide information about and foster the health systems preparedness should the phase escalate. <p>Public Affairs Officer</p> <ul style="list-style-type: none"> • Ensure availability of NMCSD subject matter experts to respond to media inquiries. Notify all media spokespersons to be on alert. Respond to all media inquiries; maintain communications 24/7.
<p>Pandemic Period: Phase 6</p>	<p>Preventive Medicine</p> <ul style="list-style-type: none"> • Notify all internal personnel of the pandemic status through all functional automated systems (all hands email, pager text messages, pagers, Intranet site, etc.) <p>Public Affairs Officer</p> <ul style="list-style-type: none"> • Notify all media spokespersons to be on alert. Respond to all media inquiries; maintain communications 24/7. • Gather information about events; verify facts. • Establish location for media briefings and press conferences.
<p>Post Pandemic Period: Phase 7</p>	<p>Preventive Medicine</p> <ul style="list-style-type: none"> • Conduct an internal Lessons Learned session with all health system personnel involved in pandemic communications. Determine what processes, if any, in the Communication and Education Plan should be changed. Modify planning document. • Provide information on internal pandemic outcomes to staff, media, general public and public health officials • Develop and add messages and content to intranet emergency site regarding dealing with grief and post-traumatic stress. Provide links to appropriate internal and external resources. <p>Staff Education and Training</p> <ul style="list-style-type: none"> • Offer training sessions for staff in critical stress management.

Appendix A-11
Security Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Security) Department Head, Security
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> Develop / review existing policies and procedures regarding facility access.
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> Develop restricted access hospital plan. Develop a Facilities Access plan.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> Prepare procedure to expedite issuing or updating access control for reassigned staff. Review policy and procedure for facility access control and update if needed.
Pandemic Alert Period: Phase 5	<ul style="list-style-type: none"> Mobilize available non-security staff to assist in securing and watching entrances Upgrade or downgrade level of facility access, as directed by Incident Commander. Review policy and procedure for facility access control and update if needed.
Pandemic Period: Phase 6	<ul style="list-style-type: none"> Access to the hospital will be strictly controlled at the same point in which the influenza clinic and ward are set up. All personnel desiring access to the hospital will be screened at the pharmacy parking lot to determine their status as a visitor, patient, staff or support personnel. Four entry areas will be established, entry (a) (quarterdeck) for visitors and entry (b) (staff parking lot entrance) for staff and support personnel. Patients will be categorized as either flu clinic or other. All flu clinic patients will enter through entrance (c) (emergency room entrance) and all other patients through entrance (d) (pharmacy entrance). Screening will be conducted by trained personnel who will provide visitors and patients with proper instructions and or provide PPE's, staff should by then have their designated entry area. All other entrances will be secured from outside entrance during the duration. Doors will be allowed to exit the building to maintain fire safety.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> Return to normal level of facility access, as directed by Incident Commander Evaluate access control activities and update P&P and implementation procedure, if needed.

Appendix A-12
Facilities Management Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Critical Infrastructure and Utilities) Department Head, Information Management (TELECOM), Facilities Management
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> • The Pandemic Influenza Planning Committee (PIPC), Information Management, and Telecommunications services develop department specific policies and procedures regarding critical utilities and systems.
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> • Review critical utility emergency plans and update, if needed.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> • Review critical utility emergency plans and update, if needed. • Prepare plans to provide critical utilities to potential surge locations.
Pandemic Alert Period: Phase 5	<ul style="list-style-type: none"> • Alert Staff. • Verify all staff has been fit tested for PPE. • Ensure emergency supplies/material inventory is at 100%.
Pandemic Period: Phase 6	<ul style="list-style-type: none"> • Assign staff specific duties per critical functions list as developed by individual department plans. • Complete tasks as assigned by the EOC.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> • Return to normal operations. • Develop and implement plan to catch up on any deferred maintenance or repairs. • Ensure infrastructure is back to normal operations.

