

Steven Hirsch & Associates
Healthcare Management Support Systems

Emergency Management: Preparedness for Infectious Diseases

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Worldwide Infectious disease disasters pose unique challenges to Infection Preventionists, healthcare agencies, Public Health Departments, and emergency response services. It is always critical for all healthcare agencies to be prepared for infectious disease disasters. We have lived thru the Ebola outbreaks, Novel Influenza outbreaks, SARs and currently, we have Coronavirus. These newsworthy stories do not negate the local outbreaks such as measles or Hepatitis A that may also have a significant effect on your facility or agency.

All types of healthcare facilities are expected have an Emergency Management Plan that can be as simple as offering masks and hand sanitizer at the doctors' office reception desk or the clinic waiting room. Typically, the Emergency Management Plan is a focus of regulatory agencies when national or local outbreaks occur. The Plan should be evaluated concurrently with the infectious disease outbreak. Adjustments to risk reduction strategies are flexible and need to be adjusted to meet the current infectious disease disaster.

Infection prevention and control measures to mitigate risks of transmitting infectious agents have been instituted across healthcare with the implementation of Standard Precautions, vaccinations, social distancing, and hand hygiene. These risk mitigation strategies are the main stays of preventing infectious disease outbreaks. Risk reduction strategies also include the appropriate use of personal protective equipment, known as PPE, to protect our healthcare workers and persons they come into contact with. Please refer to the appropriate use of PPE in the Steven Hirsch & Associates newsletter, [October 22, 2019 Accreditation News – Fall 2019 Volume 11 Issue 3](#).

The recognition of an infectious disease cluster has been simplified. Infectious disease specialists have developed Syndromic Surveillance definitions to provide identification of illness clusters early, before diagnoses are confirmed and reported to public health agencies. Most common of these is the Influenza-Like-Illness or ILI. As the number of ILI cases is recognized to be increasing at a specific location by our health departments and treating physicians it becomes easier and faster to mobilize a rapid response. This response should be in conjunction with the local public health jurisdiction, thereby reducing morbidity and mortality. The current CDC syndromic surveillance for Coronavirus includes travel to and from China and other countries or exposure to a person under evaluation for Coronavirus. This is a very finite definition and should be adhered to closely because of the possibility of other viral infections being included in the Syndromic Surveillance.

Emergency Management Plans for healthcare facilities should include strategies to acquire needed supplies in an emergency, and to maintain a backup supply of these items that is rotated to assure they remain in date. Emergency rooms that require frequent use of PPE during infectious disease outbreaks may not be able to obtain the needed supply of PPE to protect staff and other patients because other, less critical hospitals or healthcare agencies or the general public have stockpiled needed equipment. We had this occur during the last Ebola threat in 2017, and we are experiencing this again during the COVID-19 pandemic.

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infection control policies, procedures and processes.
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