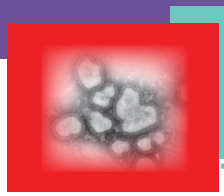

Technical Document 1

GENERAL RECOMMENDATIONS FOR THE ORGANISATION OF HEALTH CARE FACILITIES IN COUNTRIES WHERE CASES OF *INFLUENZA* A (H1N1) VIRUS HAVE **NOT** YET BEEN REPORTED

Due to the emergency caused by the outbreak of cases of H1N1 *Influenza*, which has triggered the response of health care facilities in Mexico, the United States, Canada and other countries, it is necessary that Health Authorities and in particular health care **facilities**, implement measures to increase their capacity to respond effectively before mass numbers of cases present. The recommendations that follow must be articulated alongside the guidelines developed by the national health authorities in each country concerning community matters, risk communication, public health surveillance, and other aspects inherent to the situation.

We present a set of minimum operational activities that should be implemented in each health care facility and which are proposed as the first line of action. These operational activities may change or intensify the moment at which the country confirms circulation of the H1N1 virus and the demand for health services increase.

1. Organisation and Coordination

- Activation of the Hospital Emergency Committee:

  a) Review and update of the Hospital Emergency Plan (health emergencies component).

  b) Update and activation of call rosters and alert levels.

- Ensure the preservation of basic services by obtaining agreements with service providers in other sectors whose support to the facility on anticipated contingency measures for the pandemic are essential. These services include electricity, communications, water supply, collection of ordinary and pathogenic waste, funerary, and others.

2. Infection Control:

- Activation of the Hospital Infections Committee

- Intensification of compliance with universal precautions and droplet precautions; (see interim guidelines for Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care: http://www.who.int/csr/resources/publications/WHO_CDS_EPR_2007_6c.pdf and http://www.who.int/csr/resources/publications/SwineInfluenza_infectioncontrol.pdf for interim guidance on Infection prevention and control in health care in providing care for confirmed or suspected A (H1N1) swine *Influenza* patients).

- Incorporation of information mechanisms and orientation for users (patients and visitors) on infection control measures, respiratory hygiene, and cough and sneeze etiquette.

- Dissemination of the criteria for use and distribution of personal protective equipment (PPE) to personnel of the health care facility (see *How to put on and take off personal protective equipment*: http://www.who.int/csr/resources/publications/PPE_EN_A1sl.pdf).

3. Epidemiologic Monitoring

- Implement and/or intensify the measures for monitoring and notification in agreement with the directives of the health authority and in accordance with the case definition, emitted by the WHO and/or the case definition adopted by the national health authority.
- Reassure and disseminate pertinent information within the personnel responsible for collection, packing and transport of samples for clinical laboratory diagnosis, in accordance with protocols and directives of the health authority.

4. Triage

- Arrange a limited area, with minimal transit, contiguous but not incorporated into the hospital to implement triage for Acute Respiratory Disease (ARD). According to the Provisional Directives of the CDC, April 2009, ARD is defined as "recent appearance of at least two of the following symptoms: rhinitis, nasal congestion, throat pain, cough (with or without fever, or febrile)" (see Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine *Influenza* A (H1N1) Virus Infection and Close Contacts; available at http://www.cdc.gov/swineflu/recommendations.htm).
- Disseminate information to facility personnel on the triage procedure for Acute Respiratory Disease, through which they will be processed upon arrival every day, ensuring that what will happen and why, are clearly understood.
- Clearly indicate the areas for triage and the defined routes leading to, from and within them. The objective is to create a distinct area for triaging persons presenting with symptoms of Acute Respiratory Disease. It must be clear to all users, visitors and personnel that triage for persons presenting with ARD symptoms must occur in this area and that all other persons (those presenting with non-ARD symptoms) are to be triaged elsewhere in the facility. There is to be minimum interaction between the two patient populations.
- Disseminate and provide bio-security measures and equipment for the healthcare personnel (doctor/professional nurse) who will conduct triage. The use of disposable gloves and surgical masks, and facilities for frequent hand hygiene are recommended. Administrative support personnel in this area will have to make use of surgical masks only as their contact with patients will be negligible.
- Implement the case definition for *suspected cases* in the designated triage area.
- Provide *suspected cases* with surgical masks for use while they remain in the triage area and are in transit through the facility.
- Apply the **criterion for case management** (in agreement with the guidelines for adopted by the country) assessing the case as ambulatory or hospital.
- Maintain the suspected case(s) in isolation while the determination of care and/or treatment is made. If improving or home-care is sufficient, ensure bio-security conditions are in place. The ambulatory facility closest to the home will be responsible for following-up on the clinical case and its possible contacts.
- Home-care management should be promoted in order to avoid congestion of the health services and mitigate the risk of propagation.

5. Bed Management

- Reinforcement of Referral and Counter-Referral systems to make the process of patient referral and availability of beds more fluid and efficient.
- Reinforcement of medical regulation systems: Emergency Care Regulating Centres, call centres, Hotlines for the public and health professionals.
- Promote the development/implementation of protocols for early discharges from hospitalisation services.

- Promote protocol for determining admissions.
- Promote home-care in collaboration with Home-care provider teams.
- Promote admission strategies that include day-care, observation rooms, ARD stabilisation wards (clinical management and stabilisation of Acute Respiratory Disease).
- Anticipate protocols for reconversion of beds and for surge capacity.
- Coordinate with other health care facilities in the catchment area, on strategies for network support.

6. Management of Resources

- Activate the human resource databases, including update of telephones and home addresses.
- Define and disseminate the internal guidelines for health personnel concerning alert levels, availability, and attendance before a probable emergency.
- Identify, according to local or national guidelines, the second line of human resource (volunteers, universities students, retirees, others)
- Define the functions and protocols for potential additional health personnel that are expected to be incorporated.
- Update agreements with supply providers, especially for personal protective equipment, supplies for hand hygiene, cleaning, disinfection, and medicines anticipated in the management guidelines. Agreement updates should redefine the conditions to guarantee in stock supplies and timely delivery.
- Define the strategy for storage and distribution of supplies and medication ensuring that immediate availability and security are guaranteed, in addition to rational use and efficient use of space.
- Define a policy and a strategy to ensure an emergency stock of antivirals and supplies that is available for the initial days of the crisis.
- Strengthen procedures for preventive maintenance and/or repair for medical equipment, and ensure that all electro-mechanical devices that will be increasingly used during the emergency are operational.
- Maintain complete and routinely updated registries of consumption of supplies, drugs and other materials.

7. Occupational health

- Conduct rapid training in the use of personal protection equipment (PPE) and measures for bio-security.
- Implement epidemiologic monitoring system for respiratory/febrile syndromes in healthcare facility workers.
- Adapt protocols for prophylaxis (vaccine/antivirals).
- Verify personnel absence or sick leave due to *Influenza*-like illness (ILI).
- Verify support networks and dependents of the healthcare facility workers with the aim of anticipating support mechanisms in case of crisis.
- Anticipate the needs of the personnel while in the facility (meals, rest, hygiene, bio-security, etc.).
- Conduct special training of additional personnel, as needed