**Influx of Infectious Disease Patients Policy & Procedure**

**Scope**
This policy applies to **[Insert Your Organization’s name].**

**Policy**
It is the policy of **[Your organization’s name]** that in an emergent outbreak situation, the divisions of **[Your organization’s name]** and any other non-essential offices will/will not receive infectious patients, but will instead appropriately triage them to an alternate level of care. **[Your organization’s name]** division will continue to receive patients in accordance with any outlined instructions per the Centers for Disease Control (CDC), **[YOUR STATE]** Department of Health, and County emergency management. This policy also anticipates the diverted needs of **[X]**.

**Identification of Patients**
Features that should alert **[Your organization’s name]** personnel to the possibility of an influx of patients and potential outbreak include:

* A rapidly increasing disease incidence (e.g., within hours or days) in a normally healthy population
* An epidemic curve that rises and falls during a short period of time
* An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints.
* An endemic disease rapidly emerging at an uncharacteristic time, or in an unusual pattern.
* Lower attack rates among people who had been indoors, especially in areas with filtered air or closed ventilation systems, compared with people who had been outdoors.
* Clusters of patients arriving from a single locale.
* Large numbers of rapidly fatal cases.
* Any patient presenting with a disease that is relatively uncommon, novel, or has a potential for bioterrorism (e.g., pulmonary anthrax, tularemia, or plague) **[MAY INSERT COVID-19]**

**Procedure**

1. Patients exposed to biological/chemical agents requiring immediate decontamination will be referred to affiliated hospitals, and ambulatory clinics will provide follow up treatment of ambulatory patients as coordinated with affiliated hospitals.
2. To the extent possible, management of an influx of potentially infectious patients will be conducted in accordance with the organization’s Emergency Operations Plan.
3. **[Your organization’s name]** leadership (identified in Emergency Operations Plan) will establish initial and ongoing contact with the following agencies as appropriate to determine the specific nature and extent of the infectious issue:
	1. Affiliated hospitals
	2. County Health Department
	3. **[YOUR STATE]** Department of Health/Emergency Management System
	4. Center for Disease Control and Prevention
4. Based on information and recommendations from these agencies, the scope and depth of the organization’s planned response will be determined, and appropriate measures will be implemented including:
	1. Location at which infectious patients will be received and treated (i.e. on-site or off-site)
	2. Relocation of non-infectious patients from areas anticipated to receive incoming infectious patients. If necessary, an office should be cleared of non-infectious patients and designated as the admission unit for patients presenting to the organization with an infectious process.
	3. Designation of physicians and staff which will see and treat infectious patients
	4. Determination of supplies and equipment needed
	5. Elective surgeries and procedures may be cancelled.
5. Consideration should be given to the impact of the infectious process on the community where the patient will be discharged to determine if additional precautions or services are warranted.
6. The need to maintain appropriate infection control precautions will be paramount during this type of emergency. Staff should be informed of the following by organizational leadership before assuming responsibility for providing care during the emergency:
	1. The specific nature of the infectious process
	2. The mode of transmission
	3. The clinical manifestation
	4. What precautions need to be implemented to prevent cross-contamination
	5. The procedure for use and disposal of appropriate protective equipment
7. Daily/weekly debriefings shall be conducted by leadership as appropriate until the situation is resolved.
8. Planning for influx of patients with potential emergence of epidemics or bioterrorist attacks is monitored by:
	1. Rapid response notification data received from the CDC and **[YOUR STATE]** Department of Health.
	2. Review of urgent care visits including symptoms and diagnosis.
	3. Review of microbiology results.
9. Infection Control and any other health care provider will immediately report all suspected or confirmed cases to the **[YOUR STATE]** Department of Health, per DOH requirements:
	1. **[YOUR STATE]** Department of Health **[1-XXX-XXX-XXXX]** nights and weekends
	2. CDC Emergency Response office **[XXX-XXX-XXXX]**