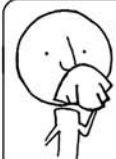


REGIONAL EMERGENCY MEDICAL SYSTEM




Stop the spread of germs that make you and others sick!



Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.




Put your used tissue in the waste basket.




You may be asked to put on a surgical mask to protect others.




Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds, or clean with alcohol-based hand cleaner.



SEASONAL INFLUENZA PLAN



PROPOSAL

For additional information or questions concerning this proposal contact:

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Graphic design, compliments of the City of Phoenix Fire Department

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Abstract

A subcommittee of the REMS was commissioned to develop a regional response plan for addressing prehospital needs associated with seasonal influenza (flu) illnesses. This document will serve as the template for discussion and further development of a plan capable of regional adoption. The plan focuses on three core functions: prevention, education, and response. Agencies should evaluate the components of each function and determine their ability to implement and accomplish plan objectives.

Prevention:

- ▶ Immunizations
- ▶ Hygiene/disinfectant supplies
- ▶ Personal Protective Equipment (gloves; masks)
- ▶ Wellness programs
- ▶ Laundry care
- ▶ Social Distancing

Education:

- ▶ Message delivery
- ▶ Statistical information
- ▶ Best practices
- ▶ Transmission routes, signs/symptoms
- ▶ Surveillance updates
- ▶ Risk profiles/treatment strategies
- ▶ Uniform care
- ▶ Disinfectant strategies

Response:

- ▶ Surveillance
- ▶ Modified response
- ▶ Seasonal leave policy
- ▶ Skeleton staffing

Proposed Seasonal Flu Plan

Mission statement

Ensure the safety and well being of fire department members against seasonal influenza illnesses through prevention and educational strategies, and minimize impact to essential services by implementing a modified deployment model during periods of increased service requests. Planning for seasonal flu will assure that in the event of a pandemic, fire departments will be better prepared and will have taken steps to promote a healthy work force.

Prevention Strategies

Agencies should review the following components and evaluate their potential for reducing organizational impact resulting from seasonal flu outbreaks.

Immunizations

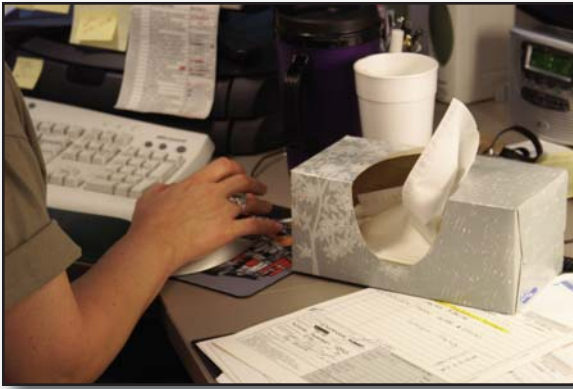
Agencies should recognize the effectiveness and benefits of providing seasonal flu vaccines to employees. It is essential that adequate quantities of flu vaccine are ordered in advance (January – March) and accommodations made to inoculate employees. Options for procuring vaccine include pharmaceutical companies, healthcare organizations, insurance providers, or developing interagency agreements. Consideration should also be given as to whether an agency should include vaccinating family/household members of employees as a means of further reducing risk.

Two forms of influenza vaccine exist, traditional injectable forms, and a nasal-spray form. The injectable form or “flu-shot” is an inactivated vaccine (containing a killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and those with chronic medical conditions. The nasal-spray flu vaccine is made with a live, weakened flu virus (“LAIV”, live attenuated influenza vaccine) that does not cause the flu. LAIV is approved for use in healthy people 5 years to 49 years of age and who are not pregnant.



Hygiene/disinfectant supplies

Frequent hand washing is paramount in any flu prevention program. Maintaining adequate soap/sanitizer supplies and dispensers in the work place will help develop hand-washing behaviors.



Facial tissue is a key component that is often overlooked in the work place. It provides a mechanism for reducing/controlling droplet spread and disposal. The alternative is an employee who attempts to sneeze or cough into their hands or makes no attempts at containment and simply broadcasts droplets into their workspace.

