Appendix I

Outbreak Rapid Response Checklist

HEIP On-Call Pager (Mon-Fri 8 a.m.-4 p.m.): 415-806-0269 Hospital (Nursing) Supervisor: Adult 415-353-1964/Pediatric 415-443-9179 After Hours: Contact House Supervisor or BCH Patient Care Coordinators Occupational Health Services: 415-885-7580

Exposure Definition:

Potential contact by a susceptible person with a communicable disease as defined by the UCSF Technical Advisors

Outbreak Definition:

1. Hospital-onset: 2 or more cases of the same illness, in the same time period, on the same unit (HEIP-confirmed)

2. Community-onset epidemic: Department of Public Health-confirmed

Document date each step and action has been completed.

Step	Action	Owner	Completed Date	Comments
Identify Outbreak	 Receive notification from Department of Public Health (DPH), Occupational Health, Lab, clinical unit, or other emergency response entity regarding confirmed case(s) or suspicious patterns of symptoms. If clinical unit suspects cluster/outbreak, notify HEIP or House Sup/Peds Pt Care Coordinators Maintain documentation of actions HEIP may notify OHS, EHS, 	HEIP (receives call) ext.34343 Charge Nurse (CN) HEIP HEIP	Date	Community onset outbreak: HEIP may work with DPH or UCSF EHS to guide hospital preparation, but remainder of this checklist may not need to be activated.
Notification	and SHS via email regarding potential outbreak			
Investigate Outbreak	• HEIP investigates exposure/outbreak via laboratory reports & patient symptoms and briefs Infectious Disease Service	HEIP		
Confirm/Rule out Outbreak	 Outbreak is ruled out or no outbreak occurred: HEIP may notify originator of first notice 	HEIP		• No further action required

Step	Action	Owner	Completed Date	Comments
Convene Stakeholder meetings	 Outbreak is confirmed: HEIP will identify times, locations, organism and communicable period HEIP will determine preliminary timeline of exposure, incubation, & transmission After conferring with Infectious Disease Service to determine extent of outbreak, convene stakeholders meeting within 24 hours of confirmation of outbreak 	HEIP HEIP or OHS		
HEIP in conjunction with stakeholders meeting	 Responsible to: Confirm case definition Confirm exposure definition Identify concentric circles of exposure Initiate additional case identification Identify additional Stakeholders Consider recommending establishment of Hospital Incident Command System (HICS) 	Technical Advisors		 CMO or designee makes recommendation for HICS in conjunction with the AOC Consider increasing security if HICS is not established
Stakeholders Meeting	 Confirm assumptions regarding concentric circles and types of activities//functions of the involved areas. Determine which groups of patients, visitors, students, staff, faculty, volunteers, trainees and contractors to include as possibly exposed. Provide input regarding who will provide exposed contacts' names, contact information, and schedules from each identified group or department to OHS. 	OHS		• HCWs considered "possibly exposed" reflect individuals with location- specific exposures as well as individuals who provide functions across the institution.

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			Completed	
Step	Action	Owner	Date	Comments
Patient isolation	 Isolate symptomatic patients per direction from HEIP/Incident Command Isolate exposed patients per direction from HEIP/Incident Command 	CN/Mgr CN		 Monitor daily and prn for status change Dedicate equipment
Cohorting (patients, HCW)	 Identify where/when/how to cohort patients and HCW Consider limiting: patient movement admissions elective procedures staff movement non-essential staff floating between units shared food events (on-unit 	HEIP, HICS		 Monitor daily for change in cohort status Increase Spiritual Care support prn
	potlucks, etc)			
Lab testing	 Confirm tests available: in- house, send-out Communicate appropriate lab testing to affected unit(s), including: Specimen type Transport media required How/where to submit specimens Hours specimen accepted How to order testing Monitor lab results/communicate appropriately 	HEIP OHS Clinical Lab HEIP, OHS, PCM, CN, direct care staff, Provider		
	 Identify lab tests required/estimate volume Communicate estimated volume of lab tests to Clinical Lab, HEIP or HICS Communicate necessary lab testing equipment/volume to materiel services or HICS 	CN CN CN		

