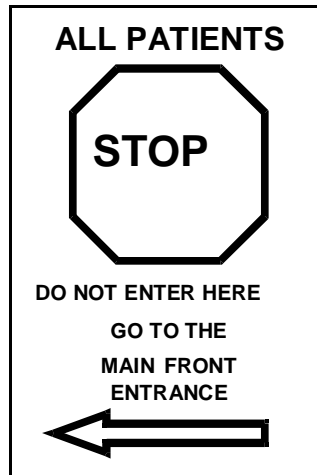


Facility Access, Triage and Admission Plan

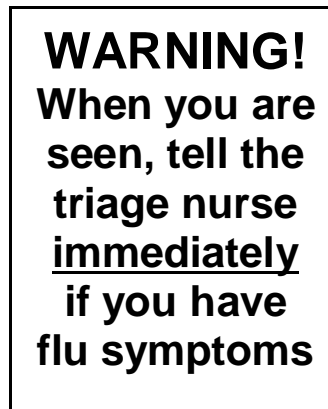
Maine Pre-pandemic Period

Develop this Facility Access, Triage and Admission Plan.

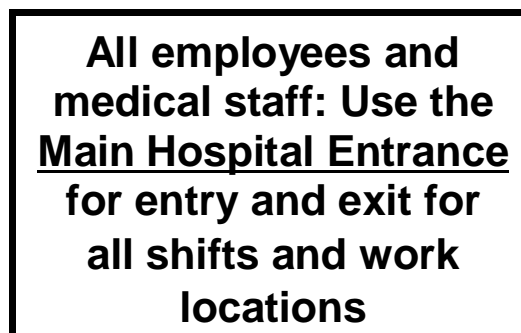
- q Develop Training Program for involved Personnel (Nursing, Security, etc.).
- q Develop and produce signs to direct everyone, including patients and employees, to the Main Front Entrance during Pandemic Influenza by Community Relations. Store signs in Security Office.



- q Develop and produce sign instructing all patients to let the Triage Nurse know if they have Influenza-like Illness.



- q Develop and produce signs directing all employees to use Main Hospital Entrance. Store in Security office.



- q Develop a method of telephone triage for patients through the Flu Hotline to prioritize those who require medical intervention.
- q Exercise plan as needed.
- q Review and refine plan as needed.
- q Establish availability of seventy beds, extra stretchers, pillows, blankets, linens, I/V poles, etc.

Maine Level I

(Alert Period)

- q Increase surveillance at triage (see Surveillance Plan).
- q Monitor National and Maine CDC as well as international news media. Check the Health Alert Network (HAN).

Maine Levels II and III

(Evidence of pandemic flu outside the United States)

- q Alert network healthcare workers of status of plan (LEVEL II) via e-mail and bulletin board.
- q Assemble the Pandemic Influenza Response Team within 48 hours.
- q Review and update **Facility Access, Triage, and Admission Plan**.
- q Director of Human Resources to update accurate list of all FCHN employees and home phone numbers.
- q Director of Security to identify, notify, and train extra security personnel.
- q Implement hospital surveillance for pandemic influenza on incoming and already admitted patients (see Surveillance Plan).
- q Implement a system for early detection and treatment of healthcare personnel as per Surveillance and Occupational Health Plans.
- q Have available a quantity of “Quarantine / Home Care” information packets (see Communications Plan).
- q Have available door signs that will re-direct patients to Main Hospital Entrance Triage area (see Communications Plan).
- q Have available door signs for employees (see Communications Plan).
- q Post signs for respiratory hygiene / cough etiquette in all facility public areas and rest rooms and key community settings per HCC.
- q Evaluate potential room availability throughout FCHN.

Maine Levels II & III

(Evidence of pandemic flu in the United States)

- q Director of HR to contact volunteers to ready them for service.

- q Develop mutual aid agreements with other hospitals, local home health agencies, and other healthcare groups to obtain adequate staffing during pandemic period.
- q Place extra supplies of tissues and no-touch waste receptacles in waiting areas.
- q Maintain high suspicion of patients presenting with influenza-like symptoms.
- q Evaluate daily census and discharge plans.
- q Review/confirm room availability throughout FCHN.

Maine Levels II & III

(Evidence of pandemic flu in local area)

- q See steps outlined in Maine Level IV.

