BIOLOGICAL ATTACK – AEROSOL ANTHRAX

SCENARIO

Urban City is a metropolis with a large commuter workforce with major hubs where large numbers of commuters congregate while waiting for connections. Recently, Urban City has been experiencing an early influenza season, with more than usual numbers of people becoming ill with colds and flu.

One weekday, the Universal Adversary terrorist group disburses aerosol anthrax among the commuters using a concealed improvised spraying device. The commuters do not notice the fine aerosol hanging in the air around them.

Twelve hours post-release, patients within and outside of Urban City present to emergency departments with influenza-like-illness complaints and symptoms. Many are seen and discharged, while a few are serious enough to require admission. Eighteen hours post-release, with large numbers of patients overwhelming emergency departments and clinics, and multiple fatalities, a diagnosis of respiratory anthrax is made in several hospitals in the area. Local public health departments determine that the cases shared common commute locations and issue a case definition and alert to healthcare providers. Law enforcement and CDC are notified.

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INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital conduct surveillance for influenza-like-illness and monitor and report trends and increases in numbers to the local public health department?
2.	Does your hospital have a procedure for notifying appropriate internal experts, including infectious diseases, infection control and hospital epidemiology?
3.	Does your hospital have ongoing communications with and procedures for collaborating with local and state public health departments in developing a case definition?
4.	Does your hospital have a process to ensure staff personal protection and communicate appropriate infection precaution instructions staffing a timely manner?
5.	Does your hospital have a process to provide personal protective equipment (PPE) to designated work locations?
6.	Does your hospital have a process to inventory appropriate medications, including antibiotics?
7.	Does your hospital identify essential personnel (i.e., medical, nursing, environmental services, facilities, nutrition and food services, administrative, respiratory therapy, radiology technicians, medical records, information technology and laboratory, etc.) that would be priority for receiving prophylaxis and PPE to protect those staff most at risk and to ensure the continuation of essential services?
8.	Does your hospital have distribution plans for mass prophylaxis/immunizations for employees, their family members, and others?
9.	Does your hospital have a means of notifying external partners, e.g., public health, law enforcement, emergency management agency?
10.	Does your hospital have a plan for providing personal protective equipment to laboratory personnel when required?
11.	Does your hospital have a plan for safely packaging, identifying, and transferring lab specimens to external testing sites, including state and federal labs?
12.	Does your hospital have a plan for increasing capability to perform specific screening tests for designated pathogens?
13.	Does your hospital have the capability of handling the documentation associated with a surge in specific diagnostic testing?
14.	Does your hospital have a plan for relaying laboratory results to: • Internal clinical sites? • External partners (public health, law enforcement, others)?

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Response & Recovery

1.	Does your hospital have procedures established to verify information from the ED attending physician, infection control physicians and infection control department, and local public health department, and to report the following information to the Incident Commander: ▪ Number and condition of patients affected, including the uninjured? ▪ Type of biological/infectious disease involved? ▪ Medical problems present in addition to the biological/infectious disease involved? ▪ Measures taken (e.g., cultures, supportive treatment)?
2.	Does your hospital have a procedure to track and report to HCC and local authorities the ED/clinic and inpatient census and symptoms?
3.	Does your hospital have a procedure established to provide ongoing situational briefings to staff and patients, including description of incident and safety issues?
4.	Does your hospital have a procedure to regularly update the facility status and communicate critical issues/needs to the local EOC?
5.	Does your hospital have a procedure to maintain appropriate isolation precautions?
6.	Does your hospital have a procedure/plan to provide appropriate PPE to employees at risk, including security personnel?
7.	Does your hospital have procedures and system to secure the facility and control entry and exit locations in the facility and heighten security measures?
8.	Does your hospital have procedures and back up systems to communicate with area hospitals and local officials regarding incident and hospital status?
9.	Does your hospital have a procedure to establish a media conference area, to provide periodic press briefings on hospital status, to set a media briefing schedule in conjunction with local EOC/JIC, and to work with local EOC to address risk communication issues for the public?
10.	Does your hospital have a procedure to direct collection of samples for subsequent analysis?
11.	Does your hospital have a procedure to monitor and ensure all samples are correctly packaged for shipment to the most appropriate site and to ensure that chain of custody procedures (evidence collection) are maintained?
12.	Does your hospital address and provide for information and mental health support needs for staff, patients and their families?
13.	Does your hospital have a procedure to adjust staff schedules, and monitor absenteeism?
14.	Does your hospital have a procedure to determine staff supplementation, equipment and supply needs and communicate to the local EOC?

