

IHS Pandemic Influenza Planning Checklist



1. Introduction

IHS National headquarters, area, local, and community planning for responding to pandemic influenza is critical. To assist you in your efforts, the Indian Health Service (IHS) has developed the following checklist, based on materials developed by the Department of Health and Human Services (*State and Local Pandemic Influenza Planning Checklist*), the Centers for Disease Control and Prevention (CDC), and the Public Health Agency for Canada (*Pandemic Influenza Planning Considerations in On-reserve First Nations Communities*). It identifies important, specific activities that can be completed now to prepare at the headquarters, area, local (service unit/health care facility), and community levels. This checklist can also be found as an appendix within the IHS Pandemic Influenza Operational Plan.

Although based on national recommendations, this checklist is not intended to set forth mandatory requirements, rather it provides guidance that, if followed, will ensure a standard level of preparedness. Each area, local and community jurisdiction should determine whether this standard level is adequate and sufficient for pandemic influenza or other disease outbreaks in accordance with community expectations, laws, and procedures.

2. Goal

This appendix outlines a checklist of key activities needed to plan an appropriate response to pandemic influenza at the headquarters, area, local (service unit/facility), and community level. Furthermore, this appendix delineates the respective roles and responsibilities of individuals of the various jurisdictions therein. Issues related to state, area, service unit, and community collaboration will be discussed in depth at each of the Pandemic Influenza State Summits (below).

3. Planning with your State, Area, Tribe, County

This document is not a substitute for adequately planning with your local state health department, area, tribe, local county. Pandemic Influenza Summits occurred in each state from December 2005-April 2006. Representatives from DHHS went to each of the states to participate in these summits. A major purpose of these conferences was to reach appropriate individuals (other than public health officials) who will be instrumental in pandemic influenza planning. The Federal government will offer preparation guidance, but there will need to be local support to foster satisfactory planning at the local level (e.g. in tribes, schools, businesses, and hospitals). Representatives from IHS area, service units, health care facilities, and tribal communities were present at these respective summits to ensure that AI/AN needs are being properly addressed.

Table 1. AI/AN Service Units/Local Health care facilities/Tribal Communities

Community Preparedness Leadership and Networking													
Completed (Date)	In Progress	Not Started	Key Action										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1.1 Establish a service unit/health care facility/tribal community Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction’s pandemic plan. Representatives should include persons from the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> government (tribal, federal, state, county or local)</td> <td><input type="checkbox"/> business</td> </tr> <tr> <td><input type="checkbox"/> public health, healthcare</td> <td><input type="checkbox"/> communications</td> </tr> <tr> <td><input type="checkbox"/> emergency response</td> <td><input type="checkbox"/> community-based organizations</td> </tr> <tr> <td><input type="checkbox"/> agriculture</td> <td><input type="checkbox"/> faith-based organizations</td> </tr> <tr> <td><input type="checkbox"/> education</td> <td><input type="checkbox"/> private citizens</td> </tr> </table>	<input type="checkbox"/> government (tribal, federal, state, county or local)	<input type="checkbox"/> business	<input type="checkbox"/> public health, healthcare	<input type="checkbox"/> communications	<input type="checkbox"/> emergency response	<input type="checkbox"/> community-based organizations	<input type="checkbox"/> agriculture	<input type="checkbox"/> faith-based organizations	<input type="checkbox"/> education	<input type="checkbox"/> private citizens
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<input type="checkbox"/> education	<input type="checkbox"/> private citizens												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1.2 Develop service unit/health care facility/tribal community pandemic influenza plan(s) in collaboration with the respective IHS Areas and the local/regional health authorities, specifically:</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>a) Identify area, state, tribal and local public health/medical authorities for the service unit/health care facility or tribal community; formalize agreements for ongoing services in health care and emergency response.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>b) Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the service unit/health care facility/tribal community plan. Assure that the plan includes timelines, deliverables, and performance measures.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>c) Formalize agreements with appropriate partners to clarify which preparedness and response activities will be performed at a state, area, aervice unit/health care facility, community, local or coordinated level, and indicate what role the state will have in providing guidance and assistance.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>d) Encourage partnership agreements among AI/AN tribes and neighboring local health jurisdictions to allow for mutual aid.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>e) Ensure integration of state, area, local, and tribal response plans .</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>f) Formalize agreements with neighboring municipalities to facilitate coordination of efforts and integration with local, IHS headquarters, area, , tribal, local and state systems in dealing with pandemic influenza.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>g) Develop protocol on when and how to institute a local emergency response team. This team must become familiar with the standard Incident Command System.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>h) Identify special needs populations in the communities based upon recommendations from DHHS/CDC determined at time of pandemic flu outbreak..</p>										

