SCHA Pandemic Influenza Hospital Preparedness
Policy Statement

PURPOSE: The South Carolina Hospital Association (SCHA) and its member hospitals are committed to establishing a statewide pandemic influenza preparedness program to minimize the spread of and loss of life from a pandemic influenza virus. The following policy statement, as approved by the SCHA Policy Council and Board, articulates this commitment by South Carolina hospitals to a comprehensive system for pandemic influenza preparedness and response.

POLICY STATEMENT: SCHA encourages all South Carolina hospitals to take appropriate steps to protect their patients, visitors, employees, medical staff members and volunteers from H1N1 infection through the development and implementation of a comprehensive pandemic influenza preparedness plan by October 15, 2009. The influenza preparedness plan should focus on minimizing the spread of and loss of life from a pandemic influenza virus through the following key actions:

- Implement a program that prevents the spread of the H1N1 virus to patients, families, or other healthcare workers, including, but not limited to physicians, medical staff members and volunteers, through mass healthcare worker vaccination. The Centers for Disease Control and Prevention advises that vaccination is the single most important control measure in creating a safer hospital environment, so each South Carolina hospital should strive for 100% vaccination of healthcare workers, inclusive of employees, medical staff members and volunteers. Any healthcare worker, as defined above, who cannot or will not receive the vaccine should be required to sign an accommodation form that defines alternative measures to prevent the spread of the H1N1 virus, including wearing a mask at work during the entire influenza season.
- Develop a workforce continuity plan in the event of an influenza pandemic that is built on an approved set of system policies and procedures.
- Develop a workforce protection plan that ensures easy access to and proper utilization of personal protective equipment by all relevant healthcare workers.
- Institute procedures to ensure that patients or visitors with influenza-like symptoms are informed of and provided access to proper influenza spread prevention measures that include wearing masks while in areas of potential exposure to other patients, visitors or healthcare workers.
- Implement a hand hygiene compliance program that strives for 100% compliance by all healthcare workers, patients and visitors with established hand hygiene guidelines and procedures.
- Establish visitation policies and procedures to limit general visitor access and specific visitor groups (e.g. children) as indicated based on the level of pandemic influenza prevalence and severity.
- Develop an alternate site care plan that maximizes access to and utilization of all available facilities and physical resources to maximize surge capacity for both patient triage and treatment.
- Develop a disaster triage plan that identifies core clinical staff to be trained and available for all levels of patient triage, including critical care triage, when surge capacity has been reached.
- Participate in a communication and data submission system with SCHA and DHEC for syndromic surveillance of H1N1 cases; tracking of key healthcare resources, supplies and physical capacity; and real-time modifications in mitigation, triage and treatment guidelines and protocols.
- Support and assist DHEC’s pandemic influenza media communications and community education/awareness plan.
- Develop a contingency plan for assisting DHEC, school systems, and the general community in administering the H1N1 vaccine to the priority population of school children and other high risk groups, like pregnant women, if required. While DHEC is primarily responsible for the mass vaccinations of students and other defined populations and is planning accordingly, they may not have adequate manpower in some communities to provide mass vaccinations in an efficient and expedient manner.