Hospital Operations Toolkit for COVID-19

Administration:

Incident Command System

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All hospitals should already have established incident management structures and principles for all hazards. They should, however, review their incident command structure to identify any adaptations necessary to account for the extended duration of the COVID-19 pandemic response and the need to accommodate physical distancing. The following actions can help hospitals adapt their systems to the pandemic:

- Activating incident command and implementing the emergency response plan – including infectious disease, patient surge, and any other relevant annexes – when usual administrative structures and operations are unable to manage response needs or meet response objectives. Incident action plans can help hospitals set and monitor objectives, strategies, and tactics and should be updated for each operational period.
- Ensuring that the hospital's incident management structure integrates well with other community partners and the larger health system if applicable.
- Considering what incident response actions need to be accomplished in person versus what can be coordinated remotely via a virtual meeting space. Engineering, administrative, and personal protective equipment (PPE) controls should be in place to reduce transmission risks during in person activities.
- Exploring the use of "dashboards" or similar technology to provide a common operating picture.
- Ensuring that trained staff are available at least three levels deep in key command and control roles to provide relief should those with primary or secondary responsibility for each position be unable to work. This also supports cross-training and staff development.
- Ensuring that the hospital's incident management structure accounts for all specialties that could be involved in the emergent care of patients, especially those who require specialized equipment and supplies.
- Identifying roles specific to COVID-19 that may require job action sheets to enable seamless transition of new staff.
- Adjusting triggers for activation and scaling back incident command based on fluctuations in numbers of hospitalized patients, community transmission dynamics, and the ability to manage the response via usual operations.

> The Risk Communication and Information Sharing section details effective communications strategies.

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- Reviewing administrative preparedness to ensure the hospital can take rapid procurement, contracting, and hiring actions; has financial systems in place to accurately track pandemic-related costs; and is aware of emergency declarations that may enable streamlined administrative processes.

- Adjusting the operational tempo to meet the current demands of the pandemic while maintaining management by objectives, the appropriate documentation of actions, and tracking of time and expenditures.
- Understanding sources of funding support and their documentation requirements. Ensuring documentation of purchases of equipment, services, and other COVID-19 related expenditures is critical to seeking public reimbursement for eligible entities and cost categories. Documentation should be submitted regularly to enable reimbursement throughout the extended response.

Hospitals should also review their emergency operations and business continuity plans and revise them as needed based on their experience with the COVID-19 pandemic so far.

- Many hospitals have done intra-action reviews or informally gathered lessons learned from their initial response to the pandemic. Hospitals should seek input from across the organization about what went well and where gaps remain. Planning should reflect these lessons learned and address areas of needed improvement.
- Plan review should also include succession planning and a clear chain of command should leadership be exposed or become ill.
- The shift to remote work to accomplish physical distancing and the expanded use of telehealth services place additional burdens on facility information technology services. Restrictive visitor policies necessitated the purchase and configuration of large numbers of tablets to enable patient communication with providers and loved ones. Business continuity plans should account for increased use of technology and cybersecurity concerns.

Most hospitals experienced some level of patient surge due to COVID-19, but a continuous cycle of planning, organizing and equipping, training, exercising, and evaluating and improving is needed.

- Ensure staff are aware of any changes that are made to the hospital's COVID-19 response plan.
- Provide ongoing training to ensure staff are ready for their expected roles.
- Be prepared to provide just-in-time training for newly hired or contracted staff to integrate them into the hospital's response.
- Plan drills or functional exercises to test areas previously identified as needing improvement.
- Consider using mystery patient drills to ensure staff do not become complacent during times of low community transmission.

Other disasters have not stopped during the COVID-19 pandemic. Hurricanes, wildfires, and tornadoes are among the natural disasters that have affected large areas of the nation during the pandemic. Civil unrest, cyber attacks, and other localized incidents have also had an impact on hospital operations.

Hospitals should remain mindful of other hazards in the community and consider how they plan to respond to concurrent incidents, including considering how COVID-19 might affect the hospital's evacuation and shelter-in-place plans and how mass casualty surge plans and patient flow may be altered by COVID-19 contingencies.

Resources Related to Incident Command System

- American College of Emergency Physicians: National Strategic Plan for Emergency Department Management of Outbreaks of COVID-19
- American Society for Health Care Engineering: Lessons Learned from Extended Incident Command Operations
- American Society of Nephrology: Scarce Resources Roundtable Report
- ASPR TRACIE:
  - Civil Unrest During a Pandemic: Notes from Minneapolis
  - COVID-19 After Action Report Resources and Examples
  - COVID-19: Concerns and Opportunities for Healthcare Leadership
  - Healthcare System Considerations for Secondary Disasters during COVID-19
  - Hidden Consequences: How the COVID Pandemic is Impacting Children Webinar Series – Webinar 3: The Effects of Secondary Disasters on Children
  - Hospital Incident Command and Scalability in a Pandemic: Notes from the Field
  - Incident Management Topic Collection
  - The Effect of COVID-19 on the Healthcare Incident Command System
- California Emergency Medical Services Authority: Hospital Incident Command System – Current Guidebook and Appendices
- Chopra, V., Toner, E., Waldhorn, R., and Washer, L.: How Should U.S. Hospitals Prepare for Coronavirus 2019 (COVID-19)?
- Cybersecurity and Infrastructure Security Agency: COVID-19 Recovery Tabletop Exercise Package (CTEP)
- Federal Emergency Management Agency: Exercise Starter Kit for Preparedness in a Pandemic
- Healthcare & Public Health Sector Coordinating Councils: Health Industry Cybersecurity: Management Checklist for Teleworking Surge During the COVID-19 Response
- Institute for Healthcare Improvement: How to Address Equity as Part of COVID-19 Incident Command
- National Emerging Special Pathogens Training and Education Center:
  - Lessons Learned in Navigating Simultaneous Disaster Response Scenarios
  - Special Pathogen Mystery Drill Toolkit Drill, Functional, and Full-Scale Template
  - Use of HICS for COVID-19 Preparedness, Mitigation, and Response
  - Use of HICS for COVID-19 Resilience and Recovery
- The Joint Commission: Documentation Challenges Under an Emergency Operations Plan
- University of Washington Medicine Information Technology Services: COVID-19 Response Actions and Recommendations

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