

2008 Advanced Practice Centers Training Conference

Montgomery County Advanced Practice Center (Maryland)

Session Title: Pandemic Flu & You: Public Health Can Not Do It Alone!

Instructors: Brenda J. Roup, PhD, RN, CIC
Kay Aaby, RN, BSN, MPH
Rachel Abbey
Betsy Burroughs

Overview: An influenza pandemic will affect all sectors of society. As a result, it is important that local health departments engage community partners in preparedness and response activities for an influenza pandemic. All sectors share a responsibility to prepare for and respond to a pandemic in an effort to reduce its impact. Montgomery County, Maryland APC will share innovative strategies, tools and resources for businesses and organizations to help preserve community function and to limit the impact of a pandemic on health, society, and the economy.

Goal: At the end of the APC session participants will be able to engage community partners utilizing tools and resources described in the session to prepare for a pandemic influenza.

Learning Objectives:

1. Identify two strategies to engage community partners
2. List at least three tools described in the session
3. Discuss how the tools and resources identified in the session can be used in other jurisdictions, locations, or with other populations.

Emergency Preparedness Competencies addressed in this session:

- | |
|---|
| <ul style="list-style-type: none">✓ Describe the public health role in emergency response in a range of emergencies that might arise. |
|---|

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Instructor Bios

Katherine A. Aaby, MPH, BSN, RN

Kay Aaby is the Program Manager for the Montgomery County Maryland's Advanced Practice Center for the Public Health Emergency Preparedness and Response Program over the last five years. Ms. Aaby earned her Bachelor of Science in Nursing at California State University and a Masters in Public Health from Loma Linda University, California. She has worked over 25 years in local public health in California, Hawaii, Minnesota and Maryland. She represented NACCHO at a Congressional staff briefing on Capital Hill speaking about the APC tools for "Cutting-Edge Approaches to Bioterrorism Preparedness." Kay is a member of NACCHO Exercise and Evaluation Workgroup; represented NACCHO in several workgroups focusing on antiviral issues and at-risk and vulnerable populations during a Pandemic Influenza. Kay has authored several APC articles in the Journal of Public Health Management and Practice, Interfaces and Journal of Health Care for the Poor and Underserved.

Rachel L. Abbey, BA

Rachel has over twelve years of planning, coordinating, and training experience with national, state, and community health-based organizations. She has focused her career primarily in the field of maternal and child health, however, in the past 4 years she has entered the field of public health emergency preparedness and response with Montgomery County Maryland's Advanced Practice Center for Public Health Emergency Preparedness and Response. Rachel has a Bachelor of Arts in Peace and Global Studies from Earlham College in Richmond, Indiana and is currently an MPH Candidate at the University of Maryland College Park, School of Public Health.

Elizabeth Burroughs, BA

Betsy has been the Communication Specialist for the Montgomery County, Maryland Advanced Practice Center and the Public Health Emergency Preparedness and Response Program for over a year. She brings with her a background in Communications, Public Relations and Marketing. In her career, she focuses on marketing, promotional and communication strategies utilized in the APC program and public health emergency preparedness. Betsy has a Bachelor of Arts in Communication from Elizabethtown College, Elizabethtown, Pennsylvania.

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Instructor Bios, continued

Brenda J. Roup, PhD, RN, CIC

Dr. Roup has served since 1999 as the Nurse Consultant in Infection Control for the Maryland State Dept of Health and Mental Hygiene. She has 30+ years of experience in infection control, has been certified in infection control since 1984, and has administered infection control programs in acute care hospitals ranging in size from 80 – 950 beds. She has done extensive consultation on infection control issues in long term care settings, has published articles and book chapters relating to infection control, and has presented infection control research studies at international conferences. Dr. Roup is also a retired U.S Army Nurse Corps officer. Dr. Roup received her BS in Nursing degree from the Medical College of Virginia, Virginia Commonwealth University, MS in Nursing degree from The Catholic University of America, and PhD in nursing and epidemiology/infection control from the University of Maryland at Baltimore. She also was selected to serve from 1995 – 1997 as a Johnson & Johnson Postdoctoral Fellow in Infection Control at the Johns Hopkins University School of Nursing.