Appendix A-13
Materials Management Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Supply Chain / Materiel Management) Department Head, Materials Management
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> Purchasing and Distribution – Coordinate with Prime Vendor and other vendors for critical supply inventory replenishment. Increase par stock levels in hospital if necessary.
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> Purchasing and Distribution – Update critical supply inventories with Prime Vendor.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> Purchasing and Distribution – Continue monitoring supplies with Prime Vendor.
Pandemic Alert Period: Phase 5	<ul style="list-style-type: none"> Purchasing and Distribution – Continue to monitor supply levels with Prime Vendor. If outbreak occurs in North San Diego County and/or Southern Orange County or an increase in illness is being found among employees, Material Manager may implement telecommuting. Notify prime vendor to deliver critical supplies held in reserve.
Pandemic Period: Phase 6	<ul style="list-style-type: none"> Purchasing, Distribution, Stores and Transportation – may implement telecommuting; and re-arrange assignments based on availability of staff and mission critical needs of the organization. Monitor critical supply levels at Prime Vendor.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> Purchasing Manager may recall telecommuting employees. Monitor critical supplies with Prime Vendor.

Appendix A-14
Food/ Nutrition Services Pandemic Influenza Trigger Table

WHO Pandemic Phase	Activity (Food and Nutrition Services) Department Head, Combined Food Operations
Interpandemic Period: Phases 1 and 2	<ul style="list-style-type: none"> • Develop / review existing policies and procedures regarding meal preparation, deliver and clinical support. • Coordinate with primary, secondary, and back up vendor for critical supplies. • Review and update phone tree and emergency numbers. • Review disaster plan with staff. • Emphasize meticulous handwashing and following departmental Infection Control policies and procedures.
Pandemic Alert Period: Phase 3	<ul style="list-style-type: none"> • Update and finalize policies and procedures for food and clinical support. • Continue communications with Prime Vendors for support. • Review critical elements of the pandemic plan with the staff. • Emphasize meticulous handwashing and departmental Infection Control policies and procedures are in place. • Develop an implementation procedure to comply with the policies and procedures for food and clinical support. • Develop methods necessary for carrying out functions and utilizing resources. • Coordinate with the Pandemic Influenza Planning Committee (PIPC) to define pandemic specific levels of contingency. • Identify additional dependencies for support.
Pandemic Alert Period: Phase 4	<ul style="list-style-type: none"> • Review policies and procedures for food and clinical support and update if necessary. • Meet with other NMCS D departments directly related to Food and Nutrition Services functions.
Pandemic Alert Period: Phase 5	<ul style="list-style-type: none"> • Review policies and procedures for food and clinical support if needed. <p>If the NMCS D service area is the localized area, with larger clusters of cases implement the items below. If not, the items listed below are implemented in Phase 6.</p> <ul style="list-style-type: none"> • Meet with the key personnel in the (Food and Nutrition Services) Combined Food Operations office. • Coordinate activities in four strategic areas; patient care, galley services, hot/cold food production and availability of personnel. • Notify all managers and supervising staff via the email, pager, telephone and intranet systems. • Senior Departmental personnel shall implement the phone tree. • Coordinate activities for patient care and galley services, taking the following steps; <ul style="list-style-type: none"> ○ Take food and supply inventory ○ Meals-Ready-To-Eat (MRE's) may be used to supplement cafeteria meals, if there are personnel shortages. ○ Notify the Non Clinical Labor Pool for additional staffing needs. ○ Notify the primary, secondary and back up vendors. ○ Notify NMCS D dependency departments for support. ○ Upgrade or downgrade level of food and clinical support, as directed by the Incident Commander of Public Health Emergency Officer.
Pandemic Period: Phase 6	<ul style="list-style-type: none"> • Implement Policies and Procedures as directed by the Incident Commander. • Upgrade of downgrade level of food and clinical support, as directed by the Incident Commander of Public Health Emergency Officer.
Post Pandemic Period: Phase 7	<ul style="list-style-type: none"> • Return to normal level of operational procedures. • Evaluate food and clinical support services and update policies and procedures including implementation procedures, if needed.