



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

October 7, 2009

Dear Chief Executive Officer:

Due to the continuing challenges of the 2009 H1N1 influenza pandemic this fall and winter, the New York State Department of Health (NYSDOH) has developed guidelines to assist hospitals planning and response to H1N1 pandemic.

The planning assumptions are that H1N1 influenza will have similarities to what was observed in the spring of 2009; specifically mild illness with young adults, pediatric case rates higher than those of the elderly, and more activity in Emergency Departments (ED)s than inpatient admissions. To potentially reduce ED overcrowding in hospitals from people with influenza like illness (ILI) and the worried well, hospitals may take proactive measures to alleviate overcrowding. For example, establishing an additional site on the hospital campus for persons with influenza like illness. Although the requisite medical screening exam under the Emergency Medical Treatment and Labor Act (EMTALA) is necessary, creating an area for ILI patients may reduce general overcrowding in the main ED. Additionally, those non ill who present with worries about the flu can be directed to an informational station to have questions answered.

The attached matrix, developed cooperatively with the hospital associations, details the levels of planning and response for individual hospitals based on surrounding community flu activity levels. The matrix attached describes the 'trigger' levels that should be used to determine when the facility should scale up to meet either emergency department surge, inpatient surge or both. As in any emergency, it is important to utilize your own resources before reaching out for regional or State assistance.

In order to monitor regional flu activity it is also important to ensure that staff are logging on to the Health Provider Network (HPN) and following DOH surveillance reports that will inform readers of active flu cases in the community. In addition, the HPN will be updated routinely with the most recent NYSDOH and related state and federal agency guidance documents. Assistance to hospitals with HPN enrollment and training may be found at <http://nyvbcc.webex.com/meet/cti>

The Department, working with the industry and its associations, will be hosting topic specific calls to update providers on the seasonal and H1N1 flu activities. The call information will be broadcast to you via the HPN with dates and times within the next week.

Thank you for your attention to this matter. Should you have any questions, please contact Mary Ellen Hennessy at 518-402-1004.

Sincerely,

A handwritten signature in black ink that reads "Richard M. Cook". The signature is written in a cursive style with a prominent underline under the word "Cook".

Richard M. Cook
Deputy Commissioner
Office of Health Systems Management

**NEW YORK STATE DEPARTMENT OF HEALTH
GUIDELINES FOR HOSPITAL IMPLEMENTATION OF PANDEMIC SURGE RESPONSE**

Level 1 Influenza Cases Present in the World at Pandemic Levels but are not at High Levels in the State	General
	1. Establish, or activate an existing emergency preparedness committee that is comprised of key staff who are capable of developing policy and protocols to react to the effects of a pandemic influenza in the community. The staff should include the directors of medicine, infectious disease, pharmacy, nursing, emergency department, social work, hospital vendor contract coordinator, security and emergency preparedness.
	2. Develop and/or review the following plans and systems: emergency management plan; incident command system, including defining specific roles and preparing job action sheets; plans for preparing for and responding to surge of emergency department, patients and inpatients; and plans for continuity of operations of facility
	3. Undertake staff training and drills with respect to the plans and systems
	4. Develop and /or implement procedures for monitoring current local disease tracking in order to institute the facility's influenza pandemic surge plan. This activity should be undertaken in coordination with the organization's local and/or state health departments.
	5. Identify proper authorities to which pandemic associated agents should be reported including contact numbers to be used during both business hours and non-business hours.
	6. Ensure that all appropriate health care workers are aware of the responsibility to follow prevailing reporting requirements as set forth by the State and local authorities.
	7. Develop and/or review a directory of contact information for key agencies that might be needed during an emergency
	8. Develop memoranda of understanding with appropriate partners to provide support or assistance during emergencies e.g., to accept transfers of patients, etc.
	9. Develop and review inventory of staff skills.
	Communications with Staff
	1. Develop mechanisms for the prompt dissemination of information to key staff regarding changes in information pertinent to the pandemic. As part of this mechanism, consider development of protocols for reaching both full-time and voluntary members of the medical staff.
	2. Develop basic information about the organization's incident command system, emergency management plan, emergency operations center, security measures, and specific alerts that can be included in communications to staff during elevated surge levels.
	3. Reinforce security measures and basic incident command systems, as appropriate
	Monitoring and Evaluating External Information Sources
	1. Ensure that all appropriate personnel are familiar with and secure logon rights (as required) for resources available for informing providers about the current situational status regarding the pandemic, and recommended actions (e.g., the NYSDOH Health Provider Network, the NYSDOH Health Emergency Response Data System or HERDS, and the NYC DOHMH Health Alert Network).
	2. Identify individuals who should receive alerts and other advisories via facsimile, e-mail or other means from public health authorities, associations, and law enforcement and emergency management agencies and ensure that those individuals are on appropriate communications lists.
	3. Assign staff to monitor facsimiles, e-mail, or other communications regarding alerts in the event that the alert level is raised to ensure prompt receipt and review of such transmissions.

