Incident Response Guide: Infectious Disease

# Mission

To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients and staff, and to manage the uninjured, asymptomatic persons, family members, and media.

# Directions

Read this entire response guide and review the Hospital Incident Management Team Activation chart. Use this response guide as a checklist to ensure all tasks are addressed and completed.

# Objectives

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| * Identify, triage, isolate, and treat infectious patients
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| * Protect patients and staff from exposure and injury
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| * Assure safety and security for patients, staff, visitors, and the hospital
* Admit a large number of infectious patients while protecting other (uninfected) patients
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| **Immediate Response (0 – 2 hours)** |
| **Section** | **Officer/Specialist** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Receive notification of incident from local emergency medical services; notify the emergency department of possible incoming infectious patients. |  |
|  | Notify hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status. |  |
|  | Activate the Emergency Operations Plan, Infectious Disease Plan, Surge Plan, Infectious Patient Transport Plan, Hospital Incident Management Team, and Hospital Command Center. |  |
|  | Establish operational periods, objectives, and regular briefing schedule. Consider the use of Incident Action Plan Quick Start for initial documentation of the incident. |  |
|  | Appoint Command Staff, Section Chiefs, and Medical-Technical Specialist: Infectious Disease. |  |
| **Public Information Officer** |  | In conjunction with Joint Information Center, develop patient, staff, and community response messages to convey hospital preparations, services, and response. |  |
|  | Monitor media outlets for updates on the incident and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander. |  |
| **Liaison Officer** |  | Establish contact with local Emergency Operations Center, local emergency medical services, healthcare coalition coordinator, and area hospitals to determine incident details, community status, estimates of casualties, request needed supplies, equipment, and personnel, and to identify the infectious agent.  |  |
|  | Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and the integration of hospital functions with local response. |  |
| **Safety Officer** |  | Conduct ongoing analysis of existing response practices for health and safety issues related to patients, staff, and hospital using HICS 215A and implement corrective actions to address. |  |
|  | Monitor safe and consistent use of appropriate personal protective equipment by staff. |  |
| **Medical-Technical Specialist: Infectious Disease** |  | Verify from the emergency department attending physician and affected outpatient sites, in collaboration with local emergency medical services, the following information and report to the Incident Commander:* Number and condition of patients affected, including asymptomatic people presenting
* Type of biological or infectious disease involved (case definition)
* Medical problems present in addition to the biological or infectious disease involved
* Measures taken (e.g., cultures, supportive treatment)
* Potential for, and scope of, communicability
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|  | Provide guidance on appropriate personal protective equipment and isolation precautions. |  |
|  | Provide expert input in the Incident Action Planning process. |  |

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| **Immediate Response (0 – 2 hours)** |
| **Section** | **Branch/Unit**  | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Provide just-in-time training for both clinical and nonclinical staff regarding the status of the event, precautions they should take, and rumor control. |  |
|  | Notify the emergency department of possible numbers of incoming infectious patients, in consultation with the Liaison Officer who is in communication with local emergency medical services. |  |
| **Medical Care Branch Director** |  | Implement Infectious Disease Plan, including:* Location for offsite triage, as appropriate
* Proper rapid triage of people presenting requesting evaluation, coordinated with security, if necessary
* Staff implementation of infection precautions, and higher level precautions for high risk procedures. (e.g., suctioning, bronchoscopy, etc.), as per current Centers for Disease Control and Prevention (CDC) guidelines
* Proper monitoring of isolation rooms and isolation procedures
* Limitation of patient transportation within hospital for essential purposes only
* Restriction of number of clinicians and ancillary staff providing care to infectious patients
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|  | Evaluate and determine health status of all persons prior to hospital entry. |  |
|  | Ensure safe collection, transport, and processing of laboratory specimens. |  |
|  | Identify evacuation priorities and transfer requirements. |  |
|  | Review patient census and determine if discharges and appointment cancellations are required. |  |
|  | Provide personal protective equipment to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting screening and triage, interacting with infectious patients). |  |
|  | Prepare for fatalities, if necessary. |  |
|  | Activate Emergency Patient Registration Plan as required. |  |
| **Security Branch Director** |  | Activate the Security Plan to: * Secure the hospital to prevent infectious patients from entering the hospital except through designated route
* Establish ingress and egress routes
* Implement crowd and traffic control protocols
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| **Planning** | **Section Chief** |  | Establish operational periods, incident objectives, and the Incident Action Plan in coordination with the Incident Commander.  |  |
| **Resources Unit Leader** |  | Track dispersal of external pharmaceutical cache(s) such as the Strategic National Stockpile. |  |
| Initiate personnel and materials tracking. |  |
| **Situation Unit Leader** |  | Initiate patient and bed tracking (Disaster Victim/Patient Tracking ­– HICS Form 254). |  |
| **Logistics** | **Section Chief** |  | Refer to Job Action Sheet for appropriate tasks.  |  |
| **Service Branch** |  | Prepare for receipt of external pharmaceutical cache(s) such as the Strategic National Stockpile. |  |
| **Support Branch** |  | Implement distribution plans for mass prophylaxis and immunizations for employees, their families, and others. |  |
|  | Anticipate an increased need for medical supplies; antivirals, IV fluids, and pharmaceuticals; oxygen, ventilators, suction equipment, and respiratory protection; and for respiratory therapists, transporters, and other personnel. |  |
|  | With Planning Section, determine staff supplementation needs and activate Labor Pool. |  |