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15.	Does your hospital have a procedure to implement the surge capacity plan if warranted, including the activation of alternative treatment sites?
16.	Does your hospital have a plan to adjust staff schedules to meet the needs of the response including: ❑ Reassigning staff who have recovered from flu to care for flu patients? ❑ Reassigning staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only)?
17.	Does your hospital have a procedure to regularly brief staff on the incident and the hospitals' operational status?
18.	Does your hospital have a plan to augment infrastructure and operational needs to meet the needs of a large influx of patients?
19.	Does your hospital have plan for the management of mass fatalities, in conjunction with law enforcement/medical examiner/coroner/local EOC?
20.	Does your hospital have inventory procedures for: ❑ Current hospital supplies of medications, equipment and supplies? ❑ Receiving medications, equipment and supplies from outside resources (i.e., federal, state or local stockpiles, vendors, other facilities) and returning those medications or supplies upon termination of the event?
21.	Does your hospital have a procedure to document and report staff exposure and injury?
22.	Does your hospital have business continuity plans with criteria and a procedure to restore to normal non-essential service operations (e.g., gift shop)?

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INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients; manage uninjured/asymptomatic patients, family members, and the media; and ensure proper chain of custody (evidence collection) procedures.

Directions

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Early identification, triage, isolation and treatment of infectious patients
- ☐ Patient tracking
- ☐ Safety and security of the facility
- ☐ Surge capacity and capability

Immediate (Operational Period 0-2 Hours)

☐

COMMAND

(Incident Commander):

- ❑ Activate Command Staff and Operations and Logistics Section Chiefs
- ❑ Activate the Medical/Technical Specialist – Biological/Infectious Disease to evaluate the incident and assist with the hospital's biological/infectious disease response
- ❑ Notify appropriate internal experts, including Infection Control and Hospital Epidemiology

(Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Verify from the ED attending physician and other affected physicians' offices, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs:
  - Number and condition of patients affected, including the uninjured/asymptomatic
  - Type of biological/infectious disease involved
  - Medical problems present besides biological/infectious disease involved
  - Measures taken (e.g., cultures, supportive treatment)
  - Potential for and scope of communicability

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INCIDENT RESPONSE GUIDE

Immediate (Operational Period 0-2 Hours)

COMMAND

(Liaison Officer):

- ❑ Communicate with local Emergency Management and other external agencies (e.g., Health Departments) to identify infectious agent
- ❑ Communicate with EMS/Public Health to determine the possible number of possible infectious patients
- ❑ Communicate with and ascertain status of area hospitals and clinics

☐ (Safety Officer):

- ❑ Activate appropriate personal protective equipment (PPE) and isolation precautions

Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Public Information Officer):

- ❑ Monitor media outlets for updates on the outbreak and possible impacts on the hospital
- ❑ Anticipate an increase in public inquiries about the agent, and implement information hotline, as appropriate

OPERATIONS

(Medical Care Branch Director):

- ❑ Regularly monitor ED and clinic activity and inpatient census data for trends
- ❑ Collaborate with local and state Public Health Departments in developing a case definition
- ❑ Ensure proper rapid screening (e.g. temperature checks) and triage of potentially infectious patients, uninjured/asymptomatic patients, media, family members, staff etc. Coordinate with Security, as necessary
- ❑ Ensure staff "just-in-time" training on infection precautions and PPE use ☐
- ❑ Ensure safe collection, transport and processing of laboratory specimens
- ❑ Evaluate the need for and implement as appropriate the cancellation of elective surgeries and outpatient clinics/testing

(Security):

- ❑ Lockdown of facility/limit access and egress into the facility to prevent contaminated patients from entering the facility without screening
- ❑ Coordinate appropriate information with law enforcement, to include: clinical information, valuables management/disposition, and victim/staff interviews

