Incident Action Planning for pre-incident Ebola

The HICS “Quick Start”

“Plans are nothing - planning is everything”
General D Eisenhower
"You have done so much with so little for so long that I'd like you to move on to doing everything with nothing."
Where do I find HICS and IAP information?

- [www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system](http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system)
- [www.calhospitalprepare.org](http://www.calhospitalprepare.org)
- [www.hicscenter.org](http://www.hicscenter.org)
Graph 1: Cumulative reported cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone, March 25, 2014 – November 19, 2014, by date of WHO Situation Report, n=15145
Time to relax?

- “Can India block Ebola invasion?”, Times of India, Oct 16, 2014

- “Doctors sweat over whether Ebola positive man spread virus”, Times of India, Nov 20, 2014
Requirements for disaster preparedness & response including Ebola Virus Disease (EVD)

- Plans, policy and procedures
- Resources
- Organization / Coordination
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Incident</th>
<th>Hospital(s) impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/2007</td>
<td>7:05 PM</td>
<td>Power outage</td>
<td>CHRISTUS Schumpert St Mary - Grace Home</td>
</tr>
<tr>
<td>11/8/2008</td>
<td>9:59 AM</td>
<td>Communication outage</td>
<td>CHRISTUS Coushatta</td>
</tr>
<tr>
<td>1/10/2008</td>
<td>10:30 AM</td>
<td>City-wide water outage</td>
<td>All Shreveport T1 and T2 hospitals</td>
</tr>
<tr>
<td>12/6/2010</td>
<td>4:25 PM</td>
<td>Sportran Bus MCI</td>
<td>LSU, CHRISTUS Highland, WK Pierremont</td>
</tr>
<tr>
<td>5/1/2011</td>
<td>6:30 PM</td>
<td>Forest fires - North Caddo Parish</td>
<td>North Caddo Medical Center</td>
</tr>
<tr>
<td>6/23/2011</td>
<td>3:00 PM</td>
<td>Water pipe rupture - Evacuation</td>
<td>WK - Life Care Extended Care Center</td>
</tr>
<tr>
<td>8/4/2011</td>
<td>6:10 PM</td>
<td>SWEPCO power outage</td>
<td>OBVA - chillers AC impacted. 33rd day of +100 F</td>
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<tr>
<td>11/12/2012</td>
<td>11:30 AM</td>
<td>Fire - Elevator Motor</td>
<td>CHRISTUS Schumpert St Mary</td>
</tr>
<tr>
<td>6/12/2012</td>
<td>9:48 AM</td>
<td>Severe Storms - Straight line wind</td>
<td>Homer Hospital</td>
</tr>
<tr>
<td>7/9/2012</td>
<td>10:00 AM</td>
<td>Storms - Flooding</td>
<td>Desoto Regional Hospital</td>
</tr>
<tr>
<td>8/30 - 9/1/2012</td>
<td>8:00 AM</td>
<td>Hurricane Isaac</td>
<td>WK -S, WK-P, WKMC, WK-B, CSSM, CSH, OBVA, LSUHSC-S</td>
</tr>
<tr>
<td>5/13/2013</td>
<td>4:15 PM</td>
<td>Tornadoes - Hail - S Caddo Parish</td>
<td>Hospitals on Standby</td>
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<tr>
<td>10/2/2013</td>
<td>8:05 AM</td>
<td>Power/Transformer outage</td>
<td>CHRISTUS Highland</td>
</tr>
<tr>
<td>8/6/2013</td>
<td>11:55 AM</td>
<td>Mid City Motor Hotel Fire</td>
<td>Specialist Hospital of Shreveport</td>
</tr>
<tr>
<td>5/21/2014</td>
<td>8:00 AM</td>
<td>Mass Gathering - Muddy Bottoms</td>
<td>Springhill Medical Center</td>
</tr>
<tr>
<td>3/28/2014</td>
<td>6:30 PM</td>
<td>Severe Storms - Power outages</td>
<td>WK Medical Center</td>
</tr>
</tbody>
</table>
Region 7 Incidents – What’s Needed?

• Command/Management
• Operations (Implementing strategy – “Doers”)
• Logistics (Resources – “Stuff”)
• Planning (Data gathering and analysis)
• Finance (Paying for the incident)
ICS/HICS is supported by

• References for ICS in hospital planning/response
  – Regulatory
    • Joint Commission
    • OSHA - “Hazwoper” standard
  – National guidance
    • National Incident Management System (NIMS)
    • National Fire Protection Association (NFPA)
  – Best Practices
    • the Hospital Incident Command System (HICS)
Benefits of HICS

- Benefits of the Hospital Incident Command System (HICS) include:
  - Assists in emergency management planning, response, and recovery capabilities for unplanned and planned events
  - Consistent with ICS and the National Incident Management System (NIMS) principles
  - Logical management structure
  - Defined responsibilities
  - Clear reporting channels
  - Common nomenclature
  - Community integration
What HICS does NOT do

• Serve as the hospital’s Emergency Operations Plan
• Replace day-to-day hospital operations
HICS Features

- HICS Features/Components:
  - Hospital Incident Management Team Chart
  - “All hazard” approach
  - Job Action Sheet
  - HICS Forms
  - Scenarios
  - Incident Action Planning
  - Incident Response Guides
  - Promotes Recovery
Incident Planning Guide (IPG) – “Infectious Disease”

“Definition

• This Incident Planning Guide is intended to address issues associated with infectious disease outbreaks. Infectious disease incidents can come from many sources and with little warning, as was seen with Severe Acute Respiratory Syndrome (SARS), H1N1, zoonotic virus, etc. Hospitals may customize this Incident Planning Guide for their specific requirements.”
Incident Planning Guide (IPG) - “Infectious Disease”

“Scenario

• “An outbreak of unusually severe respiratory illness has occurred in Asia. The Centers for Disease Control and Prevention (CDC) has identified this as a novel virus, a subtype never before isolated from humans. Large numbers of human cases are being reported in Hong Kong, Singapore, South Korea, Japan, and now the United States....”
Incident Response Guide (IRG) - “Infectious Disease”

“Mission

• To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients and staff, and to manage the uninjured, asymptomatic persons, family members, and media.”
Incident Response Guide (IRG) : “Infectious Disease”

“Directions

• Read this entire response guide and review the Hospital Incident Management Team Activation chart. Use this response guide as a checklist to ensure all tasks are addressed and completed.”
Incident Response Guide (IRG) - “Infectious Disease”

“Objectives

– Identify, triage, isolate, and treat infectious patients
– Protect patients and staff from exposure and injury
– Assure safety and security for patients, staff, visitors, and the hospital
– Admit a large number of infectious patients while protecting other (uninfected) patients”
Incident Action Planning (IAP)

“Management by Objectives” - processes
1. Assess and understand incident situation
2. Determine overall priorities
3. Set Operational Period
4. Establish specific, measurable, attainable objectives
5. Select effective strategies and tactics to accomplish objectives
6. Identify needed resources
7. Develop and issue assignments
8. Direct, monitor, and evaluate response efforts to enhance response for next operational period
9. Initiate corrective actions
Incident Action Planning – HICS Forms

• “HICS 201” – the Incident Briefing
• “HICS 202” – the Incident Objectives
• “HICS 203” – the Organization Assignment List
• “HICS 215A” – the Incident Action Plan Safety Analysis
“HICS 201”

- Incident Briefing
  - Provides situational status report and update to the oncoming Incident Commander
  - Provides a summary of the current operational period

Concise statement of the status and information regarding the current situation - here

Enter the summary of health and safety issues and instructions - here
**Incident Objectives**

Clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order.
“HICS 204” – Accountability

• Assignment List
  Objectives; strategies and tactics; and resources required by each section and branch for the current operational period.
“HICS 215A”

• Incident Action Plan Safety Analysis

Findings of the Safety Officer after completing an operational risk assessment and to identify and resolve hazard, safety, and health issues.
Consolidating the IAP - The “Quick Start”
“Quick Start” Incident Action Plan –
*Combines several forms*
(201; 203; 204; and 215A)

- Incident Name
- Operational period
- Situation Summary
- Current Hospital Incident Management Team
- Health and Safety Briefing
- Incident Objectives
- Prepared by
- Approved by
IAP “Quick Start”

(combines forms 201; 203; 204; and 215A)

- “Incident Name”
- “Operational Period”
- “Situation Summary”
- “Current HIMT”
“Quick-Start” (p 2)

- **Health and Safety Briefing**
- **Incident Objectives**
  - Strategies & Tactics
  - Resources Required
  - Assigned to

5. Health and Safety Briefing: Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

HICS INCIDENT ACTION PLAN (IAP) QUICK START

- OBJECTIVES
- STRATEGIES/TACTICS
- RESOURCES REQUIRED
- ASSIGNED TO

7. Prepared by
   - PRINT NAME: __________________________
   - SIGNATURE: __________________________
   - CATEGORY: __________________________
   - FACILITY: __________________________
Scenario: “Pre-incident Ebola”

• Here we go.....