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| **Intermediate Response (2 – 12 hours)** |
| **Section** | **Officer/Specialist** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Review the overall impact of the ongoing incident on the hospital with Command and General staff. |  |
|  | Monitor that communications and decision making processes are coordinated with local Emergency Operations Center and area hospitals, as appropriate. |  |
|  | Direct implementation of any and all additional response plans required to address the incident. |  |
|  | Consider deploying a hospital representative to the local Emergency Operations Center. |  |
| **Public Information Officer** |  | Conduct briefings to patients, staff, people seeking shelter, and media to update them on incident and hospital status. |  |
|  | Coordinate risk communication messages with the Joint Information Center, if able. |  |
|  | Assist with notification of patients’ families about the incident and inform them of the likelihood of transfer, if required. |  |
| **Liaison Officer** |  | Maintain contact with local Emergency Operations Center, local emergency medical services, local health department, regional medical health coordinator, and area hospitals to relay status and critical needs and to receive community updates. |  |
|  | Keep local emergency medical services advised of any health problems and trends identified, in cooperation with Infection Control. |  |
| **Safety Officer** |  | Continue to implement and maintain safety and personal protective measures to protect staff, patients, visitors, and hospital. |  |
|  | Continue to monitor proper use of personal protective equipment and isolation procedures. |  |
| **Medical-Technical Specialist: Infectious Disease** |  | Support Hospital Incident Management Team as needed; consult appropriately with other internal and external experts. |  |
|  | Support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures. |  |

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| **Intermediate Response (2 – 12 hours)** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Refer to Job Action Sheet for appropriate tasks.  |  |
| **Medical Care Branch Director** |  | Monitor continuation of medical mission activities. Conduct disease surveillance, including number of affected patients and personnel. |  |
|  | Continue patient, staff, and hospital monitoring for infectious exposure, and provide appropriate follow up care as required. |  |
|  | Continue patient management activities, including patient cohorting, isolation, and personal protective equipment practices. |  |
|  | Consult with Infection Control for disinfection requirements for equipment and hospital. |  |
|  | Implement Fatality Management Plan and assess capacity for refrigeration and security of decedents, if necessary. |  |
| **Business Continuity Branch Director** |  | Refer to Job Action Sheet for appropriate tasks.  |  |
| **Patient Family Assistance Branch Director** |  | Establish a patient information center. |  |
| **Planning** | **Section Chief** |  | Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in cooperation with Command Staff and Section Chiefs. |  |
| **Resources Unit Leader** |  | Continue staff, materials, and equipment tracking. |  |
| **Situation Unit Leader** |  | Continue patient and bed tracking. |  |
| **Logistics** | **Section Chief** |  | Refer to Job Action Sheet for appropriate tasks.  |  |
| **Support Branch Director** |  | Coordinate activation of staff vaccination or Mass Vaccination and Prophylaxis Plan with Operations Section. |  |
|  | Monitor health status of staff exposed to infectious patients, and report to Operations Section. |  |
|  | Consider temporarily reassigning staff recovering from flu to appropriate duties; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (no infectious patient care or administrative duties only). |  |
|  | Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies) in cooperation with Operations Section. Obtain supplies as required and available or continue supply rationing. |  |
|  | Continue staff call in (if safe and as needed) and provide additional staff to impacted areas. |  |
|  | Facilitate procurement of supplies, equipment, and medications for response and patient care. |  |
| **Service Branch Director** |  | Provide for staff food, water, rest periods, and behavioral health support. |  |
| **Finance/ Administration** | **Section Chief** |  | Refer to Job Action Sheet for appropriate tasks.  |  |
| **Time Unit Leader** |  | Track hours associated with the incident response. |  |
| **Procurement Unit Leader** |  | Facilitate procurement of needed supplies, equipment, and contractors. |  |
| **Compensation / Claims Unit Leader** |  | Track and follow up with employee illnesses and absenteeism issues. |  |
|  | Implement risk management and claims procedures for reported staff and patient exposures or injuries. |  |
| **Cost Unit Leader** |  | Track response expenses and expenditures. |  |

