

HIGHLY INFECTIOUS DISEASE PLAN

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Objectives

- Discuss and summarize the Iowa Highly Infectious Disease Plan
- Review the Concept of Operations(CONOPS) for highly infectious disease
 - Roles and responsibilities of local public health
 - Roles and responsibilities of Treatment and Assessment hospitals versus all other hospitals
 - Roles and responsibilities of IDPH contracted Emergency Medical Transport Services versus all other EMS providers
- Understand the next steps in planning for infectious diseases

Iowa Department of Public Health Emergency Response Plan (PHERP)

- Provides an overview of the Iowa Department of Public Health's (IDPH) responsibilities in preparing for; mitigating; responding to, and recovering from public health emergencies and disasters occurring within the State of Iowa.
- Identifies the response capabilities and capacities of the IDPH.
- Integrates the IDPH divisions, bureaus, and resources together for a coordinated response.
- Provides direction and organization to the Department's response to coincide with the Iowa Emergency Response Plan, National Response Framework (NRF) and the National Preparedness Guidelines.

Iowa Department of Public Health Emergency Response Plan

Responsibilities of the IDPH during a public health emergency or disaster are organized into primary functions:

- Continuity of Operations/Continuity of Government (COOP & COG)
- Incident Management Structure
- Epidemiology
- Communications
- Environmental Health
- Fatalities Management
- Resource Management
- Recovery

Epidemiology Functional Annex

- Broad direction on how infectious diseases will be managed across the state.
- Process for disease surveillance, reporting, and investigation.
- Process for identifying and managing foodborne outbreaks.
- Process for identifying and managing Zoonotic Diseases.
- Disease specific plans are managed in this section as attachments

Highly Infectious Disease Concept of Operations (CONOPS)

- This Concept of Operations (CONOPS) is an attachment to the Epidemiology Functional Annex of the PHERP.
- The CONOPS describes strategic high level considerations for Iowa to establish a tiered system approach to safely and effectively manage persons/patients with suspected or confirmed Highly Infectious Disease.
- The CONOPS is limited to describing the operational intent when responding to suspected or confirmed Highly Infectious Disease cases, and includes operational considerations for the public health, EMS, and the healthcare system.
- Other considerations may include jurisdictional legal authorities related to isolation/quarantine and law enforcement responsibilities

Highly Infectious Disease Concept of Operations (CONOPS)

- o This primary system that includes CDC, IDPH, local public health, hospitals and EMS will:
- o Identify individuals at risk by verbally screening individuals for travel or other identified risk
- o Place at risk individuals under the appropriate health orders
 - o Monitor
 - o Quarantine
 - o Isolation
- o Monitor individuals under health orders
- o Coordinate to provide safe transport
- o Provide healthcare services to rule out and/or treat individuals with suspected or confirmed highly infectious disease

Roles and Responsibilities of Local Public Health

- o Notification of potentially exposed individual to LPH will be through IDPH
- o Processes, Tracking and other templates are provided by IDPH
- o Local Public Health may be requested to:
 - o Issue the Risk Based Order:
 - o Self Monitor
 - o Quarantine
 - o Isolation-not likely used in highly infectious disease

Roles and Responsibilities of Local Public Health

- o **Self Monitor**
 - o Low Risk-Asymptomatic
 - o Monitor temperature
 - o Explain s/s to watch
 - o Immediate notification if becomes symptomatic-Do NOT Call 911
 - o Refrain from using mass transit or attending mass gatherings

Roles and Responsibilities of Local Public Health

- o **Quarantine**
 - o High or Some Risk-Asymptomatic
 - o Monitor temperature
 - o Explain s/s to watch
 - o Immediate notification if becomes symptomatic-Do NOT Call 911
 - o Explain that the individual must NOT leave home
 - o Assist with arranging daily provisions and essentials as needed

Roles and Responsibilities of Local Public Health

- o **Notify Emergency Response Partners (i.e. hospital, EMS, and Emergency Management)**
 - o Local public health can confidentially notify emergency response partners that an individual is currently under a health order. However, the individual's name and contact information should not be provided

Roles and Responsibilities of Local Public Health

- o **Monitor Health Order Compliance**
 - o Dependent upon risk
 - o Temperature monitoring
 - o Activity
- o **Report to IDPH**
- o **Release the Health Order**

