

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

Mass Casualty Bioterrorism Plan for Smallpox

Purpose: Guidelines for personnel to respond to and manage suspected/confirmed case of Smallpox.

Policy: I. 9K (primary) and 8K (spillover) will be used to treat and house patient(s) suspected/confirmed to have smallpox. This clinic will be established as a quarantine unit until such time as the State Office of Public Health or the Federal Government can establish out patient treatment clinics and a designated quarantine hospital for smallpox patients. Estimated time for set-up of regional clinics and quarantine hospital is 72 hours.

II. Guidelines for Response to a Suspected/Confirmed Case of Smallpox

Responsible Party	Responses
1. Physician, nurse in unit where suspected case of smallpox is identified.	1. See that Hospital Administration is notified immediately – after hours administrator on-call. 2. Have N95 (TB) mask placed on patient immediately and cover patient with a sheet. 3. All staff (limit to 1 or 2 staff members) that will manage patient, until 1 st responder team (current smallpox vaccination) can arrive will wear gown, gloves, and N95 (TB) mask. 4. If there is a negative pressure room in immediate area relocate patient to this room – if patient is moved to a negative pressure room have all staff, visitors, patients moved from route of relocation. A. When room is vacated place a, “DO NOT ENTER” sign on door and lock door. 5. If there is not a negative pressure room in immediate area, request Hospital Administration to identify one to which 1 st responder team can relocate patient. Have all staff, visitors and patients moved from route of relocation. A. When room is vacated place a, “DO NOT ENTER” sign on door and lock door.
2. Hospital Administration Emergency Commander	1. Activate Hospital Emergency Incident Command System 2. Suspected case of smallpox - keep patient in negative pressure room until case is confirmed. 3. Assign either Nursing Chief or EMS Outpatient Chief as responsible for oversight of nursing staff assigned to 9K and 8K.

	<p>4. Notify 1st responder team of the situation and have one physician and one nurse from team report to where suspected smallpox patient is located and assume responsibility for care of this patient.</p> <p>5. Emergency Commander, Chancellor and Medical Director will determine to what degree the hospital will be locked down and what services will be cancelled. Consider:</p> <ul style="list-style-type: none"> A. No visitors or limit visitors (only critical patients or children 12 or under may have visitors). B. Triage patients (if possible, use vaccinated staff) outside the hospital to identify suspected smallpox patients and prevent them from entering the hospital. If suspected smallpox patient is identified they will be transported to 9K or 8K by wheelchair or stretcher. C. Canceling elective surgery, close clinics to routine or minor illness. D. 1st Responders shall be notified as soon as information is available if the smallpox virus is naturally occurring or weaponized. If it is weaponized they will be advised they should remain on site. Sleeping quarters will be set up in Computer Services area. <p>6. Other considerations:</p> <ul style="list-style-type: none"> A. Notify Caddo/Bossier Homeland Security and Emergency Preparedness Office that we need support from Shreveport Police to develop a security parameter around Women's and Children's Clinic. B. If a case(s) of smallpox has been confirmed in the US, should all patients with fever (with no rash), be evaluated prior to entering hospital. C. If a confirmed case of smallpox is in the United States, all patients with fever of unknown or uncertain origin that may have had any risk of having been exposed to smallpox, should be placed on the floor for 48 hours. If they do not develop a smallpox rash, they can then be sent to other floors. Consideration should be given to using 8 & 9K as Physical Plant can convert either floor to negative pressure. <p>7. All staff, visitors, and patients who have possible contact with suspected smallpox patients while at LSUHSC will be asked to provide their name, phone number and address. These names will be given to Public Health for follow-up.</p>
	<p>Notification:</p> <ul style="list-style-type: none"> • Public Health: • EOP: Office of Emergency Preparedness • Regional State Coordinator: Knox Andress <p>The decision to notify federal agencies will be made by the Governor's Office and they will make notification calls to Federal Agencies.</p>

