

## **Supplemental Appendix VA Emergency Management Program Guidebook**

### **Respiratory Infectious Disease Emergency Plan for Facilities**

This information is to assist Department of Veterans Affairs (VA) medical centers, Community Based Outpatient Clinics, Mobile Outpatient Clinics, domiciliaries, nursing homes and other Veterans Health Administration (VHA) facilities to develop planning, execution and follow-up activities in VA health care sites for transmissible respiratory infectious disease emergencies. Several respiratory infectious diseases have potential impact on public health. Respiratory diseases of important public health impact include severe acute respiratory syndrome (SARS), epidemics of active human influenza, novel pandemic (e.g. avian influenza), anthrax, pneumonic plague, and other new diseases which may occur (<http://www.cdc.gov/flu>). These may be transmitted from person to person by respiratory droplets, contact with infected animals or environmental surfaces contaminated by droplets, or intentional contamination as in an act of terror (also aerosols).

**This information supplements  
VA's Emergency Management Program Guidebook found at  
[http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm).**

The appearance and reappearance of respiratory infectious diseases of public health importance is unpredictable, thus it is essential to maintain preparedness to respond to any potential outbreaks, see (<http://www.cdc.gov/flu/professionals/infectioncontrol>). Major challenges in responding to an outbreak include:

- intensification of disease surveillance;
- initiation of epidemiological response;
- patient triage;
- elective admission postponement;
- assessment of staffing and equipment needs;
- tapping into hospital surge capacity;
- and aggressive education, training and communication with all staff, patients, VA community, local and state health authorities.

Simultaneously, efforts must be taken to prevent or limit infection through interventions such as promoting effective hand and respiratory hygiene among staff, patients and our VA community ([www.publichealth.va.gov/InfectionDontPassItOn](http://www.publichealth.va.gov/InfectionDontPassItOn)), developing educational and training programs that promote policy and adherence to facility regulations (e.g., Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Occupational Safety Health Agency (OSHA), see [http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 3.4).

Any large outbreak of a respiratory infectious disease requires a highly coordinated response by public health authorities and possibly other emergency response entities at the local, state, and Federal levels of government. While state governments have pre-eminent responsibility for responding to an outbreak and implementing measures to protect life, property and the environment to the degree possible, VA Central Office (VACO) and other lead Federal authorities will actively support affected state or local health jurisdictions as requested or required (<http://www.dhs.gov/dhspublic/display?theme=15&content=4269> ).

Every VA site that delivers medical care to veterans should have prepared contingency plans and procedures in order to respond to a respiratory infectious diseases emergency ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm) section 4.5). These may stand alone, or be incorporated or amended to existing facility emergency response plans.

During an emergency event, VA should maintain close communication with VA Central Office, local and state health authorities is an essential responsibility of VA facilities during an emergency event (<http://www.dhs.gov/dhspublic/display?content=3697> ). VACO will provide further or specific guidance as the nature of any pandemic is determined. It is recommended that facilities maintain fluid two-way communication utilizing all available formats and resources such as phone, electronic, and facsimile.

## **Pre-Emergency Event Awareness and Preparation Actions**

These activities are best carried out at the facility level, and in cooperation with local, regional and national VA health care systems and local and state public health authorities ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm) , section 3.0).

**a. Communication** : Having an established internal and external communication plan that addresses the areas below is an essential component of emergency preparedness.

- (1) public affairs crisis communications plan
- (2) local and national VA leadership hierarchy during an emergency event
- (3) 24-7 contact lists (work, home, cell, pager numbers) and redundant communications systems within VA health care system
- (4) creation and role of an Emergency Operations Center  
([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 4.4)
- (5) ongoing risk communications plans locally, within the VA system and with external entities such as the media, public health partners, and the public with goals of:
  - (a) Facilitating effective information exchange;
  - (b) Describing actions underway to control the outbreak.
- (6) establish relations with local and state health agencies to:
  - (a) perform epidemiological investigations  
(<http://www.cdc.gov/mmwr/epix/epix.html> );

- (7) prepare laboratory and surge capacity where there are existing links and shared resources (<http://www.cdc.gov/flu/flusurge.htm>).

