

BIOLOGICAL ATTACK – FOOD CONTAMINATION

SCENARIO

The Universal Adversary terrorist group has acquired sensitive information revealing detailed vulnerabilities of a specific food production site and has delivered liquid *Clostridium botulinum* to pre-selected terrorist plant workers. Two batches of prepared luncheon meats are contaminated with *C. botulinum*, with distribution to cities on the West Coast, a Southwestern state, and a state in the Northwest. Three batches of orange juice are also contaminated with *C. botulinum* and have been distributed to these same cities.

Over the last three days, a large number of adults, children and the elderly become seriously ill with botulism. While there are some mild cases, most are seriously ill, develop descending paralysis and require long term ventilatory support and intensive care. Local and state public health and the CDC initiate source investigations and identify the luncheon meats and orange juice batches as contaminated and issue public health alerts. There is a recall of the products; however, most were already sold. Public health is concerned that more cases may develop and issue national public alerts in multimedia formats.

Hospitals in these cities are overwhelmed with the large number of cases requiring critical care. State and national supplies of *C. botulinum* antitoxin are insufficient to meet the patient numbers, so antitoxin is reserved for the most severe cases. There are many fatalities from botulism.

Media reports this terrorism incident and there is widespread public concern about food contamination: non-symptomatic people are seeking medical care and prophylaxis to prevent illness, further taxing the healthcare system even in non-affected areas across the nation.

Your hospital is located in one of the impacted areas and a few cases of botulism have been diagnosed and hospitalized. You anticipate a large influx of victims and the concerned public to seek care at the hospital.

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INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have procedures to obtain incident details, information about the contaminant, and the estimated number of victims from local and state public health and emergency management and the CDC?

2. Does your hospital have access to a public health communication system such as the Health Alert Network/ to receive information and alerts from the local public health department?

3. Does your hospital have key contacts and protocols to notify and provide appropriate patient information to local Public Health?

4. Does your hospital have a procedure to monitor ED and clinic activity and inpatient census for trends and to report this information to appropriate partners?

5. Does your hospital have an infectious disease/biological terrorism response plan or annex to your Emergency Operations Plan? Is the plan integrated and coordinated with other hospitals, clinics, EMS, public health, public safety and local emergency management agency?

6. Does your hospital have an infectious disease surge plan to expand patient care capacities and capabilities including the following:
 - Rapid identification, triage and isolation practices in the Emergency Department and clinics?
 - Canceling elective surgeries and outpatient clinics/testing?
 - Establishing alternate care sites?

7. Does your hospital have a protocol for requesting antitoxins (i.e. *C. botulinum* antitoxin) from local or state public health?

8. Does your hospital provide education to staff in recognition of, treatment for and reporting disease outbreaks including biological terrorism and food contamination?

9. Does your hospital have a protocol/procedure to provide infection control information and just-in-time training to staff about required infection control precautions and personal protective equipment?

10. Does your hospital have a plan to provide appropriate personal protective equipment to laboratory personnel?

11. Does your hospital have a plan for safely packaging, identifying, maintaining the chain of evidence of and transferring lab specimens to local, state and federal labs,?

12. Does your hospital have a plan for increasing capability to perform specific screening tests for designated pathogens, including *C. botulinum*?

13. Does your hospital maintain a contact directory (i.e., call-back lists) for essential personnel and exercise the call-back system?

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INCIDENT PLANNING GUIDE

Does your hospital have a fatality management plan that addresses:

- Integration with local/state medical examiner/coroner?
 - Mass fatality?
14. • Management of contaminated decedents?
- Family notification procedures?
 - Mental health support for family and staff?
 - Documentation?
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15. Does your hospital have a plan for communicating with the media, in conjunction with the local EOC and Joint Information Center?
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Response & Recovery

