Incident Response Guide: Epidemic-Pandemic (Infectious Disease)

Mission

To provide safe, continuous patient care during a community-wide or global highly infectious incident with a significant increase in patient surge and limited critical resources.

Directions

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

Objectives

1. Identify, isolate, triage, and treat infectious patients
2. Deploy protective measures for staff and visitors (e.g., personal protective equipment, isolation, quarantine)
3. Promote effective messaging including situational awareness to staff, patients, visitors, and community partners
4. Observe organizational and staff health (e.g., monitor absenteeism, attrition, staff illnesses, behavioral health)
5. Address short and long-term plans, logistics, and operational issues (e.g., vaccination, medical countermeasures, mass fatality coordination)
6. Address short and long-term strategies to manage increased surge of inpatient and outpatient volume (e.g., patient disposition, staffing, supplies, beds)
7. Access, secure, monitor and allocate critical resources
8. Partner with jurisdictional public health and public safety agencies (e.g., pathogen identification/testing, laboratory practices, public information, security measures)
9. Partner with Healthcare Coalitions, non-traditional healthcare providers and suppliers
10. Plan for demobilization and recovery

Immediate Response				
Section	**Officer/Specialist**	**Time**	**Action**	**Initials**
Command	**Incident Commander**		Identify incident from the WHO and/or CDC. Receive case definitions, treatment options, prophylaxis, and safety precaution information from state or local public health.	
			Notify hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status.	
			As the incident becomes proximal or there is a risk of receiving an infected patient, activate the Hospital Command Center. Depending on the severity, this may be limited to a virtual activation.	
			Begin reviewing the Emergency Operations Plan, Infectious Disease Plan, Surge Plan, and Infectious Patient Transport Plan.	
			Appoint Command Staff, Section Chiefs, and Medical-Technical Specialist: Infectious Disease and Procurement Officer. Considering appointing a contact tracing team.	
			Appoint an assistant to manage the needs of the Hospital Command Center, if needed (e.g., Assistant Logistics Chief).	
	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/Public Health, healthcare coalition coordinator, and area hospitals to determine incident details, monitor all declarations, community status, estimates of suspected and confirmed cases, request needed supplies, equipment, and personnel.	
			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 personal protective equipment and precautions, particularly Standard Precautions and Transmission-Based Precautions (i.e., contact, droplet, airborne) by staff.	
	Medical-Technical Specialist: Infectious Disease and Asst Logistics Chief		Track patients with similar symptoms (e.g. influenza-like-illness, COVID-like illness, or description customized for the incident). ☐ At all outpatient facilities ☐ At the emergency department ☐ Hospital admissions with similar symptoms, such as influenza-like-illness ☐ Number of related deaths ☐ Number of patients' laboratory positive results/number tested (when available)	
			Monitor changes in guidance from CDC, WHO, state and local public health and EMS agencies. Share with Hospital Incident Command Team.	
			Provide guidance on appropriate personal protective equipment and isolation precautions.	
			Review plans for specific disease identification, treatment, medical countermeasures, including mass prophylaxis and immunizations for employees, their families, and others with Operations Section.	
			Begin researching how to request supplies through state and local jurisdictions. Provide information to Operations, Logistics and Finance Sections.	
			Provide expert input in the Incident Action Planning process. List all potentially impacted supplies. Make recommendations for pre-ordering from suppliers.	
Operations	**Section Chief**		Identify front-line workers requiring additional PPE and/or training.	

			Ensure HICS 204 Assignment List documents the strategies and tactics, and resources required of each activated Branch.	4
			Meet with department managers and physician leaders to begin patient management and staff safety readiness.	
			Review all business continuity plans and ensure readiness for potential activation/use.	
	Medical Care Branch Director		Implement Infectious Disease Plan, including: ☐ Location for triage of suspected positive patients, as appropriate ☐ Proper triage of people presenting requesting evaluation away from non-contagious patients, 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.	
			Evaluate and determine health status of all persons prior to hospital entry.	
			Ensure safe collection, transport, processing and reporting of laboratory specimens and results.	
			Review patient census and determine if discharges and appointment cancellations are required.	
			Provide personal protective equipment to all staff 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	

			☐ Discuss visitor limitation	5
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 local, state, and federal 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**		Review critical resource inventory. Develop dashboard for daily monitoring. Begin discussion regarding inventory control measures including PPE and other supply current and future supply levels.	
			Ensure HICS 204 Assignment List documents the strategies and tactics, and resources required of each activated Branch.	
			Identify a Deputy Logistics Section Chief.	
	Service Branch		Prepare for receipt of external pharmaceutical cache(s) such as the Strategic National Stockpile or state/county caches with Resource Unit Leader.	
	Support Branch		Review plans for medical countermeasures, including mass prophylaxis and immunizations for employees, their families, and others with Operations Section.	
			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, coordinating anticipated needs with Operations and Finance Sections.	
			With Planning Section, determine staff supplementation needs and activate Labor Pool.	

Intermediate Response				
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, senior leaders, and area hospitals, as appropriate.	
			Direct implementation of any and all additional response plans required to address the incident.	
			Monitor global and national trends. Begin researching how impacted states, counties and healthcare organizations are managing.	
	Public Information Officer		Develop updates for staff, possibly posting on intranet site(s). Create talking points for call center operators.	
			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, Healthcare Coalitions, and area hospitals to relay status and critical needs and to receive community updates.	
			Identify community, county, or state coordination calls. Select a representative to attend and provide updates as appropriate.	
	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, including donning and doffing.	
	Medical-Technical Specialist: Infectious Disease		Support Hospital Incident Command 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.	
Operations	**Section Chief**		Monitor staff impacts to incident. Track all exposures and behavioral health needs. Partner with employee health and human resources to provide resources to impacted staff.	
	Medical Care Branch Director		Conduct disease surveillance, including number of suspected and confirmed patients and personnel.	
			Review need for requesting an 1135 Waiver.	
			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/quarantine, and personal protective equipment practices.	
			Consult with Infection, Prevention, and Control for disinfection and hazardous waste removal requirements.	
			Implement patient decompression strategies.	
			Implement Fatality Management Plan and assess capacity for refrigeration and security of decedents, if necessary.	
			Review workflows in emergency department and inpatient areas.	
			Consider modifying staffing models to accommodate shortages.	
	Business Continuity Branch Director		Identify all impacted departments. Review plans for alternate work environments for non-clinical teams.	
			Review ability to activate or increase use of telehealth and remote work sites.	
	Patient Family Assistance Branch Director		Establish a patient information center or 800 number.	

Planning	**Section Chief**		Update and revise the incident objectives and the Incident Action Plan in cooperation with Command Staff and Section Chiefs.	
			Review Crisis Standards of Care guidelines.	
			Review credentialling and privileging protocols.	
	Resources Unit Leader		Seek alternate resource providers and begin preparing resupply plans.	
	Situation Unit Leader		Continue patient and bed tracking including transfers and discharges. Monitor ambulatory care facilities for the same.	
Logistics	**Section Chief**		Partner with Resources Unit Leader to track critical supplies, personal protective equipment burn rate, and supply chain issues.	
	Support Branch Director		Coordinate activation of medical countermeasures including staff vaccination or Mass Vaccination and Prophylaxis Plan with Operations Section, if available.	
			Monitor health status of staff exposed to infectious patients, and report to Operations Section and Finance Compensation Unit Leader.	
			Monitor behavioral health status, fatigue, stress, and anxiety of staff and provide support and assistance as appropriate	
			Consider temporarily reassigning high risk or staff recovering from highly communicable disease to appropriate duties (e.g., pregnant women, immunocompromised persons) to low risk duties (no infectious patient care or administrative duties only). Ensure alignment with Business Continuity Plans.	
			Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies, etc.) in cooperation with Operations Section. Obtain supplies as required and available or continue inventory management practices.	
			Continue staff call in (if safe and as needed) and provide additional staff to impacted areas.	