**b. Education:** Offering information and education prior to an event can be addressed by designating a local educational leader who will plan, conduct and execute training and educational opportunities on topics such as:

- (1) global or local transmissible respiratory infectious diseases, case definitions, and new epidemiological findings and preparation needed (<http://www.who.int/en> or <http://www.promedmail.org/pls/promed/f?p=2400:1000> or CDC's Rapid Notification System, available at <http://www.cdc.gov/ncidod/hip>);
- (2) VA policies and regulations that may require activation, suspension or modification in order to facilitate controlled triage of health care;
- (3) identification of respiratory emergencies, infection control practices, isolation, quarantine, inpatient management, outpatient management, and home care as appropriate or needed to respond to a possible specific event ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 9.0 or <http://www.cdc.gov/ncidod/sars/ic.htm>, or [www.va.gov/emshg](http://www.va.gov/emshg));
- (4) awareness of comprehensive Standard Precautions policies incorporating hand and respiratory hygiene protocols to be practiced at all times as a means of general infection control and prevention (<http://www.cdc.gov/ncidod/sars/ic.htm> or [http://vaww1.va.gov/optometry/docs/Hand\\_Hygiene\\_Directive.pdf](http://vaww1.va.gov/optometry/docs/Hand_Hygiene_Directive.pdf) or <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm> );
- (5) use of personal protective equipment (PPE) to decrease disease spread, and how to assist patients and visitors on PPE use (<http://vaww.vhaco.va.gov/phshcg/InfectionDontPassItOn/emergencies.htm>, or <http://www.cdc.gov/ncidod/sars/pdf/ppeposter148.pdf>, or <http://www.cdc.gov/search.do?action=search&queryText=PPE>).

**c. Staffing and Human Resources (HR):** Local contingency plans are essential while addressing staffing and HR issues such as:

- (1) occupational health-based plans for employee communication, screening, medical care and follow-up;
- (2) roles and essential staffing patterns to accommodate a respiratory infectious disease emergency ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 4.5 or 6.3.1.6);
- (3) identification of staff experience, training and credentials as it relates to planning and consideration of scope of practice changes during a respiratory disease emergency;
- (4) potential relationships and availability of shared personnel resources from community, state and national organizations;
- (5) definitions and algorithms for management of employees exposed to and/or suspected to be infected with respiratory infectious diseases of public health concern (<http://vaww.palo-alto.med.va.gov/intranet/show.asp?durki=792> ).

**d. Environmental, Facility and Equipment:** Having an established plan for the management of environmental, facility and equipment needs can facilitate an effective response during an emergency event. This plan can include topics such as:

- (1) safety, security and facility management concerns like sanitation and air flow ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 6.3.2);
- (2) non-disruptive control measures for respiratory infectious disease emergencies;
- (3) conversion plans for use of physical space and surge capacity for bed space (<http://www.cdc.gov/flu/flusurge.htm>).

**e. Patient Care Management:** Patient management issues will arise during an event that can be addressed through pre-planning and guidance from leadership on issues such as:

- (1) isolation and triage plans, and contingency plans for use of physical space during small and large outbreaks;
- (2) admissions, discharges, elective surgeries and outpatient visits;
- (3) telephone care/triage or information programs for patients and VA community;
- (4) initial availability assessments of, and personnel to administer drugs, immunizations, supplies and equipment potentially needed in a small or large outbreak (<http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>) such as, but not limited to:
  - (a) Supply of respirators and artificial ventilation equipment;
  - (b) Personal Protective Equipment (PPE);
  - (c) Isolation rooms;
  - (d) Bedding and supplemental supplies for use in areas of triage and cohorting of suspected and/or confirmed patients;
  - (e) Personnel;
  - (f) Medications (e.g. Oseltamivir)
  - (g) Medical supplies, including supplemental oxygen tanks.
- (5) cache policy detailing the maintenance and activation, for facilities housing a Pharmacy ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 6.3.3.3);
- (6) services with Laboratory and local public health agencies to establish laboratory tests/order sets needed to rule out specific infections and any shipping requirements for specimens needing to be sent to reference laboratories;
- (7) plans with morgue and/or local health authorities for disposal and/or storage of deceased ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 6.3.3.8).

**f. Drills and Table Top Exercises:** Planned testing, evaluation, and adjustment to local emergency plans prior to an emergency respiratory infectious disease event is an essential step for preparedness, see ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 11/Tabletop Exercise Scenario).

## **Emergency Event Action**

During an actual event, it is vital for local facilities to execute all response systems and preparedness plans according to the nature of the specific respiratory infectious disease emergency.

