Infection Control
and
Emergency Preparedness

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Open Door Family Medical Centers

- Located in Westchester County
- 4 Community Health Center sites
- 2 School Based Health Center sites
- 250 staff members
- 180, 000 patient visits per year
- 47% of our patient population is uninsured
- 75% of patients are below poverty level
- 72% Hispanic

Scope of Services

- Family Practice
- Pediatrics
- Internal Medicine
- Obstetrics and gynecology
- Diagnostic Lab
- HIV care
- HIV and STD testing, counseling and treatment
- Family Planning

- Dermatology
- Podiatry
- Mental health counseling
- Psychiatry
- Case Management
- Concrete Services
- Chronic Disease Management
- Dental Care

IC. 6.10 Standard

- As part of its emergency management activities, the organization prepares to respond to an influx, or the risk of an influx, of infectious patients.

Rationale for IC.6.10

- The health care organization is an important resource for the continued functioning of the community
- The organization's ability to deliver care can be threatened if it is not prepared to respond to an epidemic

- Therefore it is important for the organization to plan how to prevent the introduction of an infection into the organization, how to recognize that existing patients might become infected and how to contain the risk or spread of the infection

EC Standard Relating to Emergency Management

- EC.4.10 The organization addresses emergency management

- EC.4.20 The organization conducts drills regularly to test emergency management

Continuous Emergency Preparedness Program

Communicate

Recognize

Respond and Communicate
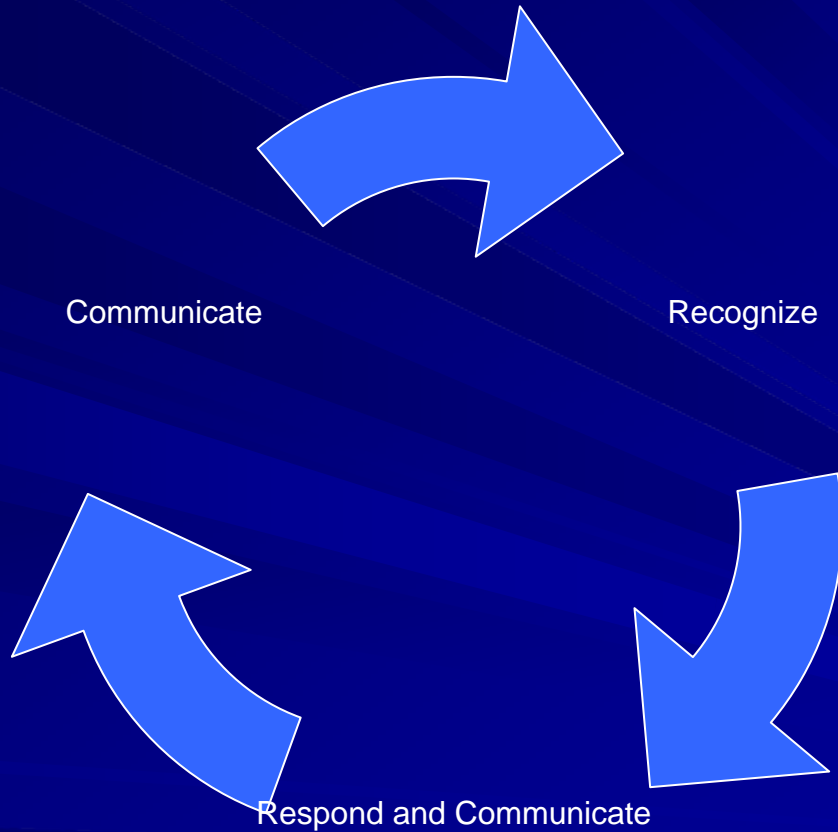
Infection Control Plan Includes

- Keeping abreast of current information
- Dissemination of critical information
- Identify resources in the community
- Phases
  - Mitigation
  - Preparedness
  - Response
  - Recovery
- Hazard Vulnerability
- Community Involvement
- Emphasis on infection control involvement

Mitigation

- Ongoing active surveillance and reporting
- Look at each site specifically to evaluate for emerging trends in patient populations, risk analysis
- Use data, articles, guidelines, others' experiences to develop a case for making emergency management an organizational priority

- Form an organizational team to develop plan
- Develop a system to stay abreast of current information about emerging or reemerging infections

- Assess existing process that addresses health care worker immunization

Mitigation

- Develop a process that can be implemented quickly and easily that enables health care workers to note activities

- Develop a process that can be used for mass vaccination, post exposure prophylaxis or PPE

- Continually evaluate respiratory protection plan, paying attention to supply chain issues that can compromise the integrity of the plan

Preparedness

- Strategies for Success

  The Emergency Plan

- Design methods to disseminate critical information about emergencies to staff
- Seek opportunities to work with key resources in community for planning and information
  - Local health department
  - State agencies responsible for emergencies

Preparedness

- Specific organisms – emerging diseases
- Meeting needs – surge capacity, supplies
- Temporary halting of services
- Limiting visitors
- Information and communication
- Community relationships

Response

- Early recognition and early risk-identification process
- Mechanisms to contain the infectious patients
- Isolation vs. Quarantine
- Evaluation of existing equipment and supplies, including PPE
- Containment
- Communication

Recovery

- Discontinue Incident Command Center
- Restock facility supplies and equipment
- Debriefing session
- Mental health arrangements if applicable
- Assess event
- Reassess plan to improve for next event

IC Event

- Varicella Outbreak
- Over 100 cases of Varicella diagnosed within two-four week period
- Began among unvaccinated new arriving children
- Spread to unvaccinated adults cohabitating with children
- Length of event – four- six weeks

Communication

- County Department of Health
- Schools
- Day care facilities
- Media Outlets
- Patients
- Other Open Door sites
- Vendors

- Multi communication methods
- Written communication process
- Dissemination of information

Mitigation

Risk analysis includes:

- **Analysis of organization's infection prevention and control data routinely done at the IC meetings**

- **Geography, community environment, services provided, and characteristics of population served,**

- **Monthly Immunization surveillance Trend data monthly to see if there are any emerging trends in patient populations**

- **Implemented provisional Varicella recommendations from CDC and APIC in Nov 2005 giving 2bd Varicella vaccine at 4 years old**

- Communicable disease reporting to Clinical Director (CD) as events occur via incident reports
- CD developed line listing daily report to see trends in age groups, previous vaccine dates, etc
- Continually evaluate respiratory protection plan; on going fit testing for all new health care workers
- Address health care worker immunization status

Mitigation

- Clinical director and providers reviewed charts of all cases
- Had sporadic cases thereafter
- Mostly children
- Some adults

- Hospitalized several pregnant females
- Administered VZIG to some adults

Preparedness

- Staff orientation and training
- Competency assessments
- Policies and procedures covering:
  - Masks, PPE at front desk
  - Room patients with a rash upon arrival to medical units
  - Hepa filters and room cleaning procedures

Response

- Contacted school nurses in each school
- Contacted President and CEO Open Door
- Contacted local DOH
- Contacted Open Door patient marketing team
- Public education- developed educational flyer
- Developed daily and multi day plan

- Outreach team handed out flyers throughout Ossining
- Communicated at site level and within off sites
- Developed line listing
- Daily briefs with CMO
- Purchase additional HEPA filters
- In-service staff daily
- Signs on entry doors, reception desks and waiting areas.

Recovery and Lessons Learned

- Pre-plan with local department of health. They were not prepared or useful during the event.
- Staying abreast of changes and new situations

- Turning data and information into action in a timely manner
- Medical staff participation
- Competition with other responsibilities
- Time for planning
- Coordination with community