STATE OF NEW YORK
DEPARTMENT OF HEALTH

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

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

October 26, 2004

Dear Chief Executive Officer:

Over the next few months, many hospitals across the State will experience peak periods of occupancy and demand for emergency department services. This traditionally occurs at this time of year, and in particular during the influenza season -- which may be affected by the vaccine shortage. During this period hospitals must be proactive to ensure they are prepared to accommodate all situations. It is imperative that facilities take steps to:

- Implement Department guidance specific to emergency department overcrowding and diversion,
- Participate fully in the statewide HERDS (Health Emergency Response Data System), and
- Adhere to CDC (Centers for Disease Control) and Department guidelines pertaining to vaccine supplies, influenza vaccination recommendations and infection control strategies to reduce the risk of contracting influenza. (See NYSDOH Influenza Advisory dated October 12, 2004 on the Health Alert Network)

Emergency Department Overcrowding/Preparedness

The enclosed guidance document highlights the Department's expectations in regard to facility practices during peak periods of demand. Facilities must assure that the admission of emergency patients takes precedence over truly elective admissions and that policies governing surgical scheduling practices distinguishes between elective surgical care that can be safely postponed and those surgical cases that are urgent in nature. In conjunction with an effective admissions policy that prioritizes admissions, steps should be taken to enable all medical and surgical beds, including specialty beds, to be used for admissions from the emergency room at times of peak demand.

In instances of continued overcrowding or increased demand for emergency services, hospitals should be aware that the Department, as in the past, is prepared to grant emergency approval to increase bed capacities where facilities can demonstrate the availability of adequate space and staff to meet patient needs. In addition, in conjunction with the implementation of scheduling/admission guidelines, hospitals are authorized, upon notification to the Department's regional office, to exceed their certified bed capacity on a temporary basis to respond to periods of peak patient demand.

Health Emergency Response Data System (HERDS)
Due to the potential for overcrowded emergency departments and increased admissions during the respiratory infection season the Department will activate HERDS to determine emergency department activity and bed availability in hospitals. In addition, due to concerns over influenza vaccine shortages, data related to inpatient admissions for lab confirmed influenza and inventory of antiviral medications will also be collected on HERDS. Compliance for submission of data will be monitored by the Departments' Regional Office and onsite surveys will be conducted for non-reporters. The Department will be issuing frequent correspondence over the course of the season to update hospitals on when specific HERDS activities will commence. This information will also be posted on the Health Provider Network (HPN).

In order to comply with the Departments request for information, hospitals are asked to implement the following recommendations:

- Ensure the number of HPN users authorized to access HERDS is adequate to cover 24hours, 7days per week, 365 days per year as data may be requested on weekends and all shifts.

- Ensure the HPN coordinators in the facility have reviewed the information for HERDS access roles (and all contact persons) for accuracy in the HPN Communications Directory.

- Ensure all HPN users check their accounts to confirm and maintain active status.

- Participate in HERDS activations when requested and submit data in the time frame outlined in the HERDS directives.

Standard Respiratory Precautions for Healthcare Facilities
Hospitals are asked to implement the following recommendations for standard respiratory precautions (also referred to by the Centers for Disease Control and Preventions as "respiratory hygiene/cough etiquette") within the emergency department:

- Post signs prior to entering the emergency department to direct patients with respiratory symptoms to a specific area for triage.

- Provide surgical masks to all patients with symptoms of respiratory illness. Provide instructions on the proper use and disposal of masks.

- For patients who cannot wear a surgical mask, provide tissues and instructions on when to use them (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling this material.

- Provide hand hygiene materials in waiting room areas, and encourage patients with respiratory symptoms to perform hand hygiene.

- Designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least 3 feet) from other patients who do not have respiratory symptoms.

- Place patients with respiratory symptoms in a private room or cubicle as soon as possible for further evaluation.

- Implement use of surgical masks by healthcare personnel during the evaluation of patients with respiratory symptoms.

- Consider the installation of plexiglass barriers at the point of triage or registration to protect healthcare personnel from contact with respiratory droplets.

- If no barriers are present, instruct registration and triage staff to remain at least 3 feet from unmasked patients and to consider wearing surgical masks during respiratory infection season.

- Continue to use droplet precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond standard precautions.

Posters regarding this subject are available for hospitals on the influenza site on the New York State Department of Health website at *www.health.state.ny.us*

Sincerely,

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner of Health

Enclosure

GUIDANCE DOCUMENT FOR HOSPITALS
Overcrowding / Emergency Preparedness
Hospital Obligations & Responsibilities

Hospitals must meet the needs of the communities they serve on an ongoing basis. It is the responsibility of the hospital's Governing Body and Senior Management personnel to review the following guidelines and to implement, as appropriate.

- Emergency preparedness and readiness is not an episodic response, but is an ongoing commitment to maintaining a hospital's capacity and capabilities to respond to emergencies. Emergency Departments need to remain open and fully operational to ensure that each hospital is able to maintain the capacity to respond, not only to episodic events, but to long term or seasonal periods of overcrowding.

- Maintaining admitted patients within the emergency department is not acceptable. Hospital administration must be proactive in identifying and utilizing inpatient beds for admissions from the emergency department. All hospital beds and inpatient areas should be identified and considered in determining bed assignments. During peak periods of overcrowding, as a temporary emergency measure, the use of beds in solariums and hallways near nursing stations should be utilized consistent with a facility –wide plan to alleviate hospital overcrowding.

- Ambulance diversion is an emergency response to overcrowding that is to be used sparingly and only upon the direction of the hospital's key administrative staff. Hospital administration is responsible to document and monitor all diversion practices and decisions. As hospitals proceed with emergency preparedness planning, all trauma centers, hospitals, counties, and Regional Emergency Medical Advisory Committees, are advised to meet and collectively establish and/or assess the effectiveness of countywide or system wide diversion policies and practices.

- Hospitals are expected to have in place effective monitoring protocols to track and identify length of stay patterns and deviations, both for inpatients and for patients in the emergency department. Priority attention should be given to initiating inpatient and emergency department discharge planning activities to ensure the prompt and safe discharge of patients. Efforts to coordinate with community resources, nursing homes and other patient support services should be in place and functioning at all times.

- Ambulances and EMS personnel should not be detained in the emergency department and should be placed promptly back into service. To ensure that patient care needs are met by hospital staff, ambulance patients must be transferred promptly to emergency department staff.

- Hospitals should evaluate staffing levels on a hospital-wide basis. Cross training and coordination among programs and services is necessary to ensure adequate staffing levels during peak periods of need.

- Hospitals must assume responsibility for the quality and appropriateness of all patient care services. Regardless of location within the facility, staffing, services, privacy, infection control and confidentiality protections must be consistently in place.
- Hospitals must make available to ED staff the ancillary services which permit the prompt disposition of patient care needs. The 24-hour availability of transport services is necessary to meet patient needs and to allow for the timely transfer of admitted patients