# PCEPN

Primary Care Emergency Preparedness Network

# Primary Care Emergency Preparedness Network Infectious Disease Outbreak Plan

March, 2015

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**1.0 Introduction**

The Primary Care Emergency Preparedness Network (PCEPN) is a partnership between the Community Health Care Association of New York State (CHCANYS) and the Primary Care Development Corporation (PCDC). PCEPN was formed to better coordinate planning, training, response, and recovery services to its affiliated primary care networks (PCNs). PCEPN is committed to the pursuit of innovative and sustainable ways to address the four phases of emergency management (mitigation, preparedness, response, and recovery) for the primary care sector in New York City (NYC).

Recent years have shown the importance of preparedness for infectious disease outbreaks. In addition to pandemic influenza, healthcare facilities must be prepared for emerging infectious diseases such as Severe Acute Respiratory Syndrome (SARS) or Middle East Respiratory Syndrome (MERS) as well as diseases that are uncommon to the region such as Ebola.

**1.1 Purpose**

The purpose of this infectious disease outbreak plan is to outline the essential steps primary care facilities should take to care for infected patients and provide continuity of services to non-infected patients. It is intended to provide a broad view of infectious disease outbreak planning with the understanding that disease-specific information and guidance will provide more detail during actual response.

**1.2 Scope**

This facility is located at XXXX. This plan is based on the facility's all-hazards plan and assumes familiarity with that plan. The scope of this plan is limited to infectious disease outbreaks that present as public health emergencies.

**1.3 Assumptions**

- Infectious disease outbreaks that tax the public health and healthcare systems will occur
- Vaccine, treatment, and/or reliable tests may or may not be available.
- Resources such as medical supplies and Personal Protective Equipment (PPE) may be limited.
- Guidance on management of infectious disease may change frequently and/or be inconsistent.
- Large-scale emergency may disrupt schools and transportation making it challenging for staff to report to work.
- Disease outbreak may require a significant increase in data-reporting to public health authorities
- Staff may have concerns about reporting to work.
- Risk communication may be challenging, particularly if messaging changes.
- Managing mental health concerns will be essential.
- Hospitals and public health authorities may push patients toward the primary care setting.

**1.4 Instructions for Use**

This plan is to be used in conjunction with the facility's all-hazards plan and notification protocols. Response in an infectious disease outbreak will be coordinated with PCEPN, local emergency responders, NYC Department of Health and Mental Hygiene (DOHMH) and New York State (NYS) Department of Health (DOH) as needed. Response actions may need to be modified in accordance with disease-specific guidance and response needs.

**2.0 Incident Management Actions**

**2.1 Command and Control**

**2.1.1 Activation and Deactivation**
- The decision to activate Incident Command System (ICS) and open the Emergency Operations Center (EOC) will be made in accordance with institutional policies.
- Deactivation will occur open completion of recovery operations under the authority of the Incident Commander.

**2.1.2 Incident Command System**
- The incident will be managed under the organizations incident command procedures.

**2.1.2 Continuity of Services**
- In the absence of a NYS DOH order to temporarily close the facility, the decision to maintain or discontinue services will be made by XXX and communicated to all staff, PCEPN, NYC DOHMH, and NYS DOH.

**2.2 Communication**

**2.2.1 During Normal Operations**
- The facility will maintain contact with PCEPN via info@pcepn.org as needed and/or requested to provide situational awareness.
  - o Essential communications to PCEPN include: activation, deactivation, suspension/resumption of services, critical resource shortages, and hazardous situations.
- The facility will maintain communications with staff regarding potential closure and/or other changes in services.
- The facility should use signage, phone messaging, website, and/or social media to provide basic information to patients.
  - o This information may need to change daily.

### 2.2.2 During Off-Hours or Facility Closure

- Patients with existing appointments should be notified individually of any temporary facility closure. Patients should be provided with instructions for receiving emergency care.
- Communication with staff should be maintained and updates provided.

### 2.2.3 The Health Alert Network (HAN)

- Facility leadership should monitor the Health Alert Network (HAN).
  - The HAN provides up-to-date information on urgent and emergent public health situations and maintains a document library of ongoing public health information and provides interactive facilities for providers to communicate with public health officials and one another[i].
  - In order to gain access to the HAN in New York City, please go to the following website: https://a816-healthpsi.nyc.gov/

## 2.3 Facility Preparation/Environmental Controls

- Install hands-free soap dispensers, hands-free paper towel dispensers, alcohol sanitizers, and garbage receptacles throughout facility.
- Ensure environmental hygiene policy is conducive to the elimination of the infectious agent.
- Identify isolation rooms with doors for examining and cohorting infectious patients.
- Ensure that particulate filters are replaced for heating, venting, and air-conditioning (HVAC) ventilation system.