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INCIDENT RESPONSE GUIDE

PLANNING

☐

- ❑ Establish operational periods and develop the Incident Action Plan
- ❑ Conduct a hospital census count and determine if discharges and appointment cancellations are required, in collaboration with Operations Section Branches/Units
- ❑ Prepare and implement patient tracking protocols

LOGISTICS

☐

- ❑ Review the pre-event prepared list of essential personnel (including medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff – e.g., respiratory therapy, radiology technicians, medical records, information technology and laboratory, etc.) that are priorities to receive prophylaxis and PPE, protecting those staff most at risk and ensuring the continuation of essential services?
- ❑ Implement distribution plans for mass prophylaxis/immunizations for employees, their families, and others
- ❑ Anticipate an increased need for medical supplies, antibiotics, IV fluids, oxygen, ventilators, suction equipment, respiratory protection/PPE, and respiratory therapists/transporters/other personnel
- ❑ Prepare for receipt of external pharmaceutical cache supplies from local, regional, state or federal resources
- ❑ Track distribution of external pharmaceutical cache supplies received by the hospital
- ❑ Adjust staff schedules, and monitor absenteeism

Intermediate (Operational Period 2-12 Hours)

COMMAND

☐

(Incident Commander)

- ❑ Continue regular briefing of Command Staff/Section Chiefs

(Public Information Officer):

- ❑ Establish a patient information center; coordinate with the Liaison Officer and local emergency management/public health/EMS.
- ❑ Regularly brief local EOC, hospital staff, patients, and media

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

☐ **COMMAND**

(Liaison Officer):

- ❑ Communicate personnel/equipment/supply needs identified by Operations and Logistics Sections to local EOC
- ❑ Keep public health advised of any health problems/trends identified, in cooperation with infection control
- ❑ Communicate with area hospitals to update status and share information

Brief Command Staff/Section Chiefs regularly with information from outside sources

☐ **OPERATIONS**

- ❑ Conduct disease surveillance, including number of affected patients/personnel
- ❑ Continue patient management and isolation/cohorting activities
- ❑ Consult with infection control for disinfection requirements for equipment and facility
- ❑ Coordinate with Logistics implementation of mass vaccination/mass prophylaxis plan
- ❑ Determine scope and volume of supplies/equipment/personnel required and report to Logistics Section
- ❑ 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 patients
- ❑ Revise security plan as needed to maintain security of the hospital
- ❑ Review plan to assure business continuity for the hospital

☐ **PLANNING**

- ❑ Continue tracking of patients, beds, materiel and personnel
- ❑ Review and update the Incident Action Plan

☐ **LOGISTICS**

- ❑ Monitor the physical and mental health status of staff who are exposed to infectious patients
- ❑ Activate plan for rapidly vaccinating or providing prophylaxis to staff, families and patients as appropriate

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

FINANCE

☐
- ❑ Track response expenses and report regularly to Command staff and Section Chiefs
- ❑ Track and follow up with employee illnesses and absenteeism issues

Extended (Operational Period Beyond 12 Hours)

COMMAND

☐

(Incident Commander):

- ❑ Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(Public Information Officer):

- ❑ Continue patient information center, as necessary. Coordinate efforts with local/state public health resources/JIC

(Liaison Officer):

- ❑ Continue to ensure integrated response with local EOC/JIC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

(Public Information Officer):

- ❑ Continue patient and family information center, as necessary

OPERATIONS

☐
- ❑ Continue patient management and facility monitoring activities
- ❑ Ensure proper disposal of infectious waste, including disposable supplies/equipment

Demobilization/System Recovery

COMMAND

☐

(Incident Commander):

- ❑ Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident

(Public Information Officer):

- ❑ Provide briefings as needed to patients/visitors/staff/media, in cooperation with JIC

(Liaison Officer):

- ❑ Prepare a summary of the status and location of infectious patients. Disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

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INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