			Access emergency cache inventory and identify resources needed for response.	
			Identify alternate care site equipment such as tents, modules, generators, ventilators, bariatric cots, and any other equipment used in patient surge.	
			Identify sources of fuel for temporary use generators including ongoing maintenance such as filtering and air quality.	
	Service Branch Director		Provide for staff food, water, rest periods, and behavioral health support. Partner with PIO for sending staff updates.	
			Identify ability to assign PC's/laptops or other technologies to deploy to alternate work sites, including secure access to network applications.	
Finance/ Administration	**Section Chief**		Work with Logistics Chief and Resource Unit Leader to facilitate Purchase Order's (PO) for needed resources.	
	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 including supplies, patient transfers, cancelled procedures, etc.	

Extended Response				
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 public health 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, and families.	
			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 public health and emergency medical services advised of any reportable diseases through the Infection Preventionist.	
	Safety Officer		Continue to oversee safety measures and use of personal protective equipment, including donning and doffing 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 Command Team with current information and projected impact.	
			Continue to support Operations Section as needed by coordinating updated information regarding guidelines and treatment protocols.	
			Continue to provide expert input into Incident Action Planning process.	

Operations	**Section Chief**		Monitor all patient care areas for staffing and resources.	
	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.	
Planning	**Section Chief**		Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs.	
			Ensure that updated information 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**		Project any additional supplies or resources needed.	
	Support Branch Director		Monitor the health and behavioral health status of staff that participated, supported, or assisted in the response to include delivering medical care to infected patients including those in dietary, disinfection activities, etc., 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 Finance Chief and Incident Commander.	

Demobilization/System Recovery

Section	Officer	Time	Action	Initials
Command	**Incident Commander**		Determine termination of incident and ability to return to normal operations as objectives are met.	
			Oversee and direct demobilization operations with restoration of normal services.	
			Ensure that process is mobilized to complete response documentation for submission of 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.	
			Continue to coordinate public messaging and communications.	
	Liaison Officer		Communicate final hospital status and termination of the incident to local emergency medical services and any established outside agency contacts.	
			Identify channels to share medical information of potential changes in disease epidemiology.	
	Safety Officer		Monitor and maintain a safe environment during return to normal operations.	
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. Collect the HICS 221 Demobilization Check-Out form.	

			Conduct debriefings with: ☐ Command Staff and section personnel ☐ Administrative personnel ☐ All staff ☐ All volunteers	
			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 s necessary, appropriate, and available.	
			Inventory levels of personal protective equipment and work with Finance Section to replenish necessary supplies.	
			Inventory emergency cache for restocking and identification of additional cache resource type needed for future response.	
			Assess any alternate care site equipment such as tents, modules, generators, ventilators, and any other large equipment used in patient surge for repair or replacement.	
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.	
			Seek federal/state financial assistance including reimbursements and joint medical cost sharing.	

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
- ☐ State/local public health guidelines
- ☐ Infection control and isolation protocols
- ☐ Security Plan
- ☐ Business Continuity Plan
- ☐ Emergency Patient Registration Plan
- ☐ Demobilization Plan

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 204 – Assignment Lists
- ☐ 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

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

Additional Planning Information:

https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

https://asprtracie.hhs.gov/

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
Operations Section Chief	X	X	X	X
Medical Care Branch Director	X	X	X	X
Infrastructure Branch Director	X	X	X	X
Security Branch Director	X	X	X	X
Business Continuity Branch Director		X	X	X
Patient Family Assistance Branch Director		X	X	X
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
Logistics Section Chief	X	X	X	X
Service Branch Director	X	X	X	X
Support Branch Director	X	X	X	X
Finance /Administration Section Chief	X	X	X	X
Time Unit Leader	X	X	X	X
Procurement Unit Leader	X	X	X	X
Compensation/Claims Unit Leader		X	X	X
Cost Unit Leader	X	X	X	X