



Incident Response Guide: Special Pathogen

NETEC INCIDENT RESPONSE GUIDE

NETEC EMERGENCY MANAGEMENT WORKGROUP

VERSION 1.0

06.04.2024



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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 patient or surge of patients at a healthcare facility with or without advance notice and to support the planned transfer of a 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 or admit an influx of infectious patients while protecting other (uninfected) patients.



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, and other appropriate internal and external officials of situation status.	
			Activate the Emergency Operations Plan, Infectious Disease Plan, Surge Plan, Special Pathogen Patient Transport Plan, Hospital Incident Management Team, and Hospital Command Center, as appropriate.	
			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.	
		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	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.	
Evaluate the waste plan and support 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: <ul style="list-style-type: none"> <input type="checkbox"/> Number and condition of patients affected, including asymptomatic people presenting. <input type="checkbox"/> Type of biological or infectious disease involved (case definition). 			



			<input type="checkbox"/> Travel history and patient history. <input type="checkbox"/> Medical problems present in addition to the biological or infectious disease involved. <input type="checkbox"/> Measures taken, diagnostics, supportive treatment, etc.). <input type="checkbox"/> 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.	
			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.	
			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		Implement Special Pathogen Response Plan, including:	





		<ul style="list-style-type: none"> <input type="checkbox"/> Validate that Identify, Isolate, and Inform policies and procedures were all completed. <input type="checkbox"/> Location for offsite triage, as appropriate. <input type="checkbox"/> Proper rapid triage of people presenting requesting evaluation, coordinated with security, if necessary. <input type="checkbox"/> 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. <input type="checkbox"/> Consider supplemental staffing needs. <input type="checkbox"/> Proper monitoring of isolation rooms and isolation procedures. <input type="checkbox"/> Limitation of patient transportation within hospital for essential purposes only. <input type="checkbox"/> Restriction of number of clinicians and ancillary staff providing care to infectious patients. 	
		When appropriate, evaluate and determine health status of all persons prior to hospital entry.	
		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 processes to safely manage and dispose of all waste generated by patient care.	
		Train staff appropriately in the waste management plan, which optimizes safety and appropriate final process (e.g., secured, minimize waste, etc.).	
		Identify patient relocation or transfer requirements.	



			Review patient census and determine if discharges and appointment cancellations are required, if applicable.	
			Provide personal protective equipment to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting screening and triage, interacting with infectious patients).	
			Prepare for fatalities, if necessary.	
			Validate if there are any special population considerations to include: pediatric, cultural, tribal. Prioritize family-centered care. <input type="checkbox"/> Adult patient with a pediatric family member exposed/sick. <input type="checkbox"/> Pediatric patient with an adult/family member exposed/sick. <input type="checkbox"/> Guardian considerations. <input type="checkbox"/> 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.	
	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. <input type="checkbox"/> Air Handling testing and validation. <input type="checkbox"/> Portable negative pressure units. <input type="checkbox"/> Portable isolation systems. <input type="checkbox"/> Lab testing and calibration requirements. <input type="checkbox"/> Maintain documentation of equipment testing, maintenance, and certifications.	
	Security Branch Director		Activate the Security Plan to: <input type="checkbox"/> Secure the hospital to prevent infectious patients from entering the hospital except through designated route. <input type="checkbox"/> Establish ingress and egress routes. <input type="checkbox"/> Implement crowd and traffic control protocols.	



			<input type="checkbox"/> Work with PIO to designate a media location.	
Planning	 Section Chief		Establish operational periods, incident objectives, and the Incident Action Plan in coordination with the Incident Commander.	
			Consider developing a Point of Dispensing (POD) plan for internal staff (all, supporting and responding, etc.) or for the community, as appropriate.	
	 Resources Unit Leader		Track dispersal of external pharmaceutical cache(s) such as the Strategic National Stockpile as well as investigational therapeutics that might be used	
			Initiate personnel and materials tracking.	
			Track PPE usage and availability in conjunction with Logistics.	
	Situation Unit Leader		Initiate patient and bed tracking (Disaster Victim/Patient Tracking – HICS Form 254).	
Logistics	Section Chief		Refer to Job Action Sheet for appropriate tasks.	
	Service Branch		Prepare for receipt of external pharmaceutical cache(s) such as the Strategic National Stockpile and investigational therapeutics.	
	Support Branch		Consider implementing a distribution plan for mass prophylaxis and immunizations for employees, their families, and others.	
			Provide support to Planning Section for Point of Dispensing (POD) plan for internal staff (all, supporting and responding, etc.) or for the community, as appropriate.	
			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.	
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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		Conduct briefings to patients, staff, 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.	
	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 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. Conduct disease surveillance, including number of affected patients and personnel.	
			Consider temporarily reassigning staff recovering from recent illness or injury to appropriate duties; reassign staff at high risk for complications of flu 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 for infectious exposure, and provide appropriate follow up care as required.	
			Continue patient management activities, including patient isolation, 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, etc.	
			Consider supplemental staffing needs.	
			Implement Fatality Management Plan and coordinate with clinical, Infection Control, and others to assess considerations and requirements for the safe disposition of a patient for the pathogen presented.	
			Assist with notification of patients' families about the incident and inform them of the likelihood of transfer, if required	
	Infrastructure Branch Director		Continue support for additional facility requirements depending on where the patient(s) or suspect case is placed (ED, ICU, BCU, etc.).	
			Consult with Infection Control, hospital operations, and facilities.	
	Business Continuity Branch Director		Refer to Job Action Sheet for appropriate tasks.	
Patient Family Assistance Branch Director		Establish a patient information center.		
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. Support to	




			Operations for waste, 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, 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 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 patient care.		
Service Branch Director		Provide for staff food, water, rest periods, and behavioral health support.		
Finance/ Administration	Section Chief		Refer to Job Action Sheet for appropriate tasks.	
	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.	

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, 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.	
			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.	



			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 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 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.	
			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, 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.	
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 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: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel 	



		<input type="checkbox"/> All staff <input type="checkbox"/> All volunteers	
		Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> 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.	
		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 Plan
- 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
- 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
- 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



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				
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				
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				
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				
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



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
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
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
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 Response Guide (not all inclusive):

1. ASPR-TRACIE: <https://asprtracie.hhs.gov/>
2. ASPR-TRACIE EMS Infectious Disease Playbook (PDF):
<https://files.asprtracie.hhs.gov/documents/aspr-tracie-transport-playbook-508.pdf>
3. California EMSA – HICS Guidebook and Appendices: <https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system/>
4. California EMSA – HICS Incident Planning Guides: <https://emsa.ca.gov/hospital-incident-command-system-incident-planning-guides-2014/>
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>
7. National Special Pathogen System of Care (NSPS): <https://netec.org/nsps/>
8. NETEC: <https://netec.org/>
9. NETEC Biocontainment Unit Training Strategies Toolkit:
<https://netec.org/2023/05/25/biocontainment-unit-training-strategies-toolkit-provides-a-roadmap-for-training-across-the-spectrum-of-special-pathogens-response/>
10. NETEC EMS Model Procedural Guidelines for Special Pathogens:
<https://netec.org/2024/03/05/ems-procedural-guidelines-for-special-pathogens/>
11. NETEC Health Care Facility Viral Hemorrhagic Fever (VHF) Preparedness Checklist:
<https://netec.org/2023/04/21/ebola-checklist-for-health-care-facilities/>