Roles and Responsibilities of Local Public Health

Should the Monitored Individual Become Ill, LPH may be requested to:

- **Monitor In-Home Contacts**
 - Issue health orders in consultation with IDPH
- **Assist with Waste Management**
 - Disposal of in home soiled or contaminated materials
 - IDPH service agreements with waste management company-ongoing

Roles and Responsibilities of Local Public Health

- **Monitor Exposed Healthcare Workers**
 - Public Health Worker
 - Healthcare Worker Contact for limited period in local hospital
 - Polk County and Johnson County (Assessment and Treatment Hospitals)

Roles and Responsibilities of Hospitals

- All healthcare entities must demonstrate the ability to verbally screen acutely ill patients for health history and travel history
- If an individual has been under health monitoring or quarantine orders, that individual will have been educated on the response and treatment structure that has been developed to limit the spread of highly infectious disease.

Roles and Responsibilities of Hospitals

- These individuals are instructed NOT to utilize the EMS service from their community (911) and NOT to utilize a community hospital or clinic.
- Hospitals may be responsible for monitoring an individual that is currently under a self-monitoring or quarantine order that seeks medical care or is hospitalized for any other reason than highly infectious disease. Hospitals will be responsible for tracking body temperatures, reporting to local public health and recognition of highly infectious disease symptom development if this should occur while hospitalized.

Roles and Responsibilities of Hospitals

IDPH has collaborated with select hospitals to assure the ability to rule out suspected highly infectious disease and provide definitive treatment for individuals with confirmed highly infectious disease.

Roles and Responsibilities of Hospitals

The hospitals and medical facilities in Iowa are identified and defined utilizing the following Tier structure:

- Tier 1-Biocontainment Treatment Centers in the United States
- Tier 2-Hospitals in Iowa Capable of Providing Definitive Treatment for a Confirmed Case of highly infectious disease
- Tier 3-Hospitals in Iowa Capable of Providing Rule out/ Rule in Testing and Short Term Treatment for a Suspected Case of highly infectious disease
- Tier 4-Any Hospital, Ambulatory, Urgent Care or Clinic in Iowa Capable of Verbally Screening and Temporary Isolation of Suspected Case of highly infectious disease

Roles and Responsibilities of Hospitals

- All healthcare entities must demonstrate the ability to verbally screen acutely ill patients for health history and travel history and provide minimal, temporary isolation and care (3-6 hours) to any suspected highly infectious disease patient
- Tier 3 facilities must have resources to manage care and provide for suspect highly infectious disease patients for up to 5 days
- Tier 2 facilities must have resources to manage care for a suspected or confirmed highly infectious disease patient for the duration of illness, estimated up to one month

Roles and Responsibilities of Hospitals

- Tier 1-Biocontainment Treatment Centers in the United States
 - Regional Biocontainment Center-University of Nebraska
- Tier 2-Hospitals in Iowa Capable of Providing Definitive Treatment for a Confirmed Case of highly infectious disease
 - University of Iowa Hospital and Clinics
- Tier 3-Hospitals in Iowa Capable of Providing Rule out/ Rule in Testing and Short Term Treatment for s suspect case of highly infectious disease
 - Mercy-Des Moines
 - Unity Point-Methodist-Des Moines

Roles and Responsibilities of Tier IV Hospitals and Facilities

If any patient is verbally screened positive for travel and is displaying symptoms consistent with highly infectious disease the staff will:

- Immediately isolate the patient in an area with access to a private bathroom or covered commode
- Designate a separate area for patient family. Family will only be allowed in the isolation area with the patient if special circumstances exist (child, or other special needs), PPE will be provided to family members
- Ensure the least possible number of exposures to other patients or staff

Roles and Responsibilities of Tier IV Hospitals and Facilities

- Notify the Iowa Department of Public Health (report checklist) immediately for patient report and to initiate transfer
- Utilize the appropriate PPE according to disease specific guidelines to provide a basic assessment and stabilization for the patient
- NOT draw blood for laboratory testing
- NOT perform invasive or aerosolizing procedures

Roles and Responsibilities of Tier IV Hospitals and Facilities

- Provide oral hydration as tolerated
- Will monitor and provide supportive care for the patient until the pre-designated ambulance arrives for transport
- Provide a patient report to the receiving medical physician

