Incident Response Guide: Special Pathogen

NETEC INCIDENT RESPONSE GUIDE

NETEC EMERGENCY MANAGEMENT WORKGROUP
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Incident Response Guide: Special Pathogen
National Emerging Special Pathogens Training and Education Center
Website: www.netec.org   Assistance: info@netec.org

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MISSION

To safely and effectively identify, isolate, inform (III), and preliminarily treat suspected or confirmed patient(s) with a special pathogen (also known as High Consequence Infectious Disease/HCID); ensure staff and patient safety; and support a coordinated healthcare response.

DIRECTIONS

Read this entire response guide and review the Hospital Incident Management Team Activation chart. Use this response guide as a checklist, as applicable, to ensure all tasks are addressed and completed. This Incident Response Guide (IRG) has an accompanying Incident Planning Guide (IPG) developed for special pathogens that should also be used as a resource. In recognition that the presentation of a suspect or confirmed special pathogen patient is a low frequency, high impact scenario, it is important to collaborate and use all available resources to include local and state public health, healthcare coalition, regional, Center for Disease Control (CDC), the Administration for Strategic Preparedness and Response (ASPR) and your Regional Emerging Special Pathogen Treatment Center (RESPTC), as appropriate.

This guide is designed to support a special pathogen patient or surge of patients at a healthcare facility with or without advance notice and to support the planned transfer of a special pathogen patient to your hospital.

OBJECTIVES

- Maintain situational awareness of the current special pathogen event, e.g., local, national, or international.
- Identify, isolate, and inform (III) for a special pathogen patient, suspect patient, or multiple patients with a special pathogen.
- Stabilize and provide treatment and symptom monitoring as appropriate for a special pathogen patient.
- Provide timely and effective communication with internal and external partners.
- Implement appropriate safety and security measures for patients, staff, visitors, and the hospital.
- Assess the need for and establish, if necessary, the Hospital Incident Command System (HICS) to coordinate resource management and communications with local and state public health, EMS officials, and agencies with authority.

- Triage, treat, and/or admit/discharge an influx of infectious patients while protecting other (uninfected) patients, staff, and visitors.

INCIDENT RESPONSE GUIDE

Immediate Response (0 – 2 hours)				
Section	**Officer/Specialist**	**Time**	**Action**	**Initials**
Command	**Incident Commander**		Receive notification of patient or suspect patient from emergency department; or local emergency medical services or local or state public health; notify the emergency department and other departments, as appropriate of possible incoming infectious patients.	
			Notify the hospital's Chief Executive Officer, Board of Directors, Infectious Disease/Infection Prevention /Epidemiologist, practitioners, and other appropriate internal and external officials of situation status.	
			Activate (as appropriate): ☐ Emergency Operations Plan ☐ Infectious Disease/Special Pathogen Plan ☐ Special Pathogen Patient Transport Plan ☐ Surge Plan ☐ Special Pathogen Patient Transport Plan ☐ Hospital Incident Management Team ☐ Hospital Command Center	
			Establish operational periods, objectives, and regular briefing schedule. Consider the use of Incident Action Plan Quick Start for initial documentation of the incident.	
			Establish communication with the Regional Emerging Special Pathogen Treatment Center (RESPTC) for support and resources per local, state and regional protocol.	
			Appoint Command Staff, Section Chiefs, and Medical-Technical Specialist: Infectious Disease/Special Pathogen/High Consequence Infectious Disease (HCID) positions, as appropriate.	

