

DEVELOPING A HEALTH CRISIS RESPONSE PLAN




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DEVELOPING A HEALTH CRISIS RESPONSE PLAN

MEASLES, INFLUENZA, EBOLA & MORE

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 **ACADEMIC**
IMPRESSIONS



LEARNING OUTCOME

After participating...

...you will be able to start building a health crisis plan for your institution.

 **ACADEMIC**
IMPRESSIONS 2

AGENDA

- A history of health crises at Colorado State
- Developing a framework for your plan
- Communication efforts

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A HISTORY OF HEALTH CRISES AT COLORADO STATE



CHAT

**What types of health crises
are you most concerned
about at your institution?**

HISTORY OF HEALTH CRISES

- Pre 2006 - Measles, Meningococcal, West Nile, Etc.
- 2006 - Threat of Pandemic Flu
- 2009 - Flu Pandemic
- 2010 - Meningococcal outbreak
- 2012/13 - Severe Flu Season
- 2014 - Ebola Threat
- 2015 - Measles Threat

2006 THREAT OF PANDEMIC FLU

Overview - Avian Influenza Threat (H5N1)

- Created comprehensive plan
- Collaborative and broad based
- Integrated into many departments
- Incident Command model incorporated
- Supplies ordered, disbursed, and ready for use (hygiene, PPE, etc.)

2006 THREAT OF PANDEMIC FLU

Lessons - Avian Influenza Threat (H5N1)

- Specific to one primary threat
- Granularity of plan - necessary but not in primary plan
- Importance of using public health system for guidance and communication

2009 FLU PANDEMIC

Overview - “Swine Flu”(H1N1)

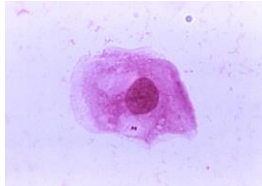
- Improved on system from 2006
- Created flu registration system
- Comprehensive communication system
 - Direct Faculty Communication
- Mass Vaccination Clinic

2009 FLU PANDEMIC

Lessons - “Swine Flu”(H1N1)

- Success of registration system apparent
- Communications resulted in very high acceptance rate from faculty / staff
- Successful vaccination clinic, but periods of heavy use / waits impacted participation rate
- Utilizing comprehensive population based strategies in addition to infection control strategy highly successful

2010 MENINGOCOCCAL DISEASE OUTBREAK



Overview - “Meningitis” Outbreak

- 8 cases of Meningococcal Disease in 2010 versus normal 1-2 cases
- 7 cases were group C, later testing indicated all from same genetic clone
- CDC declared outbreak
- Indications that long held belief in vaccination protection was wrong
- Aggressive population based strategy initiated
- Largest mass vaccination clinic at time

2010 MENINGOCOCCAL DISEASE OUTBREAK

Lessons - “Meningitis” Outbreak

- Built on success of previous registration system
- Used new worker registration system
- Continued use of incident command system
- Strong partnerships in place before crisis - community, state, federal

2012 / 2013 SEVERE FLU SEASON



Overview - Severe Flu Season

- Significant threat of severe flu
- Existing partnerships in place for proactive system
- Health department communicates to university about infection control
- Registration system initiated
- Communications plan initiated
- Vaccination clinic offered

2012 / 2013 SEVERE FLU SEASON

Lessons - Severe Flu Season

- Full impact of predictions did not materialize
- Communications resulted in good infection control and high participation in population strategy
- Some criticism for using system proactively

2014 EBOLA OUTBREAK - WEST AFRICA



Overview - Ebola Outbreak

- Largest Ebola epidemic in history
- Multiple countries affected in W. Africa
- 2 imported cases and 2 locally acquired cases in US
- Guidance to universities / colleges to avoid travel, monitor, and prepare protocol
- Communications plan initiated
- Careful monitoring of situation / guidance

2014 EBOLA OUTBREAK - WEST AFRICA

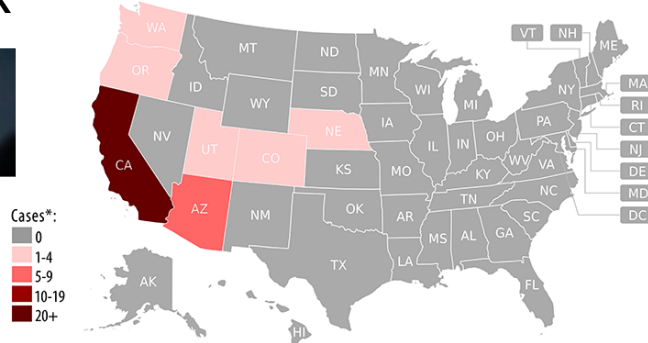
Lessons - Ebola Outbreak

- Follow guidance, avoid politics
- Create centralized communication review
- Ensure campus health system is up to date on procedures

2015 MEASLES OUTBREAK



U.S. Multi-state Measles Outbreak December 28, 2014 - March 27, 2015



From December 28 to March 27, 2015, 146 people from 7 states [AZ (7), CA (130), CO (1), NE (2), OR (1), UT (3), WA (2)] were reported to have measles and are considered to be part of a large, ongoing outbreak linked to an amusement park in California*.

