

# Incident Planning Guide: Epidemic-Pandemic (Infectious Disease)

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## Definition

This Incident Planning Guide is intended to address issues associated with epidemic-pandemic infectious disease outbreaks. Infectious disease incidents can come from many sources and with little warning, as was seen with Severe Acute Respiratory Syndrome (SARS), H1N1, zoonotic epidemic-pandemic viruses (COVID-19), and others. Hospitals may customize this Incident Planning Guide for their specific requirements.

## Scenario

An outbreak of unusually severe respiratory illness has occurred. The Centers for Disease Control and Prevention (CDC) and the Health Organization (WHO) have identified this as a subtype never before isolated from humans. Large numbers of human cases are being reported in several countries. Young children and pregnant women are most severely affected, and several deaths have been reported. The Centers for Disease Control (CDC) and state/local health departments have declared a Public Health Emergency and increased surveillance reporting and coordinated with news agencies to issue alerts advising anyone experiencing flu-like symptoms to immediately contact their healthcare providers. Your hospital, and other local hospitals, clinics, and pharmacies, are experiencing a surge in patients presenting to be tested and demanding medications, many showing flu-like symptoms. Conflicting guidance from various sources is confusing both the public and healthcare workers regarding appropriate personal protective equipment and which medications are effective in prevention and treatment. Local news reports cite confirmed cases of the novel virus in young children. In addition, public school systems are beginning to close. Your hospital's emergency department is at *<fill in the best value for your facility, e.g., 130%>* of normal capacity, all inpatient beds are in use, and *<fill in the best value for your facility, e.g., 2>* patients with respiratory illness are on mechanical ventilation. A growing number of deaths are occurring and appear to be related to the outbreak. Hospital staff members are concerned about exposure and transmitting the virus to their families. There is an increasing demand from staff regarding personal protective equipment and staff shortages threaten to affect hospital operations. Alternate staffing plans, visitation, and daily operational plans are being considered, as is behavioral health counseling for patients, staff, and visitors.

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## Does your Emergency Management Program address the following issues?

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### Mitigation

1.	Does your hospital address the threat and impact of an infectious disease incident in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics? Does this include planning for an annual influenza surge?
2.	Does your hospital participate in pre-incident local response planning (e.g., seasonal influenza) with public safety officials (e.g., emergency medical services, public health, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators, and other appropriate public and private organizations, including meetings and conference calls to plan and share status?
3.	Does your hospital provide information and education to staff regarding infection infectious disease/illness signs and symptoms, control precautions, personal protective equipment, exposure prophylaxis, and family care (e.g., family safety actions, dependent care)?
4.	Does your hospital have a plan to limit access to the hospital to prevent exposure of patients, staff, and facilities?
5.	Does your hospital use Subject Matter Experts (SME) as information sources (e.g., Infectious Disease Society, in house infectious disease clinician, Centers for Disease Control and Prevention website, city, county or state emergency operations plan) when planning for infectious disease incidents, evaluation, and treatment?

### Preparedness

1.	Does your hospital have an Infectious Disease Response Plan?
2.	If Infectious Disease is one of your hospital's top hazards, is the Infectious Disease Response Plan exercised regularly and revised as needed?
3.	Does your hospital have procedures to notify appropriate internal experts, including Administration, Security, Emergency Department, Hospital Nursing, Laboratory Services, Imaging Services, Safety, Respiratory, Critical Care Services, Ambulatory Support Services Surgical Services, Infection, Prevention and Control, Engineering and Facilities Services?
4.	Does your hospital have a procedure to obtain incident specific details from local emergency medical services/public health immediately after notification of a pending incident and regularly throughout the response?
5.	Does your hospital have a plan to expand patient care capabilities in the face of a rapid surge of infectious patients that includes? <input type="checkbox"/> Rapid identification, triage, and isolation/quarantine practices in the emergency department and clinics <input type="checkbox"/> Expanding patient care and isolation capability (cohorting, portable HEPA filtration, etc.) <input type="checkbox"/> Reviewing the process to submit to an 1135 Waiver request, once eligible <input type="checkbox"/> Canceling non-emergent surgeries and outpatient appointments

	<input type="checkbox"/> Establishing and supporting of internal and external operated alternate care sites <input type="checkbox"/> Integrating with other local hospitals, clinics, public health, and emergency management <input type="checkbox"/> Preparing to implement and operate sustained operations including vaccination capabilities, testing, laboratory coordination, etc.
6.	Does your hospital have a plan to manage dispensing medical countermeasure medications to staff (Point of Dispensing (POD) Plan) and for administering vaccines when available?
7.	Does your hospital have a plan to monitor the health status of staff to provide appropriate medical follow-up?
8.	Does your hospital have a policy to send employees exhibiting symptoms or ill home and ensure that employees that are ill do not report to work?
9.	Does your hospital have a procedure for registering emergency patients during an infectious disease surge? ? Does this procedure include a searchable method to identify those patients presenting with infectious disease complaints?
10.	Does your hospital have policies and procedures to track emergency department, outpatient activity, and inpatient census data for trends, and to report information to the appropriate partners?
11.	Does your hospital have a procedure to limit hospital access to a pre-identified number of monitored entrances so that patients and visitors entering the hospital can be screened for illness (e.g., screening questions, temperature checks)?
12.	Does your hospital have a plan for ensuring safe transportation routes and infection control procedures (e.g., patients wearing masks) when transferring patients through the hospital (i.e., from the emergency department to inpatient units)?
13.	Does your hospital have a plan to provide alternate care provisions (e.g., point-of-care testing, portable x-rays, limited diagnostic services)?
14.	Does your hospital have a procedure to regularly inventory bed availability and census?
15.	Does your hospital have a process to determine appropriate amounts of personal protective equipment and hand hygiene supplies required for incident response? Is there a process in place to procure additional supplies? This may include implementing alternative PPE plans to meet supply shortages and state/local guidance (e.g., reutilization, cleaning, extending use and burn rate calculations).
16.	Does your hospital have a process in place to dispose of infectious medical hazardous waste and a secured site to store infectious medical hazardous waste while awaiting transport for disposal?
17.	Does your hospital have a procedure to regularly inventory antiviral, antibiotics, and medication supplies, personal protective equipment, testing and other required supplies?
18.	Does your hospital have a Crisis Standards of Care Plan?
19.	Does your hospital have a policy to determine appropriate numbers of essential personnel that would be prioritized for receiving Personal Protective Equipment (PPE), prophylaxis treatment, and/or vaccine when available or as needed to protect those staff most at risk to ensure the continuation of essential

	services (e.g., medical staff, nursing, environmental services, facilities, nutrition and food services, administrative, and ancillary clinical staff including respiratory therapy, radiology technicians, medical records, information technology, and laboratory)?
20.	<p>Does your hospital have a plan to?</p> <input type="checkbox"/> Safely package, identify, and transfer laboratory specimens to external testing sites, including local, state, and federal labs <input type="checkbox"/> Increase the capability to perform specific screening tests for designated pathogens <input type="checkbox"/> Relay laboratory results to internal clinical sites and external partners
21.	Does your hospital have a procedure to provide scheduled virtual briefings and to establish a family assistance virtual center?
22.	Does your hospital identify criteria and procedures to modify the patient visitation policy?
23.	<p>Does your hospital have a Communications Plan that includes?</p> <input type="checkbox"/> Participation in the Joint Information Center in cooperation with local agencies and officials <input type="checkbox"/> Procedures for notification of internal and external authorities <input type="checkbox"/> Recognizing that social media will be used for communication, including who is assigned to monitor and approve social media messages <input type="checkbox"/> A plan for rapid communication of situation status to local emergency medical services and area hospitals?
24.	Does your hospital have plans to address behavioral health support needs for staff and patients?
25.	Does your hospital have plans to redeploy staff to support response operations (e.g., testing, vaccination, runners, and alternate care sites)?
26.	Does your hospital have plans to expand telehealth patient encounters/virtual visits to limit exposure?
27.	Has your hospital identified additional onsite safe locations for staff rest areas?

