# INFECTIOUS DISEASE

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| **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/guardians, and media. | |
| **DIRECTIONS** | |
| Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.  *Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.* | |
| **OBJECTIVES** | |
| 🞎 | Identify, triage, isolate, and treat infectious residents. |
| 🞎 | Protect residents and staff from exposure and injury. |
| 🞎 | Assure safety and security for residents, staff, visitors and the nursing home. |
| 🞎 | Accurately track residents throughout the nursing home. |

| **RAPID RESPONSE CHECKLIST** | |
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| 🞎 | If either the volume or severity of an infectious disease significantly threatens or impacts day-to-day operations, activate facility’s EOP and appoint a Facility Incident Commander (IC) if warranted. |
| 🞎 | Notify appropriate state survey agency to report an unusual occurrence and activation of facility’s EOP. |
| 🞎 | Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC). |
| 🞎 | Implement appropriate infection control policies and procedures. |
| 🞎 | Clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks if practical. |
| 🞎 | Consider advising visitors to delay visits if needed to reduce exposure risk to residents. |
| 🞎 | Advise staff to check for signs and symptoms of illness and to not work if sick. Activate emergency staffing strategies as needed. |
| 🞎 | Limit exposure between infected and non-infected persons; consider isolation of ill persons. |
| 🞎 | Conduct recommended cleaning/decontamination in response to the infectious disease. |
| 🞎 | *Add other response actions here consistent with the facility EOP.* |

| **Immediate Response (0 – 2 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status. |  |
| Activate the infectious disease procedures, Incident Management Team, and Nursing Home Command Center. |  |
| Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident. |  |
| Appoint Command Staff, Section Chiefs, and a Medical Director/Specialist for Infectious Disease. |  |
| **Liaison/PIO** | Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander. |  |
| In conjunction with Joint Information Center (if activated), develop resident, staff, and community response messages to convey nursing home preparations, services, and response. |  |
| Monitor media outlets for updates on the incident and possible impacts on the facility. Communicate information via regular briefings to Section Chiefs and Incident Commander. |  |
| Establish contact with local emergency operations center, local emergency medical services, healthcare coalition coordinator, and area health care facilities to determine incident details, community status, estimates of casualties, request needed supplies, equipment, and personnel, and to identify the infectious agent. |  |
| Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and the integration of nursing home functions with local response. |  |
| **Safety Officer** | Conduct ongoing analysis of existing response practices for health and safety issues related to residents, staff, and nursing home using NHICS 215A and implement corrective actions to address. |  |
| In coordination with Operations Section Chief, secure the nursing home and implement limited visitation policy. |  |
| **Safety Officer** | Monitor safe and consistent use of appropriate personal protective equipment by staff. |  |
| Activate security procedures to:   * Secure the nursing home to prevent infectious individuals from entering the nursing home except through designated route * Establish ingress and egress routes * Implement traffic control protocols |  |
| **Medical Director/Specialist** | Verify from the attending physician, in collaboration with local emergency medical services, the following information and report to the Incident Commander:   * Number and condition of residents affected, including asymptomatic people presenting * Type of biological or infectious disease involved (case definition) * Medical problems present in addition to the biological or infectious disease involved * Measures taken (e.g., cultures, supportive treatment) * Potential for, and scope of, communicability |  |
| Provide guidance on appropriate personal protective equipment and isolation precautions. |  |
| Provide expert input in the Incident Action Planning process. |  |
| **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. |  |
| Ensure continuation of resident care and essential services. |  |
| Implement infectious disease procedures, including:   * 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 higher level precautions for high risk procedures. (e.g., suctioning, bronchoscopy, etc.), as per current local department of public health and Centers for Disease Control and Prevention (CDC) guidelines * Proper monitoring of isolation rooms and isolation procedures * Limitation of resident transportation within nursing home for essential purposes only |  |
| Restrict number of clinicians and ancillary staff providing care to infectious residents |  |
| **Operations Section Chief** | Prepare to implement emergency plans and procedures if needed (e.g., loss of power, cooling, water, HVAC, communications). |  |
| Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy. |  |
| Designate an area(s) to accommodate resident/staff family members/guardians including those who may be electrically dependent or have medical needs. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Evaluate and determine health status of all persons prior to nursing home entry. |  |
| Identify evacuation priorities and transfer requirements. |  |
| Conduct a nursing home census and identify which residents may require transfers |  |