## 2.4 Infection Control

- Staff
  - Monitor symptomatic employees and send them home if illness is suspected
  - Develop a policy for ensuring that sick employees or unvaccinated employees caring for sick family members remain home.
  - Explore tele-work strategies to ensure that non-essential employees that are well limit their exposure to infectious patients.
  - Implement an employee vaccination program through the Community Health Center's employee health program.
- Patient Care
  - Screen all patients, visitors, and employees for relevant symptoms at all points of entry and refer those persons exhibiting symptoms to triage stations.
  - Consider postponing well visits and non-essential visits for uninfected patients.
  - Set up stations that improve patient flow by separating triage stations based on symptoms with stations dedicated to patients with disease-specific symptoms.
  - Place surgical masks on patients with symptoms when transported throughout facility.
    - Use higher level of protection if disease protocols indicate to do so.

- o Develop protocol for communicating the presence of symptomatic patients to clinicians.
- o Arrange seating in waiting areas so that symptomatic persons are cohorted and social distancing protocols are followed in other areas.
- Communications
  - o Create and post signage in multiple languages to alert patients of what to do if they have symptoms.
  - o Ensure communications are in appropriate language for community.
    - Consult with public health authorities in the event that specific risk information is required.
  - o Develop a policy to communicate when and how to use medical resources (i.e., when to see primary care provider, when to go to hospital).
- Hygiene
  - o Implement a respiratory hygiene and cough etiquette policy.
  - o Implement a hand hygiene policy.
  - o Make tissues, masks, and alcohol-based sanitizers available for patients and visitors and provide appropriate receptacles for disposal of tissues and masks.
- Sanitation
  - o Establish protocol for cleaning frequently touched surfaces such as door handles, desks, phones, and elevator buttons.

## 2.5 Transportation
- The facility should make alternate plans for staff transportation in event of a public transit system shutdown.
- Ensure Memoranda of Agreement (MOA) in place with medical transport companies to assist with transporting patients to other medical facilities.

## 2.6 Patient Care

**Symptomatic Patients**
In the event that a patient with disease-specific symptoms presents to the facility, the following recommendations should be considered. Public health authorities may present additional disease-specific guidance.
- Review specific infection control recommendations from the CDC and local public health officials.
- Post signage before or at the entrance to the facility, providing instructions on how to cover a cough and on proper use of a facemask.
  - o Special instructions on where the patient should go within the facility should also be posted.
- Consider assigning a staff person to screen patients for respiratory symptoms at the entrance.
- Patients who have respiratory symptoms should be given a face mask and complete a quick triage.
  - o Place patients in an area that will limit their exposure to others.
- Alert clinicians of the presence of a patient with symptoms.

- If isolation rooms are in use, PPE should be made available outside of the isolation room with a sign affixed to the door indicating required PPE.
- Ensure that all appropriate medications are available if the CHC has a dispensary. If specific medication is needed for a citywide response, contact PCEPN at info@pcepn.org for information on obtaining resources.
- Maintain staffing and patient visit records in the event that contact tracing of exposed persons is required.

**The Worried Well**
During a response, worried-well patients may drive patient volume. Many times, these patients are concerned about the incident and they may want to be seen to rule out illness.
- Provide a dedicated phone line to address the needs of asymptomatic patients so that they may obtain information on the pandemic event.
- Mail printed information on the disease to the patient population that includes illness criteria and what to do if they display symptoms.
- Provide information during regular visits so that patients are informed on the illness in advance of contracting the disease and know how to identify when they should see a doctor.

### 2.7 Resource Management
- Material Resources
  - Continually review updates to personal protective equipment recommendations made by CDC and Occupational Safety and Health Administration (OSHA).
  - Ensure that maximum levels of disease-specific PPE are maintained throughout facility.
  - Train all employees on the donning, doffing, and use of PPE.
  - Make available surgical masks at all points of entry and at triage stations.
  - Prepare to receive medical assets through governmental channels.
    - Include processes for including documentation and tracking of resource usage.
  - Ensure MOA with critical suppliers including those companies that deliver medical supplies, food, and water. When possible, arrange for priority delivery in the MOA.
- Staffing Resources
  - To request licensed medical volunteers from the NYC Medical Reserve Corps, contact PCEPN at info@pcepn.org or (914) 227-2376. PCEPN will review your request with DOHMH, which will assign and manage the volunteers.

### 2.8 Recovery
- A facility may choose to deactivate the plan even though patients with disease continue to present to the center. The facility must decide what is manageable under normal operations.
- Check supplies of medications and vaccines once deactivation begins.

- Take an inventory and check for expiration dates on all medications and vaccines.
  - Vaccines in particular may have a short lifespan.
- Perform a quality review on all cases and present cases to the emergency planning committee or other planning body within your organization.
- Reorder all medical supplies for normal operations.
- Reorder all PPE needed for normal operations.
- Return all human resource policies to normal operating standards.
- Conduct an after action conference and develop an after action report.  Utilize the after action report to present an improvement plan.

**3.0 Plan Maintenance and Review**
- Review, test, and update the plan annually.
- Maintain electronic and hard copies of plan in areas accessible to all staff.


Plan developed:    March, 2015
Approved by:       XXXX

Updated:           XXXX
Approved by:       XXXX