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	Public Information Officer		Coordinate with local and state public health PIO's, EMS, the Joint Information Center (JIC) if activated, and the RESPTC per local, state, and regional protocol.	
			Monitor media outlets, including social media, for updates on the incident and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
			Establish contact with local Emergency Operations Center, local emergency medical services, local or state public health, healthcare coalition, and area hospitals to determine incident details, community status, estimates of sick/ill/decedents, request needed supplies, equipment, and personnel, and assistance with identification of the pathogen	
	Liaison Officer		Coordinate with the Regional Emerging Special Pathogen Treatment Center (RESPTC) for their situational awareness and support, per local, state, and regional protocols.	
			Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and the integration of hospital functions with local response.	
			Conduct a risk assessment of the patient for the possibility of Special Pathogen (Viral Hemorrhagic Fever/VHF or Respiratory Pathogen) and an assessment of associated risks to staff, family, and visitors.	
	Safety Officer		Conduct a risk assessment of the patient for the possibility of Special Pathogen /High Consequence Infectious Disease (HCID) and an assessment of associated risks to other patients, staff, family, and visitors.	
			Evaluate the proper Personal Protective Equipment (PPE) to be worn and the donning and doffing by staff based on the pathogen. Consider Just in Time (JIT) training.	

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			Evaluate the waste plan and conduct a risk assessment for waste handling and holding.	
			Verify from the receiving physician and affected inpatient or outpatient sites, in collaboration with local emergency medical services, the following information and report to the Incident Commander: ☐ Number and condition of patients affected, including asymptomatic people presenting. ☐ Type of biological or infectious disease involved (case definition). ☐ Travel history and patient history. ☐ Medical problems present in addition to the biological or infectious disease involved. ☐ Measures taken, diagnostics, supportive treatment, etc.). ☐ Potential for, and scope of, communicability. Support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures, including staffing rotation (PPE), monitoring ongoing medical care, safety and surveillance and contact tracing of staff, just-in-time training, etc.	
	Medical-Technical Specialist: Infectious Disease, Epidemiology, Infection Prevention, Special Pathogen, etc.		Provide guidance on the appropriate Personal Protective Equipment (PPE) ensemble for pathogen present and isolation precautions.	
			Provide guidance on the appropriate patient management/treatment plan.	
			Verify protocols for specimen collection capabilities and handling with local and state lab and/or public health personnel.	
			Provide expert input in the Incident Action Planning process.	

Immediate Response (0 – 2 hours)				
Section	**Branch/Unit**	**Time**	**Action**	**Initials**
Operations	**Section Chief**		Provide just-in-time training for both clinical and nonclinical staff regarding the status of the event, precautions they should take, and rumor control.	

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				Evaluate if there are any special population considerations to include in planning and response, either for the patient(s) or family, e.g., pediatric, Family Centered Care, cultural, tribal, etc. Refer to institutional plan for notification of family, etc.	
				Notify the emergency department, or impacted department, of possible numbers of incoming infectious patients, in consultation with the Liaison Officer who is in communication with local emergency medical services and others.	
	Medical Care Branch Director			Verify from the receiving physicians and affected inpatient or outpatient sites, in collaboration with local emergency medical services, the following information and report to the Incident Commander: ☐ Number and condition of patients affected, including asymptomatic individuals presenting. ☐ Type of biological or infectious disease involved (case definition). ☐ Travel history and patient history. ☐ Medical problems present in addition to the biological or infectious disease involved. ☐ Measures taken, diagnostics, supportive treatment, etc.). ☐ Potential for, and scope of, communicability.	
				Implement Special Pathogen Response Plan, including: ☐ Validate that Identify, Isolate, and Inform policies and procedures were all completed. ☐ Location for offsite triage, as appropriate. ☐ Proper rapid triage of people presenting requesting evaluation, coordinated with security, if necessary. ☐ Staff implementation of infection precautions and guidance on the appropriate Personal Protective Equipment (PPE) ensemble for pathogen present and higher-level precautions for high-risk procedures. (e.g., suctioning, intubation, bronchoscopy, etc.), as per current Centers for Disease Control and Prevention (CDC) guidelines.	

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				□ Consider supplemental staffing needs. □ 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.	
			Screen/evaluate all persons prior to hospital entry when appropriate.	
			Establish healthcare worker monitoring requirements and procedures for all staff exposed and supporting patient care.	
			Ensure safe collection, transport, and processing of laboratory specimens.	
			Evaluate laboratory testing capabilities, including for safe specimen processing.	