*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



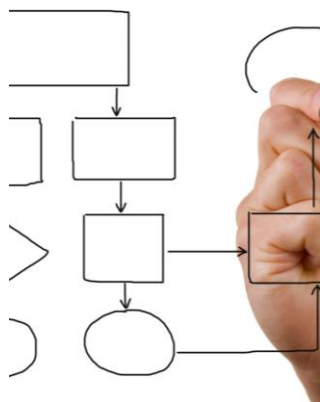
QUESTIONS

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DEVELOPING A FRAMEWORK FOR YOUR PLAN



OVERALL FRAMEWORK



- Consider Health Crisis similar to “All Hazards Planning”
- Key components
 - Prevention / Mitigation
 - Preparedness
 - Response
 - Recovery
- Basic framework exists for all potential Health Crises, and specifics are established in response to each unique situation



PREVENTION / MITIGATION



- Prevention / Mitigation Considerations
 - Standard public health protocols
 - Immunization recommendations
 - Hygiene education
 - Awareness / self-reporting
 - Options for self-isolation

PREVENTION / MITIGATION CONT.



- Prevention / Mitigation Considerations
 - Strong connections with local / state / national health systems
 - Assigned medical professional to monitor current conditions
 - Maintain / strengthen relationships
 - Broad based and educational communications considered
 - Standards when notifications need to leave medical monitoring system

■ PREPAREDNESS

- Preparedness Considerations
 - Responding to health crisis should be part of Emergency Operations System or Plan
 - Assigned medical professional has team to report to when possibility of health crisis is developing
 - Team monitors and begins developing communications strategy
 - Systems are tested
 - Team updates / initiates specific training for potential incident

■ PREPAREDNESS

- Preparedness Considerations
 - Team begins process of detailing specifics of plan
 - Team reports to Public Safety Team on updates
 - Team includes medical professionals, public health professionals, environmental health, emergency manager, communications professional, safety personnel, support services
 - Close monitoring of guidance from public health authorities

PREPAREDNESS

- Preparedness Considerations
 - Team connects and integrates with campus-wide constituents
 - Housing and Dining
 - Hygiene, meals, reporting, etc.
 - Facilities / Environmental Health
 - Hygiene, supplies, decontamination, etc.
 - Human Resources / Provost
 - Leave policies, absence expectations, etc.
 - Public Relations / External Communications
 - Student Affairs, Athletics, etc.

RESPONSE



- Response Considerations
 - Use public health guidance as main rationale for action
 - Initiate emergency operations plan
 - Use National Incident Management System guidelines (NIMS)

■ RESPONSE

Example ICS Organizational Chart
(Placeholder)

■ RESPONSE

- Response Considerations
 - Potential mortality rate
 - Notification systems
 - Support systems
 - Logistical requirements
 - Isolation plans
 - Containment
 - Meals
 - Hygiene
 - Restrooms
 - Medical care

■ RESPONSE

- Response Considerations
 - School and business operations
 - Essential personnel / services
 - Research?
 - Animal care?

■ RECOVERY


- Recovery Considerations
 - Continued emotional / psychological support
 - Often delayed utilization
 - Assessments
 - Transparent communication
 - Institutional traditions?
 - Memorials, flags, other recognition of loss, if applicable
 - Rapid return to normal operations

 **QUESTIONS**

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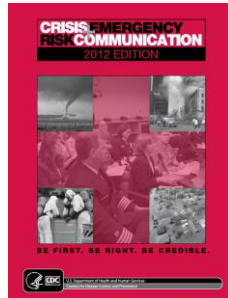
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COMMUNICATION EFFORTS

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COMMUNICATIONS

- Use Crisis Communication Model
 - CDC Resources



COMMUNICATIONS

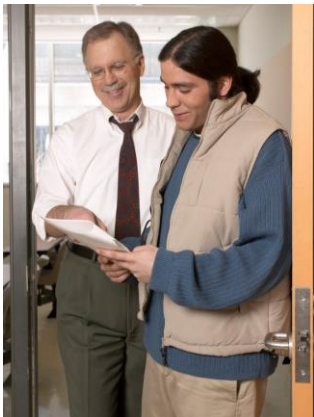
- Use Crisis Communication Model
 - Adapt to specific needs of Higher Ed
 - Different modes of communication
 - Different responses / challenges to validity of information
 - Clear, concise, and refer to more in-depth information
 - Acknowledge unique community, leverage unity
 - Reassurance

COMMUNICATION CONSIDERATIONS - STUDENTS/PARENTS



- Empathy
- Welfare
- Requests
- Reassurance / safety
- Resources
- Unity

COMMUNICATION CONSIDERATIONS - FACULTY/STAFF



- Necessity
- Expectations
- References
- Public Health
- Transparent
- Unity

COMMUNICATION CONSIDERATIONS - CAMPUS COMMUNITY



- Empathy
- Direct points / requests
- Brief
- Transparent
- Unity



TAKEAWAYS

Establish Decision Making

A clear plan for how decisions will be made should be in place in advance of a health crisis. Consider having document signed by appropriate administrators. Resist political influence during an incident.



TAKEAWAYS

Follow Public Health Guidance

Deviating from guidance of public health officials is a recipe for disaster. It is always helpful to point to guidance from other government authorities.



TAKEAWAYS

Training / Test Systems

Ensure key personnel are familiar with policies and procedures, as well as NIMS / ICS in advance of a crisis. Test communications systems, verify capacity to handle extreme utilization.



TAKEAWAYS

Know Your Team

The Health Crisis Team should be comfortable working together and have established trust among the members. Poor team dynamics may greatly impair successful outcomes.



QUESTIONS

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EVALUATION

Thank you!

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