

SWINE FLU: IMPLICATIONS FOR HOME CARE AND HOSPICE

Presented By:
Barbara B. Citarella RN, MSN, CHCE, CHS-V
(Certified in Homeland Security)

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RBC LIMITED

Healthcare & Management Consultants
Staatsburg, NY 12580
(845) 889-8128
rbc@netstep.net
www.rbclimited.com

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WHO Pandemic Alert Level 5

- Human to human spread in at least 2 WHO countries and is a declaration and/or a strong signal that a pandemic is imminent

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Federal Level of Response

- Still at 0
- Scale 0-6
- Should be at federal level five defined as confirmed overseas outbreak large and small clusters

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QUARANTINE

- Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.

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ISOLATION

- Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness.

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What are we seeing here in US

- School closings
- Impact on staffing
- Impact on patient care
- Run on supplies


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Need to be Prudent

- Not to panic
- Exercise common sense
- Pay attention to the information from variety of sources
- Look at our pandemic flu plans

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NATIONAL STRATEGY FOR PANDEMIC FLU

Three Components:

- Preparedness & Communication
- Surveillance & Detection
- Response & Containment

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RESPONSE & CONTAINMENT

- Containing geographic areas
- Limiting local movement
- Providing security to health care workers
- Protecting necessary goods and supplies
- Safety of food supply

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PLAN TO HANDLE THE PANDEMIC

- Use of antiviral medications
- Dependent on syndromic surveillance and restriction of movement
- Currently not enough medication for everyone

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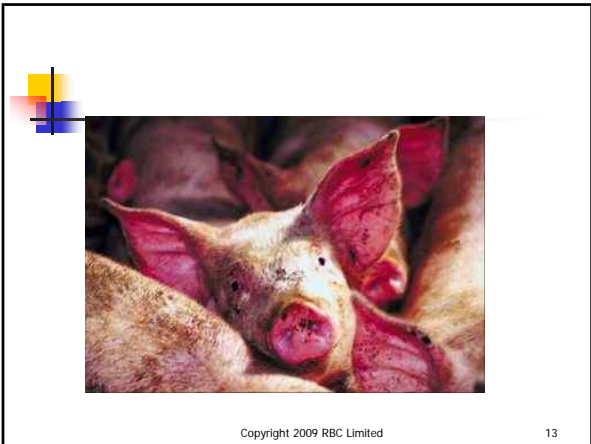


Restricting Travel

- It is not "too late the close the barn door."

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H1N1 Outbreak

- Not from pigs
- Not from eating pork
- New virus

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HOW?

- ANT1GENIC DRIFT
- ANTIGENIC SHIFT
- REASSORTMENT

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Current Statistics

- 10 states
Mass, Michigan, Arizona, Nevada,
Indiana, Ohio, Texas, Calif, New York,
Kansas
- 9 countries Canada, US, Mexico, New
Zealand, UK, Israel, Spain, Austria,
Germany

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Numbers

- 91 cases in the United States
- One death

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World Numbers

- 148 cases
- Germany, New Zealand 3
- UK 5
- Spain 4
- Canada 13
- Israel 2
- Remainder Mexico

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What is it?

- New virus
- No immunity
- Most recent swine flu H1N1
- Can be direct from pigs endemic in pigs

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Symptoms

- Fever greater than 100 degrees
- Aches
- Headache
- Nausea
- vomiting

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 **How Does It Spread**

- Currently person to person such as sneezing and coughing
- Touching items with the virus and then touching their nose, eyes and/or mouth

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 **Incubation Period**

- Maybe 7 days
- Can change as virus evolves and we get more information

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Antivirals

- Amantadine (Symmetrel)
- Rimantadine (Flumadine)
- Tamiflu
- Relenza



What to do NOW!