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Step	Action	Owner	Completed Date	Comments
Communications	 Notify staff on affected units: Type of exposure or outbreak Type of isolation required Other control strategies (e.g., cleaning, hand hygiene requirements, PPE, air flow/pressure, etc.) Situation updates 	HEIP will communicat e to PCM, CN, or Other designated staff		 Use multiple venues: email, signage, shift report, staff restroom postings Monitor to make sure postings are current as situation evolves (CN to confirm on patient care units)
	 Communicate with potentially exposed personnel and supervisors within 96 hours of discovery regarding: General background (e.g., date/time, nature of exposure) Screening Testing Prophylaxis Status Updates Treatment Contact information for follow-up questions Work Restrictions Evaluation of need for precautionary removal from work Communicate with Human Resources/Labor Relations as 	OHS		
	 needed for work restrictions Determine frequency, content of messaging to Medical Center/BCH 	HICS (PIO), HEIP (at direction of HICS if activated)		
	 Messaging to faculty Messaging to other campus areas 	CMO, HICS (PIO) CMO, Hospital HICS (PIO)		 CMO if Campus EOC is not established HICS if Campus EOC is established

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HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: COMMUNICABLE DISEASE OUTBREAK RESPONSE POLICY

POLICY 7.1 Issued: 12/06 **Last Approval:** 02/20

<u>a</u> t			Completed	
Step	Action	Owner	Date	Comments
	 Support for message development to patients draft letters, scripts, response templates that include testing and other follow-up recommendations; seek input from stakeholders, OHS, Risk Management, Patient Relations, CMO & ID MDs, PIO within HICS; obtain final language approval for notification to patients from Risk Management; coordinate notification letter translation with Patient Relations; work with Interpreter Services for voice contact prn; provide information to 	HEIP		
	 visitors on request. Messaging approval and management to patients, families, visitors 	CNO/CMO, HICS (PIO)		
	 Participate in conference calls, distribute messaging 	PCM, Med Directors, HICS		
	Initial Report to DPH (local, state, federal)	HEIP (follow-up reporting may be done by other entities, i.e., OHS)		See Reportable Diseases & Conditions, CCR Title 17

HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: COMMUNICABLE DISEASE OUTBREAK RESPONSE POLICY

			Completed	
Step	Action	Owner	Date	Comments
	 Identification and determination of exposure in pre-hospital personnel (e.g. first responders) Notification of exposure to pre- hospital personnel of epidemiologically important organisms which are followed as exposures in the UCSF Medical Center. If disease is reportable to SFDPH, HEIP will report the potential exposure to the pre- hospital healthcare personnel employer within 72 hours of the report to SFDPH. 	HEIP		SFDPH notifies pre- hospital healthcare personnel employers and performs contact tracing for confirmed or suspected bacterial meningitis
	Media statements	Public Affairs/PIO		
	Signage developmentcontent	HEIP		
	• Signage production/delivery	Nursing Education, or Facilities Managemen t (back-up)		
	• Summary of exposure/outbreak response activities to ICC	HEIP and OHS		
Exposed staff	• Identify potentially exposed staff and notify OHS	CN		Line list template Appendix XIII

Appendix I Outbreak Rapid Response Checklist

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HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: COMMUNICABLE DISEASE OUTBREAK RESPONSE POLICY