3. Security	Assign one UPD officer to 9K and one to 8K when (if used for spillover). They will only allow 1 st responders (flag background ID badge) to enter the area. Only the Emergency Commander may authorize individuals other than 1 st responders to enter. A log shall be maintained of all individuals entering and leaving.
4. Faculty Chief Logistic	<p>1. Will see that two portable hepa filtration units are brought to negative pressure room in which suspected smallpox patient(s) are located. If possible, change prefilter and hepa filter prior to placing in room.</p> <p>2. Notify Biomedical to shut down pneumatic tube system on 9K and 8K.</p>
5. Materials Supply Leader, Laundry, Nursing Chief, Emergency Commander	<p>1. Will be responsible to see that the following list of supplies and equipment are collected and available on 9K and 8K:</p> <p>Warehouse</p> <ul style="list-style-type: none"> • N95 (TB) mask • Ambu bags • Gloves • I.V. tubing • I.V. fluids • Syringes • Hand care (waterless wash) • Disposable face shields • Disposable bedpans • Body bags <p>Laundry</p> <ul style="list-style-type: none"> • Sheets 40 sets • Pillowcases 40 • Towels 40 • Washcloths 40 • Scrub Suits 40 mixed sizes • Hospital Gowns 40 <p>Housekeeping</p> <ul style="list-style-type: none"> • Contaminated Waste Boxes 50 • Red Biohazard Bags 60 • Disinfection Supplies <p>Respiratory Therapy</p> <ul style="list-style-type: none"> • 2 Vents and supplies for vents (if available) <p>CMS</p> <ul style="list-style-type: none"> • Bedside Toilets

	<ul style="list-style-type: none"> • Portable Suction • Large supply cart with cover • 10 water bottles <p>X-Ray</p> <ul style="list-style-type: none"> • 1 Portable Unit • Film and Supplies <p>Biomedical</p> <ul style="list-style-type: none"> • Monitors
<p>6. Patient Clothing and Valuables</p>	<p><u>Clothing:</u> will be placed in red biohazard bags and labeled with patient name and hospital number and stored in a room in the clinic – if Federal/State Officials do not require clothing as evidence – it will be disposed of per Federal/State requirements.</p> <p><u>Valuables:</u> will be placed in bag and labeled with patient’s name and hospital number and given to UPD at Kings Hwy entrance. UPD Officer will select a room on the first floor of clinic in which to secure valuables. This room will be locked at all times. Federal/State Agencies will determine how valuables will be managed.</p>
<p>7. Biomedical</p>	<ol style="list-style-type: none"> 1. Will seal off pneumatic tube system. 2. Confer with Command Center on how many monitors will be brought to 9K and 8K.
<p>8. Dietary</p>	<ol style="list-style-type: none"> 1. Will provide food and nourishment for patient(s) and staff. Food will be provided in disposable containers with disposable utensils.
<p>9. Staff Entering and Leaving 9K and 8K</p>	<ol style="list-style-type: none"> 1. Will put on full PPE and scrub suit prior to entering 9K and 8K and wear at all times while on the unit(s). <ul style="list-style-type: none"> • N95 (TB) mask • Gloves • Disposable plastic back gown • Disposable face shield (when in contact with patient) 2. When leaving the unit(s) 9K and 8K enter decon tent and remove all PPE and scrub suit(s) and place in barrel outside tent. Use flap in tent to pass clothing through. 3. Wash thoroughly, rinse and dry and put on clean scrub suit and proceed to area in Computer Services set up for staff.
<p>10. General</p>	<ol style="list-style-type: none"> 1. All supplies and staff will enter as designated by Command Center. 2. If supplies need to be moved from Warehouse to hospital individuals getting/transporting supplies will wear gown, gloves, and N95 (TB) mask.

	3. If a death should occur, body will be placed in two body bags. The Command Center along with Public Health/Federal Agencies will determine how to dispose of body.
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*Management of contaminated linen and contaminated waste: At this time we do not have the ability to deal with contaminated linen or contaminated trash per CDC guidelines.