1. Does your hospital have procedures to obtain a current and accurate and hospital and clinic census?
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2. Does your hospital have procedures to verify that the ED has the staff and supplies needed for the immediate situation?
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3. Does your hospital have triggers and criteria for implementing the patient surge capacity plan?
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4. Does your hospital have criteria for prioritizing the use and allocation of scarce resources (i.e., ventilators, antitoxins, critical care beds)?
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5. Does your hospital have procedures to notify security, secure the facility and control traffic access and egress and crowds?
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6. Does your hospital have for a plan to provide regular staff, family and visitor briefings and updates?
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7. Does your hospital have a plan to provide regular media briefings and provide appropriate clinical/patient information, in conjunction with the JIC?
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8. Does your hospital have a plan to adjust staff schedules to meet the patient surge for an extended period?
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9. Does your hospital have procedures to ensure continuation of essential patient care?
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10. Does your hospital's continuity of operations plans include the continuation of essential non-patient care services (i.e., trash pick-up, food service delivery, linen and laundry services, etc)?
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11. Does your hospital have a system to track patients, beds, personnel and materiel?
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12. Does your hospital have plans to restore normal medical care operations?
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13. Does your hospital have plans for restoring facility visitation?
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14. Does your hospital have plans for restoring non-essential service operations (i.e., gift shop)?
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INCIDENT PLANNING GUIDE

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15. Does your hospital have a procedure to safely maintain custody of contaminated evidence for release to proper (verified) authority?

 16. Does your hospital have a plan to provide medical and mental health support to staff, patients, and their families?

 17. Does your hospital have procedures to collaborate with public health and law enforcement to investigate the incident, including evidence collection and release of patient information?

 18. Does your hospital have procedures for evidence collection and preservation?

 19. Does your hospital have for a protocol for updating the Incident Action Plan and for reviewing decisions made and actions undertaken to accomplish the mission?

 20. Does your hospital have a plan for extended operations, and demobilization and system recovery?
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INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently triage, treat and track a surge of victims with illness from contaminated food/biological terrorism; to assist public health in identifying the source and scope of food contamination; and to manage non-symptomatic patients, family members, and the media.

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
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Objectives

- Patient triage and medical management
 - Prioritization of limited resources including ventilators, critical care beds, medications
 - Patient history investigation and interface with public health and law enforcement
 - Safety and security of the facility
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Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the Medical/Technical Specialist – Biological/Infectious Disease to assess the incident
 - Activate Command staff and Section Chiefs
 - Implement regular briefing schedule for Command staff and Section Chiefs
 - Implement patient surge capacity plan and other emergency management plans
 - Cancel elective surgeries and outpatient/clinics testing
 - (Medical/Technical Specialist – Biological/Infectious Disease):
 - Verify the following from the Emergency Department and outpatient clinics and local public health officials:
 - Number and condition of patients, including the asymptomatic patients
 - Type of biological/infectious disease and the case definition
 - Medical problems present besides biological/infectious disease involved
 - Measures taken (i.e., cultures, supportive treatment)
 - Potential for and scope of communicability
 - Appropriate isolation precautions and recommended personal protective equipment
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INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Communicate with local Public Health to identify food contaminant and source(s), to identify required patient history questions, case definition and to determine the number of casualties expected and their condition
- Collaborate with the Medical/Technical Specialist to consult with or communicate with external agencies as appropriate
- Communicate with Public Health to determine the possible number of patients

(Public Information Officer):

- Monitor media outlets for updates on the biologic disease outbreak and possible impacts on the hospital
- Establish a media staging area and provide regular situation briefings, in collaboration with the Joint Information Center

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues

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

- Verify the following from the Emergency Department and outpatient clinics and local public health officials:
 - Number and condition of patients, including the asymptomatic patients
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 - Measures taken (i.e., cultures, supportive treatment)
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INCIDENT RESPONSE GUIDE

OPERATIONS

- Notify the emergency department of possible incoming casualties that are experiencing symptoms of food-borne illness, case definition and required patient histories
 - Ensure proper triage of incoming incident-related and other emergency patients or asymptomatic patients. Coordinate with Security, if necessary
 - Conduct hospital census and determine if discharges and appointment cancellations are required
 - Lockdown the facility to prevent patient and media surge from entering, and establish a clear perimeter with directions to the Triage Area
 - Plan for possible prioritization of scarce resources (i.e., ventilators, critical care beds, antitoxins)
 - Implement mass fatality plan, including management of morgue space and supplies
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PLANNING