### Immediate and Intermediate Response

1.	Does your hospital have a policy to monitor the health status and absenteeism of staff during the incident?
2.	Does your hospital have a plan to track emergency department, inpatient, and clinic census and patients meeting case definitions?
3.	Does your hospital have triggers to implement the Infectious Disease Plan?
4.	<p>Does your hospital have a Mass Fatality Management Plan that addresses?</p> <input type="checkbox"/> Integration with local or state medical examiner or coroner <input type="checkbox"/> Religious and cultural concerns <input type="checkbox"/> Management of contaminated decedents <input type="checkbox"/> Next of Kin notification procedures <input type="checkbox"/> Behavioral health support for family and staff

	<input type="checkbox"/> Documentation <input type="checkbox"/> Coordination with local funeral directors <input type="checkbox"/> Mass Fatality Surge, alternate storage, refrigeration, security, body bags
5.	Does your hospital have a triage process to separate potentially infectious persons from noninfectious persons presenting for care?
6.	Does your hospital monitor safe and consistent use of personal protective equipment, including donning and doffing procedures?
7.	Does your hospital have a plan to maintain hospital security?
8.	Does your hospital have a process to ensure medically qualified and fit-tested personnel are available and assigned to use personal protective equipment, and to provide patient care?
9.	Does your hospital have a process to provide Just-in-Time fit testing to address varying models and brands of PPE?
10.	Does your hospital have a process to address how your hospital receives timely and pertinent incident information from local emergency medical services, public health, Centers for Disease Control and Prevention, etc.?
11.	Does your hospital have a procedure to provide pertinent incident information to the treatment team, all treatment areas, security, and the Hospital Command Center?
12.	Does your hospital have a procedure to notify dispatching agencies of the triage location ingress and egress routes for alternate care sites?
13.	Does your hospital have a procedure to receive information about the status of area hospitals?
14.	Does your hospital have a procedure to consult with resident experts for assessment and treatment guidelines?
15.	<p>Does your hospital have a Media Plan that includes?</p> <input type="checkbox"/> A process to establish a media briefing area <input type="checkbox"/> A procedure to provide scheduled media briefings in conjunction with the local officials or the Joint Information Center <input type="checkbox"/> Working with the local public health authorities to address risk communications to the public?
16.	<p>Does your hospital have a process to provide accurate and continuous incident documentation, computerized or manual, including?</p> <input type="checkbox"/> Patient care <input type="checkbox"/> Patient transfers <input type="checkbox"/> Incident management (Incident Action Plan, Hospital Incident Command System forms, etc.) <input type="checkbox"/> Incident related expenses

### Extended Response and System Recovery

1.	Does your hospital have criteria to prioritize business continuity and recovery activities including repair and disinfection of the hospital?
2.	Does your hospital have criteria to restore hospital operations to normal?
3.	Does your hospital have a plan to provide behavioral health support such as stress management debriefings to patients and staff, monitor health status, obtain services from local or regional resources, develop programs such as care-for-the-caregivers, pastoral support, peer support, compensated time off?
4.	Does your hospital have procedures for reporting and documenting staff exposures, injuries, and response-related absenteeism?
5.	Does your hospital have a plan to adjust staff schedules to meet the needs of the response including? <ul style="list-style-type: none"> <li><input type="checkbox"/> Reassigning staff who have recovered from flu or other infectious diseases to care for infected patients</li> <li><input type="checkbox"/> Reassigning staff at high risk for complications of infectious disease (e.g., pregnant women, immunocompromised persons) to low-risk duties (e.g., no infectious patient care or administrative duties only)</li> </ul>
6.	Does your hospital have inventory procedures for? <ul style="list-style-type: none"> <li><input type="checkbox"/> Current on-site supplies of medications, equipment, and supplies</li> <li><input type="checkbox"/> Receiving medications, equipment, and supplies from outside resources (federal, state, regional, or local stockpiles, vendors, other hospitals) and repair, replace, return medications or supplies upon termination of the incident</li> <li><input type="checkbox"/> Ability to monitor burn rate of key Personal Protective Equipment (PPE)</li> </ul>
7.	Does your hospital have a continuous process to capture all costs and expenditures related to the incident? Does it include coordination with local, state, and federal processes and insurance programs? Lost revenue such as cancelled elective surgeries? Have specific forms and documents been identified for cost capture?
8.	Does your hospital have Hospital Incident Command Team position depth to support extended operations?
9.	Does your hospital have procedures for management of the mental health needs of staff providing care, such as critical Incident Stress Debriefing (CISD) or an Employee Assistance Program (EAP)?
10.	Does your hospital have procedures to collect and collate incident documentation and formulate an After-Action Report, Corrective Action and Improvement Plan?