APC Program Manager

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Pandemic Flu & You: Public Health Can Not Do it Alone!

Montgomery County, MD Advanced Practice Center

Presentation Agenda

February 19, 2008

- Introduction
- Background and History
- Preventing Transmission of Respiratory Infectious Diseases in Clinics and Office Settings
- Break
- DVD presentation of “Why Don’t We Do it in Our Sleeves”
- Tool Development and Demonstration
- Additional Tools and Resources
- Group Activity
- Wrap-Up

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Pandemic Flu and You: Public Health Can Not Do it Alone!

Montgomery County, Maryland Advanced Practice Center
Kay Aaby, APC Program Manager
Rachel Abbey, APC Program Specialist
Betsy Burroughs, APC Communication Specialist

Maryland Department of Health and Mental Hygiene
Brenda Roup, Nurse Consultant in Infection Control

Goal

- At the end of this APC session participants will be able to engage community partners in preparing for a pandemic influenza using the tools and resources described.

Objectives

- Describe three tools that will assist you in working with your community in pandemic flu preparedness
- Discuss how the pandemic flu tools and resources presented in this session can be used by public health agencies and other organizations
- Identify two strategies to engage community partners

Presentation Outline

PART I-Background and History

PART II-Presentation

PART III-Tool Development and Demonstration

PART IV-Additional Tools and Resources

PART I

Background and History

Why Should Local Public Health Agencies Engage Community Partners in Preparing for a Pandemic Flu?

- Hospitals will be overwhelmed
- Public Health staff will be detailed to other duties
- 40% of the workforce may be absent and/or sick
- Need to reduce morbidity and mortality
- Limit economic disruption

Who are Our Community Partners?

- Faith Communities
- Businesses
- Home Health Care
- Pharmacists
- Child Care
- Universities
- School Systems
- Physicians
- Nurses
- Schools of Public Health
- Hospitals
- *Many others..*

Why Should We Partner with Medical Offices and Clinics to Prepare for Pandemic Flu?

1. Approximately 50% (45 million) of those who become infected with the pandemic flu, would seek medical care.
2. The medical community must be able to provide care for those who become infected with pandemic influenza while still maintaining other essential medical services.

Why Should We Partner with Physician Offices and Clinics to Prepare for Pandemic Flu?

3. The medical community are significant contributors to the economy as employers, purchasers of goods and services, and generators of income to health care organizations.
 - In Maryland the total economic impact of family physicians per year is \$914,668,659

1. Presentation: "Understanding Medical Surge and Its Effects on Standards of Care" by Dan Hanfling, M.D., Director, Emergency Management and Disaster Medicine, Inova Health System and Clinical Associate Professor of Emergency Medicine, George Washington University, March 15, 2007, Fairfax County, Virginia.
2. An Assumption in HHS Pandemic Plan
3. American Academy of Family Physicians Government Relations, Economic Impact of Family Physicians in Maryland

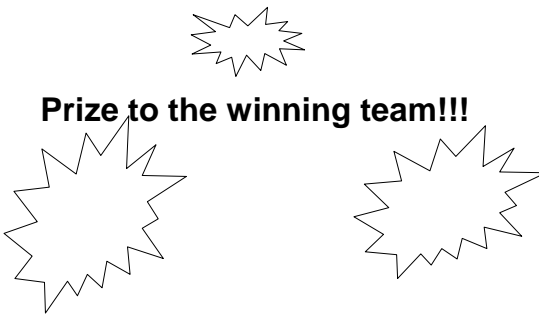
**How is Montgomery County, Maryland
Public Health Services
Partnering with the Medical Community?**

- Surveillance
- Outbreak Investigations
- March 20, 2007: *Practice Preparedness for Pan Flu Conference* (Primary Care Medical Community)
- Montgomery County, APC: *Stop the Spread! A Toolkit for Preventing the Spread of Germs in Clinics and Office Settings*

Group Activity Game Rules

- Two Teams (A & B)
- One spokesperson for each team
- 10 seconds to answer question
- An incorrect answer, other team can answer!!
- Tie-breaker question, if needed

Prize to the winning team!!!