- Implement patient, materiel, personnel and bed tracking
 - Establish operational periods in collaboration with the Incident Commander
 - Develop and distribute the Incident Action Plan
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LOGISTICS

- Implement plans and procedures to meet the need for additional medical supplies, medications including antibiotics, IV fluids, oxygen, ventilators, suction equipment and personnel
 - Prepare for receipt, distribution and tracking of pharmaceutical resources, including antitoxin, from external sources (i.e., local, regional, state and federal caches)
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Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Activate and implement emergency operations plans, including mass fatality plan, as needed
- Consider deploying a Liaison Officer to the local EOC

(Public Information Officer):

- Establish a patient information center in coordination with the Liaison Officer and local emergency management
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INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Establish the patient information center in coordination with the PIO and local emergency management
- Ensure integrated response with local Emergency Operations Center and Joint Information Center
- Continue to work with Public Health to identify food contaminant and scope of illness
- Communicate resource needs to local Emergency Operations Center
- Notify the local public health department of medical issues and trends identified, in collaboration with the Medical Care Branch Director and the Medical/Technical Specialist – Biological/Infectious Disease
- Communicate the hospital's operational status with area hospitals and officials

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

- Continue to support Emergency Department and Operations Section Chief, as needed
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OPERATIONS

- Continue patient management activities, including management of asymptomatic patients.
 - Continue disease surveillance, monitoring and reporting
 - Determine need for supplies, equipment and personnel and report to the Logistics Section
 - Implement mass fatality plan, as needed , including activation of temporary morgue sites,
 - Review and modify as needed, the security plan and family visitation policy
 - Implement procedures for evidence collection and preservation
 - Liaison with local law enforcement on patient investigations and release of patient information/documentation
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PLANNING

- Continue patient, materiel, personnel and bed tracking
 - Update and distribute the Incident Action Plan
 - Plan for demobilization of incident and system recovery
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INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide mental health support services to staff, as needed
 - Provide supplemental staffing to impacted areas
 - Ensure the procurement of medications, supplies and equipment
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FINANCE

- Track response expenses
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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
- Continue to work with Public Health to identify food contaminant and scope of illness
- Continue media and staff briefing in coordination with the JIC

(Liaison Officer):

- Continue communication and coordination with local Emergency Operations Center
 - Notify public health of medical issues or trends identified
 - Communicate patient status and location information with appropriate external agencies

(Safety Officer):

- Continue to monitor safety practices of staff, patients, media, visitors and take corrective actions, as needed

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

- Continue to support Emergency Department and Operations Section Chief, as needed
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INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue patient management and facility monitoring activities
- Ensure proper disposal of waste, including disposable supplies/equipment
- Continue to control traffic and crowds and access to the facility
- Ensure delivery of necessary supplies and food

LOGISTICS

- Continue monitoring the health status of staff exposed to infectious patients and providing medical and mental health support and follow up as needed
- Provide mental health support for patients, visitors and staff
- Providing needed equipment, supplies, medications and personnel

FINANCE

- Continue to track response expenses

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):

- Conduct final briefings for media, in cooperation with the JIC

(Liaison Officer):

- Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC)

OPERATIONS

- Restore normal facility operations and visitation
 - Provide mental health and information about community services for patients and families
 - Continue liaison with and provision of appropriate patient information and documentation to law enforcement
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INCIDENT RESPONSE GUIDE

PLANNING

- Prepare a summary of the status and location of all incident patients to Command Staff and Section Chiefs
 - Write after-action report and improvement plan, including 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
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LOGISTICS

- Conduct stress management and after-action debriefings and meetings for staff
 - Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed
 - Restock all supplies and medications
 - Restore/repair/replace broken equipment
 - Return borrowed equipment after proper cleaning/disinfection
 - Restore normal non-essential services (i.e., gift shop, etc.)
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FINANCE

- Compile final response expense reports, submit to IC for approval and to appropriate authorities for reimbursement
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INCIDENT RESPONSE GUIDE

