**Emerging Infectious Disease Response Plan**

<Incorporate any of your organization’s existing emergeing infectious disease protocols as needed throughout this template.>

<FIND and REPLACE WORDS: Look for the words in GREY. Insert LOGO in the upper right corner of the header.

1. <insert Organization’s name> or <insert organization’s name> = Your Organization’s Name
2. Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e. patient, resident, participant, client, etc.)

<Delete these instructions in RED.>

**Background**

[Emerging infectious diseases](https://www.cdc.gov/ncezid/dw-index.html) are those whose incidence in humans has increased over the past decades or threatens to increase in the near future. Examples of these include, but are not limited to: the 1918 Spanish Flu, Ebola, SARS, and MERS and COVID-19. These pandemic diseases challenge efforts to protect workers as prevention and control recommendations may not be immediately available. The occupational safety and health community can prepare for these unpredictable disease outbreaks and prevent disease transmission with resources for protecting workers, particularly healthcare workers, nurses, doctors, and first responders. (Source: [CDC The National Institute for Occupational Safety and Health (NIOSH) )](https://www.cdc.gov/niosh/topics/emerginfectdiseases/default.html)

In the event of an emergency or disaster, the staff of <insert Organization’s name> may need to respond to medical and non-medical emergencies that may threaten the health or safety of the participants, staff, and/or the public. An infectious disease event presents an immediate and potential long-term risk to individuals and populations. Events vary by many factors including scale of exposure, mode of transmission and type of agent.

While surveillance systems and detection capabilities have improved, the potential for an event has grown due to globalization and political issue that may affect terrorism attempts. The complexity of prevention and response requires coordination between public health, emergency responders, and health care providers.

**Note**: This plan provides information on responding to any infectious disease pandemic, but it should be noted that the current global pandemic, COVID-19, is unlike any that our world has experienced. The World Health Organization (WHO) estimates the mortality rate of COVID-19 to be between 2-4% which far exceeds the mortality rate of seasonal influenza (0.1%). Scientists still don’t know the true extent of the pandemic as testing has only been underway for a short time in the United States. Additionally, a vaccine is not likely to be available for at least 12 -18 months, during which time the pandemic will likely have peaked and declined (Spinney, 2020). Given that this pandemic is still unfolding, new information could impact your emerging infectious disease response plan. It is important to maintain situational awareness and revise your plan as needed.

**Definitions**

* **Contagion:** A general term for any disease-causing infectious agent spread by direct or indirect contact.
* **Endemic:** An often sudden increase in the level of disease in a specific population over a given period of time.
* **Incubation Time:** The period of time between exposure to an infectious agent and the appearance of symptoms of the infection or disease it causes.
* **Infectious Disease:** A type of illness caused by a pathogenic agent, including viruses, bacteria, fungi, protozoa, parasites, or abnormal proteins known as prions.
* **Morbidity:** The relative occurrence of a disease or a condition that causes illness.
* **Mortality:** The number of deaths in a given time or place.
* **Outbreak:** An unexpected increase in the incidence of a particular disease over a given time period and geographic range. A general term that may refer either to an epidemic or a pandemic.
* **Pandemic:** An increase in the occurrence of a particular disease over a very large region, such as a continent or the entire globe, that is greater than what is expected over a given period of time.
* **Vaccine:** A biological preparation that improves the immune system’s ability to recognize and destroy harmful infectious agents.

**Policy**

The <insert Organization’s name> has established the following Emerging Infectious Disease Response Plan to address the management of medical and non-medical emergencies that have the potential to involve a known or emerging infectious disease. These events include but are not limited to illness related emergencies of unknown etiology that have the potential threat to the health or safety of the participants, staff, and/or the public. This Emerging Infectious Disease Response Plan includes the following components:

1. Monitoring and surveillance program in collaboration with key agencies that have knowledge of potential threats.
2. Response plan for an emerging disease event requiring multi-jurisdictional planning and response.
3. Development and maintenance of workforce to safely and effectively respond to an event.
4. Procurement and maintenance of personal protective equipment (PPE) and supplies required for an effective response.

**Objectives**

* + - * + Identify, triage, isolate, and treat infectious patients
        + Protect patients and staff from exposure and injury
        + Assure safety and security of patients, staff, visitors, and the program site
        + When necessary, care for a large number of infectious patients while protecting other (uninfected) patients

**Procedures**

1. **General Guidelines**

* Staff shall receive training on this Response Plan.
* Staff are required to follow this Earthquake Response Plan and any instructions given by law enforcement, first responders, or management staff.
* Staff are required to follow any instructions given through primary or backup communications systems.
* Staff are required to know the exit routes and assembly points at their program site.
* **<insert Organization’s name> shall ensure that:**
* Comprehensive monitoring and surveillance process are in place that includes daily status checks.
* See **Table 1 Emerging Disease Monitor and Surveillance Partners**. Alerts are to be followed and information shared throughout the organization as appropriate. Tasks are to be assigned to specific role(s) within the organization.
* Response plans are to be developed, documented, and exercised. As these events usually elevate to a multi-jurisdictional response, plans are to focus on internal response with direct reference to the local, regional, or national plans.
* Workforces readiness is key to a successful response. There are many considerations to address in preparing staff and managing personnel during a response and post event;