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Identify psychosocial support services for the community, including patients and their families, and those affected by community containment procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) Plan to ensure maintenance of essential services in the community including (among other things): <input type="checkbox"/> Food stores <input type="checkbox"/> Water supply centers <input type="checkbox"/> Delivery services <input type="checkbox"/> Gas stations <input type="checkbox"/> Power companies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k) Participate in simulation exercises with the respective neighboring municipalities for testing of pandemic influenza preparedness and response plan at the service unit/health care facility/tribal community level. Contact your Area CMO about how to set up a simulation exercise.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l) Test the communication operational plan and identify priority channels of communication (ie., general public communication, medical and emergency services, and other communication systems and networks).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m) Identify all legal authorities for case identification, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n) Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o) Identify the state and local law enforcement personnel who will maintain authority responsible for declaring a public health emergency at the state and local levels and for officially activating the pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p) Identify the state and local law enforcement personnel who will maintain public order and help implement control measures. Also identify alternative personnel should local law enforcement personnel be incapacitated.

Surveillance

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3 Review mechanism for local influenza case reporting to the state health departments, identify at least two local surveillance coordinators (primary and backup), and assure link of local surveillance activities with the state and area systems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4 Develop protocols to enhance surveillance activities for early detection of influenza-like illness (ILI) ¹ among patients and health care workers.

¹ <http://www.cdc.gov/flu/professionals/diagnosis/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.5 Assess area and/or local capacity to use influenza rapid diagnostic tests. Ensure that your healthcare facility has an adequate supply of influenza rapid diagnostic tests (supply to be determined by each facility individually); maintain and inventory this supply. Most of the tests that diagnose human Type A influenza viruses will also diagnose Type A avian influenza viruses. Please refer to HHS plan to see the specifics about what tests you may have at your healthcare facilities and ensure that your tests are effective in diagnosing Type A avian influenza viruses. ² In the event of a pandemic, monitor recommendations by your state health department and CDC for use of rapid tests. (Note: the rapid diagnostic tests will only inform you if influenza virus is present, not the subtype of the virus.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6 Coordinate protocols for testing with the state and establish means of transportation for respiratory specimens to state public health laboratories, when necessary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7 Obtain and track information daily during a pandemic (coordinating with epidemiologic and medical personnel) on the numbers and locations of newly quarantined persons, hospitals with pandemic influenza cases, school closures and openings. Use these reports to determine priorities among community outreach and education efforts.

Healthcare and Public Health Partners

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.8 Become familiar with and use the CDC's FluAid and FluSurge software. ³ The software enables a service unit/health care facility to calculate the needed surge capacity to adequately respond to a pandemic. Essential information provided for local planning includes: # of expected dead, # of expected ill, # of staffed hospital beds needed, # of ICU beds needed, # of ventilators needed, etc. These projections are based on a service unit/health care facility user population.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.9 Develop capacity for known and suspected patients and potentially exposed personnel for isolation/quarantine <i>within</i> health care facilities (i.e. designate certain rooms and/or segments of health care facilities as "isolation areas.")
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Develop capacity for known and suspected influenza patients and potentially exposed personnel for isolation/quarantine <i>outside</i> of health care facilities—i.e. designate alternate care sites (i.e. gymnasiums, schools, motels, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.10 Communicate and discuss with public health/medical authorities in neighboring jurisdictions the logistics of transferring severe pandemic influenza cases to hospitals and ensure equitable access for such cases (may require a Memorandum of Agreement).