**a. Communications and Event Coordination** topics (refer to local public affairs Crisis Communications Plan and Incident Command System, see [http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 4.5) that include:

- (1) activation of Emergency Operations Center and deploy risk communications plans as appropriate;
- (2) tracking of local transmissible respiratory diseases, case definitions, and new epidemiological findings; (<http://www.promedmail.org/pls/promed/f?p=2400:1000> , or the Centers for Disease Control and Prevention's (CDC) Rapid Notification System, available at <http://www.cdc.gov/ncidod/hip> );
- (3) daily communication preparation with Lead Federal Agency according to communications plan;
- (4) exchange of information with local community and health authorities on isolation, "hot spots", and triage systems in affected areas;
- (5) communication with staff, visitors, employees, VA community as well as local, and state health authorities;
- (6) communication with VA Central Office and Veterans Integrated Services Network (VISN) leadership.

**b. Education** topics to address during a respiratory disease emergency include:

- (1) dissemination of updated authoritative respiratory infectious disease information on the nature of the event including case definition, case classifications, recommended treatment, prophylaxis, and other relevant information to front line clinicians (<http://www.bt.cdc.gov/episurv/> or);
- (2) event-specific education programs and tools for (<http://www.dhs.gov/dhspublic/display?theme=63>):
  - (a) Providers;
  - (b) Other employees;
  - (c) Patients and visitors.

**c. Staffing and Human Resources Management** areas addressed include:

- (1) consultations with human resources staff to manage staff resources related to:
  - (a) telephone information communication, especially as related to employee schedule changes;

- (b) human resource staff management that allows for change of scope of practice for health care providers where necessary (with appropriate malpractice indemnification);
  - (c) credentialing and privileging mechanisms that allow rapid deployment of health care workers to areas of need (with appropriate malpractice indemnification).
- (2) management of exposed, suspected and/or confirmed infectious employees that include:
- (a) deployment of staff according to algorithms to exclude employees with symptoms, or after high risk exposures from duty, or confirmed diagnosis according to current CDC recommendations and VA policy (<http://vaww.palo-alto.med.va.gov/intranet/show.asp?durki=792>);
  - (b) monitored occurrences and established triage and isolation of suspected and/or confirmed cases of respiratory illness in employees;
  - (c) implementation plans for laboratory testing and processing of employee specimens;
  - (d) mechanisms for reporting and disclosure of test results, and maintaining employee confidentiality;
  - (e) immunizations, medications and supplies personal protection equipment (PPE) to protect employees against respiratory infection;
  - (f) treatment and monitoring of both suspected and/or confirmed infectious employees.
- d. Environmental, Facility and Equipment Issues** to address include:
- (1) utilization of established assessments of drugs, supplies, and equipment needed during an outbreak;
  - (2) implementation of individual VA facility surge capacity plans if needed for
    - (a) Isolation rooms;
    - (b) Creation of areas for cohorting of infected patients;
    - (c) Mechanical ventilators, PPE, drugs and other clinical supplies.
    - (d) conversion plans for use of physical space.
  - (3) use of surge capacity for bed/clinical space;
  - (4) plans to work with local and state health on:
    - (a) surge capacity plans for bed space or personnel under local, state, or national emergency systems (NDMS);
    - (b) assessments of medical supplies and clinical space.
- e. Patient Care Management, Triage, and Isolation** issues that address:
- (1) management of suspected and/or confirmed patients with respiratory illness with regard to infection control practices such as isolation, quarantine, inpatient management, outpatient management, and home health care as needed;
  - (2) arrangements with local and state health departments to for laboratory testing and processing of patient specimens (<http://www.cdc.gov/flu/avian/professional/han020302.htm>);
  - (3) reporting and disclosure of test results;
  - (4) immunizations, medications and supplies (e.g., PPE) to protect patients, providers and others against respiratory infection;

- (5) telephone care/triage or information programs for patients and VA community;
- (6) monitoring progress during treatment of both suspected and/or confirmed patients;
- (7) contingency plans as needed for patient care services such as admissions, discharges, elective surgeries and outpatient visits;
- (8) arrangements with morgue and NCA for disposal and/or storage of deceased.

## **Post-Emergency Event Actions**

Implementation of local facility plans to resume day to day systems and normal function of all operations in areas such as:

- a. recovery of normal facility, personnel and patient operations;
- b. dissolving the Emergency Operations Center;
- c. resuming usual use of space and clinical areas;
- d. supply, medication, and equipment inventories;
- e. staffing and HR issues such as leave and coverage;
- f. plans for incremental recovery and resumption of pre-event scope of practice or providers;
- g. meeting of key players associated with the emergency event for post-evaluation and review of performance and operations;
- h. assessment of cooperation and collaboration with VA Central Office, CDC and other lead federal, state and local authorities on disease surveillance;
- i. preparation of debriefing information including ([http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005\\_EMP.htm](http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm), section 4.0/Enclosures/ICS Forms/After Action Report Form):
  - (1) Mortality and morbidity rates.
  - (2) Lessons learned, including psychological sequelae.

