

Working Document 9/15/03

Regional Plan: Bioterrorism and Other Public Health Emergencies

Massachusetts Bioterrorism Region # _____

(INSERT APPLICABLE HRSA BIOTERRORISM
PLANNING REGION NUMBER)

Adapted from the Missouri Hospital Association Plan template

Date, references to grant number, etc.

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MISSION STATEMENT

Simple explanation of the goal of the plan. Note that this plan is intended to address Bioterrorism and other public health emergencies as well.

PURPOSE

Describe what the plan is for.

SCOPE

Describe requirements established by the plan and who is responsible for the requirements.

EXECUTIVE SUMMARY

Briefly describe how the plan includes integration and collaboration of the following entities within the region.

coordination with local and state public health

coordination with local and state emergency management organizations

coordination with a Metropolitan Medical Response System (MMRS), if applicable

coordination between and among hospitals

coordination with ambulatory surgery centers

coordination with community health clinics (FQHC's)

coordination with federal health facilities (VA, Military, etc.)

coordination with local and regional Emergency Medical Service (EMS/CMED)

coordination with local, county and state law enforcement agencies

SECTION 1.0 – DIRECTION & CONTROL

1.1 — Flowchart

Flowchart of local, regional, state and federal stakeholders and inter-relationships

1.2 — Incident Command

Short description of use of the Hospital Emergency Incident Command as a tool for emergency management as it pertains to this regional plan.

1.3 — Hospitals

Short description of the role, authority and coordination between hospitals in this plan.

1.4 — Public Health

Short description of the role and authority of state, regional and local public health in this plan.

1.5 — Emergency Management

Short description of the role and authority of local emergency management and state emergency management in this plan.

1.6 — MMRS, as applicable

Short description of the role, authority and coordination with regional MMRS activities

1.7 — Ambulatory Surgery Centers

Short description of the role and coordination with ambulatory surgery centers within the region.

1.8 — Community Health Centers (Federally Qualified Health Centers)

Short description of the role and coordination with community health centers within the region.

1.9 — Emergency Management Services

Short description of the role, authority and coordination with regional ambulance services, hazardous materials teams, fire services, Mass Decontamination Units, and other emergency management services.

1.10 — Law Enforcement

Short description of the role, authority and coordination with local and regional law enforcement.

SECTION 2.0 — ACTIVATION & SYSTEM RESPONSE AND RESPONSIBILITY

This section should provide a description of how the regional hospital response system will be activated and coordinated with other public health and emergency management response activities, including a description of the responsibility of each player.

These plans will be activated and followed under the following conditions with respect to alerts and notifications.

2.1 — First Two Hours

Once a patient(s) has been identified as having conditions indicating the use of a biological agent, briefly identify the steps taken to activate the regional plan.

Briefly describe how smallpox teams would be activated within the region.

2.2 — First Twenty-Four Hours

Within the first day and after several patients have presented, briefly describe how the plan will be implemented to coordinate regionally with other hospitals, public health and emergency management within the region.

2.3 — First Forty-Eight Hours

As hospitals in the region begin to become overloaded, briefly describe how the regional plan will coordinate with neighboring regions and state resources.

SECTION 3.0 — REGIONAL OVERVIEW

This section provides a detailed picture of the resources the region has in place. If you have others, please list them.

3.1 — Regional Overview

Describe the region and location and integration with adjacent regions, topography of the region, results of hazards and vulnerabilities assessment and general/region-specific threats.

3.2 — Regional Hospital Information

Identify the number and type of hospitals in the region, such as regional control hospitals, trauma centers, etc. and designated backups (contact information for each hospital included in the Appendix).

3.3 — Regional Contacts

Identify categories of regional contacts appropriate to the region (i.e., public health, fire/police, EOC, MEMA, ambulance services, ambulatory surgical centers, FQHC's, etc.) (contact information for these organizations to be included in the Appendix).

3.4 — Mutual Aid Agreements

Briefly describe mutual aid agreements in place within the region, the scope of the agreements and parties to the agreement. (include agreements applicable to the region in the Appendix).

3.5 — Linkage to Expert Sources/Consultation/Referral Centers*

Briefly describe resources available to the region (include a listing of these resource and access information in the Appendix).

SECTION 4.0 — COMMUNICATIONS

During an emergency, the first line of defense is when, who and how we manage to alert the region of what is going on. If you have methods in addition to those listed here, please list them.

4.1 — Emergency Communication Systems

Briefly describe the primary emergency communication system that will be used in the event of the activation of this regional plan.

Briefly describe the backup emergency communication system (or system if more than one is available) that will be used in the event the primary system is inoperable.

If more than one backup emergency communication system is available, briefly identify the order in which these backup systems should be used.

4.2 — EMS/CMED Regional System

Overview of the EMS/CMED system and its use within the region (EMS/CMED policies and procedures included in Appendix).

4.3 — Media/Public Communications

Briefly describe how the region will control the flow of information to the media including the role and coordination of hospital Public Information Officers (PIOs).