² HHS Pandemic Influenza Plan, Part II, Supplement 2: <http://www.hhs.gov/pandemicflu/plan/sup2.html>

³ <http://www.hhs.gov/nvpo/pandemics/index.html>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.11 Assess the current means of patient transportation available for moving patients to other area/state health care facilities and examine their appropriateness during pandemic influenza (i.e. identify the gaps and develop strategies to address them).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.12 Develop contingency plans to deal with situations where there are severe shortages of health care workers and health care services as a result of pandemic influenza; e.g. consider CHRs providing home health visits, telephone triage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.13 Explore methods for backfilling vacant positions that may arise secondary to illness or deployment in healthcare facilities. Develop plans to utilize volunteer health care workers and lay persons in the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.14 Identify current mortuary services available. Plan for provision of extensive mortuary services (i.e. availability of mortuary services in neighboring communities, transport, temporary keeping, cultural sensitivities).

Infection Control and Clinical Guidelines

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.15 Work with state to ensure all frontline healthcare personnel (IHS and tribal) in your facility have access to the Health Alert Network.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.16 Implement infection control guidelines and public health measures at the time of the pandemic, in consultation with IHS area public health/medical officers, regional and/or tribal health authorities, and in accordance with the HHS Pandemic Influenza Plan. ⁴
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.17 Develop protocols to enhance triage and screening capacity in healthcare facilities and community health settings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.18 Train front line staff (e.g. nurses, physicians, pharmacists, lab personnel, radiology techs) in techniques to mitigate personal risk of infection and risk of transmitting infection (personal protective equipment (PPE), frequent hand washing, adherence to contact/droplet, respiratory precautions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.19 Train front line staff to properly diagnose and treat infected patients. Develop a system to monitor CDC internet sites for the latest clinical information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.20 Maintain ongoing stock and inventory of emergency supplies including (among other things): <ul style="list-style-type: none"> <input type="checkbox"/> PPE (masks, gowns, gloves) <input type="checkbox"/> Alcohol based hand sanitizer <input type="checkbox"/> Functional hand washing stations and antimicrobial soap <input type="checkbox"/> Plastic IV tubing <input type="checkbox"/> Saline <input type="checkbox"/> Needles and syringes <input type="checkbox"/> Ventilators and supplemental equipment

⁴ HHS Pandemic Influenza Plan, Part II, Supplement 4: <http://www.hhs.gov/pandemicflu/plan/sup4.html>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.21 Review procedures for the request, receipt, security, storage and distribution of assets received from the federal Strategic National Stockpile (SNS), state, or local stockpile. Work with neighboring county/state/tribal jurisdictions to facilitate timely and equitable distribution of needed assets in your area.
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Vaccine and Antiviral Distribution and Use

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22 In accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, ⁵ calculate (e.g using RPMS data) and regularly update annually estimates of the number of individuals (within your jurisdiction) in each priority group for vaccines and antivirals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.23 Develop and exercise a mass immunization plan, in collaboration with IHS area, state, county and/or other local public health/medical officers. Ensure the operational plan delineates procedures for the following: <ul style="list-style-type: none"> <input type="checkbox"/> Planning for storage/refrigeration, security, distribution and monitoring (vaccine safety and adverse drug reaction events) of antiviral medications/vaccine. <input type="checkbox"/> Addressing vaccine security issues, transport and storage issues, and biohazardous waste issues (medical waste). <input type="checkbox"/> Addressing the needs of pre-defined priority groups, vulnerable and hard-to-reach patients. <input type="checkbox"/> Informing citizens in advance of vaccination locations and procedures. <input type="checkbox"/> Determining persons providing vaccination and medical oversight. <input type="checkbox"/> Development of a contingency plan for authorization emergency use of new drugs. <input type="checkbox"/> Exercise the plan for vaccination and antiviral distribution and use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.24 Coordinate with area, state and local public health authorities re: procedures for the request, receipt, security, storage, and tracking of vaccine and antiviral medications.

Community Disease Control and Prevention

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.25 Determine who has authority to establish and/or enforce isolation, quarantine/containment, and movement restriction in a community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.26 Develop quarantine/containment plans with tribes and local authorities. Be aware that specific recommendations for quarantine will vary depending on the nature of the pandemic virus and its spread.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.27 Inform citizens in advance about what containment procedures may be used in the community.