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| **Extended Response (greater than 12 hours)** |
| **Section** | **Officer/Specialist** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Reassess incident objectives and Incident Action Plan and revise as indicated by the response priorities and overall mission. |  |
|  | Plan for return to normal services in coordination with Command Staff and Section Chiefs; consider consulting with emergency medical services and other community hospitals regarding their status and plans. |  |
|  | Reevaluate the hospital’s ability to continue its medical mission. |  |
| **Public Information Officer** |  | Continue regularly scheduled briefings to media, patients, staff, families, and people seeking shelter. |  |
|  | Communicate regularly with the Joint Information Center to update hospital status and coordinate public information messages. |  |
|  | Address social media issues as warranted; use social media for messaging as situation dictates.  |  |
| **Liaison Officer** |  | Maintain established contacts with outside agencies to relay status and critical needs. |  |
|  | Keep local emergency medical services advised of any health problems and trends identified. |  |
| **Safety Officer** |  | Continue to oversee safety measures and use of personal protective equipment for patients, staff, and visitors. |  |
|  | Assess the crowd control plan and any other safety issues with appropriate staff. |  |
| **Medical-Technical Specialist: Infectious Disease** |  | Continue to support Hospital Incident Management Team with current information and projected impact. |  |
|  | Continue to support Operations Section as needed by coordinating information regarding specific infectious agent identification and treatment procedures. |  |
|  | Continue to provide expert input into Incident Action Planning process. |  |

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| **Extended Response (greater than 12 hours)** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Refer to Job Action Sheet for appropriate tasks. |  |
| **Medical Care Branch Director** |  | Monitor continuation of medical mission activities, including patient care and isolation activities. |  |
|  | Continue patient monitoring for infectious exposure and provide appropriate follow up care as required. |  |
| **Infrastructure Branch Director** |  | Ensure proper disposal of infectious waste, including disposable supplies and equipment. |  |
|  | Continue infrastructure maintenance and support, including continuing to monitor hospital air quality. |  |
| **Planning** | **Section Chief** |  | Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs. |  |
|  | Ensure that updated information and intelligence is incorporated into Incident Action Plan.  |  |
| **Resources Unit Leader** |  | Monitor supply and equipment levels and notify Logistics and Operations Section of identified needs. |  |
| **Demobilization Unit Leader** |  | Ensure the Demobilization Plan is being readied. |  |
| **Logistics** | **Section Chief** |  | Refer to Job Action Sheet for appropriate tasks. |  |
| **Support Branch Director** |  | Monitor the health status of staff that participated, supported, or assisted in disinfection activities, and provide appropriate medical care and follow up. |  |
|  | Continue to facilitate procurement of supplies, equipment, and medications for response and patient care. |  |
| **Finance/ Administration** | **Section Chief** |  | Coordinate with Risk Management for additional insurance and documentation needs, consider taking photographs where applicable.  |  |
| **Cost Unit Leader** |  | Continue to track response costs and expenditures, and prepare regular reports for the Incident Commander. |  |

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| **Demobilization/System Recovery** |
| **Section** | **Officer** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Determine termination of event and ability to return to normal operations. |  |
|  | Oversee and direct demobilization operations with restoration of normal services. |  |
|  | Ensure that process is mobilized to complete response documentation for submission for reimbursement. |  |
| **Public Information Officer** |  | Conduct final media briefing and assist with updating staff, patients, families, and others of termination of incident and restoration of normal services. |  |
| **Liaison Officer** |  | Communicate final hospital status and termination of the incident to local emergency medical services and any established outside agency contacts. |  |
| **Safety Officer** |  | Monitor and maintain a safe environment during return to normal operations. |  |