Briefly describe the process of pre-identifying media personnel who will be contacted (through your PIOs), setting up meetings ahead of an actual event to apprise them of issues, so they can be “on board” about who will contact them, next steps and coordination of messages.

Briefly describe how the region hospitals will communicate to the general population about what is happening, coordination of messages, fact sheets, etc.

Briefly describe strategies for handling the “worried well” (volunteers, separate locations, family members, etc.).

SECTION 5.0 — CRITICAL ISSUES

5.1 — Capacity

Plan for increasing hospital bed capacity to accommodate increases in admissions from an infectious disease epidemic or extensive mass casualty over an extended period of time (a minimum of 500 cases per region).

5.1.1 — Hospital inpatient beds — Briefly describe how patients will be triaged to make additional hospital bed space available during an event (e.g., early discharges, canceling elective procedures, etc). Briefly describe how space will be developed for additional beds/cots to manage preventive, diagnostic, minor medical and support care.

5.1.2 — Briefly describe how additional capacity to manage increased numbers of individuals seeking preventive, diagnostic, minor medical and supportive care* will be developed.

5.1.3 — Briefly describe what additional sources of initial assessment and treatment of biological exposures are available and how they would be accessed*.

5.2 — Overcrowding and Diversion

Plan to address overcrowding and the need for hospital diversion, with large numbers of acute casualties arriving on their own or by ambulance, including a rapid communication plan with EMS units; specifically, use of the EMS/CMED system that allows them to determine a destination immediately at any time, incorporating regional diversion plans as appropriate (include regional diversion plan, if applicable, and reference state hospital diversion regulation requirements in Appendix)

5.3 — Personnel Management

5.3.1 — Mutual Aid Arrangements Pertaining to Personnel

5.3.2 — Licensing, Credentialing and Supervision of Nonstaff Clinicians*

5.3.3 — Management of Volunteers*

5.3.4 — Augmentation to Handle Large Influxes of Patients*

Briefly describe how the need for additional staff and medical staff will be addressed.

Briefly describe how personnel agencies would be contacted/used cooperatively by facilities in region.

Briefly describe how hospitals will deal with staffing shortages.

(Reference state statute and regulation pertaining to licensing and credentialing in an emergency situation in Appendix.)

5.4 — Patient Flow Process

5.4.1 — Patient Flow During Diversion — Describe how hospitals will receive patients on a daily basis when several hospitals are on diversion simultaneously.

5.4.2 — Evacuation and Housing of Patients — If hospitals in the region become overwhelmed, briefly describe the plan for where to send patients (within your region and across regional boundaries).

5.4.3 — Patient Triage

5.4.4 — Patient Transport (coordination with EMS/CMED)

5.4.5 — Facilities for Shelter and Mass Casualty Treatment

5.5 — Equipment Movement

Describe the plan for ensuring movement of equipment maintained by hospitals or EMS/CMED systems to the scene of a bioterrorist event. Describe applicability of the Strategic National Stockpile (SNS) for the region and how resources from the SNS will be obtained and distributed.

Briefly describe the status of each hospital in the region with respect to identifying a health care response team.

Briefly describe the process for identifying which staff will wear personal protective equipment and which staff will be responsible for patient decontamination.

Describe the plan to share equipment across the region (e.g., ventilators, personal protective equipment, decontamination systems, etc.)? If yes, please summarize the plan. If no, briefly describe strategies to develop such a plan.

Briefly describe any regional supply “banks” available for use in an emergency situation and the process for accessing them.

5.6 — Special Needs Populations

Describe how the special needs of children, pregnant women, the elderly and those with disabilities will be addressed in ensuring access to medically appropriate care. Planning for children should include school settings and the clinicians caring for them there.

Briefly describe how the regional response plan addresses the needs of special populations (e.g., children, elderly, limited-English-speaking, deaf, etc.).

Briefly describe what processes are in place to accommodate special needs patients in a hospital evacuation to assure the safety and ongoing medical care of this population.

If facility evacuation is necessary, how/where will patients be housed to ensure both safety and ongoing medical care.

Briefly describe the availability of mental-health resources in the region – for access by both staff and the public.

5.7 — Essential Goods and Services

Describe how essential goods and services such as food, water, electricity and shelter will be delivered to patients and hospitals.

5.7.1 — Pharmaceuticals — Briefly describe the regional aspects of the SNS plan. Briefly describe any contracts already in place with medical suppliers to obtain additional supplies of needed medications during an emergency. If applicable, briefly describe how these will be modified to handle a regional request. Briefly describe the process for

accessing additional pharmaceutical supplies locally or regionally prior to the use/delivery of the SNS.

Briefly describe the procedures for facilities in the region to access supplies from the National Pharmaceutical Stockpile.

5.7.2 — Briefly describe plans for coordinating the request for delivery of additional supplies and utilities (e.g., food, water, electricity, laundry).

5.7.3 — Briefly describe the process for obtaining additional supplies of blood.

