

# Medications Plan

*Note: This plan does not follow the same format as other components of the FCHN plan. It is organized by types of influenza medication, rather than by pandemic levels.*

## **1. Pandemic Influenza Vaccine**

### **Pre-pandemic Period**

- q Periodically review and revise Influenza Medications Plan as appropriate.
- q Monitor Maine CDC recommendations on development, distribution, and use of vaccine.
- q Coordinate with Maine State and local health departments for plans for distribution and priority use of vaccine
- q Develop and update local priority list of vaccine distribution (see Appendix F).
- q If available, obtain and stockpile vaccine according to Federal and State guidelines.
- q Have an estimate of the numbers of vaccine needed for our established priorities.
- q Develop a plan to prioritize vaccination use in the organization. Include plan for re-vaccination 1 month later to assure effectiveness.
- q Plan secure storage area for vaccine vials.
- q Work with the Maine State CDC to develop plans for distribution and administering vaccine to local communities after priority groups vaccinated.
  - Plan to ramp-up list of personnel who can vaccinate. Coordinate with local public health nursing.
  - Develop an educational plan on vaccination training and adverse effects monitoring and treatment (following guidelines from CDC or Maine State CDC).
  - Develop a package for vaccination areas including: handouts (Quarantine / Self-Care information), adverse reactions, syringes, needles, alcohol swabs, needle boxes, epinephrine, Benadryl.
  - Check on legal exemptions and liability protection for healthcare workers and organization.
  - Communication plan for timelines and places of distribution of vaccine, per Maine State CDC.
  - Develop plan for security at sites and accountability of supplies.
  - Monitor distribution and use of vaccine.
  - Monitor and investigate adverse events. Report to State as per their guidelines.

**Throughout Pandemic Period** (*Before vaccine becomes available*)

- q Meet with Pandemic Influenza Response Team.
- q Review and update vaccine plan using HHS and Maine State CDC recommendations.
- q Notify the medical community about status of plan and expected availability of vaccines.
- q Communicate to the local community information on the production, prioritization and distribution of vaccine.
- q Conduct training for personnel involved in distributing and administering vaccines.

**Throughout Pandemic Period** (*After vaccine becomes available*)

Working with Maine CDC and utilizing vaccination plan:

- q Increase security of vaccine, including transportation, storage, distribution, etc., similar to narcotic control.
- q Vaccinate persons in priority groups (See Appendix F).
- q Provide second dose, if required, at recommended interval.
- q Monitor vaccine supply, distribution and use.
- q Monitor and investigate adverse effects. Relay to Maine State CDC.
- q When enough vaccine available, phase in vaccination of population as per Maine State CDC recommendations.

**Post-Pandemic Period**

- q Assemble Pandemic Influenza Response Team to review and critique vaccination process.
- q Evaluate all response activities including vaccine tracking and delivery, adverse effects, and effectiveness of communications.
- q Continue to vaccinate population following Maine State CDC guidelines.

**2. Anti-Viral Medication**

**Pre-pandemic Period**

- q Establish list of priority groups to receive antiviral medication, including patients, per Maine CDC guidelines.
- q Estimate the number of doses needed for addressing
  - Predetermined priority groups
  - General Public
- q Identify sources of antiviral drugs
- q In accordance with State plan, procure and create local stockpile

**3. Seasonal Influenza Vaccine**

- q Increase the use of seasonal influenza vaccine to vulnerable persons.

- q See current recommendations from Maine State CDC.
- q See Standing Orders (see Appendix H).
- q See Consent Form (see Appendix I).

#### **4. Pneumonia Vaccine**

- q Increase the use of pneumococcal polysaccharide vaccine to persons vulnerable to a secondary bacterial infection. Including:
  - q Persons aged  $\geq 65$  years
  - q Immunocompromised persons  $\leq 2$  years who are at increased risk for illness and death associated with pneumococcal disease because of chronic illness
  - q Persons aged  $\geq 2$  years with functional or anatomic asplenia
  - q Persons  $\geq 2$  years living in environments in which the risk of disease is high
  - q Immunocompromised persons aged  $\geq 2$  years who are at high risk for infection

#### **5. Antibiotics**

##### **Prepandemic Phase**

- q Inventory stock of antibiotics for pneumonia complications (suggest maintain 3-mos. supply).

##### **Pandemic Period**

- q Closely monitor use and availability of antibiotics.
- q Increase stock as needed.

# Psychosocial Plan

*This plan has been developed to operate in conjunction with the Department of Health and Human Services “Behavioral Health Disaster Plan” to reflect the role of Evergreen as a DHHS contracted agency to provide Crisis Services in Franklin County.*

## **Maine Pre-pandemic (WHO Levels 1 & 2)**

- q Inform staff of intent to use NetNews as the vehicle through which to communicate pandemic flu news with FCHN employees.
- q Identify vulnerable populations, and develop preliminary plan to address their needs:
  - Children /Elderly
  - Minority populations
  - Persons with mental health and/or addiction issues
  - Persons with mental retardation and autism
- q Develop plans to support emergency and medical service providers (ED staff, police, fire, EMS, Physicians, Nursing and other direct care staff).
- q As local DHHS-contracted Crisis Program, Evergreen will identify community-based resources, local DHHS-funded Mental Health, Substance Abuse, organizations that can be accessed for assistance in addressing local psychosocial needs during event.
- q Identify availability, interest, and training needs of private/other providers of psychosocial services who may be available to contribute assistance or support to Evergreen.
- q Develop protocol for requesting and managing assistance from outside agencies.
- q Provide clarification and information regarding roles during Pandemic:
  - State Behavioral Health Disaster Coordinator,
    - Develops, implements and coordinates the DHHS behavioral health crisis response in a large-scale emergency, disaster or traumatic event.
    - Serves as DHHS point of contact and provides coordination for behavioral service providers.
    - Arranges for debriefing services for front-line behavioral health providers when requested.
  - Evergreen Medical Director
    - Serves as point of contact for and coordinates psychiatric consultation service response to FMH.
    - Provides consultation and supervision for EBS Crisis Program.
    - Collaborates with FMH to determine need for psychotropic medication stockpiling.
  - Evergreen COO
    - Serves as point of contact for FCHN leadership.
    - Provides leadership regarding EBS agency-wide response.
    - Develops protocol for and directs re-deployment of non-crisis program staff to assist in Agency response to Pandemic.
  - Evergreen Crisis Program Director,