☐	**LOGISTICS** ❑ Conduct stress management and after-action debriefings and meetings as necessary ❑ Monitor the physical and behavioral health status of staff that are exposed to infectious patients ❑ Inventory all HCC and hospital supplies and replenish as necessary ❑ Restore/repair/replace broken equipment ❑ Return borrowed equipment after proper cleaning/disinfection ❑ Restore non-essential services (i.e., gift shop, etc.)
☐	PLANNING: Write after-action report and corrective action plan to include the following: ❑ Summary of actions taken ❑ Summary of the incident ❑ Actions that went well ❑ Area for improvement ❑ Recommendations for future response actions ❑ Recommendations for correction actions

Documents and Tools

☐	Relevant, individual hospital protocols/guidelines relating to biological/infectious/mass casualty incidents and decontamination

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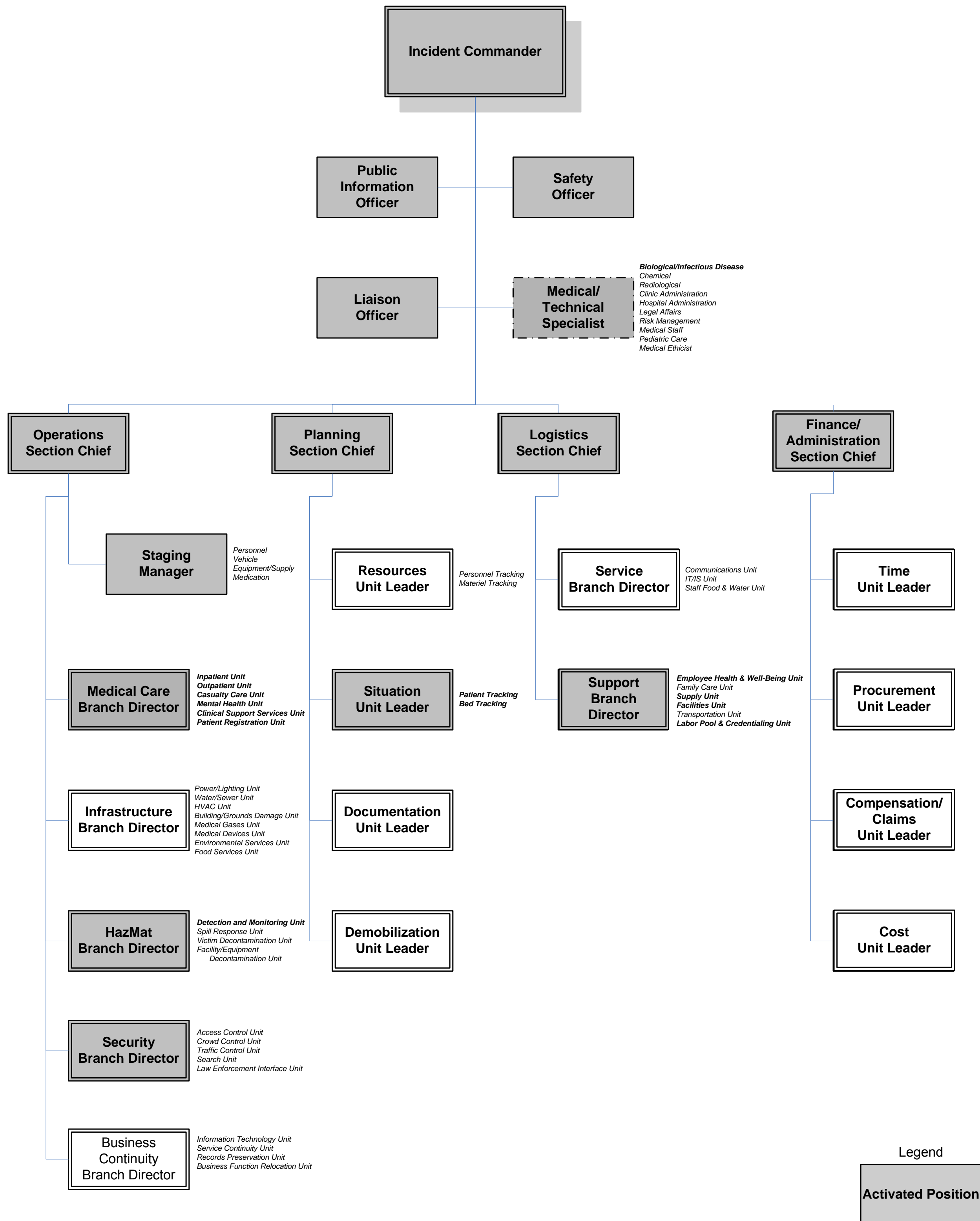
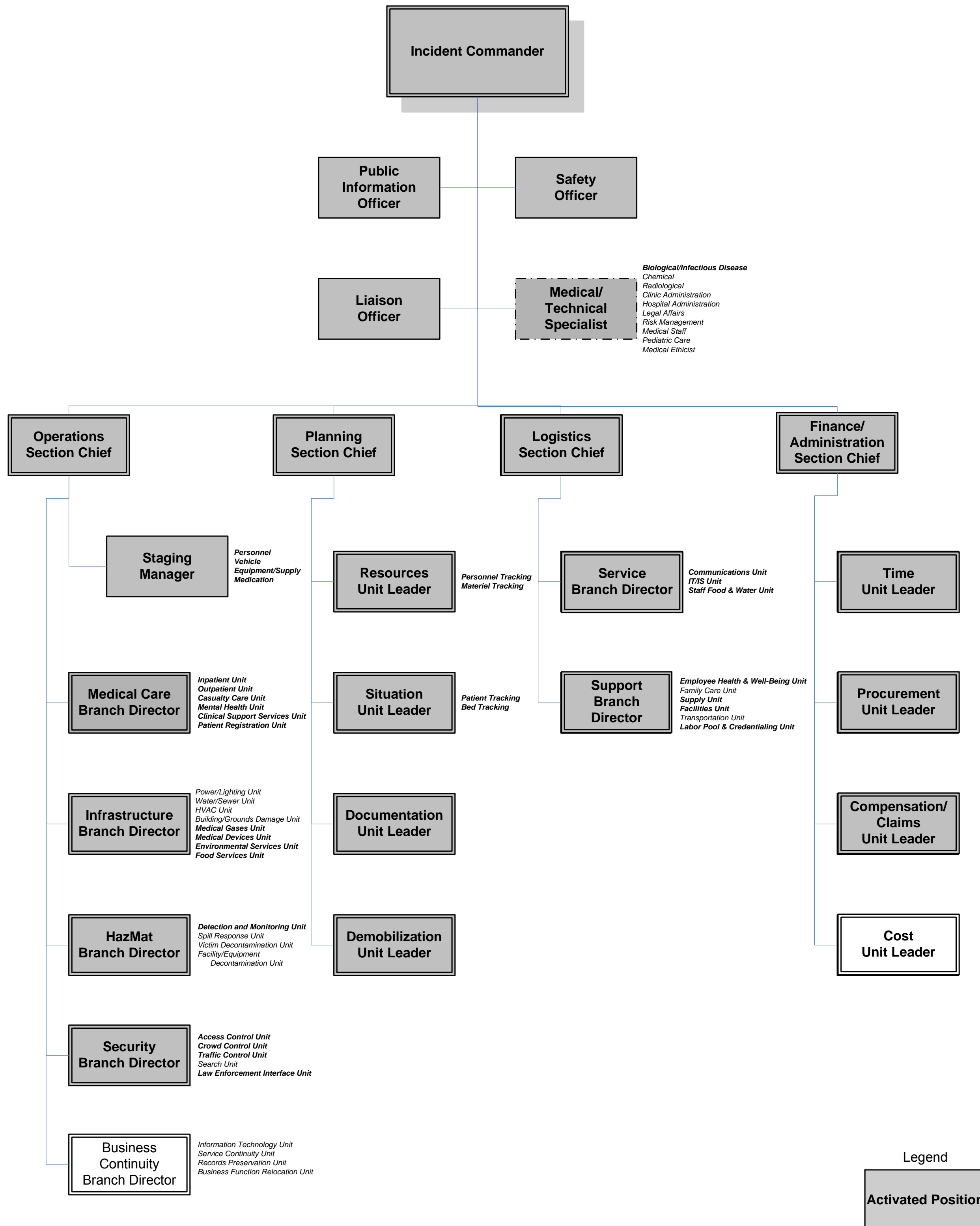
INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