Question #1

1. Pandemic Influenza is most likely to be caused by a:
- A. Type A Virus
 - B. Type B Virus
 - C. Type C Virus
 - D. Swine Flu Virus

Medscape_Nursing@mp.medscape.com

Question #2

2. How have humans primarily become infected with the H5N1 virus?:
- A. By eating turkey or chicken
 - B. By touching birds at petting zoos
 - C. By human to human transmission
 - D. By contact with infected birds or poultry

Medscape_Nursing@mp.medscape.com

Question #3

3. Avian Influenza A (H5N1) is considered a likely candidate to cause a pandemic because:
- A. It is a well established virus among humans
 - B. It has the ability to infect humans and cause serious illness
 - C. It is easily transmitted from human to human
 - D. It is a reassortant virus

Medscape_Nursing@mp.medscape.com

Question #4

4. Which of the following will not be part of the response strategy to the first wave of an influenza pandemic?
- A. Medical care for infected individuals
 - B. Containment, isolation and quarantine
 - C. Anti-viral drugs
 - D. Vaccine well-matched to the virus

Medscape_Nursing@mp.medscape.com

Question #5

5. Why must people be re-vaccinated every year for influenza?
- A. Rapid viral mutations known as anti-genetic shift leave people without immunity to the virus
 - B. People do not develop immunity to influenza lasting longer than 12 months
 - C. Slight changes in the virus can occur from year to year requiring a new vaccine
 - D. People do not have to be vaccinated yearly if they are healthy

Medscape_Nursing@mp.medscape.com

Question #6

6. Approximately, what percent of people always wash their hands after coughing or sneezing?
- A. 50%
 - B. 22%
 - C. 77%
 - D. 34%

American Society for Microbiology (2007)

Question #7

7. How long should you wash your hands?
- A. Ten seconds
 - B. Two minutes
 - C. Twenty seconds
 - D. One minute

American Society for Microbiology (2007)

Question #8

8. What is not a “social distancing” strategy during a pandemic influenza?
- A. Dirty dancing
 - B. Stay home if you are sick
 - C. Avoid crowds
 - D. Increase distance between persons

Bonus Question

9. Which one of these presidents was not in office during a pandemic influenza?
- A. Woodrow Wilson
 - B. Dwight D. Eisenhower
 - C. Lyndon B. Johnson
 - D. Jimmy Carter

PART II
Presentation

**PREVENTING
TRANSMISSION
OF RESPIRATORY
INFECTIOUS DISEASES
IN CLINICS AND OFFICE SETTINGS**

BRENDA J. ROUP, PhD, RN, CIC
NURSE CONSULTANT IN INFECTION CONTROL
MARYLAND DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

**TRANSMISSION OF RESPIRATORY
INFECTIOUS DISEASES AND
INFLUENZA**

- **MUSHER, D. HOW CONTAGIOUS ARE
COMMON RESPIRATORY TRACT
INFECTIONS? NEJM, 348:13, MAR 27, 2003**
- **TELLIER, R. REVIEW OF AEROSOL
TRANSMISSION OF INFLUENZA A VIRUS.
EMERGING INFECTIOUS DISEASES, 12:11,
NOV, 2006**

TRANSMISSION OF INFLUENZA

- DEPT OF HEALTH AND HUMAN SERVICES, PANDEMIC INFLUENZA PLAN, 2005, SUPPLEMENT 4, INFECTION CONTROL, OUTPATIENT MEDICAL OFFICES
- <http://www.hhs.gov/pandemicflu/plan/>
- <http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>

TRANSMISSION OF INFLUENZA

- MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF PREPAREDNESS AND RESPONSE. MARYLAND PANDEMIC INFLUENZA PLAN, VERSION 6, DECEMBER 2006.
- <http://flu.maryland.gov/>

