03.01 – Infection Control Response Plan for Biological Emergencies

Purpose

To identify and respond to emerging infectious diseases, an influx of infectious patients, or other biological emergencies and to prevent transmission to patients, employees, contractors working in a UTMB facility, students, and visitors.

Audience

All UTMB employees, students and contractors.

Policy Statement

The term “emerging infectious diseases (EID)” typically refers to a disease caused by a novel pathogen but may also be the appearance of an infectious disease outside the endemic area. An influx of infectious diseases is an unexpected number of patients due to an outbreak. The patients may be infected by an EID or it may be a known pathogen (e.g. measles or Norovirus) with a higher-than-normal incidence. Other biological emergencies might include an act of bioterrorism.

Upon identification of a single incidence of a suspected EID or an increase in the number of patients with a similar syndrome, Infection Control and Healthcare Epidemiology (ICHE) will collaborate with both institutional stakeholders and public health agencies to develop a plan to prevent transmission to patients, employees, contractors working at a UTMB facility, students, and visitors. This includes accurate case identification, implementation of appropriate precautions, patient placement strategies, identification and response to staff exposures and/or illness, and communication with the county health authority(ies).
The plan will be situation-specific and must be flexible and scalable to provide an effective response to the risk of transmission, the number of suspected and confirmed cases, and the level of concern among staff and in the community. As always, the ICHE department will regard both internal communication and communication with the health departments as confidential. All requests for information from the public will be referred to Media Relations.

Initial Response

Identification of case and/or influx and attached risks

- Identification of a biological emergency, EID or an influx of infectious patients may occur in a variety of ways, including but not limited to the following: Public health alerts that result in increased vigilance for a syndrome.
- Known occupational exposure to high-risk pathogens.
- Recognized outbreaks in the community, on a cruise ship, or related to other aggregate settings.
- Isolation of an unusual pathogen or a cluster of pathogens by

Microbiology.

- Suspected or announced intentional exposures to infectious materials (e.g. bioterrorism)
- Possible relationship to recent international travel.
- Suspected/known exposure to sick animals or people.
- Transfer of a person from another facility who is a person under investigation (PUI) or person known to be infected with an EID.

Assessment of Risk

- Taking the route of transmission of the infectious disease into account, assessing potential risk of transmission to patients, employees, students, contractors, visitors, vendors and others who enter or work in all UTMB healthcare facilities.
    - Implement precautions as needed to prevent transmission.
    - Communicate requirements to assure an adequate response, including but not limited to personal protective equipment (PPE), patient placement for airborne infections, and other methods to prevent transmission.
- Assess risk to the facility: not all infectious diseases are transmissible person-to-person, but an influx of patients with the disease may require additional resources, including but not limited to:
    - capacity to care for patients in ambulatory and/or inpatient settings
    - pharmaceuticals needed to treat and/or provide prophylaxis
    - diagnostic testing
    - increased screening at points of entry to healthcare
    - staff education
    - enhanced public health reporting
    - employee health management of exposures and ill staff
    - supplies needed for staff protection (e.g. PPE)
    - Hand sanitizer and handwashing supplies/equipment
    - Supplies and staff needed to maintain a sanitary environment and cleaning, disinfection, and/or sterilization of equipment.
- Increase surveillance:
    - Enhance capability to identify cases from screening and diagnostic testing.
        a. Communicate with clinicians regarding case finding and reporting to ICHE
        b. Request assistance needed to create EPIC reports
        c. Utilize other systems such as the infection control electronic surveillance tool
        d. Partner with Employee Health and Student Health to recognize employee/student exposures and/or illness.
- Determine needs for public health reporting: partner with local

health authority to assure adequate and prompt case reporting
- ICHE will assume responsibility for: identifying and tracking cases, implementing any precautions needed, reporting exposures to Employee Health and/or Student Health, and reporting to the local health authorities.
- Plan for escalation if the number of cases increases

Ramping Up Response

Monitor and report trends to executive management and/or Incident Command Center if activated:

- Refine case finding methods as needed
  b. Effective screening methods to identify cases and implement precautions
  c. Assure availability and use of diagnostic testing as needed
  d. Refine capability for electronic case identification

Assure appropriate precautions are implemented as needed:

- Contingency planning for continuing supply of PPE, hand sanitizer
- Modify precautions if CDC guidance evolves and as needed to assure both safety and efficient workflow processes. This may include limiting the number of staff at risk by modifying assignments.
- Identify need to enhance capacity or provide alternate care sites
- Relocating triage
- Cohorting infectious patients
- Creating specialty screening areas
- Enhance ability to implement airborne precautions if needed (negative pressure rooms, portable HEPA filtered units, respirators-N95, PAPR)
- Identify and address immediate capacity issues
- Identify and address concerns to increase and sustain response

Sustaining Response

Continue to assess and enhance surveillance capability

Communicate within structure implemented (team versus incident command center.

- Continue to address capacity/supply issues
- Plan ramp down: threshold at which we start to return to normal operations

Ramping Down Response

Determine thresholds that may require less focus on the response and touchpoints at which the response must ramp up again. Phase in resumption of other infection control activities.