Disinfecting agents must also be readily available to allow for surface decontamination.

Depending on the work environment, this may include simple over the counter disinfecting wipes, or more aggressive bleach solutions for the pre-hospital setting.

Consideration should also be given to products designed to remove or disinfect airborne contaminants. Efficacy of such products would have to be made as well as a cost-benefit evaluation.

Personal protective equipment (PPE)

Essential PPE such as disposal gloves, masks, goggles, and disposable garments must be in sufficient supply. Some respiratory PPE (N95) may require "fit testing" to ensure proper sizing, otherwise adequate respiratory protection may be lacking. Additionally, some forms of PPE should also be available in work areas outside a pre-hospital setting. Contract employees responsible for janitorial service should utilize disposal gloves and proper contamination avoidance procedures to reduce potential spread of infectious products (cleaning restrooms then moving to office spaces).



Laundry care

Equipment and cleaning supplies should be available for employees to disinfect contaminated uniforms or clothing. This should include access to washing machines, dryers, laundry detergents, and bleach products. In the event these materials are not available, steps should be taken to provide a method of storing or issuing fresh uniforms, and isolating clothing that has become contaminated.

Wellness

A program that encourages and provides instruction in nutrition, exercise, and healthy lifestyle behaviors should be made available to employees. Healthy employees are not as susceptible to illness as their less healthy counterparts

Social distancing

Social distancing is a strategy used to isolate employees from one another as a method of preventing or reducing the spread of illness. Where possible, personnel who can telecommute, or work at unaffected satellite locations should be encouraged to do so when evidence of flu-like symptoms is becoming prevalent at the work site. Such a program may require an “essential, non-essential position” evaluation to determine which personnel can participate in an alternate work policy.

Seasonal leave-use policies should be studied as a strategy for encouraging sick employees to stay home. Relaxing some standards may facilitate a sick employee’s full recovery before returning to work. Alternative leave use (utilizing vacation or other forms of leave in place of sick leave) may also keep “sick-leave misers” at home when they are afflicted with an infectious illness.

Educational Strategies

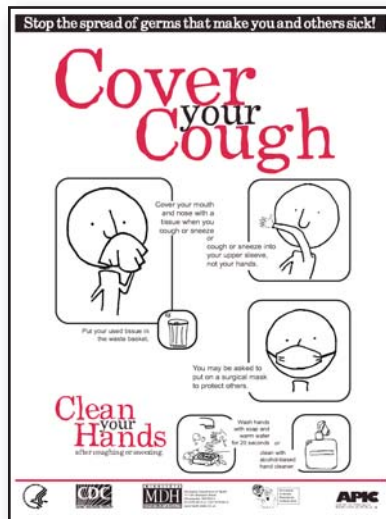
Agencies should seek various methods of providing consistent annual influenza education to its members as a means of focusing attention on the issue and encouraging use of prevention strategies. Caution should be made in utilizing the same message under the same format for fear of employees becoming “immune” to flu-related education.

Message delivery

Departments should deliver annual messages beginning in September and continuing well into the flu season (January). Educational messages should focus on prevention/treatment strategies along with how the flu plan will be implemented (immunization sites and times). A number of mechanisms can be used for disseminating



information to the workforce. These include traditional classroom training sessions; use of handouts, flyers, or informational pamphlets; electronic media such as e-mail, web sites, DVD, and cablecasts. Again, caution should be exercised against using the same message, same format each time.



Statistical information

Statistical information can be used to reinforce material presented to employees as well as provide a foundation for recommended actions to deal with season flu outbreaks.

Best practices

Research should be conducted to find “best practices” among the public and private sectors, and where possible implementing those strategies.

Transmission routes; Signs/symptoms

Employees need to be educated on the various mechanisms of infection and what the related signs and symptoms of the illness are. Literature is available from various web sites that provide sign and symptom differentials for influenza and the common cold (see Appendix).

Surveillance updates

Agencies should remain connected with organizations responsible for monitoring flu migration. Informational updates should be passed along to employees as a means of maintaining awareness and prompting preplanned actions (“trigger points”).