Look at Pandemic Plan

- Staffing
- Prioritizing patients
- Protecting patients
- Education
- Protecting staff



- Reviewing your plan
- More than just a policy.
- Human resource issues
- education



INFECTION CONTROL PLAN

- Surveillance/Recognition
- Identification/Reporting
- Response/Prevention of
Transmission & Spread
- Evaluation



BASIC EPIDEMIOLOGY

CHAIN OF INFECTION

1. Pathogen (Infectious Agent)
2. Reservoir
3. Portal of Exit
4. Mode of Transmission
5. Portal of Entry
6. Susceptible Host



HANDWASHING

1st line of Defense against any infectious organisms (germs)

- Before and after patient care or contact
- Before handling any equipment or supplies
- Before meal preparation;
- Before and after applying gloves

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HANDWASHING

- Soap (liquid)& paper towels (PPE Personal Protective Equipment)
- Waterless Hand Cleanser Solutions
Follow specific manufacturer's instructions for use

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INFECTION CONTROL PLAN

Standard Precautions apply to blood, all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes

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STANDARD PRECAUTIONS

The use of gloves, gowns and other personal protective equipment to prevent any exposure to blood or other potentially infectious body fluids. Standard precautions apply to blood: all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes.

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STANDARD PRECAUTIONS

Transmission-Based Precautions

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

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INFECTION CONTROL PRECAUTIONS

CONTACT PRECAUTIONS: The use of gloves when coming in contact with epidemiologically important microorganisms. Gowns may be used in addition to the gloves if excessive soiling is anticipated.

Contact Precautions are designed to reduce the transmission of microorganisms by direct or indirect contact.

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INFECTION CONTROL PRECAUTIONS

DROPLET PRECAUTIONS: The use of a surgical mask (with or without shield) when the transmission of microorganisms involves contact of the conjunctivae or the mucous membranes of the nose or mouth.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents.

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INFECTION CONTROL PRECAUTIONS

AIRBORNE PRECAUTIONS: Use of an N-95 respirator mask to prevent the inhalation of airborne droplet nuclei (of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent.

Special air handling and ventilation are required to prevent airborne transmission.

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SYNDROMIC SURVEILLANCE

Syndromic surveillance systems monitor disease trends by grouping cases into syndromes rather than specific diagnoses.

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SURVEILLANCE/RECOGNITION

- Increase awareness among first responders
 - *** includes home care personnel
- Can potential issues be rapidly identified?
 - unusual infections
 - clustering in time/space of infections
- Education of staff at all levels is essential

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SURVEILLANCE/RECOGNITION

Syndrome Clustering: Ill persons with similar group of symptoms (syndrome)

1. occurring near the same time
2. in a similar proximity at about same time
3. large numbers of people ill

Ex: Sudden onset of unexplained flu-like illnesses, with respiratory symptoms, in otherwise healthy persons

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IMPACT ON HOME CARE

Areas of Change in Home Care Practice

1. Protection: Family / Staff / Patients
2. Proactive/Emergency Preparedness
3. Clinician Assessment Skills
4. Comprehensive Infection Control Plan
 - Surveillance
 - Identification/Reporting

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IMPACT ON HOME CARE

- Communication
- Need a business recovery plan
- Clear line of leadership
- Contract and policy review
- Mental health needs

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IMPACT ON HOME CARE

- Surveillance and Monitoring of Healthcare Workers
- Education and training program development
- An occupational health plan
- Vaccine/ antiviral use plan
- Surge capacity

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PPE

- Masks
- Gowns
- gloves

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USE OF PPE

Guidance on Proper Application of PPE & Barriers for Protection

- Proper fit
- Integrity of barrier
- Disposable vs. reusable barriers/PPE
- Potential for cross-contamination
- Implications of over & under-utilization of barriers/PPE

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AVIAN FLU

Surveillance & Monitoring of Healthcare Workers

- Healthcare workers who become ill should seek medical care and, prior to arrival, notify their health-care provider that they may have been exposed to avian influenza. In addition, employees should notify supervisor/DPS
- Health-care workers who become ill should be advised to stay home until 24 hours after resolution of fever, unless an alternative diagnosis is established or diagnostic tests are negative for influenza A virus.

