Incident Planning Guide: Special Pathogens

NETEC INCIDENT PLANNING GUIDE

NETEC EMERGENCY MANAGEMENT WORKGROUP

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Table of Contents

DEFINITION

This Incident Planning Guide (IPG) for frontline healthcare facilities, including clinics, urgent care centers, and hospitals, is intended to address planning and preparedness factors associated with suspected special pathogen patients. These patients may present to frontline facilities with no warning, and healthcare facilities must be prepared to manage the care of a patient when a case is suspected. This guide will address considerations for special pathogens patients from initial screening steps to patient transfer. Healthcare facilities should customize this Incident Planning Guide for their specific requirements.
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 (HCW's), and the general public. Other related terms used may be Emerging Infectious Disease (EID), Biosafety Level (BSL) 4 Pathogens, etc.

SCENARIO

An outbreak of Marburg Virus Disease (MVD) has been declared in Equatorial Guinea, with several surrounding countries also reporting cases. The Centers for Disease Control and Prevention (CDC) has just implemented a travel advisory for the impacted area today, and healthcare workers from the US are being evacuated. Local public health agencies plan to begin monitoring return travelers. MVD has an incubation period of 2 to 21 days, and initial symptoms include high fever and severe headaches, with abdominal pain, diarrhea, and vomiting developing after two days. Symptoms can become increasingly severe between 5 to 7 days after the initial illness, including severe blood loss and shock. The case fatality rate for MVD is around 50%, although supportive care has been shown to improve survival rates. Currently, the outbreak has not received significant local or national news attention. A traveler returning from the impacted region who had contact with suspected MVD patients has presented to your healthcare facility with a fever and chills.

INCIDENT PLANNING GUIDE: SPECIAL PATHOGENS

Note: This Incident Planning Guide was developed by the National Emerging Special Pathogen Training and Education Center (NETEC) Emergency Management workgroup, shared with and reviewed by the HICS Center Leadership to be placed alongside the other HICS IPGs. As you review this guide, we recommend keeping in mind that your healthcare facility may address this threat either as part of the Emergency Management Program, Infection Control plan, or other area. Consider the above hypothetical scenario as you work through this IPG and develop plans, procedures, and exercises for your facility.

Does your Emergency Management Program address the following special pathogen needs?

1. MITIGATION	
a.	Does your healthcare facility address the threat and impact of a special pathogens or emerging infectious disease event in the current Hazard Vulnerability Analysis (HVA), including the identification of mitigation strategies and tactics?
b.	Does your healthcare facility have Hospital Incident Management Team position depth to support extended operations?
c.	Does your healthcare facility participate in pre-incident local response planning regarding special pathogens with local and/or state public health, public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators, and other appropriate public and private organizations?
d.	Does your healthcare facility maintain contact information for local and state public health, regional healthcare coalition coordinators, and other special pathogens stakeholders?
e.	Does your healthcare facility provide ongoing training and education, including refresher training, to staff on infection control precautions and the safe use of personal protective equipment?
f.	Does your healthcare facility use expert information sources (e.g., NETEC, ASPR-TRACIE, in-house infection prevention or respiratory programs, CDC website, city or county emergency operations plan) when planning for special pathogens incidents, assessment, preliminary treatment, and transportation?
g.	Does your healthcare facility have a strategy to address staff shortages?
h.	Does your facility have a strategy for addressing supply shortages and supply chain issues?

2. PREPAREDNESS	
a.	Does your healthcare facility's Infectious Disease Plan or Emergency Operations Plan (EOP) include or support a Special Pathogens Plan that incorporates minimum capabilities and suggestions from the National Special Pathogen System of Care (NSPS) guidance?
b.	Does your healthcare facility exercise the Special Pathogens Plan yearly and revise as needed, with input and participation from internal and external partners (including public health, EMS, and other stakeholders as necessary)?
c.	Does your healthcare facility have procedures to notify appropriate internal and external experts, including security, emergency management, laboratory, safety, respiratory, critical care, infection control, engineering, and state or local public health agencies?
d.	Does your healthcare facility have an established Identify, Isolate, and Inform (III) process or similar strategy to: Identify: • Receive and maintain awareness of outbreaks or pathogen specific guidance from external agencies? • Implement symptom and Universal Travel Screening? Isolate: • Identify an appropriate isolation space, ideally with negative pressure capabilities and fixed or temporary anteroom access? • Train staff on the isolation space location, preparation, and use? • Minimize the need for patient movement within the facility and to ensure safe internal transportation routes and infection control procedures when necessary. Inform: • Identify key personnel within the facility that will be involved in the care of a special pathogen patient? • Ensure contact information for key internal and external stakeholders is readily accessible?
e.	Does your Special Pathogens Plan include procedures to: • Implement appropriate infection prevention/control protocols for the suspected patient? • Provide appropriate and sufficient inventory of PPE for healthcare workers? • Ensure staff PPE competency through a minimum of annual documented training? • Know the location and use of appropriate signage?