Risk profiles/treatment strategies

Employees should receive information describing risks associated within the work place as well as the home environment (risks associated with entering customers' homes versus care facilities; risks associated with schools or day care facilities), and what strategies should be employed to reduce those risks (mandatory use of PPE; avoid taking a child to a daycare center) Departments should clearly define sick leave policies and determine how they will address employees who report to work sick. Finally it may be beneficial for employees to know the efficacy of alternative treatment regimens (i.e., homeopathic/herbal remedies).

Uniform care

Employees should be made aware of the risks for wearing contaminated clothing following an encounter with an infectious individual. Recommended strategies may include the use of disposable garments or having access to laundry equipment.

Disinfectant strategies

Employees should be educated on the proper techniques for disinfecting themselves, surfaces, equipment, and clothing. Instruction will identify items of potential concern (contamination) and the appropriate product to be used for disinfecting.



Response Strategies

Agencies should develop strategies for meeting increased demands placed on current deployment models during seasonal influenza outbreaks. Additionally, departments should make provisions for conducting operations with a staffing curtailment resulting from seasonal illness.

These objectives are included in this plan, however it is likely that they will not be fully implemented for the coming flu season. They are deemed important if only as benchmarks to work toward. These areas require collaboration between many entities within the fire departments including EMS, alarm rooms, labor, IT and senior management.

It is imperative that we begin to identify triggers and trends that may affect future flu planning response within the current flu season, therefore, response strategies should receive appropriate support from as many departments as are able to dedicate resource.

Surveillance

Agencies with the capacity to monitor influenza trends (State/County Health Departments) can supply departments with data for the purpose of coordinating a regional response. Regional dispatch centers (Phoenix, Mesa) are positioned to monitor acute trends in call volumes and implement pre-designed response models to meet those demands.

Modified response

A modified response plan, based upon surveillance data, will be implemented when predefined “trigger points” or threshold values are reached. The plan would be scalable in design and allow for focal implementation to address increased activity in specific areas of the valley. The plan will consist of three phases, each of which will have the goal of mitigating stress to the system through individual or combined actions. Acute increases in service demands combined with activity levels at area hospitals will help define threshold values.



Phase One: Flu has been reported, and regional dispatch centers have noted a sustained elevation in activity levels that meet criteria for Phase One implementation. Units in the affected areas will be advised to take immediate steps to expedite their return to service, and all non-essential, out-of-service activity will be cancelled and units returned back to service. Regional dispatch centers in concert with hospital liaisons will closely monitor service request volumes and trends to assess the need for implementing additional phases of a seasonal response plan.

Phase Two: Widespread flu is evidenced by increasing pre-hospital service requests and hospital patient volumes, or Phase One actions have been insufficient to meet increased activity levels. Regional dispatch centers will reassign adaptive response units to critical areas to meet increased service demands. Units will expedite their return to service and all non-essential activity will be cancelled.

Phase Three: Phase Two actions are insufficient and additional support is required to meet service demands. The modified response plan is implemented (“Medical Surge Deployment”)

- ▶ Low priority requests receive minimal response (Two person unit)
- ▶ Staffing is modified to extend paramedic coverage and increase available units in the system.
 - ▶ One paramedic on each unit with complete ALS gear?
 - ▶ Two person BLS units?
- ▶ Departments will evaluate the need to immediately staff reserve units with call-back personnel

Alternative treatment sites

As flu outbreak continues, hospitals and health care facilities will implement their surge capacity plans. As hospitals and health care facilities reach their maximum capacity, preplanned, alternative care sites should be established with cooperation from the local and state health departments.

Seasonal leave policy

As a flu outbreak begins to have its effect upon a department, provisions in a seasonal leave policy should be implemented to minimize potential spread of the illness. Members who are ill are encouraged to remain at home versus reporting to work. Less restrictive sick leave policies will allow employees greater flexibility in using sick leave, as would the ability to use other forms of leave, such as vacation or compensatory leave.

Skeleton staffing

Departments should make provisions for reduced staffing, both administrative and operations, to accommodate a substantial number of workers affected by illness. Skeleton staffing may require the reassignment of several members to maintain response and support capabilities (ALS, supervisory, special ops, etc).