TOPICS

- TRANSMISSIBILITY/COMMUNICABILITY OF INFLUENZA VIRUS
- TRIAGE/SCREENING IN OFFICE/CLINIC ENVIRONMENT
- CONTAINMENT IN OFFICE/CLINIC ENVIRONMENT
- DVD – WHY DON'T WE DO IT IN OUR SLEEVES

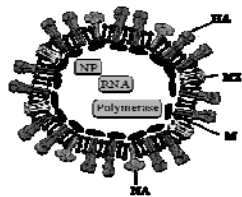
TRANSMISSIBILITY OF INFLUENZA VIRUS

- REFERS TO THE CAPACITY OF AN INFECTIOUS AGENT TO SPREAD FROM ONE PERSON TO ANOTHER
- FOR INFLUENZA VIRUS, DEPENDENT UPON:
 - PARTICLE SIZE AND INFECTIVE DOSE
 - SUSCEPTIBILITY OF HOST
 - TEMPERATURE, HUMIDITY, AIR CURRENTS, VENTILATION
 - DOWNWIND OR UPWIND

INFLUENZA VIRUS



INFLUENZA VIRUS H & N



INFLUENZA VIRUS

SNEEZING



SNEEZING



PARTICLE SIZE OF INFLUENZA VIRUS

- LARGE DROPLETS (50-100 μm diameter)
- DO NOT REMAIN SUSPENDED IN AIR
- BALLISTIC TRAJECTORY OF A FEW FEET
- INFECT BY DIRECT CONTACT WITH MUCOUS MEMBRANES OF MOUTH, EYES, UPPER NASAL PASSAGES

PARTICLE SIZE OF INFLUENZA VIRUS

- INTERMEDIATE SIZE PARTICLES (10-50 μm)
- TRANSMISSION OF THESE PARTICLES INFLUENCED BY
 - TEMPERATURE OF AIR IN YOUR OFFICE
 - HUMIDITY
 - AIR CURRENTS
 - AIR VELOCITY
- REACH UPPER RESPIRATORY TRACT

PARTICLE SIZE OF INFLUENZA VIRUS

- INCLUDES SMALL PARTICLE AEROSOLS AND DROPLET NUCLEI (<10 μm)
- DROPLET NUCLEI = INTERMEDIATE SIZE PARTICLES THAT HAVE DESSICATED AND SHRUNK
- TRANSMISSION PRIMARILY INFLUENCED BY AIR CURRENTS
- REACH LOWER RESPIRATORY TRACT

SURVIVAL OF VIRUS ON ENVIRONMENTAL SURFACES

- ON CLOTH OR PAPER = 8 – 10 HOURS
- ON NON-POROUS SURFACES (STAINLESS STEEL) = 24-48 HOURS
- ON POROUS SURFACES = ??

TRANSMISSION OF INFLUENZA A

- VIRUS INTRODUCED INTO A
 - HOME – 50% CLINICAL SYMPTOMS
 - ENCLOSED SPACE OUTSIDE HOME – 50% CLINICAL SYMPTOMS
 - NAVAL CRUISER – 42% CLINICAL SYMPTOMS
 - AIRPLANE WITH FAILED AIR CIRCULATION SYSTEM – 73% CLINICAL SYMPTOMS

MUSHER, NEJM

TOPICS

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COMMUNICABILITY OF INFLUENZA VIRUS
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TRiage/SCREENING #1

- KEEP YOUR WAITING ROOM AS EMPTY AS POSSIBLE
- CANCEL NON-ESSENTIAL PATIENT APPTS (Example: CHRONIC DISEASE F/U)
- TRAIN FRONT DESK WORKERS IN SCREENING FOR INFLUENZA SYMPTOMS
- MAXIMUM USE OF TELEPHONE TRIAGE/SCREENING

TRIAGE/SCREENING #2

- DISCOURAGE VISITS TO OFFICE
- SEE RESPIRATORY INFECTION PATIENTS AT END OF DAY
- "FRONT DOOR" ALERT TO PATIENTS:
 - INFORM FRONT DESK IF COUGHING/SNEEZING
 - PRACTICE RESPIRATORY HYGIENE/COUGH ETIQUETTE

TRIAGE/SCREENING #3

- RECEPTION WINDOW ALERT
- RECEPTION DESK SCREENING AS SOON AS PATIENT COMES IN
- GET SYMPTOMATIC PATIENTS INTO EXAM ROOMS ASAP

TOPICS

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COMMUNICABILITY OF INFLUENZA VIRUS
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RESPIRATORY HYGIENE/COUGH ETIQUETTE

- <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- EMPHASIZES COUGHS AND SNEEZES AND CLEANING OF HANDS
- POSTERS IN WAITING AREAS
- CONSIDER PAMPHLETS HANDED OUT BY RECEPTIONIST (FREE FROM CDC)
- IF PATIENT ACTIVELY COUGHING, HAND A PROCEDURE MASK (EAR LOOPS) AND MAKE SURE THEY PUT ON

MASK WITH EAR LOOPS



CONTAINMENT

- IF PATIENT HAS TO COME TO OFFICE, ONLY ONE PERSON MAY ACCOMPANY THEM
- IN WAITING ROOM
 - BOXES OF DISPOSABLE TISSUES IN WAITING ROOM, NOT JUST AT RECEPTION WINDOW
 - LARGE JUGS OF ALCOHOL BASED HAND CLEANER (60 – 70% ISOPROPYL OR ETHYL ALCOHOL) IN WAITING ROOM
 - AT LEAST ONE CLOSED TRASH CAN WITH FOOT-OPERATED PEDAL

CONTAINMENT

- REMOVE ALL MAGAZINES AND TOYS FROM WAITING ROOM (FOMITES)
- SOMEONE HAS TO BE ASSIGNED TO CLEAN HIGH-TOUCH SURFACES EVERY 1-2 HOURS WITH A DISINFECTANT
 - DOOR KNOBS
 - LIGHT SWITCHES
 - PENS
 - COMPUTER KEYBOARDS
 - TELEPHONES
 - CHAIR ARMS

OFFICE ARRANGEMENT 1

OFFICE ARRANGEMENT 2

OFFICE ARRANGEMENT 3

OTHER CONTAINMENT STRATEGIES

- CHECK WITH BUILDING MANAGER RE: NUMBER OF AIR EXCHANGES IN OFFICE (12 OR MORE BEST) AND HUMIDITY LEVELS
- HIGH AIR FLOW WILL DILUTE INFLUENZA VIRUS AND DESSICATE
- INCREASED HUMIDITY (>40%) WILL DECREASE VIRUS INFECTIVITY

N95 RESPIRATORS

- THERE IS NO RECOMMENDED ROLE FOR THE USE OF N95 RESPIRATORS IN THE OFFICE/CLINIC SETTING
- USE THESE OTHER STRATEGIES, ESPECIALLY:
 - TELEPHONE TRIAGE
 - KEEP WAITING ROOM EMPTY
 - GET COUGHING PATIENTS INTO EXAM ROOMS ASAP
 - MASK COUGHING PATIENTS

TOPICS

- TRANSMISSIBILITY/
COMMUNICABILITY OF INFLUENZA VIRUS
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ENVIRONMENT
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- DVD – WHY DON'T WE DO IT IN OUR SLEEVES

QUESTIONS



“Why Don’t We Do it in Our
Sleeves”-DVD Presentation

PART III
Stop the Spread!
A Toolkit for Preventing the Spread of
Germs in Clinics and Office Settings

