

Region H Healthcare Coalition Infectious Disease Annex

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[Section 1 Introduction 2](#_Toc70287321)

[Section 1.1 Purpose 2](#_Toc70287322)

[Section 1.2 Scope 2](#_Toc70287323)

[Section 1.3 Overview/Background of HCC and Situation 3](#_Toc70287324)

[Section 1.4 Assumptions 4](#_Toc70287325)

[Section 2 Concept of Operations 6](#_Toc70287326)

[Section 2.1 Activation 6](#_Toc70287327)

[Section 2.2 Notifications 6](#_Toc70287328)

[Section 2.3 Roles and Responsibilities 6](#_Toc70287329)

[Section 2.4 Operational Mission Areas 6](#_Toc70287330)

[Section 2.4.1 Surveillance 6](#_Toc70287331)

[Section 2.4.2 Safety and Infection Control and Prevention 6](#_Toc70287332)

[Section 2.4.3 Non-Pharmaceutical Interventions 7](#_Toc70287333)

[Section 2.4.4 Surge Staffing 7](#_Toc70287334)

[Section 2.4.5 Supply Chain, Supplies, PPE 7](#_Toc70287335)

[Section 2.4.6 Support Services 7](#_Toc70287336)

[Section 2.4.6.1 Laboratory 7](#_Toc70287337)

[Section 2.4.6.2 Waste Management and Decontamination 7](#_Toc70287338)

[Section 2.4.7 Patient Care/Management 7](#_Toc70287339)

[Section 2.4.8 Medical Countermeasures 8](#_Toc70287340)

[Section 2.4.9 Community-Based Testing 8](#_Toc70287341)

[Section 2.4.10 Patient Transport 8](#_Toc70287342)

[Section 2.4.11 Mass Fatality 8](#_Toc70287343)

[Section 2.5 Special Considerations 8](#_Toc70287344)

[Section 2.5.1 Behavioral Health 8](#_Toc70287345)

[Section 2.5.2 At-Risk Populations 8](#_Toc70287346)

[Section 2.5.3 Situational Awareness 8](#_Toc70287347)

[Section 2.5.4 Communications 9](#_Toc70287348)

[Section 2.6 Training and Exercises 9](#_Toc70287349)

[Section 2.7 Deactivation and Recovery 9](#_Toc70287350)

[Section 3 Appendices 9](#_Toc70287351)

[Section 3.1 Approval Authority 9](#_Toc70287352)

[Section 3.2 Additional Resources/References 9](#_Toc70287353)

# Section 1 Introduction

## Section 1.1 Purpose

This Infectious Disease Annex describes the goals, objectives, strategies, and responsibilities necessary to provide a coordinated, healthcare Coalition response to a range of Infectious Disease events. It serves as a hazard-specific annex to the Region H Healthcare Coalition Response Plan. The response will be coordinated with District Public Health and the Georgia Department of Public Health.

This Infectious Disease Annex is an overarching document, with references to key federal, state, and regional partnerships, strategic concepts and critical operational capabilities and functions. The response to an Infectious Disease event will be based on National Incident Management System (NIMS) and Hospital Incident Command System (HICS) guidelines.

This Annex is modular, and assumes each incident will require a tailored activation and utilization of the Infectious Disease Annex. The Infectious Disease Annex can be adjusted to address scenarios varying by the infectious disease agent, size and/or overall severity.

Objective: Assist in Coordination and information sharing in an effective response to minimize and stop the spread of an Infectious Disease in Georgia.

## Section 1.2 Scope

The Infectious Disease Annex is a hazard-specific annex to the Region H Healthcare Coalition Response Plan and is applicable for any incident in which an individual or population is diagnosed with a confirmed or suspected Infectious Disease that will have a significant impact on the healthcare system. This plan outlines the concept of coordination and information sharing.

## Section 1.3 Overview/Background of HCC and Situation

Infectious disease emergencies are circumstances caused by biological agents, including organisms such as bacteria, viruses or toxins with the potential for significant illness or death in the population.

Approval Authority, Plan Evaluation Policy, Plan Revision Policy, and Plan Maintenance will follow the process described in the Region H Healthcare Coalition Response Plan (Coalition Incident Management Plan Overview).

## Section 1.4 Assumptions

1. Emergency Medical Services, acute care, and continuity of healthcare at all levels must continue to function during an Infectious Disease event.
2. If the Governor determines an emergency exists where the primary responsibility for response rests with the State because the emergency involves an area or facility for which the State government exercises primary responsibility for and authority over, the Governor may unilaterally direct the provision of assistance and will consult with the local jurisdiction.
3. An Infectious Disease event can occur at any time and any location. It may create significant degrees of human suffering and economic hardship to individuals, governments, and the business community.
4. Information sharing occurs across multiple levels of government, the response community, and the private sector.
5. Citizens expect healthcare information, guidance, and assistance during an Infectious Disease event.
6. Each level of healthcare will respond to an Infectious Disease event to the extent of its available resources. Once these resources have been exhausted, mutual aid will be requested. If those are determined to be insufficient, then requests will be made from local to State and State to federal government.
7. National Incident Management System (NIMS) is based on the Incident Command System (ICS) and will be used as the incident management system for all levels of response.
8. Georgia Department of Public Health (DPH) and professional organizations have resources and expertise available to assist with emergency or disaster related problems that are beyond the capability of the affected local healthcare organization or region. As the ESF-8 lead, the Georgia DPH, in coordination with Georgia Emergency Management Agency (GEMA), may modify normal operations and redirect resources in order to save lives, relieve human suffering, sustain survivors, and assist in reestablishing essential medical services.
9. It is expected that most Multi-Agency Coordination (MAC) activities will be in the form of a “virtual MAC” utilizing communications such as WebEOC™, group emails, conference calling, etc.
10. For the purposes of this Annex, the primary disciplines involved in a MAC system could be:
    1. District Public Health
    2. Regional Coordinating Hospital (RCH)
    3. Local Emergency Management Agency (EMA)
    4. Emergency Medical Services (EMS)
    5. Nursing Home Coordinating Council (NHCC)
11. All emerging Infectious Disease outbreaks pose increased risk for healthcare workers.
12. Many patients may require intensive level care, regardless of disease scenario.
13. All access points of the healthcare system (clinics, hospitals, private physicians, etc.) may encounter a suspect patient; however, not all healthcare facilities will be equipped to safely manage the care and treatment of a confirmed case.
14. Healthcare systems will likely exceed normal patient capacity with confirmed or suspected cases and worried-well.
15. In the event that there is no known cure or vaccine for the Infectious Diseases, treatment for patients may consist mainly of supportive care.
16. Perceptions about inequitable distribution of healthcare is a potential cause of public concern and anxiety.
17. Staff who work in hospitals and ambulatory care settings will be able to identify symptomatic people whose travel history could suggest possible exposure to diseases endemic to a region with an emerging infectious disease outbreak, and be prepared to use appropriate Personal Protective Equipment (PPE), isolate patients, minimize exposure risk to staff and patients, provide basic supportive care, and inform and consult with public health officials.
18. Local, regional, and federal stockpiles of medical materials such as PPE, medications and ventilators may be rapidly depleted.
19. Reliable, timely, and consistent public messaging will be needed to inform the public of the situation. This information should be disseminated in multiple languages and formats to address Disability, Access, and Functional Needs (DAFN) populations and other specific community needs.

# Section 2 Concept of Operations

## Section 2.1 Activation

The Region H Healthcare Coalition Response Plan describes the triggers for activation (Plan Triggers). This Annex will be activated if those criteria are met ***and*** the event is due to a known or suspected Infectious Disease. The activation process will be performed as stated in the Region H Healthcare Coalition Response Plan (Authority to Implement Plan).

## Section 2.2 Notifications

Notifications will be performed as outlined in the Region H Healthcare Coalition Response Plan (Notification Process and Attachment 2: Healthcare Coalition Communications Flowchart).

## Section 2.3 Roles and Responsibilities

Coordination of activities will be performed through a Multi-Organization Coordination Center (MAC). It is expected that the MAC will be virtual, using communications such as WebEOC, group e-mails, or conference calling.

MAC system representation will be responsible for:

* Collaborating with represented agencies and disciplines
* Providing situational awareness and resource status information
* Liaising with existing Incident Command or Unified Command of area jurisdiction’s Emergency Operations Centers
* Anticipating future health-related resource requirements
* De-conflicting differing health-related policies
* Strategizing the coordination of health-related resources
* Accessing disease-specific Subject Matter Experts

## Section 2.4 Operational Mission Areas

### Section 2.4.1 Surveillance

The role of the Region H Healthcare Coalition will be to disseminate information related to surveillance initiatives and guidelines to the Coalition Facilities and Organizations as appropriate.

### Section 2.4.2 Safety and Infection Control and Prevention

The role of the Region H Healthcare Coalition will be to disseminate information related to disease-specific Safety and Infection Control/Prevention to the Coalition Facilities and Organizations as appropriate.

Each agency or organization will follow their standard safety and infection control and prevention guidelines.

### Section 2.4.3 Non-Pharmaceutical Interventions

The role of the Region H Healthcare Coalition will be to disseminate information related to Non-Pharmaceutical Interventions to the Coalition Facilities and Organizations as appropriate.

### Section 2.4.4 Surge Staffing

The process for managing a surge of patients is described in the Region H Healthcare Coalition Response Plan (Annex C: Regional Surge Coordination Plan).

### Section 2.4.5 Supply Chain, Supplies, PPE

Management of all resources and assets (including PPE) is described in the Region H Healthcare Coalition Response Plan (Resources and Assets). Resources and assets will be requested as described in the Region H Healthcare Coalition Response Plan (Requesting/Mobilizing Assets). Facilities will always notify county Emergency Management Agencies for situational awareness. If the supply needs cannot be met by the coalition, requests will be managed through WebEOC.

The Coalition maintains an inventory of medical care surge equipment and supplies (ICAM). Resources will be requested through the Multi-Agency Coordination System (MAC).

### Section 2.4.6 Support Services

The role of the Region H Healthcare Coalition will be to disseminate information related to Support Services to the Coalition Facilities and Organizations as appropriate.

#### Section 2.4.6.1 Laboratory

The role of the Region H Healthcare Coalition will be to disseminate information related to laboratory processes to be followed during an Infectious Disease event as appropriate.

#### Section 2.4.6.2 Waste Management and Decontamination

The role of the Region H Healthcare Coalition will be to disseminate information related to Waste Management and Decontamination to the Coalition Facilities and Organizations as appropriate.

### Section 2.4.7 Patient Care/Management

The role of the Region H Healthcare Coalition will be to disseminate disease-specific information related to Patient Care/Management to the Coalition Facilities and Organizations as appropriate.

### Section 2.4.8 Medical Countermeasures

The role of the Region H Healthcare Coalition will be to disseminate information related to Medical Countermeasures to the Coalition Facilities and Organizations as appropriate.

If deployed, Medical Countermeasures will be distributed through the MAC.

### Section 2.4.9 Community-Based Testing

The role of the Region H Healthcare Coalition will be to disseminate information related to Community-Based Testing to the Coalition Facilities and Organizations as appropriate.

### Section 2.4.10 Patient Transport

The process for patient transport and destination determination will be performed as described in the Region H Healthcare Coalition Response Plan (Annex C: Regional Surge Coordination Plan).

The Region H Healthcare Coalition will disseminate information regarding disease-specific transportation and destination protocols as determined by the Georgia Department of Public Health Office of EMS.

### Section 2.4.11 Mass Fatality

The process for managing a Mass Fatality event is described in the Region H Healthcare Coalition Response Plan (Annex B: Regional Mass Fatality Coordination Plan).

In the event that disease-specific guidelines for decedent management are recommended, the Region H Healthcare Coalition will disseminate this information the to the Coalition Facilities and Organizations as appropriate.

## Section 2.5 Special Considerations

### Section 2.5.1 Behavioral Health

Behavioral Health resource requests will be requested through the MAC.

### Section 2.5.2 At-Risk Populations

The role of the Region H Healthcare Coalition will be to disseminate information related to considerations specific to at-risk populations and people with special needs as appropriate.

### Section 2.5.3 Situational Awareness

The process for maintaining situational awareness is described in the Region H Healthcare Coalition Response Plan (Maintaining Situational Awareness).

### Section 2.5.4 Communications

The process for maintaining communications is described in the Region H Healthcare Coalition Response Plan (Notification Process and Attachment 2: Healthcare Coalition Communications Flowchart). The Coalition maintains a comprehensive contact list of all coalition members that is regularly updated.

### Section 2.6 Training and Exercises

Exercises of this plan will be determined by state and/or regulatory requirements and per Coalition guidelines.

### Section 2.7 Deactivation and Recovery

The Region H Healthcare Coalition will support the Deactivation and Recovery process as appropriate. The Coalition will disseminate information related to after-action reporting, reimbursement, and analysis/archiving of incident documentation as appropriate.

The process for demobilization of resources is described in the Region H Healthcare Coalition Response Plan (Demobilizing Resources).

# Section 3 Appendices

## Section 3.1 Approval Authority

Approval authority for this Annex is as described in the Region H Healthcare Coalition Response Plan.

## Section 3.2 Additional Resources/References

This Annex is supplemented by information contained in the Region H Healthcare Coalition Response Plan, including Annexes and Attachments.