- Provides communication link with the DHHS Behavioral Health Disaster Coordinator
- Manages and supervises day-to-day operations and activities of EBS Crisis Response Program to coordinate with local/regional emergency response activities.
- Assures that all staff has appropriate training to respond to event, as well as debriefing techniques when necessary.

### **Maine Level 1 (WHO Phase 3)**

*(Alert Period)*

- q Establish a provisional budget for response to Pandemic.
- q Create and/or revise contingency staffing plans for a minimum duration of 8 weeks.
- q Develop and maintain staffing alert roster to be activated as per FCHN Disaster plan.
- q Solidify linkages with local DHHS funded Mental Health, Substance Abuse, and in-home support agencies/organizations.
- q Encourage staff to develop alternate childcare arrangements in the event of school and daycare center closures.
- q Create phone list of local behavioral health resources, agencies and organizations.
- q Arrange training for EBS Crisis and other Behavioral Services Staff regarding disaster mental health, and debriefing techniques.
- q Develop protocol and training for Behavioral Health staff regarding screening and triaging of persons needing Emergency Mental Health Services.
- q Develop plan for outreach to vulnerable populations, and distribution of educational material and information regarding access to needed Emergency Mental Health or other services.
- q Develop process for coordinating efforts with in-home behavioral/mental health services, home health organizations to provide follow-up and support for persons who have accessed Emergency Mental Health Services.
- q Distribute phone contact numbers for the Statewide Crisis Hotline, and the Non-Crisis Peer Support Warm line.
- q Identify areas that, safety permitting, could accept overflow psychiatric mental health client capacity if needed, such as the Evergreen Office at the Mt. Blue Health Center.
- q Identify needed supplies, goods, and or other resources necessary to provide services at alternate location.
- q Collaborate with FMH pharmacy to identify recommended psychotropic medications stocks, and estimate needed dosing. In particular to consider stocking Antipsychotics, Anxiolytics, Mood Stabilizers.
- q Develop plan to address situations in which inpatient psychiatric services are needed but not immediately available.
- q Identify any gaps in service delivery.

### **Maine Levels II & III (WHO Phases 4 & 5)**

*(Evidence of pandemic flu outside the United States)*

- q Triage/Intake to:

- Screen routine requests for mental health services, and direct to appropriate resource or service.
  - Monitor call volume and the focus of requests.
  - Maintain awareness of agency non-emergency resources/capacity.
- q Determine threshold for canceling routine scheduling of therapy and medication management clients, and move toward emergency response scheduling.
  - q Acquire/Create informational packet on psychosocial and/or medical self-care, and contact numbers for those individuals who will be returning home, away from the hospital.
  - q Develop plan for providing rest and recuperation sites/support for EBS direct service staff.
  - q EBS Leadership to meet and discuss:
    1. Key messages from DHHS, FCHN Communications Team.
    2. Issues and concerns from clients and callers.
    3. Volume of Emergency Mental Health contacts.
    4. Staffing issues, training needs, and agency response.

**Maine Levels II & III (WHO Phases 4 & 5)**

*(Evidence of pandemic flu in the United States)*

- q Review plan for staff reassignments
- q Determine need to activate contingency staffing plan when appropriate.
- q Alert Roster to be activated at the direction of COO or Designee.
- q Behavioral Health Manager to assure that rest and recuperation sites/supports are available to EBS staff.

**Maine Levels II & III (WHO Phases 4 & 5)**

*(Evidence of pandemic flu in local area)*

- q Immuno-compromised employees are deployed to telephone triage/support activities.
- q Determine availability and capacity of Crisis Stabilization Units for accepting clients. Review on a daily basis.
- q Determine if psychiatric facilities have the capacity to accept patients who meet criteria for admission. Review on a daily basis.
- q Establish communication with the State-operated mental Health Facilities, Riverview and Dorothea Dix, to determine their ability to address the needs of special at-risk clients.
- q Crisis Intervention and brief supportive counseling will be provided to victims, family members, as well as to FCHN employees and first responders.
- q Provide outreach and advocacy to survivors, family members, and the community at large.

**Maine Level IV (WHO Phase 6)**

*(Increased and sustained transmission in the general population)*

- q EBS Leadership to meet and or communicate daily.

- q Crisis Program Director to conduct daily check in with direct service staff to monitor for stress, exhaustion, need for rest/recuperation during emergency.
- q Track crisis-related activities performed by EBS Crisis Program and report to DHHS Behavioral Health Disaster Coordinator.
- q If necessary, contact the DHHS Behavioral Health Disaster Coordinator to request facilitation of reassigning staff from other local DHHS Programs to assist and supplement Crisis Response Services.

**Post-Pandemic Period (Maine Level V)**

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

- q Crisis Program to provide continued outreach, triage and stabilization services.
- q EBS leadership to Provide assistance in reintegration for EBS employees who were re-assigned or isolated from work.
- q Assist in coordinating/providing debriefing services as requested.

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