Documents and Tools

Hospital Emergency Operations Plan, including:

- Infectious Patient Surge Plan
- Mass Prophylaxis Plan
- Risk Communications Plan
- Hospital Security Plan
- Patient/staff/equipment tracking procedures
- Behavioral health support for staff/patients plan
- Mass Fatalities Plan

Employee health monitoring/treatment plan

All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

HICS forms

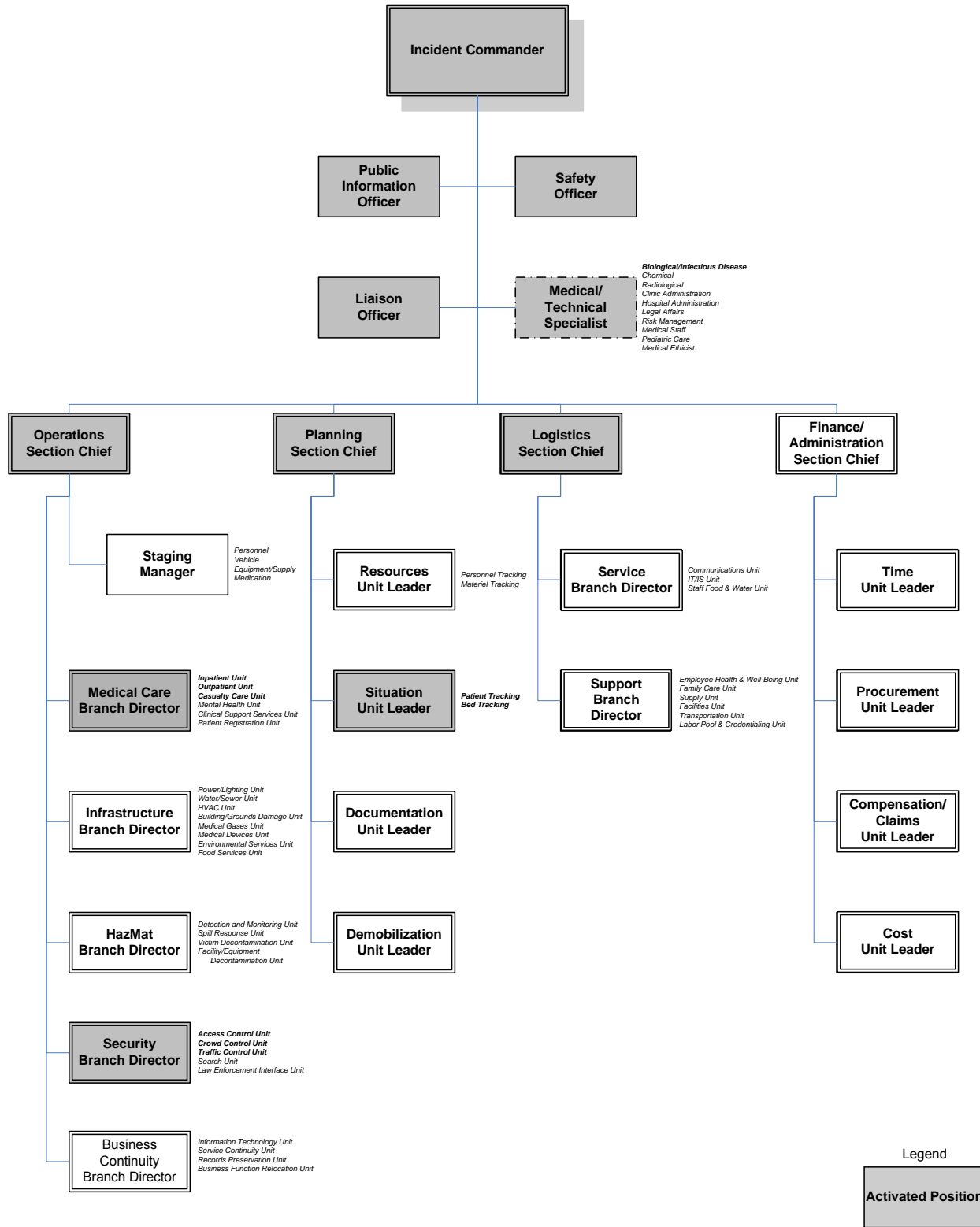
Hospital organization chart

Television/radio/internet to monitor news

Telephone/cell phone/radio/satellite phone/internet for communication

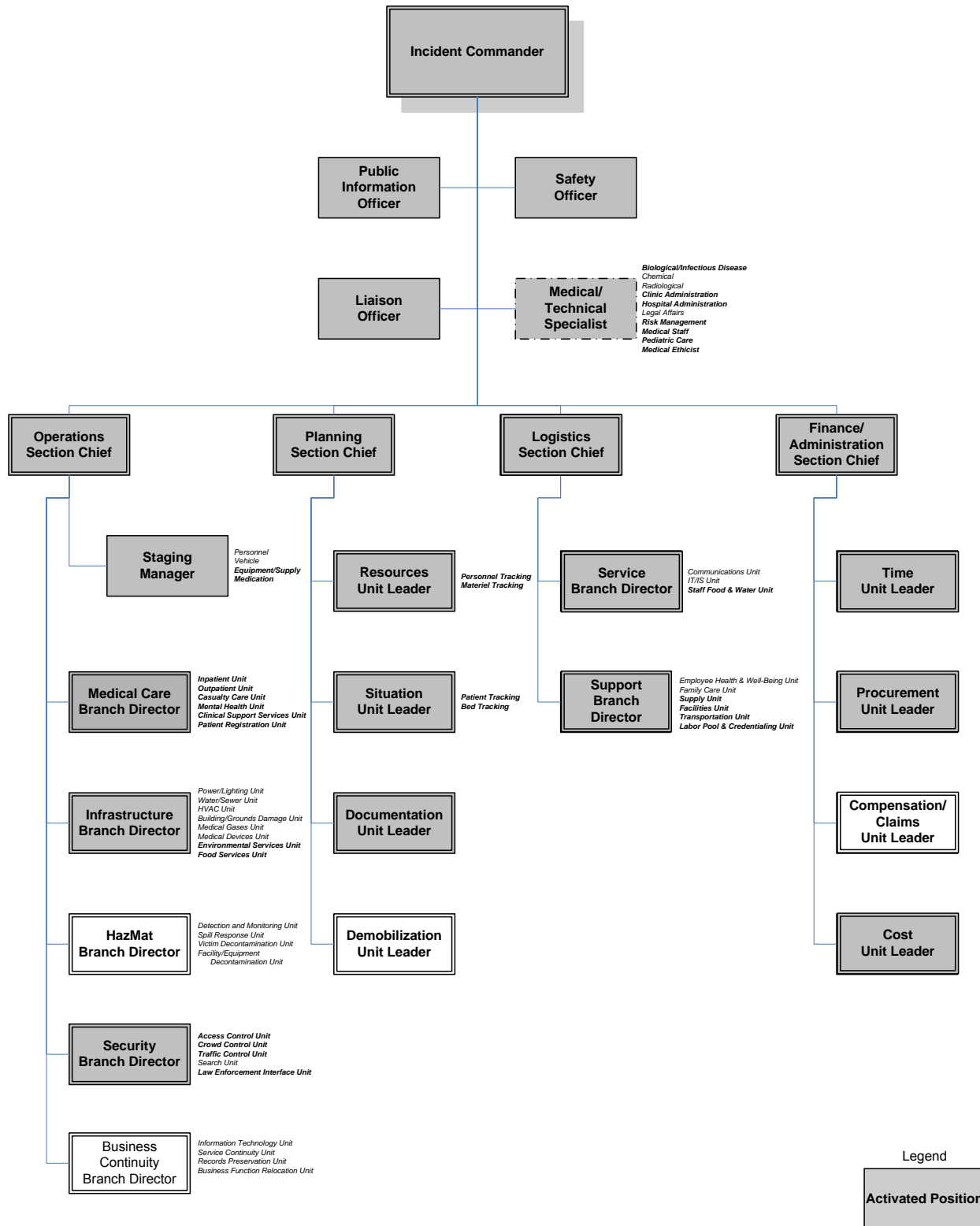
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INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