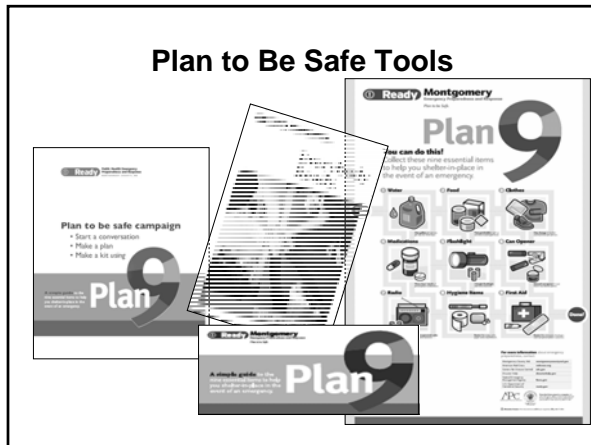
Development

- Inspired by the medical office conference in March 2007
- Need to engage physician offices and clinics in preparing for pandemic flu
- Collaboration with the State of Maryland
- Usability and Content Experts
- Dissemination Plan
- Benefits/Challenges

Demonstration

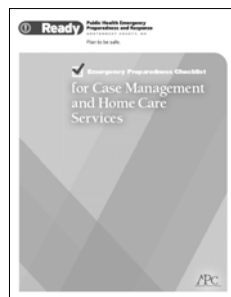
Part IV Additional Tools and Resources

Plan to Be Safe Tools



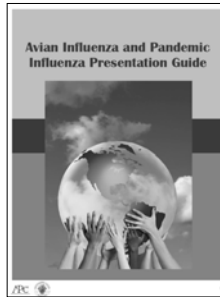
Case Management Tool

- Developed to be incorporated in to case files
- Easy-to-use
- Piloted



Pandemic Flu Power Point Presentation

- Toolkit includes:
 - Up-to-date power point presentation
 - Presentation Guide:
 - Handouts
 - Pre/Post-tests
 - Evaluations
 - Tips on presenting



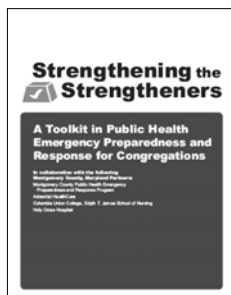
COOP Tip Sheet

- Guides local health departments through the second phase of COOP planning, the process of identifying critical functions and services.
- Montgomery County APC provides a case study of the process through the eyes of the county's Communicable Disease & Epidemiology Program.



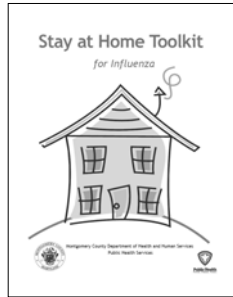
Strengthening the Strengtheners

- The toolkit was provided to participants at the recent "Strengthening the Strengtheners: An Emergency Preparedness Conference for Faith Community Nurses/Health Ministries."
- Provides tools and resources for Faith Community Nurses to utilize for emergency planning and preparation.



Stay At Home Toolkit

- To be handed out with Public Health Isolation and Quarantine Orders
- Basic 101 on all different aspects of influenza including prevention and care giving
- www.montgomerycountymd.gov/pandemicflu



Advanced Practice Centers Pandemic Influenza Tools

- NACCHO Toolbox
- www.naccho.org

Group Activity

- Goals:
 - For group members to share with each other how they are preparing their communities for pandemic influenza
 - For group members to explore with Montgomery County, APC their thoughts on additional tools and resources needed for preparation, response and recovery in a pandemic influenza

Group Activity Game Rules

- Each group will be assigned one question
- Choose one spokesperson for your group
- Choose a recorder for your group
- Presenters will act as facilitators for the groups

Group Activity

1. How have you engaged community partners for pandemic influenza preparation?
2. What tools and resources would be helpful for pandemic influenza preparation?
3. What are some of the barriers/challenges you are encountering in preparing your community for pandemic influenza?
4. Share additional pandemic influenza tools and resources not mentioned in the presentation.
5. Identify other pandemic influenza issues/needs in preparing your community.
6. For tools and resources, which format (online, CD-Rom, hard copy, Webinar, conferences, blogs, listserv, etc.) do you prefer? Why?