## **VA Central Office Contacts**

- a. Office of Public Health and Environmental Hazards- 202-273-8456

- b. Public Health Strategic Health Care Group (13B) – 202-273-8567
- c. Emergency Management Strategic Health Care Group – 304-264-4800
- d. Occupational and Environmental Strategic Health Care Group – 202-273-8466
- e. Office of Patient Care Services – 202-273-8474
- f. Infectious Diseases Program Office – 513-475-6398
- g. Pharmacy Benefits Management – 202-273-8429
- h. National Center for Health Promotion and Disease Prevention – 919-383-7874
- i. National Center for Patient Safety – 734-930-5890

## **Related VA polices**

1. VHA Influenza Vaccine Recommendations, October 2005, on the internet at <http://www.va.gov/pubs/asp/edsdirec.asp> or the intranet at <http://vaww1.va.gov/vhapublications/publications.cfm?pub=1>
2. VHA Hand Hygiene Practices 2005 ([http://vaww1.va.gov/optometry/docs/Hand\\_Hygiene\\_Directive.pdf](http://vaww1.va.gov/optometry/docs/Hand_Hygiene_Directive.pdf) or internet at [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1214](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214) )
3. VA SARS Policies (<http://vaww.vhaco.va.gov/phshcg/SARS/VA%20SARS%20Policies.htm>)
4. VA SARS Concept of Operations Plan (Draft available from the Public Health Strategic Health Care Group)
5. VHA Oseltamivir Stockpile, Under Secretary for Health's Information Letter, September 2005, on the internet at [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1323](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1323) or on the intranet at [http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1323](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1323)

## **Web Resources**

### **1. VA Web sites**

Department of Veterans Affairs (VA) Emergency Management Program Guidebook  
<http://vaww.ceosh.med.va.gov/Guidebooks/EMP/emp.htm>

VA Emergency Management Strategic Health Care Group  
<http://www.va.gov/EMSHG/>

VA Public Health Strategic Health Care Group – Public health issues and concerns  
[www.publichealth.va.gov](http://www.publichealth.va.gov)

VA Hand and Respiratory Hygiene, Personal Protective Equipment Information  
[www.publichealth.va.gov/InfectionDontPassItOn](http://www.publichealth.va.gov/InfectionDontPassItOn)

Pharmacy Benefits Management  
<http://www.vapbm.org/PBM/menu.asp>

National Center for Health Promotion and Disease Prevention  
<http://www.va.gov/NCHP/>

## **2. Influenza & Respiratory Infections Diseases**

VA Influenza Information  
<http://www.publichealth.va.gov/flu/Default.htm> or  
intranet <http://vaww.vhaco.va.gov/phshcg/Flu/Default.htm>)

VA Influenza Vaccine Recommendations for 2004-2005  
[http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1170](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1170)

Centers for Disease Control and Prevention (CDC) Influenza Information  
<http://www.cdc.gov/flu/index.htm>

CDC Severe Acute Respiratory Syndrome (SARS) Information  
<http://www.cdc.gov/ncidod/sars/>

CDC Preparedness for SARS in Healthcare facility  
<http://www.cdc.gov/ncidod/sars/guidance/C/pdf/c.pdf>

CDC Information on Avian Influenza  
<http://www.cdc.gov/flu/avian/>

CDC Recommendations for Infection Control – Avian Influenza -  
<http://www.cdc.gov/flu/avian/professional/infect-control.htm>

CDC Background and testing/lab information – influenza & SARS  
<http://www.cdc.gov/flu/avian/professional/han020302.htm>

Department of Health and Human Services (HHS) Pandemic Influenza Preparedness  
<http://www.hhs.gov/nvpo/pandemicplan/>

HHS National Vaccine Program Office  
<http://www.hhs.gov/nvpo/pubs/pandemicflu.htm>

CDC Flu surge calculations  
<http://www.cdc.gov/flu/flusurge.htm>

National Foundation for Infectious Diseases – Flu Fact Sheet for patients  
<http://www.nfid.org/factsheets/influadult.pdf>

World Health Organization Influenza Information  
<http://www.who.int/csr/disease/influenza/pandemic/en/>

U.S. Food and Drug Administration (FDA)-Center for Drug Evaluation and Research – Discussion of influenza antiviral drugs and related information.  
<http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>

Occupational Safety and Health Agency (OSHA) Information Regarding Severe Acute Respiratory Syndrome (SARS). <http://www.osha.gov/dep/sars/index.html>

