

While UCH cannot control an H1N1 outbreak in the larger community, it can try to control the spread of the disease within its own facilities.

TEAMS PREP FOR WHAT COULD BE A BIG FLU SEASON FOR THE HOSPITAL

With flu season fast approaching and community concern building, University of Colorado Hospital is taking steps to equip providers and employees with timely and reliable information to prevent viruses from spreading.

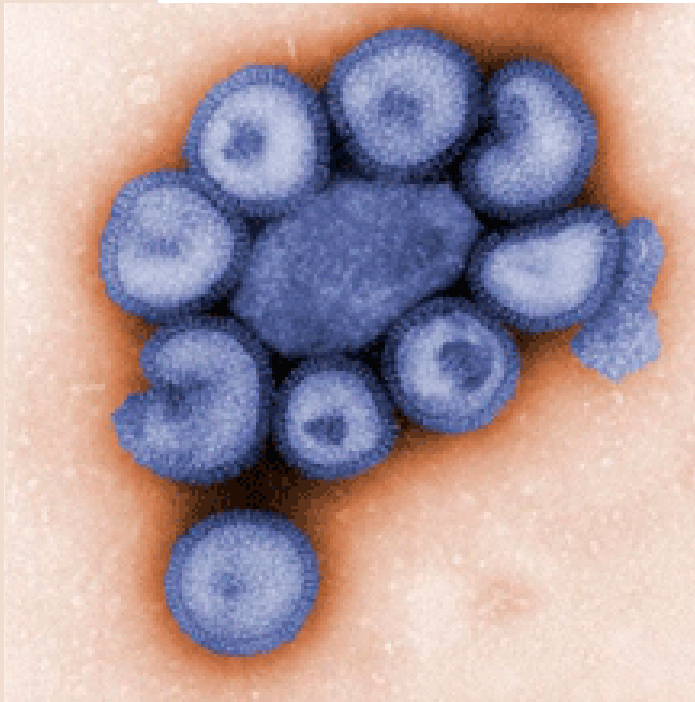
The plans come on the heels of the ongoing spread of the H1N1 (so-called swine flu) influenza virus, declared by the World

Health Organization (WHO) as a worldwide pandemic in June. Since then it has continued to spread, particularly in the southern hemisphere, which is now going through its flu season. That has fueled anticipation that the U.S. will see an influx of cases – and hospitalizations – this fall.

Battle lines being drawn. To prepare for the likely increase in the number of people carrying the virus and protect patients and employees from infection, the hospital has a plan that includes consistent and timely communications with its own providers and employees. They include signs reminding visitors to avoid patient floors without first donning a mask, posting hygiene reminders and providing personal protective equipment, including gloves and masks.

The team will unveil the details at Leadership Forum, the monthly meeting of managers, directors and vice presidents, September 8, along with a “tool kit” of materials to help prepare for flu season.

The hospital has a Pandemic Task Force, in place for the last five years, that has been meeting regularly to develop strate-



The H1N1 virus. So far, cases of this influenza virus have been mild, but the hospital is taking nothing for granted.

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gies for dealing with disease outbreaks such as the spread of H1N1 influenza (*Insider*, May 12). This includes making sure the hospital is adequately staffed and has adequate supplies for protection, testing and treatment, and providing employees with reliable current information about the changing epidemiology and spread of disease, testing procedures, disease prevention and treatment.

Your source for information. The team will serve as the single clearinghouse for information on H1N1 influenza this fall, answering questions, providing messages and posting regular updates on the HUB and the hospital's external site, and issuing all e-mail communiqués to the hospital community.

The goal, says Vice President of Operations Tony Ruiz, "is to reduce rumor and misinformation." Accordingly, he adds, the team will ask employees to forward all questions to the task force and to avoid sending out information out on their own.

An ounce of prevention. While the hospital cannot control an H1N1 outbreak in the larger community, it can control the spread of the disease within its own facilities. To that end, it's preparing posters to be placed in the lobbies of all campus buildings and off-site

facilities asking visitors with flu symptoms not to visit patients without first donning a protective mask. The posters will also be placed on each floor of the Anschutz Inpatient and Outpatient pavilions. The plan calls for all reception and information desks to be adequately stocked with masks.

In addition, flyers reminding employees to practice good hygiene, especially frequent hand washing, will be in break rooms and locker rooms.

The hospital is also encouraging department managers and directors to develop plans in advance to address staff shortages and/or a big increase in the number of hospitalizations.

So far, the H1N1 influenza outbreak in the southern hemisphere has produced plenty of cases, but they have not, for the most part, been severe, emphasizes task force member Michelle Barron, MD, associate professor in the Infectious Diseases Division of University of Colorado Denver School of Medicine.

"H1N1 is the predominant strain circulating in the southern hemisphere," she says, "but it's been mild so far. It's behaving like seasonal influenza. In Australia, the ones who have been hospitalized are those we would expect – individuals with underlying lung disease and pregnancy, for example."