POLICY 7.1 Issued: 12/06 **Last Approval:** 02/20

			Completed	
Step	Action	Owner	Date	Comments
	 Notify, screen and test staff, faculty, trainees, volunteers and contractors who meet exposure criteria established by Technical Advisors. Provide names of students who meet exposure criteria to Student Health Services Assess immune status of the potentially exposed (when required) through review of existing records, obtaining new screening, or obtaining current immune status. Coordinate symptom review, prophylaxis, or treatment. Record the names of identified students, staff, faculty, trainees, volunteers and contractors and their follow-up status. 	OHS		 Obtains input from stakeholders, OEHS, Risk Management Patient Relations, CMO & ID MDs. Final approval for language for notifications from HR/Risk Management

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			Completed	
Step	Action	Owner	Date	Comments
Exposed Pre-hospital Personnel	 Notify pre-hospital healthcare personnel employer of epidemiologically important organisms followed as exposures in the Medical Center 	HEIP		 If disease is reportable to SFDPH, HEIP will report the potential exposure to the pre-hospital healthcare personnel employer within 72 hours of the report to SFDPH. Pre-hospital healthcare personnel may contact HEIP if they suspect a communicable disease in a patient believed to be cared for at UCSF MC/BCH. HEIP will provide information to employer for appropriate follow- up. SFDPH notifies pre-hospital healthcare personnel employers and performs contact tracing for confirmed or suspected bacterial
Exposed patients	• Identify potentially exposed patients and notify HEIP	CN		meningitis. Line list template <u>Appendix V</u> Emergency Department <u>Appendix VI</u> Inpatient

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HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: COMMUNICABLE DISEASE OUTBREAK RESPONSE POLICY

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			Completed	
Step	Action	Owner	Date	Comments
Other exposure	• Under infrequent circumstances HEIP works with Patient Relations and other appropriate departments to provide screening or testing. Decisions about UCSF-sponsored screening and testing will be made by the Technical Advisors.	HEIP		
Transmission Control measures (all shifts)	 Educate staff re: control measures Articulate correct measures; supplement with signage, education prn Audit adherence to control measures 	HEIP, PCM, CN, CNS, Medical Directors, Designated patient care unit personnel		
Personal Protective Equipment (PPE)	• Arrange for sufficient stock delivery/storage to affected unit(s)	Materiel Services, PCM, CN, Safety Officer		
Changes in service delivery	 Consider impact on normal services: Hospitality—cleaning type and frequency Food delivery system Facilities maintenance Spiritual Care Pharmacy deliveries Rehabilitation specialties Discharge management Volunteers 	Technical Advisors, HICS		
Education	 Determine need for and delivery of guidance: Hand hygiene PPE use Just-in-time coaching Empower bedside staff to correct all deviations from accepted practice 	HEIP, PCM, CN, CNS, Medical Directors, Designated patient care unit personnel		Validate compliance with appropriate precautions; verbal feedback and physical demonstration.

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			Completed	
Step	Action	Owner	Date	Comments
Staff assessment	• Identify symptomatic staff and	PCM,		
	restrict from patient care duties	CN,		
		Dedicated		
		unit		
		personnel		
	• Liberalize sick leave	HICS,		
		Human		
		Resources		
	• Consider: dedicated hotline(s)	Technical		
	(e.g. automated informational;	Advisors,		
	staff reports to OHS)	Public		
		Affairs/PIO		
	• Establish return-to-work criteria	Technical		
		Advisors		
Visitor policy	Consider visitor	Technical		Increase security prn
	Restriction	Advisors,		
	Screening	HICS,		
	• PPE education	Safety		
		Officer		
	• Monitor visitor understanding of	Unit		
	control strategies	personnel		
Other steps:				



HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: COMMUNICABLE DISEASE OUTBREAK RESPONSE POLICY

Decision/Action Log: Document all decisions made and actions agreed upon to support those decisions, the date(s) implemented, and forum in which decisions were made. If HICS is activated, submit HEIP Decision/Action Log for situational briefings.

Decision	Action(s) WHO will do WHAT by WHEN and HOW?	Date	Forum (meeting, conf. call, email, etc)
Decision	who will do what by when and how?	implemented	can, eman, etc)
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