

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF CHILDREN, YOUTH AND FAMILIES
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Richard J. Gold
Deputy Secretary for
Children, Youth and Families

OCT - 9 2009

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Dear Colleague:

The Department of Public Welfare (Department) is committed to assuring the health and safety of children receiving services in their own home, and of children placed in residential facilities, day treatment programs and resource family homes. As you know, medical experts and global health organizations continue to monitor the probability of an outbreak of infectious diseases such as the H1N1 virus (swine flu). The Department has been working with the Department of Health and the Pennsylvania Emergency Management Agency to address pandemic preparedness.

The children and youth you serve are at an increased risk of H1N1 virus due to their age, unique environment and/or medical conditions. Therefore, it is critical that you are prepared to continue to meet the needs of children and youth in your care should an outbreak of infectious disease occur. Child residential and day treatment facilities are required by regulation §3800.149, to have an emergency medical plan. Agencies and programs funded by Titles IV-B and IV-E are required to have a disaster response plan under the Child and Family Services Improvement Act of 2006 (P.L. 109-288) which was signed into law by President George W. Bush on September 28, 2006. We are requiring that you update your emergency medical plan or disaster response plan to include language to address pandemic preparedness and ensure continued appropriate care for children in substitute care settings. Please submit your revision to your respective Office of Children, Youth and Families (OCYF) regional office by November 16, 2009. In an effort to assist you with your revision, we have enclosed a checklist of areas to address in your plan. Additionally, we have included a draft medical segregation isolation policy and procedure document developed for the Youth Development Centers/Youth Forestry Camps to use as a template for your revision.

Effective management of the disease hinges upon understanding the H1N1 virus. As with any influenza virus, you can become infected with the H1N1 virus by being in contact with a person infected with the disease or with items and surfaces contaminated with the virus as a result of nasal, oral or other discharge. You cannot catch the virus by eating pork. A person infected with H1N1 can expect to experience symptoms similar to any influenza virus: runny nose, sore throat, muscle aches, nausea, vomiting and diarrhea. Persons treated upon the advice of their medical practitioner with prescription antiviral medications such as Tamiflu or Relenza within 1½ days of an identified outbreak may not get as ill when infected with the H1N1 virus and may have a shorter duration of symptoms than they would have without the medication. A shorter duration of symptoms correlates to fewer days that the contagion may spread to others.

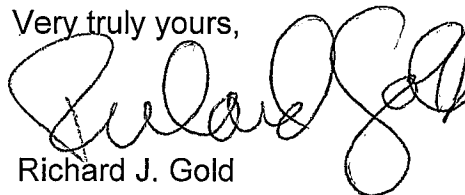
The following website links have been provided for you to obtain further information related to H1N1 as well as ordering educational materials:

- √ Information on H1N1 may be viewed at the Pennsylvania Department of Health (DOH) centralized website at www.h1n1inpa.com
- √ Informational posters and other educational materials may be ordered at no cost from the DOH website at <http://webserver.health.state.pa.us/health/padohric/padohricorder.asp> .
- √ Additional information pertaining to the H1N1 virus and educational podcasts may be obtained at the Centers for Disease Control (CDC) website at <http://www.flu.gov>
<http://www2a.cdc.gov/podcasts/browse.asp?topic=swine%20flu>

While the guidance that we included should be helpful in your emergency medical or disaster response plan update, we acknowledge that all aspects of a comprehensive plan are not addressed. OCYF continues to be engaged in ongoing planning towards issuance of a bulletin on disaster planning.

Please submit your revised emergency medical plan or disaster response plan to your respective regional office by November 16, 2009 for review. The revised plan must address the items on the enclosed checklist. The health of the children under our care and their adult caregivers will be the beneficiaries of your proactive response.

Very truly yours,



Richard J. Gold

c: Mr. Chuck Songer
Ms. Bernadette Bianchi
Mr. Wayne Bear
Mr. Jim Anderson

EMERGENCY MEDICAL PLAN OR DISASTER RESPONSE PLAN CHECKLIST

Workforce management:

- Have human resources levels been identified to sustain operation?
How will essential functions be maintained with a 60 to 70% of staff complement?
- Is there a plan to maintain the staffing ratio?
- Have essential staff functions, necessary for completion of critical operation, been identified? Are there back-ups for these persons?
- Is there a formal succession plan or plan for Delegation of Authority?
- Have essential functions been identified that are dependent upon another office or agency for completion?
- Have interdependencies been identified (vendors, contractors, consultants, providers), and have these organizations' ability to maintain operations been validated?
- Are there mechanisms in place to monitor the incidence of H1N1 within your operations for employees?

General prevention:

- Provide information and training on contagious disease, pandemic preparedness and universal precautions
- Posting of bilingual instructions on Universal Precautions
- Hand washing (alcohol based hand sanitizers are flammable and should not be used)
- Cleaning, disinfection, and care of common areas
- Protocol for visitors/ parents and other family

Facility cleanliness:

- Cleaning and care of living areas
- Protective clothing use by housekeeping staff
- Assignment strategies of staff to reduce contagion spread
- Handling and washing of contaminated linen
- Handling and washing of eating utensils and dishes

Management and care of persons who are ill:

- Isolation/ segregation
- Training on donning and removal of protective clothing
 - Gloving
 - Masking
 - Gowning
- Handling and care of equipment contaminated with blood, body fluids, secretions, and excretions
 - Risk reduction of airborne transmission of contagion
 - Resident placement
 - Equipment use
- Health Record Documentation
 - Physical Assessment
 - Condition Assessment
 - Completion of reportable incident report
- New resident screening
- Transportation of residents