HOSPITAL INCIDENT COMMAND SYSTEM

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



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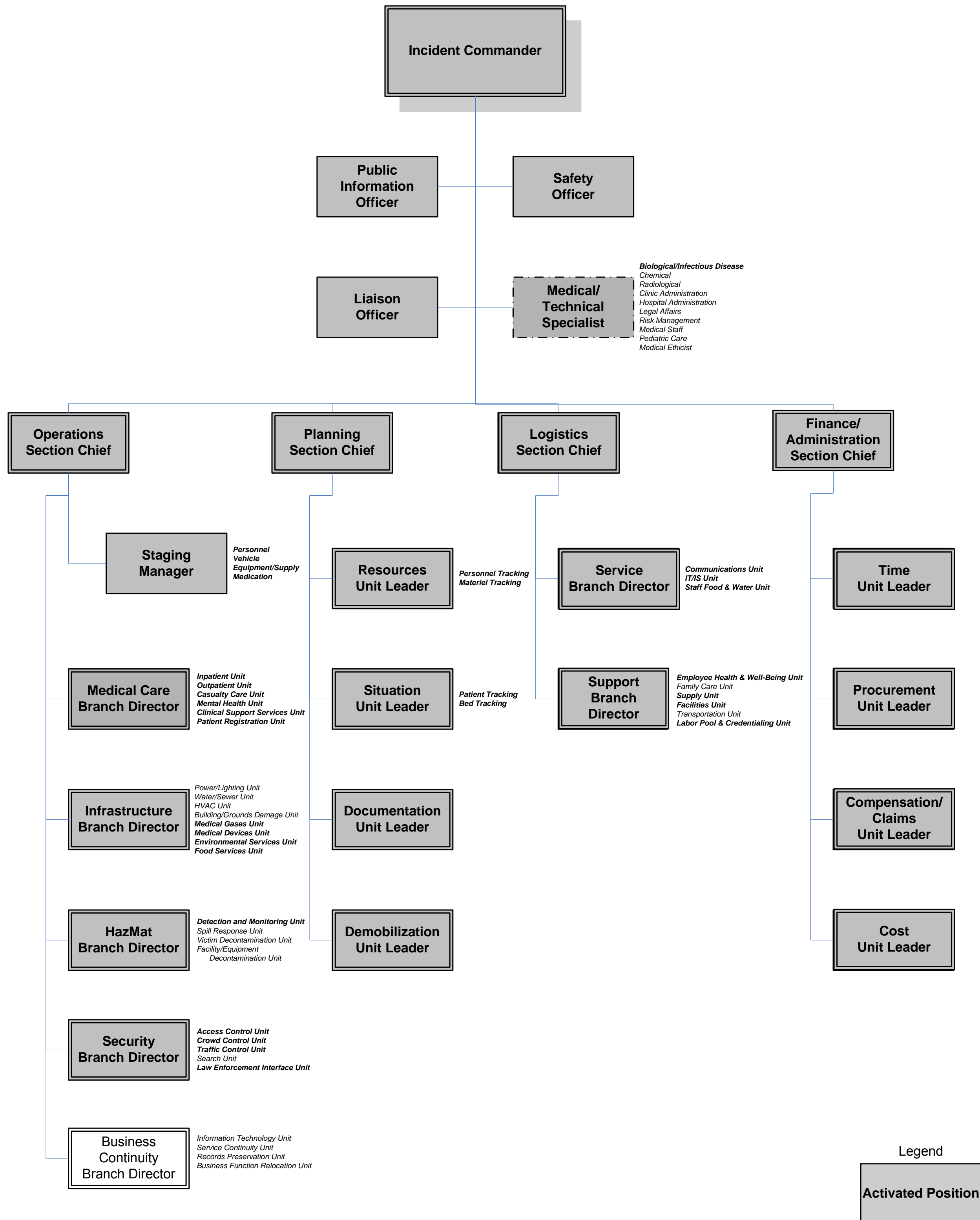
INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