Roles and Responsibilities of Tier IV Hospitals and Facilities

- Provide the transporting ambulance staff a patient report and all patient records that are to be transferred with the patient
- Manage any medical waste in consultation with IDPH and as per CDC guidance
- Clean durable equipment in consultation with IDPH and as per CDC guidance

Roles and Responsibilities of Tier IV Hospitals and Facilities

Once IDPH is notified by a Tier IV hospital:

- Epidemiologists will consult with CDC and Infectious Disease/Critical Care Physicians to determine most appropriate facility to transfer patient dependent upon clinical presentation
- IDPH will contact the EMS transport service to move the patient to the appropriate Tier 2 or Tier 3 facility
- IDPH will provide the name and contact information of the facility that will be accepting the patient including the contact information for the accepting physician to the Tier 4 staff

Roles and Responsibilities of Tier II and III Facilities

- Tier 2 and Tier 3 Facilities have the ability to isolate individuals suspected to have highly infectious disease. These facilities will provide supportive care for patients while completing testing to confirm a diagnosis
- If the individual is confirmed to have a disease that is not categorized as highly infectious, a Tier 3 facility will provide care for that patient until ready for discharge or transfer to another appropriate facility

Roles and Responsibilities of Tier II and III Facilities

- If the patient is confirmed to have a highly infectious disease, the patient will be transferred to Tier 2 or Tier 1 Facility depending upon availability and patient care needs
- It could take up to five days for a patient to be confirmed to have highly infectious disease. Treatment should never be delayed

Roles and Responsibilities of Tier II and III Facilities

Facilities in Iowa have been identified to be highly infectious disease Tier 2 Tier 3 Facilities. These facilities have plans in place to address the following:

- Staffing of Highly infectious disease Patient Care Team
- Patient Transport from Point of Entry to Treatment Area
- Patient Placement
- Personal Protective Equipment and Procedures for Donning and Doffing
- Monitoring Healthcare Personnel and Managing Exposures

Roles and Responsibilities of Tier II and III Facilities

Facilities in Iowa have been identified to be highly infectious disease Tier 2 Tier 3 Facilities. These facilities have plans in place to address the following:

- Laboratory Safety
- Environmental Infection Control and Equipment Reprocessing
- Management of Waste
- Communications
- Management of the Deceased

Roles and Responsibilities of Tier II and III Facilities

Tier 2 Facilities will additionally accommodate the following:

- Provide definitive care for highly infectious disease patients including providing prolonged intensive care support
- Provide the staff resources, isolation equipment and PPE needed to support care for the duration of the patient's illness (potentially several weeks)
- Ability to care for very special needs Highly infectious disease patients such as children or pregnant women

Roles and Responsibilities of IDPH and Emergency Medical Transport Services

- Due to the resources and training required to transport an individual with suspected or confirmed highly infectious disease, IDPH has established service agreements with five EMS Transport Services throughout Iowa.
- Pre-designated EMS Transport Services will be activated by IDPH to transport the suspected or confirmed highly infectious disease patient.

Roles and Responsibilities of IDPH and Emergency Medical Transport Services

- In the event an individual with suspected or confirmed highly infectious disease needs to be moved by ambulance, IDPH will communicate with all EMS service contacts to assure resource coordination and response from one of these services to complete the transfer
- IDPH will coordinate the movement of all suspect and confirmed cases of highly infectious disease including transfers from home or between medical facilities
- If the patient is being transferred from home, IDPH will notify the pre-designated EMS services and coordinate information sharing

Roles and Responsibilities of IDPH and Emergency Medical Transport Services

- Following a full-scale exercise that deployed EMS, the EMS Services and IDPH are considering developing an advanced EMS team to assist any Tier 4 facility prior to Tier II or Tier III facility availability

Roles and Responsibilities of IDPH and Emergency Medical Transport Services

- The possibility exists that an exposed, monitored or unmonitored person could call 911 for medical assistance
- The possibility exists that the individual may be calling 911 due to signs and symptoms of the infectious disease illness.
- The possibility exists that the individual may be calling 911 for an illness or injury that has no connection to the infectious disease.
- ON EVERY EMS call, the service and providers MUST be prepared to utilize PPE and universal precautions 100% of the time.

Next Steps in Planning for Highly Infectious Disease

- Advisory Group
- Planning
- Drills
- Exercises
- Updated templates

QUESTIONS?