Wrap-Up

- www.montgomerycountymd.gov/apc
- Questions??

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Montgomery County, MD Advanced Practice Center Tools and Resources



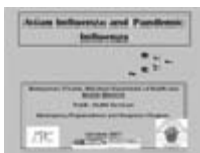
Emergency Preparedness Checklist for Case Management and Home Care Services

This Emergency Preparedness Checklist is designed to ensure that clients receiving home care and case management services have a conversation, develop an emergency plan and gather a three day or more supply of nine essential items in preparation for an emergency event. The Checklist is designed to be cut and/or copied and directly inserted into a client's chart. This Checklist can be used in conjunction with Montgomery County APC's Plan to Be Safe Campaign materials.



Plan to Be Safe Campaign

This is an educational toolkit (available in PDF) that was originally targeted to the senior citizen population. However due to the friendly format, Montgomery County launched it as a county-wide campaign in September 2005. The toolkit includes a poster with a take-away brochure which emphasizes preparing a disaster kit with at least 9 items and a tri-fold brochure. The tri-fold emphasizes a three step plan, of which preparing a disaster kit is one step. Each product within the toolkit is also available in a downloadable format that will allow for individual customization (poster, take-away brochure, and tri-fold brochure). A guidance document has been created, which provides suggestions on how the materials may be customized and instructions for printing.



Avian Influenza and Pandemic Influenza Power Point Presentation and Guide

A two-fold deliverable that includes a basic educational power point presentation as well as a presentation guide with resource materials for persons wishing to gain more knowledge and awareness on the topic of avian and pandemic influenzas. This presentation can be used as a self-guided presentation or downloaded to use in a presentation format. All materials can be modified to suit different audiences, communities and needs.

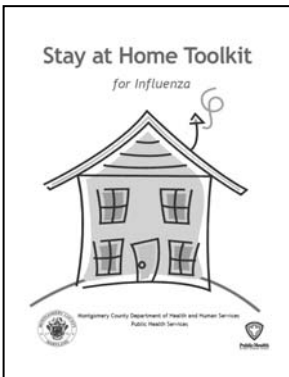


Tip Sheet: Building a Continuity of Operations Plan (COOP) Identifying and Prioritizing Critical Health Services

A significant piece for local health departments in planning and preparing for a public health emergency, such as a pandemic influenza, is developing a Continuity of Operations Plan (COOP). A COOP facilitates the performance of a health department's functions during an emergency or other situation which may interrupt normal services. This tip sheet guides local health departments through the second phase of COOP planning, the process of identifying critical functions and services. Montgomery County APC provides a case study of the process through the eyes of the county's Communicable Disease & Epidemiology Program.

Clinic Planning Model Generator

The Clinic Planning Model Generator Computer (CPMG) was designed in collaboration with the Dr. Jeffrey Herrmann, Associate Professor, Department of Mechanical Engineering and Institute for Systems Research, University Of Maryland College with the Montgomery County, MD APC. The purpose and use of the CPMG is to improve flow patterns of patients through the points of dispensing (PODs) and allows health emergency planners to quickly project the number of days needed to vaccinate/medicate patients, the number of employees needed to staff the PODs, the queue length and queue wait time (time in line at a station), and the total time in the POD. The CPMG can be used for PODs planning prior and during an influenza pandemic outbreak for antiviral and/or vaccine distribution. **Access this tool at <http://www.isr.umd.edu/Labs/CIM/projects/clinic/>**



Stay At Home Toolkit

In the event of an outbreak, hospitals, ERs, doctors' offices, emergency medical personnel and clinics will likely be overwhelmed. Most people will be able to be cared for at home. See the *Stay At Home Toolkit* (PDF) for basic Information on what household members can do to prevent the spread of flu and to care for someone who has the flu. **Access this tool at www.montgomerycountymd.gov/pandemicflu**

For more tools and resources from Montgomery County, APC or the National Association of County and City Health Officials, please go to:

www.montgomerycountymd.gov/apc

www.naccho.org