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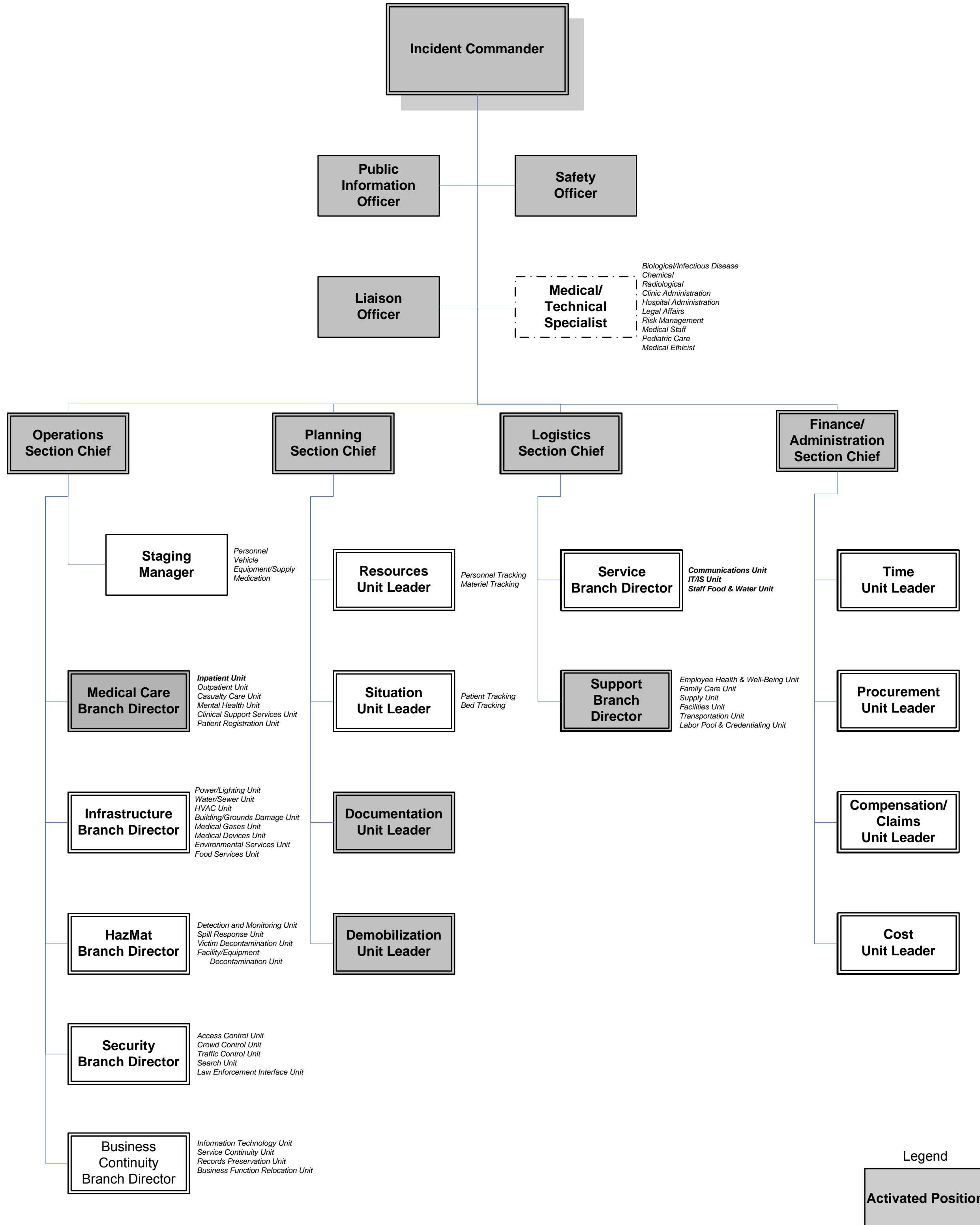
INCIDENT MANAGEMENT TEAM CHART – **DEMOBILIZATION**

Note: Demobilization is a gradual process, and positions should be deactivated according to the needs of the incident and progress to recovery



HOSPITAL INCIDENT COMMAND SYSTEM