⁵ HHS Pandemic Influenza Plan, Part I, Appendix D:
<http://www.hhs.gov/pandemicflu/plan/appendixd.html>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.28 Develop plans with tribes and local authorities for limiting group contact among community members by suspension of all public gatherings, including school sessions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.29 Exercise the containment operational plan the delineates procedures for isolation and quarantine, the procedures and legal authorities for implementing and enforcing these containment measures (such as school closures, canceling public transportation, and other movement restrictions within, to, and from the jurisdiction) and the methods that will be used to support, service, and monitor those affected by these containment measures.

Public Health Communications

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.30 In coordination with the IHS area office, develop and test a communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identify priority channels of communication; delineate the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks. ⁶
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.31 In coordination with the IHS area office, enhance community awareness regarding (among other things): <ul style="list-style-type: none"> • The influenza virus' mode of transmission • Geographical spread of the virus (if applicable) • The likely possibility that antivirals/vaccine may be ineffectual and/or of limited supply. • Methods to reduce exposure: <ul style="list-style-type: none"> ➤ Personal protective equipment (PPE) ➤ Frequent hand washing and/or use of alcohol based hand sanitizer ➤ Avoiding close contact with infected individuals ➤ Avoiding touching eyes, mouth, and nose ➤ Staying home and avoiding crowded gatherings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.32 Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.33 Exercise the communication systems/channels and develop test frequency for back-up equipment.

Workforce Support

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.34 Ensure availability of psychosocial support services (including educational and training materials) for employees and their families who participate in or provide support for the response to public health emergencies such as influenza pandemics including frontline health care workers and employees of essential services.
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⁶ IHS Pandemic Influenza Operational Plan, Appendix II

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.35 Develop a continuity of operations plan for essential health department services, including contingency planning for increasing the public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community’s response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.36 Assure the development of public health messages has included the expertise of behavioral health experts.

Table 2. IHS Areas

Community Preparedness Leadership and Networking

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.0 Develop IHS area pandemic influenza plans, in consultation with the Service Units/health care facilities and communities and integrate with State systems when possible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1 Provide names and contact information of IHS service unit, health care facility and tribal public health/healthcare authorities on pandemic influenza to other partners, including IHS headquarters. Maintain and update information monthly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2 Formalize agreements, through negotiation, with tribal and state health authorities to clarify and coordinate mutual roles and responsibilities for:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Procurement and distribution of vaccine, antivirals, and emergency supplies (e.g. supplies for diagnosis, treatment, infection control, immunization).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Assistance with public health/medical care services at the Service Unit/health care facility/community level in overwhelming situations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Two-way communication (between tribes, area and state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Defined roles and responsibilities for tibal, area and state health authorities on needed activities for pandemic influenza preparedness and response.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3 Identify other partners and formalize agreements that clarify roles and responsibilities. Examples include the American Red Cross, Tribal Steering Organization, or Tribal Health Boards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4 Assist in formalizing partnership agreements among AI/AN communities and facilities to allow for mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5 Develop partnership between tribal, area, and state authorities towards integration of health emergencies with the overall emergency preparedness planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6 Inform service units/health care facilities/tribal communities about pandemic influenza and its implications.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.7 Support and facilitate service units/health care facilities/tribal community planning by raising personnel and public awareness, providing training sessions on planning, and providing educational material in these jurisdictions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8 Participate in simulation exercises with tribes, areas, and states for testing of preparedness and response plan for pandemic influenza at IHS area level. Area Directors and CMOs should help service units/health care facilities/tribal communities set up their own exercises to test local plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.9 Identify current means of distribution of supplies to service units/health care facilities/tribal communities and examine their appropriateness during a pandemic (i.e. identify gaps and develop strategies to address them).). Collaborate with tribal and county/state partners to address appropriateness of distribution and storage of supplies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.10 Collaborate with tribes and state to identify and address the financial, human resource, and legislative gaps in the current system to prepare and respond to a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.11 Ensure that the plan provides for real-time situational awareness of clinical and public health needs (including patient visits, hospital bed and intensive care needs, medical supply needs, and medical staffing needs) at each service unit and participating tribal facility during a pandemic.