| Provide personal protective equipment to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting screening and triage, interacting with infectious residents). |  |
| Prepare for fatalities, if necessary. |  |
| **Infrastructure Branch Director** | Monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications. If applicable. |  |
| **Planning Section Chief** | Establish operational periods, incident objectives, and the Incident Action Plan in coordination with the Incident Commander. |  |
| Gather internal situation status including supply and equipment status, current staff and nursing home census. |  |
| Initiate the gathering and validation of external situational status (if impacted) for inclusion in the IAP. |  |
| Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received. |  |
| Initiate personnel and materials tracking. |  |
| Initiate resident and bed tracking (see NHICS 254 - Emergency Admit Tracking). |  |
| **Logistics Section Chief** | Distribute prophylaxis and immunizations for employees, their families, and others. |  |
| **Logistics Section Chief** | 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. |  |
| With Planning Section, determine staff supplementation needs. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Intermediate Response (2 - 12 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Review the overall impact of the ongoing incident on the facility with Command and General staff. |  |
| Monitor that communications and decision making processes are coordinated with local emergency operations center and area nursing homes, as appropriate. |  |
| Direct implementation of any and all additional response plans required to address the incident. |  |
| **Liaison/PIO** | Conduct briefings to residents, staff, people seeking shelter, and media to update them on incident and facility status. |  |
| Coordinate risk communication messages with the Joint Information Center, if activated. |  |
| Assist with notification of residents’ families about the incident and inform them of the likelihood of transfer, if required. |  |
| Maintain contact with local emergency operations center, local emergency medical services, local health department, regional medical health coordinator, and area health care facilities to relay status and critical needs and to receive community updates. |  |
| 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, residents, visitors, and the facility. |  |
| Monitor, report, follow up on, and document resident or staff injuries. |  |
| Ensure staff food, water and rest periods. |  |
| **Safety Officer** | Continue to monitor proper use of personal protective equipment and isolation procedures. |  |
| **Medical Director/Specialist: Infectious Disease** | Support Incident Management 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** | Ensure continuation of resident care and essential services. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Monitor continuation of medical mission activities. Conduct disease surveillance, including number of affected residents and personnel. |  |
| Continue resident, staff, and nursing home monitoring for infectious exposure, and provide appropriate follow up care as required. |  |
| Continue resident management activities, including resident cohorting, isolation, and personal protective equipment practices. |  |
| Consult with Infection Control for disinfection requirements for equipment and facility. |  |
| Implement fatality management procedures and assess capacity for refrigeration and security of decedents, if necessary. |  |
| **Infrastructure Branch Director** | Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary. |  |
| Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications. |  |
| **Planning Section Chief** | Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in cooperation with Command Staff and Section Chiefs. |  |
| Continue staff, materials, and equipment tracking. |  |
| Continue resident and bed tracking. |  |
| **Logistics Section Chief** | Coordinate staff vaccination or prophylaxis with Operations Section. |  |
| Consider temporarily reassigning staff recovering from flu to appropriate duties; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (no infectious resident care or administrative duties only). |  |
| **Logistics Section Chief** | Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies) in cooperation 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 resident care. |  |
| Establish sheltering and feeding services for staff and family/guardians. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **Finance/**  **Administration Section Chief** | Track hours associated with the incident response. |  |
| Initiate screening and tracking of incoming volunteers and/or new personnel. |  |
| Facilitate procurement of needed supplies, equipment, and contractors. |  |
| Track and follow up with employee illnesses and absenteeism issues. |  |
| Implement risk management and claims procedures for reported staff and resident exposures or injuries. |  |
| Track response expenses and expenditures. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Extended Response (greater than 12 hours)** | | |
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| **IMT Position** | **Action** | **Initials** |
| **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 health care facilities regarding their status and plans. |  |
| Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status. |  |
| **Incident Commander** | Reevaluate the nursing home’s ability to continue its medical mission. |  |
| **Liaison/PIO** | Continue regularly scheduled briefings to media, residents, staff, families, and people seeking shelter. |  |