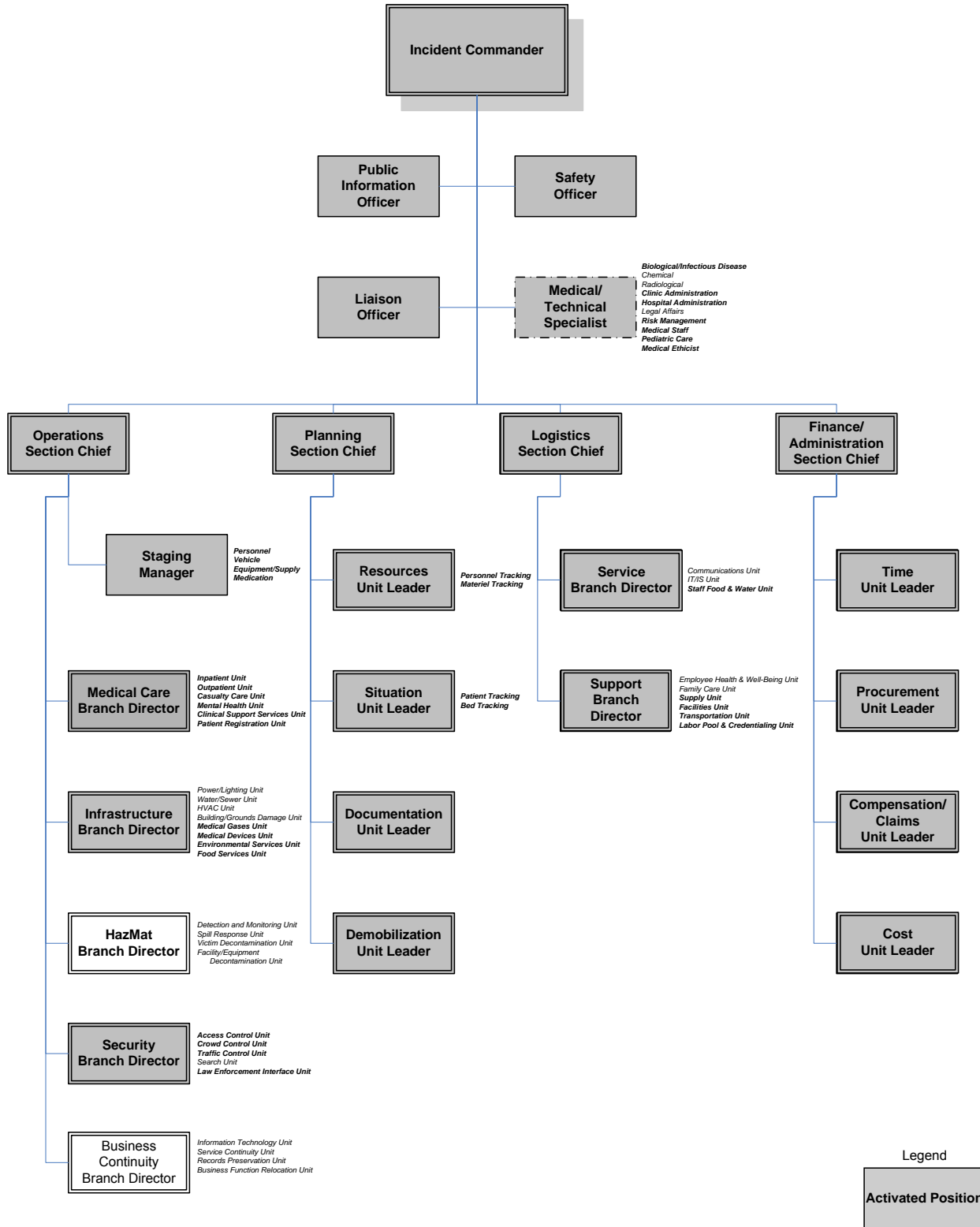
BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION

