Southeast Wyoming Infectious Disease Annex

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**Introduction & Purpose**

In a globalized society, emerging and acute infectious diseases are easily transported and transmitted around the world. The Central Wyoming Healthcare Coalition region has many tourists, travel, and commerce. Therefore, our region could be exposed to numerous infectious diseases locally or through introduction by international travelers, including Ebola, Marburg, pandemic and avian influenza, Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Severe Acute Respiratory Syndrome (SARS), or other unknown emerging infectious diseases as well as outbreaks of established diseases such as measles.

Definition: For the purposes of this plan an “acute infectious disease response” is a response to any new, emerging, or severe infectious disease situations which go above and beyond routine infectious disease: investigation, coordination, and response. A response that may require a significant multi-agency response.

The Infectious Disease Annex Plan defines roles and responsibilities of regional response agencies to an acute infectious disease response which would include the coordination of: healthcare, Local Public Health Departments, and other regional & State partners. It is based on the experience of: local & regional partners in healthcare, infectious disease, local public health departments, and emergency management. It will serve as a template for the infectious disease outbreak response. Acute infectious disease preparedness is a fluid planning environment and this plan will be updated as work progresses on all planning fronts

The purpose of this plan is to:

* Inform local, tribal, state and federal governments; relevant agencies and organizations; and other stakeholders of the public health preparedness and response procedures when dealing with a suspected acute infectious disease.
* Define the actions, roles and responsibilities necessary to provide a collaborative and coordinated response.
* Provide guidance to public health partner agencies with respect to potential emergency assignments before, during and following emergencies.

**Scope**

The SEWYHCC Infectious Disease Plan is an Annex to the larger SEWYHCC Response Plan. This plan describes the concept of operations for a coalition response to a suspected or confirmed case of acute infectious disease within the Southeast Wyoming Healthcare Coalition. During an incident, the Wyoming Department of Health will serve as the state lead for Emergency Support Function (ESF) 8. The Department of Health is responsible for supporting response efforts in coordination with local health departments, hospitals, healthcare providers, emergency medical services (EMS), and other first responders play a critical role at the frontline of an incident and are essential partners during a response. It is important that stakeholders playing a role provide ongoing feedback on the plan to ensure effective collaboration and coordination of future response efforts.

**Overview/Background of HCC and Situation**

**Assumptions**

* Full information about the infectious disease may not be immediately available and may take days or even months to unfold.
* The number of cases occurring in the SEWYHCC may be relatively small; however, even a single case occurring in the State will be considered a public health emergency.
* The public will likely be worried, panicky, or anxious and will require information and reassurance, which will involve crisis emergency risk communication (CERC).
* Persons undergoing active monitoring and direct active monitoring will require supportive services to meet their basic needs.
* Staff working in hospitals and ambulatory care settings, are trained in donning and doffing of PPE according to CDC guidelines.
* Health care facility personnel are trained to isolate and quarantine patients, provide basic supportive care, and will inform and consult with public health officials.
* The SEWYHCC will work to coordinate crisis behavioral health services for health care staff and families when requested.
* Notification of hospitals and healthcare partners by WDH will occur at the earliest possible opportunity when transporting an acute infectious disease case or a patient under investigation (PUI).
* Notification to the designated Regional Treatment Center (RTC) will occur at the earliest possible opportunity when transporting a PUI.
* Care of the acute infectious disease patient may generate a significant amount of hazardous waste.

**Activation**

In case of an emergency, the coalition coordinator will be contacted by telephone and will reach out to the coalition’s steering committee to schedule a conference call with members of the steering committee and other affected entities as appropriate.  The results of that call will be a decision whether activation is required, and if so, what level of activation is appropriate, and what additional steps are necessary.  The Coalition’s role is strictly consultative.

**Notifications**

The coalition coordinator or designee will consult with the local ESF-8 and, if necessary, begin the process of notifying all coalition members using the WARN system, which is regularly tested.

Notification of activation should include details of the event requiring activation, scope of the emergency, entities affected and agencies that are responding.  If possible, follow up notifications should include the roles and responsibilities that are required to be filled and include a process for recipients to confirm their availability to provide support.

**Roles and Responsibilities**

It is recognized that there are overlapping roles and responsibilities for acute infectious disease responses between local Public Health Departments, healthcare organizations and SEWYHCC. It is recommended that all parties use Incident Command System (ICS) to coordinate internal and multi- agency responses to an acute infectious disease incident.

* The SEWYHCC Readiness & Response Coordinator may activate the Clinical Advisor to advise on clinical and healthcare operations, protocols, policies and response to an acute infectious disease response.
* Local Public Health Departments may activate their ESF-8 response to assist in coordination for an acute infectious disease response.
* The Local Public Health Departments may also work through defined public health channels to coordinate with the Wyoming Department of Health.
* If conditions warrant multi-jurisdictional coordination, the Wyoming Department of Health may be the lead agency to coordinate healthcare, local Public Health Departments, and non-medical response to an acute infectious disease. In this capacity, the WDOH will consider establishing a policy group that may include, but not limited to, the following organizations:
  + Local Public Health Jurisdictions and Health Officers
  + Southeast Wyoming Healthcare Coalition and other Regional Healthcare Coalitions
  + Wyoming Office of Homeland Security
  + Local Emergency Management
  + Wyoming Hospital Association

**Operational Mission Areas**

The coalition coordinator or designee will consult with the local ESF-8 to determine operational mission areas defined below:

Categories of Acute Infectious Disease Response Acute infectious disease responses can fall into the following four general categories based on the characteristics of the pathogen, as well as the healthcare and public health response required to control and ensure the safety of care provided. The following pathogens listed are examples of those that fall into each category and are not an exhaustive list. Emerging pathogens can be categorized by their characteristics and risk to healthcare procedures, healthcare workers, and other patients.

Table 1: Acute Infectious Disease Response Categorization

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Acute Infectious Disease Category** | **Pathogen Examples** | **Requires Category A Waste Management for all Waste** | **Generalized Laboratory risk from raw specimen** | **Risk of transmission to healthcare workers providing direct care** | **Other need for robust institutional response** |
| Category 1 | Ebola, Marburg, Lassa, Crimean-Congo, Smallpox Note: low prevalence only – if high prevalence then these pathogens might be Category 2 | Yes | Yes | Yes | Yes |
| Category 2 | MERS-CoV, SARS-CoV, Avian Influenza, Measles | No | Yes | Yes | Yes |
| Category 3 | Pneumonic Plague, Cutaneous Anthrax, Antibiotic Resistant Infections | No | No | Yes | Yes |
| Category 4 | Botulism, Tularemia, Glanders, Melioidosis | No | No | No | Yes |

Adapted from, Tosh Pritish, MD (Mayo Clinic). A Preparedness/Response Model & Computer Simulation Modeling for High Consequence Infectious Disease. National Healthcare Coalition Preparedness Conference. December 2016.

**Three-Tiered Hospital Model**

WDOH has identified, assessed, and designated hospitals in Wyoming to serve as Treatment Centers, Assessment Hospitals & Frontline Hospitals for acute infectious disease responses. These facilities encapsulate the three-tiered framework that may be employed in Category 1 type acute infectious disease responses. Additionally, the three-tiered model may be activated to support lower level (category 2-4) acute infectious disease responses if required to ensure appropriate care and safety of healthcare staff and patients. Wyoming does not currently have any Treatment Centers.

Below is an outline of the three-tiered hospital model and their corresponding roles.

* Treatment Centers - Treatment Centers are facilities that can care for and manage a patient with a confirmed acute infectious disease for the duration of the patient’s illness.
* Assessment Hospitals - Assessment Hospitals are facilities prepared to receive and isolate PUIs and care for the patient until a diagnosis of acute infectious disease can be confirmed or ruled out and until discharge or transfer is completed.
* Frontline Facilities - Frontline healthcare facilities should, in coordination with local and state health authorities, be able to:
  + Rapidly identify and triage patients with relevant exposure history, signs, and/or symptoms of an acute infectious disease. • Immediately isolate/quarantine any patient with relevant exposure history, signs, and/or symptoms of an acute infectious disease.
    - Take appropriate steps to adequately protect staff caring for the patient.
    - A patient meeting these criteria should be placed in a private room with an in-room bathroom or covered bedside commode.
  + Immediately notify the facility infection control program, appropriate staff, and LHJs.
    - Coordinate with LHJs for possible transfer of the patient/s to an assessment or treatment facility.
  + Decontaminate and perform environmental cleaning.
  + Identify exposed staff and patients.

The following hospitals have been designated Treatment and Assessment facilities.

Treatment Centers:

* None at this time

Assessment Hospitals:

* Wyoming Medical Center
* Cheyenne Regional Medical Center

Frontline Hospitals:

* Ivinson Hospital
* Banner Health- Wheatland
* Banner Health- Torrington

**Patient Triage**

* EMS may provide additional phone screening for individuals before EMS arrival on the scene to ensure proper personal protective equipment and infection control steps are taken.
* In the event of a mass casualty incident (MCI), the DMCC will coordinate the distribution of patients.
* Local Public Health Departments and/or WDH will provide clinical guidance on acute infectious disease patient management and infection control measures when necessary.
* Healthcare organizations should consider providing phone and/or in-person screening/triage during an acute infectious disease response.
* During an emergency, Local Public Health Departments will coordinate with Emergency Management, when appropriate, and/or may activate a Public Information Contact/Call Center.

**Local Hospitals**

**Individuals suspected of having an acute infectious disease, when necessary,** all local hospitals are expected to maintain baseline preparedness levels for early-encounter screening to; identify, isolate, or quarantine. This includes utilizing appropriate: administrative oversight, following environmental policies and procedures, implementing infection control measures, utilizing the proper personal protective equipment, and assisting with staffing. In the event patients with an acute infectious disease require a level of care that cannot be achieved at all hospitals, the region will designate specific facilities that have appropriate capability and capacity (E.g., infection control practices, personal protective equipment, isolation units or patient care area, equipment and staffing).

* Triaging and Transferring Patients: when hospitals are designated as assessment or frontline facilities: protocols, criteria, and procedures will be established for transferring patients to assessment and/or treatment facilities. An example guideline for Ebola triage transfer criteria is provided in Attachment C: Interim Guidance for Ebola Virus Disease (EVD) Triage and Transfer. In the event a patient needs to be transferred, the Local Public Health Department in coordination with SEWYHCC will contact receiving hospitals to identify an available facility for care.

**Monitoring, Isolation, and Quarantine**

Monitoring of cases and contacts of cases during an acute infectious disease response will be led by local Public Health Departments in collaboration with healthcare organizations (E.g., infection control and/or occupational health professionals). Individuals will be monitored according to national, state, and/or local standardized procedures. Monitoring procedures and movement restrictions are situation and disease specific and could vary from one response to the next. Local Public Health Departments may work with healthcare organizations to pre-identify healthcare facilities that monitored individuals should be directed to if they develop symptoms and need medical evaluation. Local Public Health Departments will typically rely on voluntary compliance by individuals who require monitoring. If large scale isolation and/or quarantine is required for any of the acute infectious disease cases or contacts, the local Public Health Departments will activate their isolation and quarantine plans. Local Public Health Departments are the lead agency for coordinating operations, resources, and services associated with the Central Wyoming Healthcare Coalition. SEWYHCC will work with healthcare organizations to provide support to Local Public Health Departments when necessary.

**Supply Chain, Supplies, Personal Protective Equipment (PPE)**

The coalition coordinator or designee will consult with the local ESF-8 to determine the coalition's role.

**Medical Countermeasures**

The Southeast Wyoming Healthcare Coalition will not play an active role in Medical Countermeasures. However, the coalition coordinator will consult with local ESF-8 entities to determine how SEWYHCC can support functions to Local Public Health Departments.

**Community-based Testing**

The coalition coordinator or designee will consult with the local ESF-8 to determine the coalition's role.

**Patient Transport**

Local EMS agencies within Southeast Wyoming Healthcare Coalition will have internal guidelines and protocols for responding to possible acute infectious disease patients within their communities. This includes protocols for patients who have been identified as possible exposure and are being monitored by local Public Health Departments as well as patients who have not been previously identified. As information is made available, EMS will incorporate and follow current Occupational Health and Safety Administration (OSHA) and Center for Disease Control and Prevention (CDC) guidelines for personal protective equipment and infection control associated with the current acute infectious disease response. EMS has plans established to coordinate the identification, management, and cleaning of appropriate patient transport vehicles.

**Mass Fatality**

The coalition coordinator or designee will consult with the local ESF-8 to determine the coalition's role.

**Special Considerations**

**Behavioral Health**

The coalition coordinator or designee will consult with the local ESF-8 to determine the coalition's role.

**At-Risk Populations**

The coalition coordinator or designee will consult with the local ESF-8 to determine the coalition's role.

**Situational Awareness**

SEWYHCC will coordinate situational awareness information sharing with healthcare organizations throughout the region during an emergency response. SEWYHCC will also work with the local Public Health Departments and Hospitals on all communication, to our local partners and the WDH.

**Communications**

The Local Public Health Departments, Hospitals, and other healthcare agencies will coordinate public information, along with risk communications messaging and education. SEWYHCC, Local Public Health Departments, and WDH will coordinate to ensure consistency of messaging.

* Local Public Health Departments will: lead in planning (including communications plan development), providing risk communication, and official guidance to all healthcare organizations.

**Demobilization**

When SEWYHCC in consultation with local healthcare organizations, local Public Health Departments, and Wyoming Department of Health determine that the need for advanced coordination with healthcare for the acute infectious disease response has passed, the decision will be made to demobilize and transfer any outstanding coordination back to normal operational channels. Triggers and indicators for ending acute infectious disease response and monitoring:

* If the level of regional coordination necessary to manage existing patients is comparable to that of normal operating procedures.
* If the immediate danger has passed.
* Completion of the monitoring period for all exposed persons.
* The healthcare system has sufficient resources and capacity to resume normal operations.
* Healthcare emergency department volume decreases in general or decreases to usual census levels (social and clinical measure of change).
* Syndromic surveillance markers indicate a return to baseline.
* School/child care attendance returns to ‘normal’.
* Call center volume (911 and other call centers) return to ‘normal’ threshold.
* EMS call reports (type and volume) return to ‘normal’ threshold.

SEWYHCC and the local Health Departments will lead in notifying staff and partners of the demobilization. At that time:

* All activations are demobilized.
* Final situational awareness information is sent to all partners.
* All partners are to be notified of the demobilization.
* A debrief and after-action process is established for internal operations and all partners.

The following activities should be considered:

* Return of any borrowed assets.
* Debrief, local, regional, and/or state partners with after action report, improvement plan, and a coordinated approach to incorporate recommendations into future planning.
* Communication concerning payment and reimbursement for the response.
* Communication of any screening or surveillance activities that need to be revised or maintained long term.