

When **Flu** Surge Hits EDs and In-Patient Units

(And Excuses about Overcrowding and Understaffing Kick In)

If emergency departments and acute care floors deal with overcrowding and/or understaffing throughout the year, the flu season can make a bad situation even worse. While some facilities roll out effective contingency plans, others often use flu outbreaks as another excuse for chronically poor conditions for patients and staff alike.

If your facility does not seem to be prepared for the flu surge this year, it is important to know that two government agencies provide clear, unequivocal guidance that can be followed.

The Centers for Medicare and Medicaid Services (CMS) for example, has a fact sheet explaining options for dealing with surges. They include measures such as:

- **Setting up screening for ILI (Influenza Like Illness) either outside the ED itself or even off-campus, in order to reduce stress on the ED.**

The New York State Department of Health also weighs in with their own fact sheet. It includes measures such as:

- **Limiting and controlling the number and age of visitors.**
- **Designating influenza areas in the ED, separated by barriers.**
- **Activating the hospital's Incident Command System.**

The bottom line: measures can and should be put in place by management to address challenges created by an influenza surge.

NYSNA has developed a check list that can be used to determine how well your facility is doing going into this flu season. See the other side of this document or visit www.nysna.org for a copy.

For further information, contact the NYSNA Health & Safety Representatives at: healthandsafety@nysna.org or call **212-785-0157**

Is Your Facility Prepared for **Flu Surge?**

Overarching Capacity Management Measures

- Has the facility set up an alternative site (from the ED) on campus to conduct medical screening exams for Influenza Like Illnesses (ILIs)? YES NO
- Has the facility set up screening sites off campus for ILIs? YES NO
- Has the facility partnered with any community-based programs to conduct ILI screening (or helped promote the availability of these sites)? YES NO
- Has the facility arranged for the use of DOH-approved mobile medical units to serve as an extension of the ED to care only for patients triaged with ILI? YES NO
- Has the facility set up an ILI fast track triage for ambulatory patients at the ED entrance? YES NO
- Has the facility designated influenza areas in the ED? YES NO
- If yes, are these areas separated by barriers to reduce transmission? YES NO
- Is the facility limiting the number of visitors and/or applying age restrictions on visitation in response to an influenza outbreak? YES NO

Staffing

- Has the facility developed surveillance and response mechanisms to quickly identify staff shortages and address them? YES NO
- Has the facility worked closely with county health departments to determine if the Medical Reserve Corps can be taken advantage of? YES NO
- Is the facility's ED staffed to at least minimums set by the contract? YES NO

Specific Capacity Management Strategies

- Has the facility activated the Hospital Incident Command Systems (HICS)? YES NO
- Is the facility conducting morning huddles to review ED and inpatient census, evaluate the effectiveness of strategies and set strategy for the next 24 hours? YES NO
- Is the facility conducting bed huddles to assess and improve discharge planning and the use of surge spaces? YES NO

All information drawn from directives published by: the U.S. Department of Health and Human Services, CMS, (Fact Sheet, Emergency Medical Treatment and Labor Act [EMTALA] & Surges in Demand for Emergency Department [ED] Services During a Pandemic); and NYS DOH, (Hospital Strategies for Surge Management Related to Widespread Influenza).

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