

NC IOM TASK FORCE ON ETHICS AND PANDEMIC INFLUENZA PLANNING

July 12, 2006
NC Hospital Association

Meeting Summary

WELCOME AND INTRODUCTIONS

Leah Devlin, DDS, MPH

Co-Chair

State Health Director

Division of Public Health

NC Department of Health and Human
Services

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DUTY TO WORK/DUTY TO CARE FOR HEALTHCARE WORKERS

Mark Holmes, PhD

Vice President

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For use in written documentation from the Ethics and Pandemic Influenza Planning Task Force, a “healthcare worker” will be defined as an individual employed by a healthcare institution either directly or on a contractual basis. The term “healthcare provider” will refer to healthcare workers who provide direct patient care, and “healthcare professional” will identify licensed healthcare providers. According to these definitions, all professionals are providers, and all providers are workers.

There are three ethical tenets, discussed at the end of the last task force meeting, that compel healthcare workers to work: professional, employment, and human duties. The professional duty to work applies to healthcare professionals, such as physicians and dentists, and is derived from their greater ability to provide care, selection of the profession, and social contract between the profession and society. However, their duty to work is balanced by their responsibility to protect themselves and not transmit disease. The employment duty applies to healthcare workers because they are receiving pay leading to a responsibility to report to work in a healthcare institution. Society expects that the institution will provide care and employees have a duty to the institution and its mission. The human duty to help others applies to everyone so long as doing so does not jeopardize one’s own safety.

During a pandemic influenza, licensed health professionals have an ethical obligation to provide services within their scope of practice, and all healthcare workers have an obligation to carry out regular job responsibilities and to assume new job responsibilities for which they are trained. Society and institutions/organizations/entities have a reciprocal obligation to ensure healthcare workers are protected to the extent possible and appropriately trained. Dr. Holmes then reviewed the document on duty of healthcare workers to care during a pandemic influenza. He presented the recommendations and asked for feedback from the Task Force.

DUTY TO WORK FOR OTHER ESSENTIAL WORKERS: PANEL DISCUSSION

Jon Kerin

Director- Health & Safety

Progress Energy Service Company, LLC

Progress Energy, upon receiving a letter indicating that they are one of the critical industries during an influenza pandemic, pulled together a cross-sectional team from every department in the company. This team met once a week to develop a plan. They first identified essential staffing and personnel needs and determined how to meet those needs through looking at critical baseline functions and the employee skill-set inventory. Essential personnel included those that handle payroll. Payroll was included so that individuals would continue to be paid during the pandemic. Progress Energy leaders did not sit down with employees to tell them they are or are not essential, rather they determined specific roles that will be shared by employees during the event. Information and training, including information about how to prepare their families, will be provided before, during, and after a pandemic. The team wrote new human resources (HR) policies for this type of event and established how they would communicate with employees during the emergency. The HR policy changes were crucial for them. Policy changes included changes in reporting expectations and how employees will be compensated for reporting in; employees will be made aware of these changes up front. Progress Energy decided it would pay everyone, whether essential or nonessential, and made sure it has a process in place to continue compensation during a pandemic. The team also planned benefits changes to ensure that employees would not lose their jobs as a result of the pandemic. It was very important to do all of this planning in advance of a pandemic influenza outbreak because it would be difficult to do during a pandemic. The planning group outlined the necessity for a strong command and control structure, with clear implementation expectations. Progress Energy recognizes that unanticipated issues will arise, but the planning in place will assist it in addressing new situations as they arise.

All Progress Energy employees have, and are aware of their job responsibilities: the normal ones and the ones during emergencies. In an emergency, Progress Energy sends a call out to inform people that they will be switching to the emergency mode and essential employees need to report; employees know their back-up jobs and expect that call because they are already trained and aware. The majority of the employees will be sent home and employees already have a list of accepted reasons for not reporting to work. Progress Energy's plan accounts for the fact that 40-50% of its workforce likely would not be available to report for work. People sent home will be paid normal pay, and those sequestered will be paid more. The symptoms of illness are outlined in the emergency plan and workers will be relied upon to self-police, and there may also be some health examination of workers before reporting in to prevent the ill from working. The reduction in available supplies is a concern of the company, which encourages employees to stockpile the maximum amount possible as part of family preparedness to maintain health in such a situation. Progress Energy has also considered how it would handle a pandemic influenza occurring at the same time as a hurricane. The cost of developing this plan was minimal because they could use existing resources, but they anticipate supply chain costs increasing and revenues to decrease in the event of a pandemic. However, Progress Energy does not anticipate a financial burden different from what many other businesses will face, and does not expect increased liability and other costs to be major issues.

James Ball
Food Safety Director
Food Lion

The supermarket industry is at the point of formulating their plans with consideration of certain scenarios. Food Lion's parent group is in Europe, thus, it has already learned to deal with the impact of decreased poultry sales, which would occur during an avian influenza pandemic. In early May, Food Lion invited speakers to talk to them about what avian influenza means from various perspectives, including the poultry industry and health perspectives.

The process to designate critical workers is influenced by what will happen in the business environment because critical worker designations may change. It also will be based on how the government reacts to a pandemic. Currently, Food Lion is trying to understand who is critical and who would support the customer base. The infrastructure of the company is important, but there is poor infrastructure in certain areas, such as home computing. It is also looking at how deliveries and customer service would occur during a pandemic influenza. Supervisors understand which tasks are needed and have the ability to do all the various tasks in a store because they many have years of experience in the industry.

The company is also looking at broad awareness training for critical workers. Future training will not just be general training but also skills training in areas such as personal protective equipment (PPE), hygiene, social distancing, and how to handle sick customers that come into the store. During an actual pandemic, employees who are requested to come in but do not report would face potential termination. As a result, the focus more is on providing an incentive to come through providing a sense of security by eliminating unknowns, improving awareness of true risk, and having PPE, sanitizers, and other resources available for employees. The problem from the business perspective is how much to stockpile and prepare for an event that may not happen. The company has also examined what it can do above and beyond regular benefits, such as providing additional sick pay, life insurance policies, and gift cards from the organization to associates working during a pandemic influenza. It has also considered providing medications for customers. There is a reciprocal obligation to make sure employees have knowledge of what is happening, and that they understand the true risks and the reasons they are asked to report for work. Awareness, training, and communication are important. There are also obligations to provide protective equipment for employees and to manage risk by providing insurance and security for associates beyond what they expect of law enforcement.

There were several questions from the Task Force about specific aspects of supermarket industry planning for a pandemic. Food Lion has not really considered decontaminating trucks because they expect that trucks will be decontaminated if they go through a quarantined area. They also are not yet sure how they will provide food to those who do not have the means to pay for it, such as those on food stamps who may encounter complications receiving their food stamps during a pandemic. In business, it is difficult to balance the duty to the community with the obligation to stay in business. Food Lion is in contact with its suppliers. It also acknowledges its social responsibility during a pandemic, as well as its responsibility for fulfilling public demand for certain goods.

DUTY TO WORK FOR OTHER ESSENTIAL WORKERS: DISCUSSION

Mark Holmes, PhD

Other essential workers have similar duties to those specified for healthcare workers: professional, employment, and human duties. Workers have the obligation to carry out regular and new responsibilities for which they are trained. Society and institutions/organizations have an obligation to ensure workers are protected. Dr. Holmes reviewed the drafted document on duty to work for other essential workers and discussion ensued. Workers in critical industries are have a responsibility to do work for which they are trained because the employer utilized resources to train them. Additionally, many job descriptions include “and other duties as assigned.” Employees have general obligations to work, and in the context of a major catastrophe, there may be enhanced or increased obligations for essential workers to work because of the broader need of keeping society functioning. Not all workers in essential industries understand the obligation to work during a catastrophe. Therefore, essential organizations/institutions/companies have a reciprocal obligation to inform workers, prior to an outbreak, of the essential nature of their job and the resulting higher obligation to work under such conditions. Essential institutions and organizations also have reciprocal obligations to ensure employee safety and appropriate training.

Some levels of government have already specified critical industries. Furthermore, all organizations should use this opportunity to reflect on the role they play in society. Non-critical industries should implement the least intrusive methods for functioning during a pandemic influenza. During a pandemic influenza outbreak, all organizations should prioritize the public’s health and reduction of the spread of disease over its financial position.