1. **Preparedness**

* All staff and volunteers receive annual training on preventing exposure to and controlling emerging and known infectious diseases. The training will include use of PPE and training in an isolation and decontamination process. Refer to **Section 2: Policy and Procedure #10: Emergency Equipment** for more information.
* All PPE and isolation and decontamination equipment are maintained in compliance with the manufacturer’s guidelines. Equipment shall be regularly inspected for wear and tear and/or damage. (This process will be documented including assignment to roles and the frequency of maintenance).
* All decontamination policies and procedures are up-to-date and exercised on an annual basis or as the guidelines are revised.
* Staff who know how to use PPE and are trained in infection containment protocol and recognition of a potential infectious disease event must be available at all times.
* Appropriate PPE must be readily available to all responders.
* Emergency equipment, including easily portable oxygen, airways, suction, and emergency drugs are readily available and staff are trained in their location and utilization.
* Licensed and/or certified staff are trained in the use of emergency medical equipment and are available at each program site.
* Emergency telephone numbers are posted throughout each program site and that staff are trained in their location.
* In response to COVID-19, the Centers for Disease Control and Prevention (CDC) has released [comprehensive guidance for health care facilities](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html) on how to prepare for an infectious disease. Examples of the guidance provided include, but are not limited to:
* Healthcare Provider Checklist
* This checklisthighlights key steps for healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.
* COVID-19 Surge Tool
* This document is a spreadsheet-based tool that hospital administrators and public health officials can use to estimate the surge in demand for hospital-based services during the COVID-19 pandemic. A user of COVID-19 Surge can produce estimates of the number of COVID-19 patients that need to be hospitalized, the number requiring ICU care, and the number requiring ventilator support. The user can then compare those estimates with hospital capacity, using either existing capacity or estimates of expanded capacity.
* Mitigating Staff Shortages
* This document is intended to assist healthcare facilities in mitigating healthcare personnel staffing shortages that might occur because of COVID-19.

1. **Response**

* The response to an event may or may not be classified as an emerging disease response. A response with a known threat will follow the protocol established by the response team.
* Potential emergency disease events are to be handle using precautionary measures as defined through the use of PPE and limiting the exposure to personnel.
* An event, or threat of event, may result in the activation of the Incident Command Structure. In this case, the organization will participate in the planned response activities and protocols.
* In response to COVID-19, the Centers for Disease Control and Prevention (CDC) has released [comprehensive guidance for health care facilities](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html) on how to respond to an infectious disease. Examples of the guidance provided include, but are not limited to:
* Infection Control
* This guidance addresses the following areas related to infection control:
  + - Use of PPE
      * This document includes guidance on appropriate Don and Doff procedures.
    - Hand Hygiene
      * Identifies methods of handwashing and addresses the likelihood of alcohol based hand rub (hand sanitizer) shortages.
    - Alternate Care Sites
      * Provides guidance on selecting and operating an alternate care site(s).
    - Various types of health care settings
      * Guidance is provided for various health care settings including ambulatory care settings, assisted living facilities, blood and plasma facilities, dental settings, dialysis facilities, nursing and long-term care facilities, and pharmacies.
    - Postmortem Guidance
      * This document provides specific guidance for the collection and submission of postmortem specimens from deceased known or suspected COVID-19 cases.
* Optimizing PPE Supply
  + This guidance provides a PPE burn rate calculator and methods to optimize the following PPE: eye protection, gloves, gowns, facemasks, N95 respirators, powered air purifying respirators, elastomeric respirators, and ventilators.
* Potential Exposure at Work
  + This section reviews guidance on public health activities that require face-to-face interactions with clients in the clinic and the field as well as identifies return-to-work criteria.

1. **Recovery**

* <insert Organization’s name> will conduct review once the response phase has ended. This review is known as an After Action Review and it follows best practice incident debriefing standards. The results of the After Action Review will be compiled into an After Action Report that includes a plan for improvement.

1. **Resources**

It is critical to continuously monitor known and emerging infectious diseases at a local, state, national and international level. As population mobility increases, the potential of an endemic disease to be found in formerly atypical locations is high.

The table below identifies the partners and resources utilized in planning and preparation, as well as during an event.

**Table 1: Emerging Disease Monitor and Surveillance Partners**

|  |  |  |
| --- | --- | --- |
| **Type** | **Surveillance Partners** | **Insert Detailed Information** |
| **Local** | Public Health departments, local hospitals |  |
| **Regional** | Public Health departments, State Public health departments, hospitals |  |
| **State** | State Public Health department |  |
| **National** | [Centers for Disease Control and Prevention](https://www.cdc.gov/)  [The National Institute for Occupational Safety and Health (NIOSH)](https://www.cdc.gov/niosh/topics/emerginfectdiseases/default.html) |  |
| **International** | [World Health Organization](https://www.who.int/emergencies/diseases/en/) |  |

**Table 2: Types of Personal Protective Equipment**

|  |  |  |
| --- | --- | --- |
| **Types of Personal Protective Equipment** | | |
| Hand protection (e.g., gloves) | Body protection (e.g., gowns, pants, tops or coveralls [with tight cuffs]) | Eye protection (e.g., spectacles, goggles, visors or shields) |
| Respiratory protections (e.g., disposable, cartridge, airline, half or full face) | Head cover (e.g., hoods) | Foot protection (e.g., shoe covers or boots) |