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

### COMMAND (continued)

(Medical Director/Specialist – Biological/disease outbreak/pandemic):

- Verify and collaborate with Public Health officials, and report the following information to the Incident Commander:
  - Number and condition of residents affected, including the worried well
  - Type of biological/infectious disease involved (case definition)
  - Medical problems present in addition to biological/infectious disease involved
  - Measures taken (e.g., cultures, supportive treatment)
  - Potential for and scope of communicability
  - Implement appropriate PPE and isolation precautions

- 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:
  - Number and condition of residents affected, including the asymptomatic
  - Medical problems present besides infectious disease involved
  - Measures taken (e.g., cultures, supportive treatment)
  - Potential for and scope of communicability

### OPERATIONS

- 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.
- Monitor residents for signs of illness.
- Ensure proper implementation of infectious residents surge plan, including:
  - Staff implementation of infection precautions, and higher level precautions for high risk procedures
  - Proper monitoring of isolation procedures
  - Limit resident movement within nursing home for essential purposes only
  - Restrict number of clinicians and ancillary staff providing care to infectious residents
- Evaluate and determine health status of all persons prior to nursing home entry.
- Ensure safe collection, transport, and processing of laboratory specimens.
- Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.
- Conduct nursing home census and determine if discharges and appointment cancellations are required.

(Security):

- Consider nursing home lockdown to prevent infectious residents from entering the nursing home except through designated route. Report regularly to Operations Section Chief.
# IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

## PLANNING

- Establish operational periods and develop Incident Action Plan:
  - Engage all necessary departments
  - Share Incident Action Plan through Incident Commander with these areas
  - Provide instructions on needed documentation including completion detail and deadlines
- Implement resident/staff/equipment tracking protocols.
- Report actions/information to Incident Commander, Command Staff, and Section Chiefs regularly.

## LOGISTICS

- 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).
- 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.
- Implement distribution of PPE to high risk employees as recommended by public health and emergency preparedness officials.
- Prepare for receipt of external pharmaceutical cache(s).
- Determine staff supplementation needs and communicate to Liaison Officer.
- Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.

# INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)

## COMMAND

(Incident Commander):

- Activate and implement Emergency Operations Plans, as indicated, including mass fatality plan if needed.
- Continue regular briefing of Command staff/Section Chiefs and regulatory agencies.
- Establish a resident information center; coordinate with local emergency management/public health/EMS. Regularly brief local EOC, nursing home staff, residents, and media.
- Ensure integrated response with local EOC/ JIC.
- Communicate to local EOC personnel/equipment/supply needs identified by Operations.
- Keep Public Health advised of any health problems/trends identified, in cooperation with infection control.
- Integrate outside personnel assistance into Command Center and hospital operations.
- Discuss operational status with other area facilities/hospitals.
- Brief Command staff/Section Chiefs regularly with information from outside sources.
### Intermediate (Operational Period 2-12 Hours)

#### Operations

- Conduct disease surveillance, including number of affected residents/personnel.
- Continue isolation activities as needed.
- Consult with infection control for disinfection requirements for equipment and nursing home.
- Continue patient management activities, including patient cohorting and resident/staff/visitor medical care issues.
- With Logistics, coordinate the implementation of mass vaccination/mass prophylaxis plan.
- Determine scope and volume of supplies/equipment/personnel required and report to Logistics.
- 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.

#### Planning

- Continue resident tracking.
- Document Incident Action Plan as developed by IC and Section Chiefs, and distribute appropriately.
- Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly.
- Plan for termination of incident.
- Revise security plan and family visitation policy, as needed.

#### Logistics

- Coordinate activation of staff vaccination/prophylaxis plan with Operations (pandemic event).
- Monitor the health status of staff who are exposed to infectious residents.
- 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).

#### Finance/Administration

- Track response expenses and report regularly to Command staff and Section Chiefs.
- Track and follow up with employee illnesses and absenteeism issues.

### Extended (Operational Period Beyond 12 Hours)

#### Command

(Incident Commander):

- Continue regular briefing of Command staff/Section Chiefs. Address issues identified.
- Continue resident information center, as necessary. Coordinate efforts with local/state public health resources/JIC.
- Continue to ensure integrated response with local EOC/JIC.
- Continue to communicate personnel/equipment/supply needs to local EOC.
- Continue to keep public health advised of any health problems/trends identified.
- Keep regulatory agencies apprised of nursing home status.
## INFECTION OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE

### EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)

#### OPERATIONS

- Continue patient management and nursing home monitoring activities. Communicate personnel/equipment/supply needs to local EOC.
- Ensure proper disposal of infectious waste, including disposable supplies/equipment.

#### PLANNING

- Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs.

#### LOGISTICS

- Continue monitoring the health status of staff exposed to infectious residents.
- Continue addressing behavioral health support needs for residents/visitors/staff.
- Continue providing equipment/supply/personnel needs.

#### FINANCE

- Continue to track response expenses and employee injury/illness and absenteeism.

### DEMOBILIZATION/SYSTEM RECOVERY

#### COMMAND

(Incident Commander):

- Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC.
- 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.

#### OPERATIONS

- Restore normal nursing home operations and resident visitation.

#### PLANNING

- Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions.
- Conduct after-action debriefing with all staff, physicians, and volunteers.
- Prepare the after-action report and improvement plan for review and approval.
- Write after-action report and corrective action plan to include the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for corrective actions and future response actions
### DEMOBILIZATION/SYSTEM RECOVERY

#### LOGISTICS
- Conduct stress management and after-action debriefings and meetings as necessary.
- Monitor health status of staff.
- Inventory all EOC and nursing home supplies and replenish as necessary.
- Restore/repair/replace broken equipment.
- Return borrowed equipment after proper cleaning/disinfection.
- Restore normal nonessential services.

#### FINANCE
- Compile time, expense, and claims reports and submit to IC for approval.
- Distribute approved reports to appropriate authorities for reimbursement.

#### DOCUMENTS AND TOOLS
- Nursing Home Emergency Operations Plan, including:
  - Infectious patient surge plan
  - Mass vaccination/mass prophylaxis plan (pandemic event)
  - Risk communication plan
  - Nursing home security plan
  - Patient/staff/equipment tracking procedure
  - Behavioral health support for staff/residents plan
  - Mass fatalities plan (pandemic event)
- Infection control plan.
- Employee health monitoring/treatment plan.
- All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents.
- Nursing Home Incident Command Forms.
- Nursing Home Job Action Sheets.
- Nursing Home Incident Management Team Chart.
- Television/radio/internet to monitor news.
- Telephone/cell phone/radio/satellite phone/internet for communication.