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Level 1 Influenza Cases Present in the World at Pandemic Levels but are not at High Levels in the State	4. Review organization's key staff contacts in the Communications Directory of NYSDOH's Health Provider Network. Add new contacts and update information as needed.
	<i>Staff Availability and Needs</i>
	1. Develop and /or review plans for reviewing staff availability depending upon the surge level
	2. Determine which hospital staff may have the appropriate skills to assist in responding to a surge of emergency department, critical care, pediatric and /or other patients due to the pandemic and begin emergency privileging, as appropriate.
	<i>Equipment, Supplies and Services</i>
	1. Inventory appropriate personal protective equipment (PPE) and other critical supplies
	2. Maintain appropriate fit testing for all staff who will utilize PPE.
	3. Identify space and other requirements for alternate care site for undertaking screening and treatment when emergency department is overburdened.
	4. Identify products such as mobile units, tents, non-traditional patient space to accommodate surge of patients
	5. Review procedures for emergency procurement of supplies.
	6. Review agreements with vendors and ensure they will provide priority deliveries.
	7. Arrange for contracted laboratory to provide specimen testing (to enhance facility's in-house capabilities in the event of a large volume of specimens).
8. Review the facility's capacity for morgue services. Make plans for additional capacity in coordination with local medical examiner's office.	

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Level 2 Pandemic Influenza is Present in the State but in Small Amounts or Non-Existent in Immediate Geographic Area and Day to Day Hospital Operations are Unchanged	General
	1. Review emergency management plan with key staff and consider reinforcing key principles with entire staff as part of announcement of impending pandemic. Review departmental emergency management plans with all shifts
	2. Review basic incident command system principles. Ensure staff understands organization's incident command system
	3. Request staff to review their roles in incident command system.
	4. Review command center protocols.
	5. Review facility's plans for responding to prolonged biological events.
	6. Prepare signage for directing non-emergency patients with influenza-like illness (ILI) away from emergency department and to other locations on the hospital campus for flu information or non-emergency care
	7. Prepare educational information for "worried well".
	8. Review steps for activating emergency management plan. Reinforce process with key staff, including individuals who work evenings, nights, and weekends.
	9. Review memoranda of understanding with appropriate partners to provide support and assistance, as necessary.
	10. Identify services and activities that might be curtailed during activation of organization's emergency management plan, as circumstances may require.
	11. Reinforce need to refer inquiries from the media to a specific individual or department.
	12. Review plans for operationalizing alternate care site to which patients presenting with ILI can be directed to alleviate burden on the emergency department.
	Communications with Staff
	1. Communicate with staff regarding response level, current surveillance levels, and organization's response
	Monitoring and Evaluating External Information Sources
	1. Closely monitor current events and local, state, and federal advisories.
	Staff Availability and Needs
	1. Plan alternative work schedules of operational and staff personnel should the situation escalate.
	2. Review and plan for staffing for alternate emergency department site.
Equipment, Supplies and Services	
1. Ensure availability of PPE and other critical supplies.	

**NEW YORK STATE DEPARTMENT OF HEALTH
GUIDELINES FOR HOSPITAL IMPLEMENTATION OF PANDEMIC SURGE RESPONSE**

Level 3 Pandemic is Present in the Immediate Community, is Causing Increased Emergency Department Volume and/or Increasing Admissions	General
	1. Activate appropriate portions of emergency management plan, as required
	2. Review facility's plans for responding to pandemic flu.
	3. Closely monitor emergency department volume and inpatient admissions to determine need to open alternate care sites to alleviate burden on emergency department or other patient care areas
	4. Commensurate with hospital impact and circumstances, consider opening alternate care sites to alleviate burden on emergency departments and/or to address patient care needs in other areas of the hospital
	5. Review need to post signs before patients reach emergency department directing non-emergency patients to other locations on the hospital campus for flu information or non-emergent care.
	6. Review memoranda of understanding with appropriate partners that may be able to provide support or assistance, as necessary.
	7. Evaluate elective/non-emergent admissions and procedures and determine need to cancel those types of admissions and procedures.
	8. Identify services and activities that might be curtailed during activation of organization's emergency management plan, as circumstances may require.
	9. Review all public events occurring within the institution and consider whether to cancel based on specific situation
	10. Reinforce need to refer inquiries from the media to appropriate individual or department
	11. Have staff available to respond to information requests from governmental authorities including entering requested data in HERDS, accessing the NYSDOH Health Provider Network, and responding to other county and local data needs.
	Communications
	1. Communicate with staff regarding pandemic response level and organization's response, including level of activation, if any, of its emergency management plan and its emergency operations center
	2. Communicate with staff regarding current status of response, current standard of care, and what information to report. Consider including materials provided by health or emergency management authorities or institutional guidelines that reinforce symptoms, treatment, worker protection, and reporting.
	Staff Availability and Needs
	1. Consider need to request key staff to cancel travel and/or vacation plans
	2. Place key staff on stand-by status, as appropriate.
	3. Review work schedules of key personnel to determine whether there will be a need for individuals to cover different or additional positions in response to the pandemic.
	4. Review measures to recall staff if necessary and/or provide information depending on the alert level and circumstances. Reinforce this process in communications with staff regarding each alert level.
	Monitoring and Evaluating External Information Sources
	1. Appropriate staff should regularly monitor resources available for informing providers regarding alerts and emergencies (e.g., NYS Health Provider Network, NYS Hospital Emergency Response Data System or HERDS, and NYC DOHMH Health Alert Network).
	2. Request designated staff to monitor facsimiles, e-mails, and other expected means of communications regarding alerts to ensure prompt receipt and review of such transmissions.
	Equipment, Supplies and Services
	1. Review inventories and availability of key equipment (ventilators, IV pumps and poles, suction machines, and beds).
	2. Review specific supplies and equipment that may be needed during the pandemic

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<p>Level 4 Pandemic is Overwhelming the Facility and the Emergency Department is Compromised or Admissions are so Great, No Beds are Readily Available</p>	General
	1. Activate emergency management plan, incident command system, and emergency operation center and inform staff of their activation.
	2. Assign pre-privileged staff to assist in addressing the surge of patients, as required
	3. Evaluate acuity levels of patients in the event that the transfer or discharge of patients becomes necessary.
	4. As appropriate, cancel elective/non-emergent admissions and procedures and consider need to discharge patients, if bed availability is low.
	5. Initiate procedures to modify or discontinue non-essential services, as appropriate
	6. Open alternate care site(s) for screening and treatment in order to alleviate burden on emergency department and other patient care areas, as may be required.
	Communications with Staff
	1. Regularly communicate to staff the organization's activities, reinforcing basic incident command principles and other relevant information.
	Monitoring and Evaluating External Information Sources
	1. Continue to have staff monitor applicable resources available for informing providers regarding the status of the emergency.
	Staff Availability and Needs
	1. Activate plan for recalling staff and/or providing information to staff regarding reporting to work.
	2. Cancel staff travel and vacation plans.
	3. Activate plans for addressing staff needs and concerns during periods that the organization's emergency management plan is activated including staff concerns about families, rest cycles, food service, child care, and stress relief or debriefing
Equipment, Supplies, and Services	
1. Monitor supplies of PPE and other critical supplies and supplement based on need	