Surveillance

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.12 Identify Area Surveillance Coordinator and backup person who will maintain flow of information from Service Units/health care facilities to state, area, and headquarters.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.13. Work with the state and tribes to coordinate service unit, health care facility, and area surveillance capacities (to be integrated with state system).

Healthcare and Public Health Partners

Completed	In Progress	Not Started	Key Activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.14 Assist service units and health care facilities in using the CDC's FluAid and FluSurge software to identify facility and ultimately area surge capacity. ⁷ The software enables a Service Unit/health care facility to calculate the needed surge capacity to adequately respond to a pandemic. Essential information provided for local planning includes: # of expected dead, # of expected ill, # of staffed hospital beds needed, # of ICU beds needed, # of ventilators needed, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.15 In case of PHS Commissioned Officer deployments, develop an area plan for deployment rotations to mitigate understaffing at facilities. Communicate this plan to the IHS Office of Emergency Preparedness.

⁷ <http://www.hhs.gov/nvpo/pandemics/index.html>

Infection Control and Clinical Guidelines			
Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.16 Coordinate with state to ensure all IHS and tribal front line health care staff have access to the state Health Alert Network.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.17 Support training of front-line staff (e.g. nurses, physicians, pharmacists, lab personnel, radiology techs) in Service Units/health care facilities in ways to mitigate personal risk of infection (PPE, frequent hand washing)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.18 Support training of front line staff in Service Units/health care facilities to properly diagnose and treat infected patients
Vaccine and Antiviral Distribution and Use			
Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.19 In accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, ⁸ and based on facility estimates, periodically generate Area – level estimates of each priority group for vaccines and antivirals. Maintain capability to rapidly recalculate priority groups in the event that recommendations change.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.20 Develop method to inform and enforce ACIP/PHS guidelines for priority groups to receive vaccines and antiviral medications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.21 Coordinate with IHS headquarters, state, tribal and local public health authorities the provision, distribution, and tracking of vaccine and antivirals to IHS and tribal health care facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.22 Review Service Unit/health care facility mass vaccination plans and participate in table top exercises.
Community Disease Control and Prevention			
Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.22 Work with IHS HQ and other health partners to disseminate key public health messages on influenza and strategies for the prevention of disease to IHS and tribal healthcare facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.23 Provide guidance and recommendations to Service Units/health care facilities and tribal communities on community disease containment strategies.
Public Health Communications.			

⁸ HHS Pandemic Influenza Plan, Part I, Appendix D:
<http://www.hhs.gov/pandemicflu/plan/appendixd.html>

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.24 In coordination with the IHS area/headquarters Office of Public Affairs and the State communications division, develop and test a communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identify priority channels of communication; delineate the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks. ⁹
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.25 In collaboration with the IHS area/headquarters Office of Public Affairs, develop educational material for distribution to area IHS and tribal healthcare workers and the public. ¹⁰

Table 3. IHS Headquarters

Completed	In Progress	Not Started	Key Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In coordination with the IHS Pandemic Influenza Operational Plan (in review as of 12/20/05) and the comprehensive IHS Pandemic Influenza Plan (to be released by 7/1/06) develop the overarching framework for the IHS pandemic influenza preparedness and response, specifically:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1 Identify partners within HHS and work with them to define various roles and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2 Work with Federal officials to clarify federal and state legislation regarding roles, responsibilities, and authorities in the event of pandemic influenza.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3 Work at the Departmental level to ensure state pandemic flu plans include IHS and tribal healthcare facilities and communities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4 Link with national AI/AN leaders/organizations to increase awareness of pandemic influenza and the necessity for community planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5 Establish communication plan between IHS headquarters, IHS area offices, and other key partners.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.6 With the IHS headquarters Office of Public Affairs, regularly update communications operational plan (found in IHS Pandemic Influenza Operational Plan).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.7 Establish mechanism for consultation between IHS and CDC Directors re: quarantine on tribal lands.

⁹ IHS Pandemic Influenza Operational Plan, Appendix II

¹⁰ WHO Pandemic Influenza: <http://www.who.int/csr/disease/influenza/pandemic/en/>, CDC Pandemic Influenza: <http://www.cdc.gov/flu/pandemic/qanda.htm>, HHS Pandemic Influenza Plan: <http://www.hhs.gov/pandemicflu/plan/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.8 Negotiate access by IHS and tribal service units/health care facilities to resources in the Strategic National Stockpile.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.9 Develop a cross-regional human resource mobilization plan (from headquarters to areas).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.10 Negotiate with the Office of the Assistant Secretary of Health the use of area deployment plans for deployment of PHS COs in order to ensure continuous local manpower and equitable deployments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.11 Develop capacity for central data compilation and analysis to determine the overall burden of disease and location of shortages for IHS clientele. IHS is currently exploring the possibility of a web-based nationwide reporting system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.12 Coordinate with CDC to obtain state surveillance data for AI/AN populations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.13 Support and facilitate tribal and IHS area pandemic influenza planning by providing coordination and resources, including access to courses and trainings on pandemic flu-related topics.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.14 Incorporate the IHS and area operational plans into the comprehensive IHS Pandemic Influenza Plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.15 Coordinate simulation exercises with tribes and areas for testing of preparedness and response plan for pandemic influenza at IHS area level.

FluSurge Estimates by Area

The CDC has created software for preparing adequate surge capacity in the event of a pandemic. Some of the preliminary IHS Area calculations are below in Table 11. Please note that the data used to calculate these numbers came from disparate sources and may not represent the current situation in your Area. Please Go to the CDC website¹¹ and input the data for your Service Unit or health care facility. Become familiar with this software so that up-to-date surge capacity planning can be implemented.

Table 6: FluSurge Data for IHS Areas													
	IHS	ABR	AK	ABQ	BEM	BIL	CA	NASH	NAV	OK	PHX	PORT	TUC
0-18 User PoP	558,188	50,398	52,902	32,390	34,919	28,843	28,312	15,397	95,155	111,788	60,795	37,586	9,703
19-64 User PoP	738,178	59,589	64,400	49,275	46,799	36,876	38,271	21,661	115,636	162,328	77,533	52,826	13,014
65+ User Pop	87,238	5,817	7,623	5,019	5,513	3,841	5,101	2,590	16,269	22,002	6,364	5,807	1,292
# Staffed Beds	1,227	104	324	93	36	57	0	40	295	298	109	0	34
# ICU Beds	80	0	56	4	0	0	0	0	24	16	11	0	0
# Vents	-177	33	?	24	16	2	0	1	26	24	26	3	1
Total Hospital Admissions	5,063	397	445	324	320	257	270	148	832	1,142	497	355	86
Total Deaths	893	68	78	56	57	44	48	26	150	207	83	62	15
# Admissions/Week @ Apex	962	75	85	62	61	49	51	28	158	217	94	67	16
# Admissions/Day at Apex	150	12	13	10	9	8	8	4	25	34	15	11	3
# of Flu Pts in Hosp. @ Apex	732	57	64	47	46	37	39	21	120	165	72	51	12
% of Hosp Capacity Used @ Apex	60	55	62	50	129	65	N/A	53	41	55	66	N/A	37
# Flu Pts in ICU @ Apex	212	17	19	14	13	11	11	6	35	48	21	15	4
% of ICU Capacity Used @ Apex	265	N/A	75	340	N/A	N/A	N/A	N/A	145	299	189	N/A	N/A
# of Flu Pts on Vents @ Apex	106	N/A	9	7	7	5	6	3	17	24	10	7	2
% of Vents Used	60	N/A	?	28	N/A	N/A	N/A	N/A	67	100	40	N/A	N/A
# of Deaths from Flu @ Apex/Week	170	13	15	11	11	8	9	5	23	31	12	12	3
# of Hosp Death @ Apex/Week	119	9	10	7	8	6	6	3	16	22	9	8	2

¹¹ <http://www.hhs.gov/nvpo/pandemics/index.html>