

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



INCIDENT RESPONSE GUIDE

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

DIRECTIONS	
<input type="checkbox"/>	Read this entire incident response guide and review the Incident Management Team Chart.
<input type="checkbox"/>	Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.
OBJECTIVES	
<input type="checkbox"/>	Identify, triage, isolate, and treat infectious residents.
<input type="checkbox"/>	Accurately track residents throughout the nursing home.
<input type="checkbox"/>	Assure safety and security of the staff, residents, visitors, and nursing home.
IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
COMMAND	<p>(Incident Commander):</p> <ul style="list-style-type: none"><input type="checkbox"/> Activate the appropriate Medical Director/Specialist or Technical Specialists to assess the incident.<input type="checkbox"/> Activate Command staff and Section Chiefs.<input type="checkbox"/> Implement regular briefing schedule for Command staff and Section Chiefs.<input type="checkbox"/> Implement the infectious residents surge plan and other Emergency Operations Plans, as indicated.<input type="checkbox"/> Communicate with public health officials, local emergency management, and other external agencies (e.g., health department, regulatory agencies) to identify infectious agent and communicate situation status and projected needs.<input type="checkbox"/> Communicate with Public Health to determine the potential number of infectious residents.<input type="checkbox"/> Communicate regularly with Section Chiefs regarding operational needs and integration of nursing home functions with local EOC.<input type="checkbox"/> Monitor media outlets for updates on the pandemic and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander. <p>(Safety Officer):</p> <ul style="list-style-type: none"><input type="checkbox"/> Conduct ongoing analysis of existing response practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions to address.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

	<p>COMMAND (continued)</p> <p>(Medical Director/Specialist – Biological/disease outbreak/pandemic):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verify and collaborate with Public Health officials, and report the following information to the Incident Commander: <ul style="list-style-type: none"> ○ Number and condition of residents affected, including the worried well ○ Type of biological/infectious disease involved (case definition) ○ Medical problems present in addition to biological/infectious disease involved ○ Measures taken (e.g., cultures, supportive treatment) ○ Potential for and scope of communicability ○ Implement appropriate PPE and isolation precautions <input type="checkbox"/> Coordinate with the Operations Section Chief to verify from the Medical Director/Specialist, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs: <ul style="list-style-type: none"> ○ Number and condition of residents affected, including the asymptomatic ○ Medical problems present besides infectious disease involved ○ Measures taken (e.g., cultures, supportive treatment) ○ Potential for and scope of communicability
	<p>OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control. <input type="checkbox"/> Monitor residents for signs of illness. <input type="checkbox"/> Ensure proper implementation of infectious residents surge plan, including: <ul style="list-style-type: none"> ○ Staff implementation of infection precautions, and higher level precautions for high risk procedures ○ Proper monitoring of isolation procedures ○ Limit resident movement within nursing home for essential purposes only ○ Restrict number of clinicians and ancillary staff providing care to infectious residents <input type="checkbox"/> Evaluate and determine health status of all persons prior to nursing home entry. <input type="checkbox"/> Ensure safe collection, transport, and processing of laboratory specimens. <input type="checkbox"/> Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule. <input type="checkbox"/> Conduct nursing home census and determine if discharges and appointment cancellations are required. <p>(Security):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider nursing home lockdown to prevent infectious residents from entering the nursing home except through designated route. Report regularly to Operations Section Chief.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

	PLANNING
	<ul style="list-style-type: none"> <input type="checkbox"/> Establish operational periods and develop Incident Action Plan: <ul style="list-style-type: none"> ○ Engage all necessary departments ○ Share Incident Action Plan through Incident Commander with these areas ○ Provide instructions on needed documentation including completion detail and deadlines <input type="checkbox"/> Implement resident/staff/equipment tracking protocols. <input type="checkbox"/> Report actions/information to Incident Commander, Command Staff, and Section Chiefs regularly.
	LOGISTICS
	<ul style="list-style-type: none"> <input type="checkbox"/> Implement distribution of plans for mass prophylaxis/immunizations for employees, their families, and others as recommended from public health and emergency preparedness officials (pandemic event). <input type="checkbox"/> Anticipate an increased need for medical supplies (i.e., antivirals, pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE), and respiratory therapists, transporters and other personnel. <input type="checkbox"/> Implement distribution of PPE to high risk employees as recommended by public health and emergency preparedness officials. <input type="checkbox"/> Prepare for receipt of external pharmaceutical cache(s). <input type="checkbox"/> Determine staff supplementation needs and communicate to Liaison Officer. <input type="checkbox"/> Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.

INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)

	COMMAND
	(Incident Commander):
	<ul style="list-style-type: none"> <input type="checkbox"/> Activate and implement Emergency Operations Plans, as indicated, including mass fatality plan if needed. <input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs and regulatory agencies. <input type="checkbox"/> Establish a resident information center; coordinate with local emergency management/public health/EMS. Regularly brief local EOC, nursing home staff, residents, and media. <input type="checkbox"/> Ensure integrated response with local EOC/ JIC. <input type="checkbox"/> Communicate to local EOC personnel/equipment/supply needs identified by Operations. <input type="checkbox"/> Keep Public Health advised of any health problems/trends identified, in cooperation with infection control. <input type="checkbox"/> Integrate outside personnel assistance into Command Center and hospital operations. <input type="checkbox"/> Discuss operational status with other area facilities/hospitals. <input type="checkbox"/> Brief Command staff/Section Chiefs regularly with information from outside sources.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)

	OPERATIONS
	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct disease surveillance, including number of affected residents/personnel. <input type="checkbox"/> Continue isolation activities as needed. <input type="checkbox"/> Consult with infection control for disinfection requirements for equipment and nursing home. <input type="checkbox"/> Continue patient management activities, including patient cohorting and resident/staff/visitor medical care issues. <input type="checkbox"/> With Logistics, coordinate the implementation of mass vaccination/mass prophylaxis plan. <input type="checkbox"/> Determine scope and volume of supplies/equipment/personnel required and report to Logistics. <input type="checkbox"/> Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased residents.
	PLANNING
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue resident tracking. <input type="checkbox"/> Document Incident Action Plan as developed by IC and Section Chiefs, and distribute appropriately. <input type="checkbox"/> Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly. <input type="checkbox"/> Plan for termination of incident. <input type="checkbox"/> Revise security plan and family visitation policy, as needed.
	LOGISTICS
	<ul style="list-style-type: none"> <input type="checkbox"/> Coordinate activation of staff vaccination/prophylaxis plan with Operations (pandemic event). <input type="checkbox"/> Monitor the health status of staff who are exposed to infectious residents. <input type="checkbox"/> Consider reassigning staff recovering from flu to care for flu residents; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (i.e., no flu patient care or administrative duties only).
	FINANCE/ADMINISTRATION
	<ul style="list-style-type: none"> <input type="checkbox"/> Track response expenses and report regularly to Command staff and Section Chiefs. <input type="checkbox"/> Track and follow up with employee illnesses and absenteeism issues.
EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
	COMMAND
	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs. Address issues identified. <input type="checkbox"/> Continue resident information center, as necessary. Coordinate efforts with local/state public health resources/JIC. <input type="checkbox"/> Continue to ensure integrated response with local EOC/JIC. <input type="checkbox"/> Continue to communicate personnel/equipment/supply needs to local EOC. <input type="checkbox"/> Continue to keep public health advised of any health problems/trends identified. <input type="checkbox"/> Keep regulatory agencies apprised of nursing home status.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)

	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Continue patient management and nursing home monitoring activities. Communicate personnel/equipment/supply needs to local EOC. <input type="checkbox"/> Ensure proper disposal of infectious waste, including disposable supplies/equipment.
<input type="checkbox"/>	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs.
	LOGISTICS
<input type="checkbox"/>	<input type="checkbox"/> Continue monitoring the health status of staff exposed to infectious residents. <input type="checkbox"/> Continue addressing behavioral health support needs for residents/visitors/staff. <input type="checkbox"/> Continue providing equipment/supply/personnel needs.
	FINANCE
<input type="checkbox"/>	<input type="checkbox"/> Continue to track response expenses and employee injury/illness and absenteeism.

DEMOBILIZATION/SYSTEM RECOVERY

	COMMAND
<input type="checkbox"/>	(Incident Commander):
<input type="checkbox"/>	<input type="checkbox"/> Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC. <input type="checkbox"/> Prepare a summary of the status and location of infectious residents. Disseminate to Command staff/Section Chiefs and to public health/EOC, regulatory agencies as appropriate.
<input type="checkbox"/>	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Restore normal nursing home operations and resident visitation.
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions. <input type="checkbox"/> Conduct after-action debriefing with all staff, physicians, and volunteers. <input type="checkbox"/> Prepare the after-action report and improvement plan for review and approval. <input type="checkbox"/> Write after-action report and corrective action plan to include the following: <ul style="list-style-type: none"> o Summary of actions taken o Summary of the incident o Actions that went well o Area for improvement o Recommendations for corrective actions and future response actions

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
	LOGISTICS <input type="checkbox"/> Conduct stress management and after-action debriefings and meetings as necessary. <input type="checkbox"/> Monitor health status of staff. <input type="checkbox"/> Inventory all EOC and nursing home supplies and replenish as necessary. <input type="checkbox"/> Restore/repair/replace broken equipment. <input type="checkbox"/> Return borrowed equipment after proper cleaning/disinfection. <input type="checkbox"/> Restore normal nonessential services.
	FINANCE <input type="checkbox"/> Compile time, expense, and claims reports and submit to IC for approval. <input type="checkbox"/> Distribute approved reports to appropriate authorities for reimbursement.
DOCUMENTS AND TOOLS	
	Nursing Home Emergency Operations Plan, including: <ul style="list-style-type: none">○ Infectious patient surge plan○ Mass vaccination/mass prophylaxis plan (pandemic event)○ Risk communication plan○ Nursing home security plan○ Patient/staff/equipment tracking procedure○ Behavioral health support for staff/residents plan○ Mass fatalities plan (pandemic event)
	Infection control plan.
	Employee health monitoring/treatment plan.
	All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents.
	Nursing Home Incident Command Forms.
	Nursing Home Job Action Sheets.
	Nursing Home Incident Management Team Chart.
	Television/radio/internet to monitor news.
	Telephone/cell phone/radio/satellite phone/internet for communication.