OSHA Anthrax e-Tool: Protecting the Worksite Against Terrorism.  
<http://www.osha.gov/SLTC/etools/anthrax/index.html>

OSHA Guidance for Protecting Workers Against Avian Flu  
<http://www.osha.gov/dsg/guidance/avian-flu.html>

### **3. Emergency Preparedness Web sites**

VA Emergency Management Program Guidebook  
<http://vaww.ceosh.med.va.gov/Guidebooks/EMP/emp.htm>

VA Emergency Management Strategic Health Care Group  
<http://www.va.gov/EMSHG/>

CDC: A Voluntary Rapid Self-Assessment of State and Local Capacity to Respond to Bioterrorism, Outbreaks of Infectious Disease, and Other Public Health Threats and Emergencies.  
<http://www.phppo.cdc.gov/od/inventory/index.asp>

CDC Emergency Preparedness and Response  
<http://www.bt.cdc.gov/>

CDC Surveillance Guidance  
<http://www.bt.cdc.gov/episurv/>

CDC Epidemic Information Exchange  
<http://www.cdc.gov/mmwr/epix/epix.html>

CDC – Web directory for State and Local Health Departments -  
<http://www.cdc.gov/doc.do/id/0900f3ec80226c7a>

HHS Office of Public Health Emergency Preparedness (OPHEP)  
<http://www.hhs.gov/ophep/index.html>

HHS Office of the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP)  
<http://hhs.gov/asphep>

Pandemic Influenza Response and Preparedness Plan  
<http://www.hhs.gov/nvpo/pandemicplan/>

Department of Homeland Security  
[http://www.dhs.gov/dhspublic/theme\\_home2.jsp](http://www.dhs.gov/dhspublic/theme_home2.jsp)

Department of Homeland Security: the [National Incident Management System \(NIMS\)](#)  
<http://www.dhs.gov/dhspublic/display?content=3697>  
<http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf>

Department of Homeland Security: Training & Exercises  
<http://www.dhs.gov/dhspublic/display?theme=63>

Department of Homeland Security: Response and Recovery  
<http://www.dhs.gov/dhspublic/display?theme=15>

Worker Protection: OSHA'S Role During Response To Catastrophic Incidents  
[http://www.osha.gov/SLTC/emergencypreparedness/guides/osha\\_role.html](http://www.osha.gov/SLTC/emergencypreparedness/guides/osha_role.html)

OSHA Safety and Health Topics: Emergency Preparedness and Response.  
<http://www.osha.gov/SLTC/emergencypreparedness/index.html>

OSHA Best Practices for Hospital-Based First Receivers of Victims  
[http://www.osha.gov/dts/osta/bestpractices/firstreceivers\\_hospital.html](http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html)

#### **4. U.S. Government Agencies and Departments**

- a. Department of Veterans Affairs - <http://www.va.gov/>
- b. Centers for Disease Control (CDC) – [www.cdc.gov](http://www.cdc.gov)
- c. Department of Health and Human Services (HHS) - <http://www.hhs.gov/>
- d. Federal Emergency Management Agency (FEMA) - <http://www.fema.gov/>

- e. Food and Drug Administration (FDA) - <http://www.fda.gov/>
- f. Department of Justice - <http://www.usdoj.gov/>
- g. Department of State - <http://www.state.gov/>
- h. Department of Transportation - <http://www.dot.gov/>
- i. Health Resources and Services Administration (HRSA) - <http://www.hrsa.gov/>
- j. National Institute of Health (NIH) - <http://www.nih.gov/>
- k. NIH, National Institute of Allergy and Infectious Diseases - <http://www.niaid.nih.gov/>
- l. Department of Defense - <http://www.defenselink.mil/>
- m. Department of Education - <http://www.ed.gov/>
- n. Department of Energy - <http://www.energy.gov/engine/content.do>
- o. Occupational Safety and Health Administration (OSHA) – <http://www.osha.gov>

## **5. Organizations**

- a. Association of State and Territorial Health Officials (ASTHO) - <http://www.astho.org/>
- b. Infectious Disease Society of America [www.idsociety.org](http://www.idsociety.org)
- c. National Foundation for Infectious Diseases [www.nfid.org](http://www.nfid.org)
- d. Institute of Medicine (IOM) - <http://www.iom.edu/>
- e. World Health Organization (WHO) – <http://www.who.int/en/>

## **6. Education and Training**

Guidelines for Environmental Infection Control in Health-Care Facilities

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

National Foundation for Infectious Diseases – Conferences & Courses

<http://www.nfid.org/conferences/>

National Foundation for Infectious Diseases – CME opportunities

<http://www.nfid.org/cme/>