| Communicate regularly with the Joint Information Center (if activated) to update nursing home status and coordinate public information messages. |  |
| Address social media issues as warranted; use social media for messaging as situation dictates. |  |
| Maintain established contacts with outside agencies to relay status and critical needs. |  |
| Keep local emergency medical services advised of any health problems and trends identified. |  |
| **Safety Officer** | Continue to oversee safety measures and use of personal protective equipment for residents, staff, and visitors. |  |
| Assess the crowd control procedures and any other safety issues with appropriate staff. |  |
| Monitor the health status of staff that participated, supported, or assisted in disinfection activities, and provide appropriate medical care and follow up. |  |
| **Medical Director/Specialist** | Continue to support 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 procedures. |  |
| Continue to provide expert input into Incident Action Planning process. |  |
| **Operations Section Chief** | Ensure continuation of resident care and essential services. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Monitor continuation of medical mission activities, including resident care and isolation activities. |  |
| Continue resident monitoring for infectious exposure and provide appropriate follow up care as required. |  |
| Provide behavioral health support for residents, families, and staff as needed. |  |
| **Infrastructure Branch Director** | Ensure proper disposal of infectious waste, including disposable supplies and equipment. |  |
| **Infrastructure Branch Director** | Continue infrastructure maintenance and support, including continuing to monitor nursing home air quality. |  |
| **Planning Section Chief** | Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs. |  |
| Monitor supply and equipment levels and notify Logistics and Operations Section of identified needs. |  |
| Finalize and distribute steps for demobilization in the Incident Action Plan. |  |
| **Logistics Section Chief** | Continue to facilitate procurement of supplies, equipment, and medications for response and resident care. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **Finance/ Administration Section Chief** | Coordinate with Risk Management for additional insurance and documentation needs, consider taking photographs where applicable. |  |
| Continue to track response costs and expenditures, and prepare regular reports for the Incident Commander. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Demobilization/System Recovery** | | |
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| **IMT Position** | **Action** | **Initials** |
| **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. |  |
| **Liaison/PIO** | Conduct final media briefing and assist with updating staff, residents, families/guardians, and others of termination of incident and restoration of normal services. |  |
| Communicate final nursing home 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. |  |
| Return traffic flow and security forces to normal services. |  |
| **Safety Officer** | Report staff injury and illness for follow up by Finance/ Administration Section Chief. |  |
| **Operations Section Chief** | Submit all section documentation to Planning Section for compilation in After Action Report. |  |
| Ensure residents, staff, and visitors have access to behavioral health support as needed. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Return resident care and services to normal operations. |  |
| Repatriate transferred residents, if applicable. |  |
| **Infrastructure Branch Director** | Ensure that deployable isolation equipment or alterations in air pressure flow are returned to pre-incident status. |  |
| **Planning Section Chief** | 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 residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate. |  |
| **Logistics Section Chief** | Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories. |  |
| Inventory levels of personal protective equipment and work with Finance Section to replenish necessary supplies. |  |
| Release temporary staff and other personnel to normal positions. |  |
| Submit all section documentation to Planning Section for compilation in After Action Report. |  |
| **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. |  |
| Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Documents and Tools** |
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| **Nursing Home Emergency Operations Plan, including:**   * Infectious disease procedures * Surge procedures * Infectious resident transport procedures * Vaccination and prophylaxis procedures * Communication plan * Fatality management procedures * Resident, staff, and equipment tracking procedures * Employee health monitoring and treatment procedures * Behavioral health support procedures * Centers for Disease Control and Prevention Guidelines for specific agent identification and treatment * Infection control and isolation protocols * Security procedures * Business Continuity Plan |
| **Forms, including:**   * NHICS 200 – Incident Action Plan (IAP) Quick Start * NHICS 205 – Communications List * NHICS 214 – Activity Log * NHICS 215A – Incident Action Plan (IAP) Safety Analysis * NHICS 251 – Facility System Status Report * NHICS 254 – Emergency Admit Tracking * NHICS 259 – Facility Casualty/Fatality Report |
| Job Action Sheets |
| Paper forms for down-time documentation, data entry, etc. |
| Access to nursing home organization chart |
| Campus floor plans, maps, and evacuation routes |
| Television/radio/internet to monitor news |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication |