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LESSON LEARNED

Hospital Preparedness: Integrating Infection Control Actions and Emergency Response Planning

SUMMARY

Hospitals should ensure that infection control actions are integrated into their emergency response plans and all-hazards emergency planning processes.

DESCRIPTION

On September 14, 2006, members of the San Francisco Infection Control Working Group and the San Francisco Hospital Council Emergency Preparedness Taskforce hosted a 4-hour tabletop exercise (TTX). All nine hospitals in San Francisco as well as the Seton Medical Center of San Mateo County participated in the TTX. The TTX focused on hospitals' responses to three scenarios:

- A rule-out H5N1 avian influenza case during a World Health Organization (WHO) Pandemic Alert Phase 3 (no or very limited human-to-human transmission);
- A confirmed H5N1 case in San Francisco during a WHO Pandemic Alert Phase 4 (evidence of increased human-to-human transmission); and
- Widespread H5N3 influenza cases in San Francisco during a WHO Pandemic Alert Phase 6 (efficient and sustained human-to-human transmission) with hospital supply and staffing shortages.

The main goal of this TTX was to practice coordination and communication activities among hospital infection control professionals, hospital emergency preparedness coordinators, and sections of the San Francisco Department of Public Health in a pandemic influenza scenario. One objective was to improve communication between emergency preparedness coordinators and infection control professionals. Participants also sought to identify thresholds that would trigger an emergency response activation or a change in infection control standards.

Most of the hospitals' current response plans are based upon the requirements of a mass casualty disaster, such as an earthquake. However, an infectious disease emergency such as a pandemic would require very different response strategies. An infectious disease emergency may last weeks or even months, while a mass casualty disaster is likely to be of much shorter duration. The extended duration of a pandemic is likely to negatively impact staffing, supplies, patient care standards, and other areas. Hospital representatives learned that incorporating infection control actions into their emergency response plans could help alleviate some of these issues.

Participants suggested that hospitals consider reviewing and consolidating many disparate infection control plans into fewer plans for ease of reference for staff members. Flow charts that define responsibilities for administrators, staff members, physicians, and others should be included in infection control guidance as well.

Hospitals should incorporate infection control actions into emergency response plans to mitigate the impact of an influenza pandemic.

CITATION

San Francisco Department of Public Health, San Francisco Infection Control Working Group and the Hospital Council Emergency Preparedness Taskforce. *2006 Pandemic Influenza Infection Control Tabletop Exercise After Action Report*. 14 Sep 2006.
https://www.llis.dhs.gov/member/secure/detail.cfm?content_id=23616

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