Maine Level IV

(Increased and sustained transmission in the general population)

General

- q Activate Pandemic Influenza Plan, part of the Emergency Operations Plan of FMH.
- q Pandemic Influenza Response Team to establish Incident Command and open the Hospital Command Center.
- q Contact the Maine State CDC and Franklin Emergency Management Agency.
- q Based on input from Department Head, consider canceling or closing non-critical departments (see Appendix C.). Criteria for closure:
 - Staffing
 - Patient exposure to infection
- q Have Maintenance deliver extra stretchers, oxygen H-tanks to the Day Surgery waiting room on the second floor.

Access Control (as per incident command system)

- q Lock-down and post security at the entrance to the emergency department.
- q Put up sign directing all patients to the Main Hospital Entrance (front lobby).
- q Open the front Outpatient Department and ready it to receive influenza patients.
- q Assign a medical provider and adequate nursing personnel to Outpatient Department.
- q Assign security to limit access to the Main Hospital Entrance.
- q Put up sign at the Main Hospital Entrance with instructions for patients to immediately tell the triage nurse if they have flu symptoms. Get these signs from Security, where they have been stored.
- q Put up signs at all for employees to use the Main Hospital Entrance or the Side Employee Entrance.
- q Coordinate with Communications Team to notify employees via email and intranet to use the Main Hospital Entrance or the Side Employee Entrance to enter and leave building.
- q Have Occupational Health / designee personnel screen and record employees at the Side Employee Entrance and at the Medical Library, and (1) send employee home if influenza symptoms present, unless they need further medical attention, or (2) allow to continue to workplace. The Side Employee Entrance will be set up in the hallway

to cover both the employee entrance and the loading dock entrance to also screen vendors and delivery personnel. These will be given a “Visitor” sticker.

- q Distribute visual identifiers (eg: ribbons) for employees who are okay to work, after they have been screened. Employees at outlying buildings within a ten-mile radius must come to FMH for screening and to get an identifier before reporting to their buildings (see Occupational Health Plan).

Triage Guidelines

- q Assign a triage nurse/designee to this front Main Entrance Site.
- q Allow one patient at a time to enter and undergo rapid triage by a nurse.
- q Patients with an influenza-like illness (ILI) will be segregated to the main lobby waiting area.
- q These patients will be seen in the Outpatient Department and evaluated, admitted or sent home with “Self-Care / Home Care” instructions.
- q Non-ILI patients will be directed to the ER waiting room.
- q These patients will be triaged, evaluated, and treated in the ER as usual.
- q BACK-UP PLAN - If Outpatient Services are overwhelmed with influenza patients, the Bass Room will be converted to Flu Outpatient area where triage and initial treatment can be done.
- q Non-ILI patients will be treated per usual in the ER, with overflow going to the Oncology Department.
- q All employees, staff and volunteers will report to Medical Library or the Side Employee Entrance. All will be evaluated; temperatures and symptoms will be recorded. (See Occupational Health Plan) (see Appendix D).

Hospital Admissions

- q Defer elective admissions and procedures until local epidemic wanes, as needed.
- q Discharge appropriate in-house patients as soon as possible.
- q Relocate existing patients to a common area, (see *Surge Capacity Plan*).
- q Cohort patients admitted with influenza to a single wing or area, if possible (see *Surge Capacity Plan*).
- q Isolate all patients admitted with Droplet Precautions per Isolation Precaution standards (see Appendix E).
- q Utilize the second floor day surgery waiting room for surge capacity for an extra 6 patients when all regular rooms are full (see *Surge Capacity Plan*)
- q Screen all visitors through Main Front Entrance triage area for influenza, sending home any with positive findings unless they need further medical evaluation. Visitors will need to wear “visitor identifier” while in the hospital.
- q Limit visitors to only 1 per patient and only those who are essential for patient support.
- q Consider temporarily closing the hospital to new admissions after considering:
 - Surge capability
 - Staffing ratios
 - Isolation capacity
 - Risks to non-influenza patients

Maine Level V (Post-Pandemic)

(Evidence of influenza activity returned to pre-pandemic level)

- q Close Main Hospital Entrance triage area – return Triage to Emergency Department.
- q Lift restrictions on visitors.
- q Close the employee screening process.
- q Close temporary patient surge areas, disinfect and store stretchers.
- q Open clinics and departments, as soon as reasonable.
- q Reduce the number of extra and overtime positions of healthcare workers as soon as reasonable.
- q Contact the Maine CDC to coordinate post-pandemic activities such as surveillance, data collection and reporting, need for supplies, support personnel and other support.
- q Gather members of the Pandemic Influenza Response Team to review and update plan.
- q Maintain surveillance of all patients seen in ED, outpatient clinics, and outside offices.
- q Anticipate a secondary resurgence of pandemic influenza even weeks or months after first wave.