	• Ensure availability of Just-In-Time training for staff?
	• Safely manage Category A and B waste?
	  ○ Staff must be appropriately trained in the waste management plan which optimizes safety and appropriate final process (e.g., secured, minimize waste, etc.).
	  ○ Package waste in appropriate and approved containers.
	  ○ Safely sequester waste in a secure location until a Person Under Investigation (PUI) has been confirmed or ruled out, and if confirmed, proceed with waste plan.
	  ○ Review plans with vendors and/or receiving and sending facilities to support category A and B waste management.
	• Outline a communications plan for patients, staff, and other internal and external partners, including media?
	• Contain and safely manage patient blood, body fluids, and waste (e.g. urine, stool, vomit, sputum, etc.)?
	• Outline triggers for activation of Incident Command?
	• Conduct patient laboratory testing and specimen packaging per healthcare facility policy, and recommendations from local and state health departments and the CDC?

f.	Does your healthcare facility coordinate with local EMS, public health, and the special pathogens receiving facility, and other stakeholders for special pathogens planning and exercises for patient transportation?
g.	Does your Special Pathogens plan include guidance on how to prepare the patient for transport, and processes for the transfer of patient care including patient reporting between EMS and facility personnel?

3. IMMEDIATE AND INTERMEDIATE RESPONSE	
a.	Does your healthcare facility have triggers to implement the Special Pathogens Plan?
b.	Does your healthcare facility have a process to address how your facility receives timely and pertinent incident information from local emergency medical services, public health, CDC, etc.?
c.	Does your healthcare facility have a procedure to provide pertinent incident information to the patient care team, all treatment areas, laboratory, environmental services, infection prevention/control, occupational health, security, and the Hospital Command Center?
d.	Does your healthcare facility have a plan to initiate a call with the state laboratory and receiving facility regarding patient reporting hand-off, laboratory testing, and result reporting?
e.	If labs are drawn, does your healthcare facility have a plan to: • Safely package, label, and transfer laboratory specimens to external testing sites, including local, state, and federal labs? • Increase the capability to perform specific screening tests for designated pathogens? • Relay laboratory results to internal clinical sites and external partners?
f.	Does your healthcare facility have a plan to monitor the health status of staff who participate in triage and treatment activities and to provide appropriate medical follow-up, including symptom monitoring?
h.	Does your special pathogens plan include technological measures and bundling care to limit unnecessary exposure of staff to the patient?
i.	Does your healthcare facility have a plan to manage critically ill patients who may require high-level care until they are transferred, or the special pathogen diagnosis is ruled out?
j.	Does your Special Pathogens plan include considerations for vulnerable patient populations (including Access and Functional Needs), cultural factors, and friends/ family members of the patient that may accompany them to the healthcare facility?

4. EXTENDED RESPONSE AND SYSTEM RECOVERY	
a.	Does your healthcare facility have a written plan for the management of waste generated during the care of a suspected or confirmed special pathogens patient that includes a secured waste holding area, secure packing or containment, and training for staff?
b.	Does your healthcare facility have criteria to restore operations following patient discharge or transfer?
c.	Does your healthcare facility have a plan to restore normal operations that addresses the following considerations: • Staff monitoring • Waste management • Decontamination • Terminal cleaning • Decedent Management • Confirm safe arrival of the patient at the receiving facility. • Communications with staff, patients, visitors, public health, and the media. • Psychological support systems
d.	Does your healthcare facility have a plan to provide behavioral health support and stress management debriefings to patients, staff, and families, including obtaining services from local or regional resources?
e.	Does your healthcare facility have procedures for collaboration with public health agencies to monitor personnel involved in the care of a patient with a confirmed diagnosis?
f.	Does your healthcare facility have a continuous process to capture all costs and expenditures related to the incident?
g.	Does your healthcare facility have procedures to collect and collate incident documentation and formulate an After Action Report (AAR), Corrective Action and Improvement Plan (IP)?

GLOSSARY OF TERMS

Term	Definition
AAR	After Action Report
ASPR	Administration for Strategic Preparedness and Response
ASPR-TRACIE	Technical Resources, Assistance Center, and Information Exchange
BCU	Biocontainment Unit
BSL	Biosafety Level
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
EOP	Emergency Operations Plan
EID	Emerging Infectious Disease
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
Frontline healthcare facility	Includes hospitals, urgent care, clinics, etc.
HCID	High Consequence Infectious Disease
HCW	Healthcare Workers
HICS	Hospital Incident Command System
HHS	US Department of Health and Human Services
HVA	Hazard Vulnerability Analysis
III	Identify, Isolate, Inform
IP	Improvement Plan
IPG	Incident Planning Guide
MVD	Marburg Virus Disease
NETEC	National Emerging Special Pathogen Training and Education Center
NSPS	National Special Pathogen System of Care

PPE	Personal Protective Equipment
PUI	Person Under Investigation (also referred to as a suspect patient)
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.

REFERENCES

A list of references that support this Incident Planning Guide.

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3. California EMSA – HICS Incident Planning Guides: https://emsa.ca.gov/hospital-incident-command-system-incident-planning-guides-2014/
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5. CDC – Center for Disease Control and Prevention: https://www.cdc.gov/
6. CDC – Category A and B Biological Agents (PDF): https://www.cdc.gov/orr/publications/2008/appendix6.pdf
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