INFLUENZA PANDEMIC GUIDE FOR STEP-DOWN CARE INSTITUTIONS AND NURSING HOMES

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DD, Ops Control

Residential ILTC & Dialysis Centres Briefing on Flu Pandemic Preparedness
Scope

- Background
- Guide Structure
- End Remarks
Background

• SARS Experience
  - Vulnerabilities of ILTC Institutions & Nursing Homes (NH) identified
  - At risk population
  - SARS SOP
  - Modify the SARS SOP for Flu (pre-2006)

• Refining the SOP (>2006)
  - NHs who volunteered
  - NCSS homes – Workshop and SOP walk thru
  - Sparrowhawk 2006
  - Homes/Institutions advised to review SOP after exercises
Guide Structure

• General Instructions
• Overview of National Influenza Pandemic Response
• Preparing the Home/Institution
• Protocols
• Annexes
Overview of National Influenza Pandemic Plan

National Preparation and Readiness
Strategy

- Surveillance for early detection
- **Ring fence early cases**
- Rapid response to mitigate consequences of 1st wave
- **Vaccinate population as vaccine becomes available**

Newsweek 31Oct 2005 Issue
Influenza Pandemic Response

- Colour-coded Risk Management approach

- **Green** – Largely animal disease; occasionally infects humans (WHO Phase 1, 2, 3)
- **Yellow** - inefficient human-to-human transmission requiring close, sustained contact (WHO Phase 4)
- **Orange** – more efficient H to H transmission, but still limited in certain settings (WHO Phase 5)
- **Red** – pandemic; widespread infection (WHO Phase 6)
- **Black** - high mortality, morbidity (WHO Phase 6)

- Past pandemics have moved from Green to Red without transiting Yellow/Orange or just briefly
Pre-Pandemic Response

**Green/Yellow/Orange** – Containment, Prevent Spread

- Effective surveillance to detect the importation of cases with a novel influenza virus;

- Border control measures – (e.g. temp screening)

- Containment through isolation of cases and quarantine of contacts + Tamiflu.
Pandemic Response

Pandemic – Red/Black: Mitigate impact of 1st wave

Whole of Govt

• Maintain essential services – Tamiflu prophylaxis.
• Social distancing may have to be considered depending on severity. e.g. close schools, child care centres, ban public gatherings (e.g. cinemas, concerts)
• Strong public communications.
Pandemic – Red/Black: Mitigate impact of 1st wave

- Organize healthcare system to deliver care effectively
  
  - Outpatient management – Primary Care Framework
    - Provide as many treatment facilities as possible
    - Treat all with flu-like symptoms
    - Separate system for non-flu patients
    - Involve polyclinics and private primary care clinics
  
  - Inpatient management (all hospitals)
    - For severe cases only
    - Manage flu and non-flu cases

- Prepare system for mass vaccination- vaccinate when vaccines available
Threat of a Global Pandemic Continues to Loom!!

How do you stay open?
How do you continue to provide service and a safe environment for your staff, clients, residents?
Do you have a contingency plan?

Are you prepared?
Preparing the Home/Institution

Institutional Preparation and Readiness
General

- The Guide is a Generic document
- Modified from Lions’ Home for the Elders
- MUST be Customised by each Home/Institution
- Provides generic organisation, processes, procedures and protocols
- Must be disseminated to all staff
- Practiced regularly, exercised
- Preferably regularised as standard protocols for “usual” infectious diseases
- Reviewed and updated routinely
Command & Control

• Suggested Chain of Command

MOH

Home Mgt Committee

Visiting Doctors

Medical Dir

Executive Dir

Mgr (Clinical Admin)

Nursing Officer

Staff Nurse

Nursing Aides

Cleaning & Maintenance (Non-clinical)

Cleaning & Maintenance (Clinical)

Healthcare Assistants

Contract Clinical Staff /Therapists

Staff Dorm & Kitchen
Command & Control

• Use your existing chain of command
• Key Functional Areas
  - Decision making – mgt/leadership
  - Ward mgt
  - In-patient mgt
  - Case Mgt
  - Infection Control
  - Staff Dormitories
  - Cleaning & Maintenance
  - Kitchen mgt
  - Staff, resident, visitor safety
• Add on new functions as required
Infection Control

- Should be part of normal procedures
- Have the ability to scale up or down depending on MOH guidance (by DORSCON)
- Key Focus Areas:
  - Clear policy that is understood by staff
  - Communications and education plan to practice, ensure compliance and audit
  - Readiness exercises/test to reinforce knowledge
10 Protocols

1. Fever monitoring for staff returning from high risk countries
2. Workflow on fever monitoring of residents in Institution
3. Contact tracing and in-house phone surveillance
4. “Hot zone” ring-fencing
5. Fever monitoring for residents in Institution
6. Fever monitoring for staff in the Institution during Alert Yellow and above
7. Environmental cleansing and disinfection of the affected area
8. Fever monitoring for staff in each department in Alert Yellow and above
9. Fever monitoring for live-in staff in each dormitory in Alert Yellow and above
10. Intravenous fluid administration in the Institution
Annexes

- A: Ward Layout
- B: Sample Self Declaration Form A (contact tracing)
- C: Sample Self Declaration Form B (Travel)
- D: Contact Tracing Records
- E: Daily Fever Chart for Individual Depts Records
- F: Daily Fever Chart for Staff Dormitories
SAMPLE FLOOR CHART TO MONITOR FEBRILE RESIDENTS/PATIENTS (NEEDS TO BE CUSTOMISED FOR EACH HOME)

NAME OF HOME: ___________________________  DATE: ________________

LEVEL 1

<table>
<thead>
<tr>
<th>Level 1</th>
<th>1A</th>
<th>1B</th>
<th>2A</th>
<th>2B</th>
<th>3A</th>
<th>3B</th>
</tr>
</thead>
</table>

KEY LEGEND
RED DOT: Resident who has fever
Dear Visitors

In the light of recent outbreaks of Avian Flu in the countries reported and WHO warning of a pandemic, the (Name of Home) is committed to taking precautionary measures to safeguard the well being of its residents and staff.

We would therefore appreciate your kind co-operation to provide us with the following information should the need arise to expedite contact tracing.

Thank you.

Executive Director

________________________________________________________________________

Declared by ________________________ (Mr / Mdm) of NRIC No.__________

(Name)

of ______________________________________________________________________

(Address)

________________________________________________________________________

Phone No. ___________ (H/P) ___________ (O) ___________ (H) ___________ (Pg)

Visiting: (Resident’s Name / Name of Staff) _________________________________

of Level ______________.
(SAMPLE) SELF DECLARATION FORM B

Date: ________________
Time In: _______ Time Out: _________
Temperature Reading: ________________

Dear Visitors
In light of outbreaks of Avian Flu in countries reported, the (Name of Home) is committed to taking precautionary measures to safeguard the well being of its residents and staff.
We would therefore appreciate your kind co-operation to truthfully respond to the following questions. The Home would need to strongly advise you not to visit and come in contact with any of the residents in the Home if your answers to the questions were “Yes”.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you have high fever (&gt;38°C) or other symptoms such as cough, shortness of breath or difficulty in breathing?</td>
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<td>2.</td>
<td>Have you had any close contact with anyone who is affected with or suspected to be a potential Avian Flu patient recently?</td>
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<tr>
<td>3.</td>
<td>Have you had any close contact with live, sick or dead poultry recently?</td>
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<tr>
<td>4.</td>
<td>Have you traveled to Azerbaijan, Cambodia, China, Egypt, Indonesia, Iraq, Thailand, Turkey, Vietnam, Myanmar or any other Avian Flu in Human affected countries in the last 14 days?</td>
<td></td>
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<tr>
<td>5.</td>
<td>Have you been in contact with someone currently being issued a Home Quarantine Order over the past 10 days?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you.
Executive Director

Declared by ____________________________ (Mr / Mdm) of NRIC No. ____________
(Name)
of _________________________________________________________________
(Address)

Phone No. ___________ (H/P) ___________ (O) ___________ (H) ___________ (Pg)
Visiting: (Resident’s Name / Name of Staff) ______________________________________________________
of Level __________________.
## CONTENTS

*(For Contact Tracing record)*

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sheet 1 (Contents)</td>
</tr>
<tr>
<td>2</td>
<td>Sheet 2 (Level 1 - Visitors)</td>
</tr>
<tr>
<td>3</td>
<td>Sheet 3 (Level 2 - Visitors)</td>
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<tr>
<td>4</td>
<td>Sheet 4 (Level 3 - Visitors)</td>
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<tr>
<td>5</td>
<td>Sheet 5 (General)</td>
</tr>
<tr>
<td>6</td>
<td>Sheet 6 (Level 1 - Care Staff)</td>
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<td>7</td>
<td>Sheet 7 (Level 2 - Care Staff)</td>
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<td>8</td>
<td>Sheet 8 (Level 3 - Care Staff)</td>
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<td>9</td>
<td>Sheet 9 (Other Clinical Staff) - Manager, Clinical Administration, Clinical Educators, Social Welfare Staff, OT, PT &amp; Nursing Admin Staff</td>
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<td>10</td>
<td>Sheet 10 (Visitors - Lina Ma)</td>
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<td>11</td>
<td>Sheet 11 (Visitors - Social Welfare)</td>
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<td>12</td>
<td>Sheet 12 (Administration)</td>
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<td>13</td>
<td>Sheet 13 (Visitors - Administration)</td>
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<td>14</td>
<td>Sheet 14 (Maintenance)</td>
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<td>15</td>
<td>Sheet 15 (Kitchen)</td>
</tr>
</tbody>
</table>
## CONTACT TRACING RECORD

### Level 1 Visitors

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Date</th>
<th>Time</th>
<th>Name of Resident</th>
<th>Sex</th>
<th>Contact Name</th>
<th>Sex</th>
<th>NRIC No.</th>
<th>Address</th>
<th>Home Tel.</th>
<th>HP No.</th>
<th>Office No.</th>
<th>Contact Category</th>
<th>Contact Relationship</th>
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</tbody>
</table>

Legend: In MOH contact tracing, all details like NRIC No., Address, Home Tel., HP No., Office No., Contact Category and Contact Relationship are based on the Contact Name.
### Daily Fever Chart for Individual Department Record

#### CONTENTS

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Location</th>
<th>Fever Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sheet 1 (Contents)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sheet 2 (Level 1 - Nursing Department)</td>
<td></td>
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<tr>
<td>3</td>
<td>Sheet 3 (Level 2 - Nursing Department)</td>
<td></td>
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<tr>
<td>4</td>
<td>Sheet 4 (Level 3 - Nursing Department)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sheet 5 (Laundry Department)</td>
<td></td>
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<tr>
<td>6</td>
<td>Sheet 6 (Clinical Administration Department)</td>
<td></td>
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<tr>
<td>7</td>
<td>Sheet 7 (Clinical Education Department)</td>
<td></td>
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<tr>
<td>8</td>
<td>Sheet 8 (Social Welfare Department)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sheet 9 (PT Department)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Sheet 10 (Administration Department)</td>
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<tr>
<td>11</td>
<td>Sheet 11 (Corporate Communication Department)</td>
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<tr>
<td>12</td>
<td>Sheet 12 (Maintenance Department)</td>
<td></td>
</tr>
<tr>
<td>S/No.</td>
<td>Name</td>
<td>Fever Leader</td>
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<td>13</td>
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</tbody>
</table>
### Daily Fever Chart for Staff Dormitories

#### CONTENTS

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Location</th>
<th>Fever Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sheet 1 (Contents)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sheet 2 (Room 1 - Male)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sheet 3 (Room 2 - Male)</td>
<td></td>
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<tr>
<td>4</td>
<td>Sheet 4 (Room 3 - Female)</td>
<td></td>
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<tr>
<td>5</td>
<td>Sheet 5 (Room 4 - Female)</td>
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<tr>
<td>6</td>
<td>Sheet 6 (Room 5 - Female)</td>
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<td>7</td>
<td>Sheet 7 (Room 6 - Female)</td>
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<tr>
<td>8</td>
<td>Sheet 8 (Room 7 - Male)</td>
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<tr>
<td>9</td>
<td>Sheet 9 (Room 8 - Female)</td>
<td></td>
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<tr>
<td>10</td>
<td>Sheet 10 (Room 9 - Female)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Sheet 12 (Outside Dormitory - Male)</td>
<td></td>
</tr>
</tbody>
</table>
**EXAMPLE: LIONS HOME FOR THE ELDERS (TOA PAYOH)**

**Daily Fever Chart for Staff Dormitory**

**ROOM 2 (MALE)**

**LEVEL 2, 3 & 4 - NURSING STAFF & PT/OT AIDES**

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Name</th>
<th>Fever Leader</th>
<th>Fever Dot (Red Dot: Staff Who Has Fever)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NA Emmanuel Galang Batiao</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>JNA Modesto Jr Pasiliao Cruz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>HA Warnakulasooriya Emil Robinson Rodrigo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>HA Maung Thwin Htoo</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>HA Nyan Win Paing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>HA Aung Myo Pe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>HA Ranasinghe Arachchilage Prinyantha</td>
<td></td>
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<tr>
<td>8</td>
<td>HA Richard Maer Abordo</td>
<td></td>
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<td>9</td>
<td>NA Saw Sine Dall</td>
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<td>10</td>
<td>HA Than Htike</td>
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<td>11</td>
<td>HA Htet Wai Aung</td>
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<tr>
<td>12</td>
<td>JNA Maung Hsu Maung</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>HA Salai Win Zaw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>HA Jessie Detecio Jalalon</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
End Remarks

• ILTC Institutions and Nursing Homes have a role in providing care services to the community
• Services need to be continued in an influenza pandemic
• Need to build capacity and a business continuity plan
• The Guide MUST be CUSTOMISED for your institution/home
THANK YOU!