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| **Demobilization/System Recovery** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Submit all section documentation to Planning Section for compilation in After Action Report. |  |
| **Medical Care Branch Director** |  | Return patient care and services to normal operations. |  |
| **Infrastructure Branch Director** |  | Ensure that deployable isolation equipment or alterations in air pressure flow are returned to pre-incident status. |  |
| **Security Branch Director** |  | Return traffic flow and security forces to normal services. |  |
| **Planning** | **Section Chief** |  | Finalize and distribute Demobilization Plan. |  |
|  | Conduct debriefings or hotwash with: * Command Staff and section personnel
* Administrative personnel
* All staff
* All volunteers
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|  | Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include:* Summary of the incident
* Summary of actions taken
* Actions that went well
* Actions that could be improved
* Recommendations for future response actions
 |  |
|  | Prepare summary of the status and location of all incident patients, staff, and equipment. After approval by the Incident Commander, distribute as appropriate. |  |
| **Logistics** | **Section Chief** |  | Submit all section documentation to Planning Section for compilation in After Action Report. |  |
| **Support Branch Director** |  | Inventory all Hospital Command Center and hospital supplies and replenish as necessary, appropriate, and available. |  |
|  | Inventory levels of personal protective equipment and work with Finance Section to replenish necessary supplies. |  |
| **Finance/ Administration** | **Section Chief** |  | Contact insurance carriers to identify requirements for documentation of any damage or losses, and initiate reimbursement and claims procedures. |  |
|  | Finalize all expense and time reports and summarize the costs of the response and recovery operations to submit to Planning Section for inclusion in the After Action Report. |  |

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| **Documents and Tools** |
| **Emergency Operations Plan, including:*** Infectious Disease Plan
* Surge Plan
* Infectious Patient Transport Plan
* Mass Vaccination and Prophylaxis Plan
* Risk Communication Plan
* Fatality Management Plan
* Patient, staff, and equipment tracking procedures
* Employee health monitoring and treatment plan
* Behavioral Health Support Plan
* Centers for Disease Control and Prevention Guidelines for specific agent identification and treatment
* Mass Casualty Plan
* Infection control and isolation protocols
* Security Plan
* Business Continuity Plan
* Emergency Patient Registration Plan
* Demobilization Plan
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| **Forms, including:*** HICS Incident Action Plan (IAP) Quick Start
* HICS 200 – Incident Action Plan (IAP) Cover Sheet
* HICS 201 – Incident Briefing
* HICS 202 – Incident Objectives
* HICS 203 – Organization Assignment List
* HICS 205A – Communications List
* HICS 214 – Activity Log
* HICS 215A – Incident Action Plan (IAP) Safety Analysis
* HICS 221 – Demobilization Check-out
* HICS 251 – Facility System Status Report
* HICS 254 – Disaster Victim/Patient Tracking
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| Job Action Sheets |
| Access to hospital organization chart |
| Television/radio/internet to monitor news |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication |

Hospital Incident Management Team Activation: Infectious Disease

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| **Position** | **Immediate** | **Intermediate** | **Extended** | **Recovery** |
| **Incident Commander** | X | X | X | X |
| Public Information Officer | X | X | X | X |
| Liaison Officer | X | X | X | X |
| Safety Officer | X | X | X | X |
| Medical-Technical Specialist: Infectious Disease | X | X | X | X |
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| **Operations Section Chief** | X | X | X | X |
| Medical Care Branch Director | X | X | X | X |
| Infrastructure Branch Director |   |  | X | X |
| Security Branch Director | X | X | X | X |
| Business Continuity Branch Director |   | X | X | X |
| Patient Family Assistance Branch Director |  | X | X | X |
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| **Planning Section Chief** | X | X | X | X |
| Resources Unit Leader | X | X | X | X |
| Situation Unit Leader | X | X | X | X |
| Demobilization Unit Leader |  |  | X | X |
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| **Logistics Section Chief** | X | X | X | X |
| Service Branch Director | X | X | X | X |
| Support Branch Director | X | X | X | X |
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| **Finance /Administration Section Chief** |  | X | X | X |
| Time Unit Leader |  | X | X | X |
| Procurement Unit Leader |  | X | X | X |
| Compensation/Claims Unit Leader |  | X | X | X |
| Cost Unit Leader |  | X | X | X |