

Security Considerations for Healthcare Entities during a Pandemic Event

Response to COVID-19 Coronavirus



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Gisele Norris, DrPH
Aon National Healthcare Practice

Amy Norris, Esq.
Clif Bar & Company

Introduction

This article was excerpted from a 2013 publication that sought to outline various concerns a health care facility might face in the event of an outbreak of pandemic influenza. Today, the CDC is closely monitoring an outbreak of respiratory illness (COVID-19) caused by a novel coronavirus SARS-CoV-2, first identified in Wuhan, Hubei Province, China. Cases of COVID-19 are now being reported in a growing number of countries around the world, including the United States. Some aspects of this article may be helpful to health care facilities as they prepare for the possibility of community-based transmission of COVID-19.

Security Considerations

However, beyond this, facilities should also bear in mind that they may have a role administering vaccine/antivirals to the community. In preparation for such a role, facilities should be concerned about how and with whom they will communicate at the federal, state, and local level to fulfill this role and strong relationships should be established in advance of the emergency. Providers should determine whether the vaccine is mandatory.

Many states have legislation requiring mandatory vaccinations of school-aged children. In addition, some states provide for mandatory vaccination in the event of a public health emergency or outbreak of a communicable disease. 15 States

often provide exemptions to the mandatory vaccine laws for religious, philosophical, or medical reasons. Care providers should familiarize themselves with the applicable laws. In addition, facilities should consider whether the vaccine may be administered by non-licensed volunteers and whether providers or volunteers are liable for any problem arising from the administration of vaccines.

Pandemic will undoubtedly cause much fear and uncertainty in the community, and such sentiments may generate difficulties in communication (as seen with H1N1) and even public disorder. Because healthcare facilities will have and potentially restrict access to both ill, loved ones, and precious medical supplies, they may find themselves at the center of the chaos and even targets of violence. For these reasons, facilities need to understand that a plan for maintaining public order is required, and should be familiar with protocols for requesting assistance from local, state, and federal governments and the National Guard. A plan for secure storage for vaccines and antivirals should also be established as should a protocol for securing needed supplies from state and federal government.

See <http://www.healthyamericans.org/reports/bioterror04/Quarantine.pdf> for a summary of state quarantine and isolation laws. See also CRS Report for Congress, *Federal and State Quarantine and Isolation Authority*, Kathleen Swendiman et al., updated Jan. 23, 2007. Order Code RL33201 and <http://www.cdc.gov/quarantine/pdf/legal-authorities-isolation-quarantine.pdf>.

See: <http://www.publichealthlaw.net/MSEHPA/MSEHPA2.pdf>.

For a summary of state activity, see the MSEHPA State Legislative Activity Table at <http://www.publichealthlaw.net/MSEHPA/MSEHPA%20Leg20%Activity.pdf> and the MSEHPA State Legislative Surveillance Table at <http://www.publichealthlaw.net/MSEHPA/MSEHPA%20Surveillance.pdf>.

Enterprise Risk Management Handbook for Healthcare Entities. Second Edition

42 U.S.C. § 264.

CRS Report for Congress, *Mandatory Vaccinations: Precedent and Current Laws*, Kathleen Swendiman, updated =eb. 24, 2011, Order Code RS21414.

Contacts

Gisele Norris, DrPH

Aon plc

1.415.458.2973

gisele.norris@aon.com

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