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Swine FLU

Surveillance and Monitoring of Healthcare Workers

- Instruct health-care workers to be vigilant for the development of fever, respiratory symptoms, for 1 week after last exposure to influenza-infected patients.

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SURGE CAPACITY

Maximum Capacity/Capability to Provide Care & Services with Available Resources

- Human
- Medical
- Physical
- Financial

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SURGE CAPACITY: KEY FACTORS

- Patient Census
- Patient Classification
- Staffing/Human Resources

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SURGE CAPACITY

- Responsibility to current patients & staff
- Admissions
 - Know Your Agency's "Surge Capacity"
 - Assess Current Staffing Day 1 thru Day 5
- Patient Assessment/Reassessment
 - Current Caseload - HV or TC ??

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PATIENT PRIORITY CLASSIFICATION SYSTEM

Assessed on an ongoing basis, designated by diagnosis, care and /or treatment plan, support systems in place, special equipment needs and safety needs.

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PATIENT PRIORITY CLASSIFICATION SYSTEM

Factors in determining Patient Prioritization:

- Patient Needs
- Patient Supports/Agency Staff Resources
- Local Emergency Management/ Red Cross Recommendations

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PATIENT PRIORITY CLASSIFICATION SYSTEM

PATIENT NEEDS

- Medical – diagnosis/condition related, both treatment and educational
- Functional – ADL's, adaptive/assistive
- Equipment – O2, infusion, pulmonary/ventilation
- Psycho-Social – geographic location, housing, social isolation

Remember: PATIENT SUPPORT SYSTEMS

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PATIENT PRIORITY CLASSIFICATION SYSTEM

- LEVEL 1:** (*HV within 24 hrs*) Clinically Complex; Require 4 or more HV's/wk; Minimal Supports
- LEVEL 2:** (*HV within 48 -72 hrs*) Clinically Unstable/Active Rehab; Require 2-3 HV's/wk; Supports available
- LEVEL 3:** (*HV can be deferred for ↑ 72 hrs*) Clinically Stable; Support/Health Maintenance needs; Require 1 or less Skilled HV/wk; 3 or less HHA HV's/wk

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HUMAN RESOURCES/ STAFFING

- FULL TIME STAFF (#)
- PART-TIME STAFF → Other Healthcare (HC) Employment (#) /HOSPITAL
- MAX. AVAILABILITY

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STAFF MEMBER QUESTIONNAIRE

AVAILABILITY IN RESPONSE TO AN EMERGENT EVENT

1. Do you work for any other health or emergency care entities? (Hospital, Home Care Agencies, Nursing Home, EMT/Ambulance, Fire Dept, Police Dept., etc.)
2. During an Emergent Event (any emergency or disaster situation) would you be available to work **your regular schedule** for our Agency?

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STAFF MEMBER QUESTIONNAIRE

3. During an Emergent Event (any emergency or disaster situation) would you be available to work ANY additional time for our Agency?

4. If YES: Additional Hours: _____ **8-10hrs/day**
_____ **10-14hrs/day**
_____ **↑ 14 hrs/day**

Additional Days: **How Many?**
(Circle response) **1 2 3 4 5 6**

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SURGE CAPACITY

SERVICE CAPABILITIES/SURGE CAPACITY (Approximate)

Average Daily Census (cases serviced)

Average number of Admissions/day

Admissions/wk

Maximum Admission Capability/day **
Admissions/wk

** Max. Cap. to admit:

Level 1 pts ___ Level 2 pts ___ Level 3 pts ___

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Patient Care in the Home

- Frequent handwashing
- Use of disposable gloves
- Use of masks by patient/ contacts
- No sharing of personal items – silverware, etc.
- Follow precautions for 10 days after symptoms abate

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"Chance favors the prepared mind"

- Louis Pasteur
1822-1895



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- Check our website for our next webcasts on the Swine Flu

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