—a patient reports to your emergency department ‘s triage nurse with symptoms and travel history.
Questions -

– Is this a hospital incident?
– What infection control resources will be required?
– Should the hospital EOP be activated?
– Is the HICS activated?
– What HICS positions to activate?
– Which role initiates the IAP?
Exercise – “Quick Start”

• Incident name “Ebola – Pre-incident”
• Operational time period – “now until 1st Ebola case”
• Situation Summary ...
• Current HIMT ...
• Health and Safety Briefing...
• Incident Objectives; Strategies/Tactics-Resources required; Assigned to...
“Situation Summary” - Example

- March 23, 2014 –
  - Guinea: Ebola Outbreak

- To date -
  - 9 Countries – Mali, Guinea, Liberia, Sierra Leone, Nigeria, Senegal, Spain, and U.S.A.
  - 15,113 reported cases (confirmed, probable, suspected)
  - 5,406 reported deaths
  - In U.S. – 4 confirmed cases (3 HCWs); 1 deaths
  - Currently – no reported cases in the U.S.
  - Multiple states monitoring individuals

- Needs -
  - to have an action plan in place in case present, or in dealing with the worried, non-symptomatic.
  - Define the chain of command and leadership to deal with the potential situations.
HIMT - What roles did you activate?

Hospital Incident Commander

- Public Information Officer
- Safety Officer
- Liaison Officer
- Medical/Technical Specialist

Operations Section Chief
- Medical Care Branch Director
- Infrastructure Branch Director
- Security Branch Director
- HazMat Branch Director
- Business Continuity Branch Director
- Patient/Family Assistance Branch Director

Planning Section Chief
- Resources Unit Leader
- Situation Unit Leader
- Documentation Unit Leader
- Demobilization Unit Leader

Logistics Section Chief
- Service Branch Director
- Communications Unit
- IT/IS Services & Equipment Unit
- Food Services Unit

Support Branch Director
- Employee Health Unit
- Supply Unit
- Employee Family Care Unit
- Transportation Unit
- Labor Pool & Credentialing Unit

Finance/Administration Section Chief
- Time Unit
- Procurement Unit
- Compensation/Claims Unit
- Cost Unit
Example: “Health and Safety Briefing”

- Conduct patient screening questions at points of entry for patients
- Staff train on donning and doffing of recommended PPE for staff caring for potential Ebola patients
- Proper isolation and protective wear for potential Ebola patients
- Areas where patient was isolated until cleaned by recommended methods
Incident Objectives
(HICS “Infectious Disease” Incident Response Guide)

1. Identify, triage, isolate and treat infectious patients.
2. Protect patients, staff, and visitors from exposure and injury.
3. Assure safety and security for patients, staff, visitors, and the hospital.
4. Admit infectious patients while protecting other uninfected patients.
5. Communicate with appropriate agencies, community partners, and staff.
Operations Section:

- **6a. Objective:** Train staff at initial contact with patient points on the current Screening Process
- **Strategies/tactics:** Use CDC screening tool as they enter our system; Directors/Managers will ensure staff are inserviced on the criteria and when and how to use.
- **Resources required:** Screening tool; Person to do training;
- **Assigned to:** Infection Control; Directors/Managers
Summary - Incident Action Planning

1. Assess and understand incident situation
2. Determine overall priorities
3. Set Operational Period
4. Establish specific, measurable, attainable objectives
5. Select effective strategies and tactics to accomplish objectives
6. Identify needed resources
7. Develop and issue assignments
8. Direct, monitor, and evaluate response efforts to enhance response for next operational period
9. Initiate corrective actions
10. The “Quick Start” IAP can assist in planning and response.
Where do I find HICS information?

- www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system
- www.calhospitalprepare.org
- www.hicscenter.org
Preparation is the key to success
Thank you

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