PANDEMIC INCIDENT COMMAND CONSIDERATIONS FOR HEALTHCARE FACILITIES BY EVENT STAGE

MINNESOTA HEALTHCARE SYSTEM PREPAREDNESS PROGRAM

GREEN — *Pre-pandemic period; no current pandemic activity but moderate to high potential exists*

Administration/Planning

- Encourage employees to have personal emergency plans in place, including emergency day-care arrangements and family communications.
- Establish and maintain key personnel emergency notification list.
- Conduct Continuity of Operations Planning (COOP) for pandemic situations.
- Write pandemic annex to all-hazards emergency response plan.
- Develop security plans for buildings, including plans for augmenting staff and ingress/egress control.
- Stockpile personal protective equipment and create contingencies for when supplies run low.
- Plan for surge capacity, including accommodating patients in non-traditional areas both on-site and off-site.
- Formulate regional plans for capacity, including alternate care sites, through collaboration with local public health agencies and including inpatient and outpatient sectors.
- Discuss contingencies for scarce resource situations at facility and regional levels; include ethics committee members, administration, and medical staff on facility Clinical Care Committee that will determine which services may be offered during a pandemic. [See Institute of Medicine 2009 Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report- http://www.nap.edu/catalog/12749.html].

Operations

- Emphasize good infection control practices. • Encourage annual influenza vaccination for all staff. • Determine options for telephone screening and the use of 'flu centers' with state and local public health departments and other stakeholders in the jurisdiction.

Pre-Training/Education (Pre-Event)

- Encourage personal preparedness planning using www.ready.gov information.
- Provide pandemic education to employees and fit-test personnel, and/or have ability to provide just-in-time fit testing for N95 or other appropriate respirators.
- Promote Cover Your Cough Campaign.
- Conduct exercises to practice pandemic responses; stress long-term response and incident action planning cycles consistent with Hospital Incident Command System (HICS) and National Incident Management System (NIMS).

BLUE — *Pandemic has begun; no cases in Minnesota*

In addition to the previously listed measures, the following steps may be taken:

Administration/Planning

- Cancel or deny employee travel/leave.
- Conduct education about staff protections and expectations.
- Activate Clinical Care Committee to determine when and how to change services provided (e.g., canceling elective surgeries/appointments) based on the severity and expected arrival time of the pandemic.
- Determine triggers to move from blue level to yellow level.
- Track financial impact (direct and indirect), and staff time carefully for reimbursement or billing use.

Communications

- Communicate plans and expectations to clinical and business units, as well as to patients and families.
- Coordinate staff and public messages with community and regional leaders and partners.

Operations

- Partially activate Hospital Command Center; begin daily action planning cycle and information updates.
- Screen patients and visitors prior to building entry; assign infectious or suspect cases to appropriate care areas with appropriate PPE and respiratory hygiene.
- Separate suspect cases in emergency departments (ED) and clinics; provide masks to all suspect cases and post signage for patients regarding respiratory hygiene.
- Staff to wear personal protective equipment (PPE) when treating suspect cases.
- Follow MDH case definitions and protocols.
- Review elective procedures and cancel if patient recovery will be impacted by pandemic.
- Assess supplies and vendor inventory, place orders as needed; communicate with partner agencies about supply needs.
- Provide presecriptions; encourage patients to have 90 days of ususal prescription medications on hand.

Training/Education (Pre-Event)

- Conduct just-in-time education for employees, including fit-testing, when required. Work with public health agencies and hospitals to craft public messages about symptoms and when (and when not) to come to hospital/clinics.

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PANDEMIC INCIDENT COMMAND CONSIDERATIONS FOR HEALTHCARE FACILITIES BY EVENT STAGE

YELLOW — *Sporadic community cases of pandemic influenza have been confirmed but are few in number*

In addition to the previously listed measures, the following steps may be taken:

Administration/Planning

- Clinical Care Committee determines, on daily basis, if any modifications in facility services are necessary.
- Conduct appropriate case-finding and reporting.
- Open staff housing areas, as needed; open auxiliary rest, clinical care, and family areas, as needed.
- Begin limiting non-urgent surgeries and procedures, if required.
- Implement access controls and institute visitor and family member policies according to institutional procedures.
- Determine need for expanded outpatient operations and triggers for activating.

Communications

- Communicate on a daily basis among hospitals and agencies (e.g., through conference calls).
- Conduct employee and public information campaigns; update daily.

Operations

- Isolate or cohort cases in ED, clinics, and in-patient units.
- Determine whether staff wear PPE for all patient encounters in addition to suspect cases.

ORANGE — *Widespread community cases*

In addition to the previously listed measures, the following steps may be taken:

Administration/Planning

- Clinical Care Committee, on a daily basis, determines the administrative and clinical changes needed to cope with demand for resources.
- Triage team may be appointed to decide which patients receive certain therapies (e.g., ventilators), based on prognosis.
- Conduct bed management to move beds and patients with authority of administration.
- Set up Multi-Agency Coordination (MAC) with public health agencies, other hospitals, and EMS; determine when to open on-site and/or off-site alternate care sites, if needed and as staffing and resources are available.
- Increase outpatient and ED capacity and throughput according to pre-established plans.

Communications

- Update hospital employees and the public regularly on what services the hospital is offering. When should patients come to the hospital? What can they do at home?

Operations

- Fully activate Hospital Command Center with action-planning cycles for next operational period.
- Mask all patients and visitors presenting to facility; staff wear PPE continuously to prevent exposure.
- Triage use of ED, clinic, and in-patient resources as required (e.g., what conditions will be evaluated in the ED? What surgeries will be done today?)

RED — *Overwhelming number of local cases beyond capacity of healthcare system*

In addition to the previously listed measures, the following steps may be taken:

Administration/Planning

- Triage team appointed by Clinical Care Committee makes medical allocation decisions. Clinical Care Committee continues to make daily decisions about which hospital services can be maintained. Cohorting of patients no longer possible – emphasis on respiratory hygiene and masks, based on clinical situations and ethical standards.

Communications

- Staff, patient, and patient / provider family behavioral health and security issues become critical – assure support and safety.
- Update hospital employees and the public regularly on what services the hospital is offering. When should patients come to the hospital? What can they do at home?

Operations

- Concentrate critical care in hospitals; work with homecare and public health to assure appropriate homecare instructions given.
- Open alternate care sites working with area hospitals, clinics, and public health, to reduce burden on hospitals, based on clinical situations and ethical standards.

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