			Implement Waste Management Plan in Coordination with Safety Officer and Technical Specialist/ID
			    □ Develop a plan to clean and disinfect patient care areas
			    □ Safely manage and dispose of all waste generated by patient care
			    □ Train staff appropriately in the waste management plan/Consider JIT
			    □ Train in use of appropriate PPE
			    □ Secure areas of waste collection
			    □ Minimize waste generated	

			Identify patient relocation or transfer requirements.	
			Review patient census and determine if discharges and elective procedure cancellations are required to manage a patient surge, if applicable.	
			Provide personal protective equipment to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting	

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		screening and triage, interacting with infectious patients).	
		Prepare for fatalities per facility, county and state plans, if necessary.	
		Validate if there are any special population considerations to include: pediatric, cultural, tribal, AFN, etc. Prioritize family-centered care. ☐ Adult patient with a pediatric family member exposed/sick. ☐ Pediatric patient with an adult/family member exposed/sick. ☐ Guardian considerations. ☐ Consult Child Life Specialists, if available.	
		☐ Provide direction and develop a plan to clean and disinfect areas where the patient or Person Under Investigation has been; PPE, waste, etc.	
		Support additional facility requirements depending on where the suspect patient is placed, e.g., ED, critical care, special location and ensure room, department, and facility requirements are in place to support safe patient handling and staff safety. ☐ Air Handling testing and validation. ☐ Negative pressure units (build-in, and/or portable). ☐ Portable isolation systems. ☐ Lab testing and calibration requirements. ☐ Documentation of equipment testing, maintenance, and certifications.	
	Infrastructure Branch Director		Support additional facility requirements depending on where the suspect patient is placed, e.g., ED, critical care, special location and ensure room, department, and facility requirements are in place to support safe patient handling and staff safety. ☐ Air Handling testing and validation. ☐ Negative pressure units (built-in; and/or portable). ☐ Portable isolation systems. ☐ Lab testing and calibration requirements.

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			☐ Documentation of equipment testing, maintenance, and certifications.	
	Security Branch Director		Activate the Security Plan to: ☐ Secure the hospital to prevent infectious patients from entering the hospital except through designated route. ☐ Limit infectious patient transportation within hospital for essential purposes only. ☐ Establish infectious patient ingress and egress routes. ☐ Implement crowd and traffic control protocols. ☐ Work with PIO to designate a media location.	
	Patient Family Assistance Branch Director		Identify any special population considerations to include in planning and response, either for the patient(s) or family, e.g., pediatric, family-centered care, cultural, tribal, access and functional needs (AFN), etc.	
Planning	**Section Chief**		Develop a Point of Dispensing (POD) medical countermeasures plan for internal staff and first responders (all, supporting and responding, etc.) or for the community, as appropriate.	
			Track dispersal of external pharmaceutical cache(s) such as the Strategic National Stockpile (SNS) as well as investigational therapeutics that might be used	
	Resources Unit Leader		Initiate personnel and materials tracking.	
			Track PPE usage and availability in conjunction with Logistics.	
			Initiate patient and bed tracking (Disaster Victim/Patient Tracking – HICS Form 254).	
	Situation Unit Leader		Refer to Job Action Sheet for appropriate tasks.	
Logistics	**Section Chief**		Prepare for receipt of external pharmaceutical cache(s) such as the Strategic National Stockpile (SNS) and investigational therapeutics.	
	Service Branch		Implement and support a Point of Dispensing Plan (POD) for mass prophylaxis and	

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Section	Officer/Specialist	Time	Action	Initials
			immunizations for employees, their families, first responders, and others.	
	Support Branch		Anticipate an increased need for personal protective equipment, medical supplies; antivirals, IV fluids, and pharmaceuticals; oxygen, ventilators, suction equipment, and respiratory protection; and for respiratory therapists, transporters, and other personnel.	
			With Planning Section, determine staff supplementation needs and activate Labor Pool.	

