

# INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



## INCIDENT RESPONSE GUIDE

**Mission:** To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious residents and staff; and to manage the uninjured/asymptomatic persons, family members, and the media.

### DIRECTIONS

- Read this entire incident response guide and review the Incident Management Team Chart.
- Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.

### OBJECTIVES

- Identify, triage, isolate, and treat infectious residents.
- Accurately track residents throughout the nursing home.
- Assure safety and security of the staff, residents, visitors, and nursing home.

### IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

#### COMMAND

(Incident Commander):

- Activate the appropriate Medical Director/Specialist or Technical Specialists to assess the incident.
  - Activate Command staff and Section Chiefs.
  - Implement regular briefing schedule for Command staff and Section Chiefs.
  - Implement the infectious residents surge plan and other Emergency Operations Plans, as indicated.
  - Communicate with public health officials, local emergency management, and other external agencies (e.g., health department, regulatory agencies) to identify infectious agent and communicate situation status and projected needs.
  - Communicate with Public Health to determine the potential number of infectious residents.
  - Communicate regularly with Section Chiefs regarding operational needs and integration of nursing home functions with local EOC.
  - Monitor media outlets for updates on the pandemic and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions to address.

*NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.*

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IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	<p><b>COMMAND</b> (continued)</p> <p>(Medical Director/Specialist – Biological/disease outbreak/pandemic):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify and collaborate with Public Health officials, and report the following information to the Incident Commander:               <ul style="list-style-type: none"> <li>○ Number and condition of residents affected, including the worried well</li> <li>○ Type of biological/infectious disease involved (case definition)</li> <li>○ Medical problems present in addition to biological/infectious disease involved</li> <li>○ Measures taken (e.g., cultures, supportive treatment)</li> <li>○ Potential for and scope of communicability</li> <li>○ Implement appropriate PPE and isolation precautions</li> </ul> </li> <li><input type="checkbox"/> Coordinate with the Operations Section Chief to verify from the Medical Director/Specialist, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs:               <ul style="list-style-type: none"> <li>○ Number and condition of residents affected, including the asymptomatic</li> <li>○ Medical problems present besides infectious disease involved</li> <li>○ Measures taken (e.g., cultures, supportive treatment)</li> <li>○ Potential for and scope of communicability</li> </ul> </li> </ul>
	<p><b>OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control.</li> <li><input type="checkbox"/> Monitor residents for signs of illness.</li> <li><input type="checkbox"/> Ensure proper implementation of infectious residents surge plan, including:               <ul style="list-style-type: none"> <li>○ Staff implementation of infection precautions, and higher level precautions for high risk procedures</li> <li>○ Proper monitoring of isolation procedures</li> <li>○ Limit resident movement within nursing home for essential purposes only</li> <li>○ Restrict number of clinicians and ancillary staff providing care to infectious residents</li> </ul> </li> <li><input type="checkbox"/> Evaluate and determine health status of all persons prior to nursing home entry.</li> <li><input type="checkbox"/> Ensure safe collection, transport, and processing of laboratory specimens.</li> <li><input type="checkbox"/> Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.</li> <li><input type="checkbox"/> Conduct nursing home census and determine if discharges and appointment cancellations are required.</li> </ul> <p>(Security):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consider nursing home lockdown to prevent infectious residents from entering the nursing home except through designated route. Report regularly to Operations Section Chief.</li> </ul>

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IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	<p><b>PLANNING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Establish operational periods and develop Incident Action Plan:               <ul style="list-style-type: none"> <li>o Engage all necessary departments</li> <li>o Share Incident Action Plan through Incident Commander with these areas</li> <li>o Provide instructions on needed documentation including completion detail and deadlines</li> </ul> </li> <li><input type="checkbox"/> Implement resident/staff/equipment tracking protocols.</li> <li><input type="checkbox"/> Report actions/information to Incident Commander, Command Staff, and Section Chiefs regularly.</li> </ul>
	<p><b>LOGISTICS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Implement distribution of plans for mass prophylaxis/immunizations for employees, their families, and others as recommended from public health and emergency preparedness officials (pandemic event).</li> <li><input type="checkbox"/> Anticipate an increased need for medical supplies (i.e., antivirals, pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE), and respiratory therapists, transporters and other personnel.</li> <li><input type="checkbox"/> Implement distribution of PPE to high risk employees as recommended by public health and emergency preparedness officials.</li> <li><input type="checkbox"/> Prepare for receipt of external pharmaceutical cache(s).</li> <li><input type="checkbox"/> Determine staff supplementation needs and communicate to Liaison Officer.</li> <li><input type="checkbox"/> Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.</li> </ul>
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	<p><b>COMMAND</b></p> <p>(Incident Commander):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Activate and implement Emergency Operations Plans, as indicated, including mass fatality plan if needed.</li> <li><input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs and regulatory agencies.</li> <li><input type="checkbox"/> Establish a resident information center; coordinate with local emergency management/public health/EMS. Regularly brief local EOC, nursing home staff, residents, and media.</li> <li><input type="checkbox"/> Ensure integrated response with local EOC/ JIC.</li> <li><input type="checkbox"/> Communicate to local EOC personnel/equipment/supply needs identified by Operations.</li> <li><input type="checkbox"/> Keep Public Health advised of any health problems/trends identified, in cooperation with infection control.</li> <li><input type="checkbox"/> Integrate outside personnel assistance into Command Center and hospital operations.</li> <li><input type="checkbox"/> Discuss operational status with other area facilities/hospitals.</li> <li><input type="checkbox"/> Brief Command staff/Section Chiefs regularly with information from outside sources.</li> </ul>

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INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
<b>OPERATIONS</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct disease surveillance, including number of affected residents/personnel.</li> <li><input type="checkbox"/> Continue isolation activities as needed.</li> <li><input type="checkbox"/> Consult with infection control for disinfection requirements for equipment and nursing home.</li> <li><input type="checkbox"/> Continue patient management activities, including patient cohorting and resident/staff/visitor medical care issues.</li> <li><input type="checkbox"/> With Logistics, coordinate the implementation of mass vaccination/mass prophylaxis plan.</li> <li><input type="checkbox"/> Determine scope and volume of supplies/equipment/personnel required and report to Logistics.</li> <li><input type="checkbox"/> Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased residents.</li> </ul>
<b>PLANNING</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continue resident tracking.</li> <li><input type="checkbox"/> Document Incident Action Plan as developed by IC and Section Chiefs, and distribute appropriately.</li> <li><input type="checkbox"/> Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly.</li> <li><input type="checkbox"/> Plan for termination of incident.</li> <li><input type="checkbox"/> Revise security plan and family visitation policy, as needed.</li> </ul>
<b>LOGISTICS</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Coordinate activation of staff vaccination/prophylaxis plan with Operations (pandemic event).</li> <li><input type="checkbox"/> Monitor the health status of staff who are exposed to infectious residents.</li> <li><input type="checkbox"/> Consider reassigning staff recovering from flu to care for flu residents; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (i.e., no flu patient care or administrative duties only).</li> </ul>
<b>FINANCE/ADMINISTRATION</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Track response expenses and report regularly to Command staff and Section Chiefs.</li> <li><input type="checkbox"/> Track and follow up with employee illnesses and absenteeism issues.</li> </ul>
EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
<b>COMMAND</b>	
<input type="checkbox"/>	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs. Address issues identified.</li> <li><input type="checkbox"/> Continue resident information center, as necessary. Coordinate efforts with local/state public health resources/JIC.</li> <li><input type="checkbox"/> Continue to ensure integrated response with local EOC/JIC.</li> <li><input type="checkbox"/> Continue to communicate personnel/equipment/supply needs to local EOC.</li> <li><input type="checkbox"/> Continue to keep public health advised of any health problems/trends identified.</li> <li><input type="checkbox"/> Keep regulatory agencies apprised of nursing home status.</li> </ul>

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EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
<b>OPERATIONS</b>	
<input type="checkbox"/>	<input type="checkbox"/> Continue patient management and nursing home monitoring activities. Communicate personnel/equipment/supply needs to local EOC. <input type="checkbox"/> Ensure proper disposal of infectious waste, including disposable supplies/equipment.
<b>PLANNING</b>	
<input type="checkbox"/>	<input type="checkbox"/> Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs.
<b>LOGISTICS</b>	
<input type="checkbox"/>	<input type="checkbox"/> Continue monitoring the health status of staff exposed to infectious residents. <input type="checkbox"/> Continue addressing behavioral health support needs for residents/visitors/staff. <input type="checkbox"/> Continue providing equipment/supply/personnel needs.
<b>FINANCE</b>	
<input type="checkbox"/>	<input type="checkbox"/> Continue to track response expenses and employee injury/illness and absenteeism.
DEMOBILIZATION/SYSTEM RECOVERY	
<b>COMMAND</b>	
<input type="checkbox"/>	(Incident Commander): <input type="checkbox"/> Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC. <input type="checkbox"/> Prepare a summary of the status and location of infectious residents. Disseminate to Command staff/Section Chiefs and to public health/EOC, regulatory agencies as appropriate.
<b>OPERATIONS</b>	
<input type="checkbox"/>	<input type="checkbox"/> Restore normal nursing home operations and resident visitation.
<b>PLANNING</b>	
<input type="checkbox"/>	<input type="checkbox"/> Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions. <input type="checkbox"/> Conduct after-action debriefing with all staff, physicians, and volunteers. <input type="checkbox"/> Prepare the after-action report and improvement plan for review and approval. <input type="checkbox"/> Write after-action report and corrective action plan to include the following: <ul style="list-style-type: none"> <li>○ Summary of actions taken</li> <li>○ Summary of the incident</li> <li>○ Actions that went well</li> <li>○ Area for improvement</li> <li>○ Recommendations for corrective actions and future response actions</li> </ul>

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DEMOBILIZATION/SYSTEM RECOVERY	
<b>LOGISTICS</b>	
<input type="checkbox"/>	<input type="checkbox"/> Conduct stress management and after-action debriefings and meetings as necessary. <input type="checkbox"/> Monitor health status of staff. <input type="checkbox"/> Inventory all EOC and nursing home supplies and replenish as necessary. <input type="checkbox"/> Restore/repair/replace broken equipment. <input type="checkbox"/> Return borrowed equipment after proper cleaning/disinfection. <input type="checkbox"/> Restore normal nonessential services.
<b>FINANCE</b>	
<input type="checkbox"/>	<input type="checkbox"/> Compile time, expense, and claims reports and submit to IC for approval. <input type="checkbox"/> Distribute approved reports to appropriate authorities for reimbursement.
DOCUMENTS AND TOOLS	
<input type="checkbox"/>	Nursing Home Emergency Operations Plan, including: <ul style="list-style-type: none"> <li>○ Infectious patient surge plan</li> <li>○ Mass vaccination/mass prophylaxis plan (pandemic event)</li> <li>○ Risk communication plan</li> <li>○ Nursing home security plan</li> <li>○ Patient/staff/equipment tracking procedure</li> <li>○ Behavioral health support for staff/residents plan</li> <li>○ Mass fatalities plan (pandemic event)</li> </ul>
<input type="checkbox"/>	Infection control plan.
<input type="checkbox"/>	Employee health monitoring/treatment plan.
<input type="checkbox"/>	All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents.
<input type="checkbox"/>	Nursing Home Incident Command Forms.
<input type="checkbox"/>	Nursing Home Job Action Sheets.
<input type="checkbox"/>	Nursing Home Incident Management Team Chart.
<input type="checkbox"/>	Television/radio/internet to monitor news.
<input type="checkbox"/>	Telephone/cell phone/radio/satellite phone/internet for communication.