BALANCING PRIVACY AND PERSONAL LIBERTIES WITH THE NEED TO PROTECT THE PUBLIC

Kristina Simeonsson, MD, MSPH

Isolation is defined as the separation and restriction of movement or activities of ill infected individuals to prevent transmission of disease. By contrast, quarantine is the separation and restriction of movement or activities of those who are not ill, but are believed to have been exposed to infection. Social distancing measures, which may or may not be voluntary, are implemented to discourage or prohibit close contact between individuals in a variety of settings, including schools, sports facilities, and churches. During an influenza pandemic, people may practice reverse quarantine, which is to stay home to protect themselves without being told to do so. Snow days are another option that could be implemented. Snow days signify days when offices, schools, and transportation systems are closed/cancelled/curtailed as if there were a major snowstorm. Snow days are a good implementation measure because they are voluntary, relatively easily understood, and able to be implemented for a short period of time, such as for 10 days, before being reevaluated. Community-wide quarantine is closing off community borders and erecting real or virtual borders around an area to prevent entry or exit. Community-wide quarantine is unlikely to help or be effective in most North Carolina communities, except in very unique circumstances.

The Secretary of the US Department of Health and Human Services has authority to prevent introduction, transmission, and spread of communicable diseases within states and from outside of states. This authority is delegated to the Centers for Disease Control and Prevention (CDC) along with its resultant ability to detain, medically examine, and quarantine individuals suspected/found to have certain diseases, including influenza causing, or with potential to cause, a pandemic. State, local, and tribal jurisdictions have primary responsibility for isolation and quarantine within their borders, but there is good interplay between federal, state, local, and tribal laws such that the different jurisdictions can assist each other. State and local health directors are empowered to exercise quarantine and isolation authority.

Public health's goals of disease containment are to delay spread of disease and occurrence of outbreaks in communities, decrease clinical attack rates in affected communities, and distribute the number of cases of disease over a longer interval to reduce the surge in healthcare utilization and extend the time for developing pharmaceutical interventions. Influenza has a short gestation period, so containing a pandemic through isolation and quarantine would only be possible if these strategies were implemented within the first two days of exposure. Furthermore, influenza can be transmitted by asymptomatic persons and viral shedding can occur before the onset of symptoms so a person can be infectious before becoming ill and symptomatic (though asymptomatic transmission is not as hardy of a transmission as when symptomatic). For these reasons, containment measures will not be as effective as they were for SARS or smallpox. Isolation and quarantine are just one part of the strategy for a pandemic flu outbreak, and they may have limited roles. Community-based strategies are more likely to be used during an influenza pandemic Phase 6+.

We currently are in Phase 3 of an influenza pandemic because there is limited person-to-person spread. Phase 4 and Phase 5 have larger clusters of limited human to human spread where isolation and quarantine may be used, and Phase 6 is where the disease is widespread and community-based strategies are used. Quarantine at home with good follow-up is one option for those exposed. Early in Phase 6, there is increased and sustained transmission in the general population, but no cases yet in North Carolina. In the middle of Phase 6 there are multiple outbreaks in the state, so isolation and quarantine are no longer feasible or effective. Therefore, the state or local governments would implement community containment measures, such as snow days, cancelling public events, and closure of schools and malls. These community measures may be voluntary or have legal authority behind them; their triggers currently are not well-known because it depends on how the virus behaves. Triggers are affected by how the disease is transmitted, how bad the disease is in terms of mortality, and what risk groups are affected. There is a limited evidence base for the effectiveness of containment measures. Historically, there is not much to go on except for a few communities, like islands, that were really able to effectively isolate themselves.

TASK FORCE ATTENDANCE

Task Force members: Leah Devlin (co-chair), Rosemarie Tong (co-chair), Paul Anderson, James Ball, Granger Barrett, Linda Burhans, Sally Cameron, Lynne Doss, Leigh Foushee, William Gentry, Merle Green, Merrill Holden, Joycelyn Johnson, Chuck Lifford, Jill Moore, John Morrow, John Moskop, Diane Packard, George Reed, Janelle Rhyne, Rudy Rudisill, Jane Stein, Chuck Willson, Marty Zaluski

Steering committee, staff, and other interested guests: Aaron Augustino, Cheryl Barbour, Vijay Brihmadേശam, Ken Burgess, Julie Casani, Steve Cline, Kristen Dubay, Joanna Forrester, Thalia Fuller, Scarlett Gardner, Natasha Harrison, Kathy Heilig, Mark Holmes, Jon Kerin, Gretchen Kummer, Mark Lanier, Sarah Mason, Pam Silberman, Kristina Simeonsson, Lou Turner, Maribeth Wooten