Appendix

Flu terms defined:

Influenza (commonly called the “Flu”) is a contagious respiratory illness caused by influenza viruses.

Seasonal (or common) Flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

Avian (for bird) Flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Pandemic Flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

Influenza differential

Symptoms	Flu	Cold
Onset	Sudden	Gradual
Fever	>100°F lasting 3-4 days	Less common, low grade
Cough	Dry, can be severe	Hacking, congested
Headache	Common	Rare
Muscle aches	Usual, often severe	Slight
Fatigue, weakness	Can last 2-3 weeks	Very mild
Exhaustion	Early, prominent	Rare or never
Chest discomfort	Common	Mild to moderate
Stuffy nose	Sometimes	Common
Sneezing	Sometimes	Usual
Sore throat	Sometimes	Common

Influenza literature

Influenza literature/posters can be found at the following links:

Pandemicflu.gov

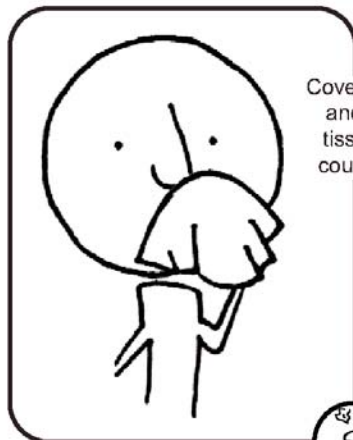
Who.int

Cdc.gov

Azdhs.gov

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or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



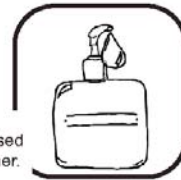
You may be asked to put on a surgical mask to protect others.

Clean
your
Hands
after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-6414 or 1-877-676-6414
www.health.state.mn.us



Minnesota
Antimicrobial
Resistance
Collaborative



APIC #100-420 WISCONSIN
1000 W. WISCONSIN ST. SUITE 100
MILWAUKEE, WI 53233-1000

Available on-line at:

http://www.cdc.gov/flu/protect/pdf/covercough_hcp8-5x11.pdf

TOP

3 reasons to get your **flu vaccine**

1 Prevents influenza-related death.

Each year over 36,000 people in the U.S. die because of the flu—most are 65 or older. More people die from flu than from any other vaccine-preventable disease.

2 Prevents severe illness.

In the U.S. influenza puts about 200,000 people in the hospital each year. Children younger than 2 years old are as likely to be hospitalized as adults who are 65 or older.

3 Protects other people.

You should get vaccinated if you live with or care for others who are at high risk of complications from the flu. Getting a flu vaccination yourself can help protect your family members, including seniors and young children.



Department of Health and Human Services
Centers for Disease Control and Prevention



For more information, ask your healthcare provider or call **800-CDC-INFO (800-232-4636)** Website www.cdc.gov/flu

Available on-line at:
<http://www.cdc.gov/flu/professionals/flugallery/flyers.htm>



Is It a Cold or the Flu?

Symptoms	Cold	Flu
Fever	Rare	Usual; high (100°F to 102°F; occasionally higher, especially in young children); lasts 3 to 4 days
Headache	Rare	Common
General Aches, Pains	Slight	Usual; often severe
Fatigue, Weakness	Sometimes	Usual; can last up to 2 to 3 weeks
Extreme Exhaustion	Never	Usual; at the beginning of the illness
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common; can become severe
Treatment	Antihistamines Decongestant Nonsteroidal anti-inflammatory medicines	Antiviral medicines—see your doctor
Prevention	Wash your hands often Avoid close contact with anyone with a cold	Annual vaccination; antiviral medicines—see your doctor
Complications	Sinus congestion Middle ear infection Asthma	Bronchitis, pneumonia; can be life threatening

U.S. Department of Health and Human Services
National Institutes of Health
National Institute of Allergy and Infectious Diseases

September 2005
www.niaid.nih.gov

Available on-line:
<http://www.niaid.nih.gov/publications/cold/sick.pdf>