5.8 — Hospital Security

Describe how hospital security will be provided (crowd control, patient traffic to support triage decisions, prevention of further terrorist attacks at the hospital).

Briefly describe hospital plans for lockdown and setting up perimeters around facilities.

Briefly describe how perimeters will be maintained (i.e., local police presence, hospital security personnel, etc.).

Briefly describe each hospital's procedures for employee identification to allow for crossing the perimeter.

Briefly describe how additional security personnel will be obtained, if needed.

Briefly describe how hospitals will communicate with each other regarding transferring patients when security is in place at each facility.

Briefly describe how isolation procedures will be enforced.*

5.9 — Medical Waste Disposal

Describe procedures for safe and appropriate disposal of medical waste.

Briefly describe a plan for how to coordinate the expedient and safe disposal of the medical waste that will be generated at each facility by an event of bioterrorism.

Include information about guidance used for medical waste disposal (i.e., CDC/public health, DNR resources).

5.10 — Isolation and Quarantine

Develop a plan for providing isolation and quarantine for casualties, using such references as CDC's for Type C (contagious) facilities.

5.10.1 — Briefly describe regional capability for isolation and quarantine.

5.10.2 — Briefly describe resources available for determining isolation and quarantine needs and resources.

5.10.3 — Describe coordination with public health in regional isolation and quarantine issues.

5.10.4 — Briefly describe how staff and their families will be managed during periods of isolation and quarantine.

5.11 — Decontamination

5.11.1 — Briefly describe regional capability for decontamination, resources available, how to obtain.

5.11.1.1 – Describe the level of PPE and decontamination capability at each hospital in the region.

5.11.1.2 – Describe the level of radiation detection equipment at each hospital in the region.

5.11.1.3 – Describe the regional plans to access and distribute specific antidotes, such as for particular chemical exposures or radiation exposures (e.g. KI). Focus on provision of such medications to hospital patients and staff, rather than the general public.

5.11.2 — Briefly describe how decontamination resources will be deployed and maintained.

5.11.2.1 -- Describe how the Mass Decontamination Units will be incorporated in to the regional response to as hazardous materials incident.

5.12 — Post-mortem

Briefly describe capacity and plans to manage large numbers of deceased bodies within the region, including coordination with regional medical examiners and DMORT teams.

SECTION 6.0 — RECOVERY PHASE

Briefly describe how the region will begin to recover from the activation of this regional plan with respect to the following areas once the bioterrorism event has been determined to be under control.

6.1 — Communication

Briefly describe the process used to inform hospitals and other stakeholders in the region to begin to recover from the activation of this plan and return to a normal state of operation.

6.2 — Facility Decontamination

Briefly describe the process used to initiate facility decontamination, if necessary.

6.3 — Facility Re-entry Authorization

Briefly describe the process to allow hospital personnel and civilians to reenter the facilities once decontamination has been completed.

6.4 — Patient Retransfer

Briefly describe the process for retransfer of patients to the facility of origin prior to the activation of this plan.

SECTION 7.0 — PLAN MAINTENANCE

Describe how the region's plan will be maintained, changed and updated.

7.1 — Security and Control of the Plan

7.2 — Drills and Exercises

7.2.1 Types of Exercises

7.2.2 Hazardous Materials

7.2.3 Mass Trauma

7.2.4 Radiation

7.2.5 Biologic Outbreak

7.3 — Recommending Changes

7.4 — Periodic Reviews and Updates

GLOSSARY OF TERMS

Include listing of terms used in the plan and any others that are important for purposes of this plan to have listed.

REGIONAL HOSPITAL PLAN APPROVALS

Obtain signature of state-level SEMA planners, public health planners and signature of each regional hospital CEO.

Date: _____

Signature: _____

Print Name: _____

APPENDICES

- Appendix A — Regional Map
- Appendix B — Regional Hospital Contact Information
- Appendix C — Regional Contact Information (non-hospital)
- Appendix D — Expert Sources/Consultation/Referral Centers
- Appendix E — Emergency Communications Systems
- Appendix F — EMS/CMED Regional System
- Appendix G — Mutual Aid Agreements (if applicable)
- Appendix H — Local/Regional Specific Laws/Ordinances
- Appendix I — Regional Diversion Plan
- Appendix J — Template for Available Resources (attached as appendix to facilitate periodic updating)

Template for Appendix J: Identification of Available Resources

For each Critical Needs category in Section 5, list available resources. Please note that this section will require updating periodically as the available resource inventory is modified.

- 7.1 Prioritized Needs**
- 7.2 Hospital Bed Capacity**
- 7.3 Overcrowding and Diversion**
- 7.4 Personnel**
- 7.5 Patient Flow Process**
- 7.6 Equipment Movement**

- 7.7 Special Needs Populations**
- 7.8 Essential Goods and Services**
- 7.9 Pharmaceuticals**
- 7.10 Hospital Security**
- 7.11 Medical Waste Disposal**
- 7.12 Isolation and Quarantine**
- 7.13 Decontamination**
- 7.14 Post-mortem**