Intermediate Response (2 – 12 hours)				
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 and area hospitals, as appropriate.	
			Establish, or maintain communication with the Regional Emerging Special Pathogen Treatment Center (RESPTC) for support and resources, per local, state and regional protocol.	
			Direct implementation of all additional response plans required to address the incident.	
			Consider deploying, or supporting virtually, a hospital representative to the local Emergency Operations Center.	
	Public Information Officer		Brief patients, staff, visitors/families, people seeking shelter, and media to update them on incident and hospital status.	
			Coordinate risk communication messages with the Joint Information Center, if able.	
			Coordinate with local and state public health PIO's and the RESPTC per local, state, and regional protocol.	

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	Liaison Officer		Maintain contact with local Emergency Operations Center, local emergency medical services, local health department, regional medical health coordinator, and area hospitals to relay status and critical needs and to receive community updates.	
			Coordinate with the Regional Emerging Special Pathogen Treatment Center (RESPTC) for their situational awareness and support, per local, state, and regional protocols.	
			Keep local emergency medical services advised of any health problems and trends identified, in cooperation with Infection Control.	
	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 (PPE) and isolation procedures.	
	Medical-Technical Specialist: Infectious Disease, Epidemiology, Infection Prevention, Special Pathogen, etc.		Support Hospital Incident Management Team as needed; consult appropriately with other internal and external experts.	
			Continue to support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures, including staffing rotation (PPE), monitoring ongoing medical care, safety and surveillance and contact tracing of staff, just-in-time training, etc.	

Intermediate Response (2 – 12 hours)				
Section	**Branch/Unit**	**Time**	**Action**	**Initials**
Operations	**Section Chief**		Refer to Job Action Sheet for appropriate tasks.	
	Medical Care Branch Director		Monitor continuation of medical mission activities.	
			Consider temporarily reassigning staff recovering from recent illness or injury to	

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			appropriate duties; reassign staff at high risk for complications of infectious illness (e.g., pregnant women, immunocompromised persons) to low-risk duties (no infectious patient care or administrative duties only). Evaluate "recent non-illness sickness…."	
			Continue patient, staff, and hospital monitoring and surveillance for infectious exposure or illness and provide appropriate follow up care as required.	
			Continue patient management activities, including patient isolation, treatment, personal protective equipment practices, waste management, etc..	
			Consult with Infection Control for disinfection requirements for equipment and hospital.	
			Continue to evaluate if there are any special population considerations to include in planning and response, either for the patient(s) or family, e.g., pediatric, Family Centered Care, cultural, tribal, AFTN, etc.	
			Assist with notification of patients' families about the incident and inform them of the status, likelihood of transfer, etc., if required.	
			Consider supplemental staffing needs.	
			Implement Fatality Management Plan as needed and coordinate with clinical, Infection Control, coroner, mortuaries, and others to assess considerations and requirements for the safe disposition of a decedent for the pathogen presented.	
	Infrastructure Branch Director		Continue support for additional facility requirements depending on where the patient(s) or suspect case is placed (ED, ICU, Biocontainment/BCU, etc.).	
			Coordinate with Infection Control, hospital operations, and facilities.	

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	Business Continuity Branch Director		Refer to Job Action Sheet for appropriate tasks.	
	Patient Family Assistance Branch Director		Establish a patient information center and assist with notification of patients' families and updates of ongoing care.	
Planning	**Section Chief**		Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in coordination with Command Staff and Section Chiefs. Support to Operations for waste, terminal cleaning and disinfecting, terminal clean, documentation, etc.	
	Resources Unit Leader		Continue staff, materials, and equipment tracking.	
	Situation Unit Leader		Continue patient and bed tracking.	
Logistics	**Section Chief**		Refer to Job Action Sheet for appropriate tasks.	
	Support Branch Director		Coordinate activation of staff vaccination or Mass Vaccination and Prophylaxis Plan with Operations Section and Planning Sections, if applicable.	
			Monitor health status of staff exposed to infectious patients, and report to Operations Section.	
			Continue to assess surge capacity and need for supplies (equipment, blood products, medications, lab, waste) in coordination with Operations Section. Obtain supplies as required and available or continue supply rationing.	
			Continue staff call in (if safe and as needed) and provide additional staff to impacted areas.	
			Facilitate procurement of supplies, equipment, and medications for response and patient care.	
	Service Branch Director		Provide for staff food, water, rest periods, and behavioral health support.	
	Section Chief		Refer to Job Action Sheet for appropriate tasks.	

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Section	Officer/Specialist	Time	Action	Initials
Finance/ Administration	**Time Unit Leader**		Track hours associated with the incident response.	
	Procurement Unit Leader		Facilitate procurement of needed supplies, equipment, and contractors in coordination with Operations, Planning, and Logistics Sections.	
	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.	

Extended Response (greater than 12 hours)				
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 emergency medical services and other community hospitals regarding their status and plans.	
			Coordinate with local and state public health and the RESPTC, per local, state and regional protocol.	
			Reevaluate the hospital's ability to continue its medical mission.	
	Public Information Officer		Continue regularly scheduled briefings to media, patients, staff, families/visitors, and people seeking shelter.	
			Communicate regularly with the Joint Information Center to update hospital status and coordinate public information messages.	
			Coordinate with local and state public health PIO's and the RESPTC per local, state and regional protocol.	

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			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.	
			Coordinate with the Regional Emerging Special Pathogen Treatment Center (RESPTC) for their situational awareness and support per local, state, and regional protocols.	
			Continue to advise local emergency medical services (EMS) of any health problems and trends identified.	
	Safety Officer		Continue to oversee safety measures and use of personal protective equipment for patients, staff, and visitors.	
			Assess the crowd control plan and any other safety issues with appropriate staff.	
	Medical-Technical Specialist: Infectious Disease, Epidemiology, Infection Prevention, Special Pathogen, etc.		Continue to support Hospital Incident Management Team with current information and projected impact.	
			Continue to support Operations Section as needed by coordinating information regarding specific infectious agent identification and treatment and follow up procedures.	
			Continue to provide expert input into Incident Action Planning process.	
			Provide consultation to other specialty services providing care to the patient as needed, such as cardiology, pulmonology, etc.	

Extended Response (greater than 12 hours)				
Section	**Branch/Unit**	**Time**	**Action**	**Initials**
Operations	**Section Chief**		Refer to Job Action Sheet for appropriate tasks.	
	Medical Care Branch Director		Monitor continuation of medical mission activities, including patient care and isolation activities.	

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			Continue to evaluate if there are any special population considerations to include in planning and response, either for the patient(s) or family, e.g., pediatric, Family Centered Care, cultural, tribal, AFN, etc.	
			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. Coordinate waste processing per established guidance.	
			Continue infrastructure maintenance and support, including continuing to monitor ventilation systems, such as negative air pressure.	
Planning	**Section Chief**		Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs.	
			Ensure that updated information and intelligence 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**		Refer to Job Action Sheet for appropriate tasks.	
	Support Branch Director		Monitor the health status of staff that participated, supported, or assisted in disinfection activities, and provide appropriate medical care and follow up.	
			Continue to facilitate procurement of supplies, equipment, and medications for response and patient care.	

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| 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 Incident Commander. | |

Demobilization/System Recovery

Section	Officer	Time	Action	Initials
Command	Incident Commander		Determine termination of event and ability to return to normal operations.	
			Oversee and direct demobilization operations with restoration of normal services.	
			Ensure that process is mobilized to complete response documentation for submission for 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.	
	Liaison Officer		Communicate final hospital status and termination of the incident to local emergency medical services and any established outside agency contacts.	
	Safety Officer		Monitor and maintain a safe environment during return to normal operations.	

Demobilization/System Recovery

Section	Branch/Unit	Time	Action	Initials
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.	
			Continue to monitor healthcare workers for required period of time following last contact with HCID patient and/or waste/care environment. Monitor and follow up to discern	

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			Behavioral Health support for patients, families, and healthcare workers.	
	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.	
			Conduct debriefings or hotwash 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 as necessary, appropriate, and available.	
			Inventory levels of personal protective equipment and work with Finance Section to replenish necessary supplies.	
Finance/ Administration	**Section Chief**		Contact insurance carriers to identify requirements for documentation of any damage or losses, and initiate reimbursement and claims procedures.	

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			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.	

Documents and Tools

Emergency Operations Plan, including:

- ☐ Infectious Disease and Special Pathogen Plans
- ☐ State and Regional Special Pathogen CONOPS and EMS and Transport Plans

- ☐ Surge Plan
- ☐ Infectious Patient Transport Plan
- ☐ Bloodborne Pathogens Plan
- ☐ Aerosol Transmissible Disease Plan
- ☐ Mass Vaccination and Prophylaxis Plan/Medical Countermeasures Plans
- ☐ 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
- ☐ Infection control and isolation protocols
- ☐ Security Plan
- ☐ Business Continuity Plan
- ☐ Emergency Patient Registration Plan
- ☐ Waste Management Plan
- ☐ Demobilization Plan
- ☐ Infrastructure Failure Plan (medical gas, vacuum, power, etc.)
- ☐ Healthcare Worker Down Plan
- ☐ Medical Countermeasures (MCM) Plan/Research plan
- ☐ Lab Operations Plan for Special Pathogen Specimen Collection

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 205A – Communications List
- ☐ HICS 214 – Activity Log

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☐ HICS 215A – Incident Action Plan (IAP) Safety Analysis ☐ HICS 221 – Demobilization Check-out ☐ HICS 251 – Facility System Status Report ☐ HICS 252 – Section Personnel Time Sheet ☐ 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	

Hospital Incident Management Team Activation: Special Pathogen

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
Time Unit Leader		X	X	X
Procurement Unit Leader		X	X	X
Compensation/Claims Unit Leader		X	X	X
Cost Unit Leader		X	X	X

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GLOSSARY OF TERMS

Term	Definition
AAR	After Action Report
AFN	Access and Functional Needs
ASPR	Administration for Strategic Preparedness and Response
ASPR-TRACIE	Technical Resources, Assistance Center, and Information Exchange
BCU	Biocontainment Unit
Category A waste	An infectious substance in a form capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals when exposure to it occurs.
Category B waste	An infectious substance not in a form generally capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals when exposure to it occurs.
CDC	Center for Disease Control and Prevention
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
Frontline healthcare facility	Includes hospitals, urgent care, clinics, etc.
HCID	High Consequence Infectious Disease. See Special Pathogen term below.
HICS	Hospital Incident Command System
HIMT	Hospital Incident Management Team
HHS	US Department of Health and Human Services
HVA	Hazard Vulnerability Analysis
III	Identify, Isolate, Inform
IP	Improvement Plan
IPG	Incident Planning Guide
IRG	Incident Response Guide
JIC	Joint Information Center
JIIT	Just in Time Training
MVD	Marburg Virus Disease
NETEC	National Emerging Special Pathogen Training and Education Center
NSPS	National Special Pathogen System of Care

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PPE	Personal Protective Equipment
PUI	Person Under Investigation (also referred to as a suspect patient)
VHF	Viral Hemorrhagic Fever
Special Pathogen	A variety of definitions exist, but one that is simple is that special pathogens, or High Consequence Infectious Disease (HCID) are generally classified as having high case fatality rates, limited or no treatment options, and pose a risk to contacts, healthcare workers (HCWs), and the general public.

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