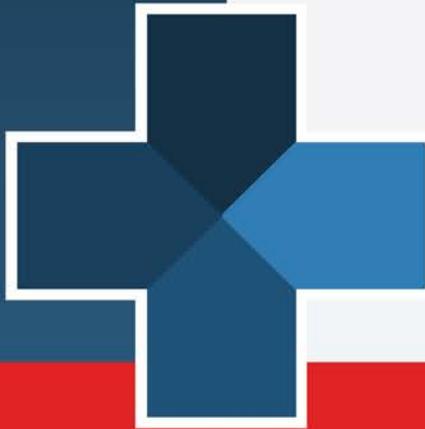


Webinar Recording: <https://attendee.gotowebinar.com/recording/5171546730802792194>

Q&A: <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-ta-highly-pathogenic-infectious-disease-exercise-planning-for-hccs-qa.pdf>



T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Highly Pathogenic Infectious Disease Exercise Planning for Health Care Coalitions

November 9, 2017

ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number, email, or web form



- Promotes password-protected discussion among vetted users in near real-time
- Able to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

[ASPRtracie.hhs.gov](https://asprtracie.hhs.gov)

Highlighted ASPR TRACIE Resources

- TRACIE-developed Technical Resources
 - Health Care Coalition Preparedness and Response Plan Templates
 - Health Care Coalition Resource and Gap Analysis Tool
 - Health Care Coalition Pandemic Checklist
- Newsletter and announcements distribution list
- Assistance Center and Information Exchange



NETEC



EMORY
MEDICINE



UNMC[™]
Nebraska
Medicine

NYC
HEALTH+
HOSPITALS

| Bellevue

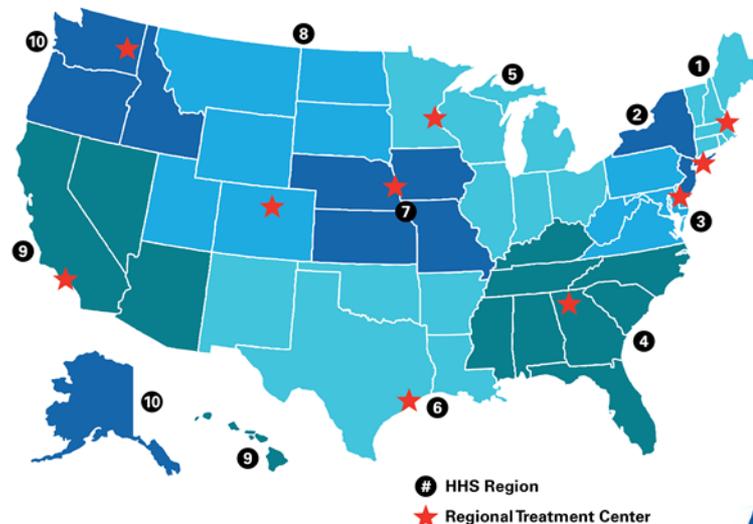
National Ebola Training and Education Center (NETEC)

Mission: To increase the capability of United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information, visit www.netec.org
or email us at info@netec.org

Role of NETEC

- Through the 5 year project period and in collaboration with ASPR, CDC and other stakeholders, the NETEC will:
 - Create readiness metrics.
 - Conduct peer review readiness assessments of regional and state ETCs as well as assessment centers as requested by state health departments.



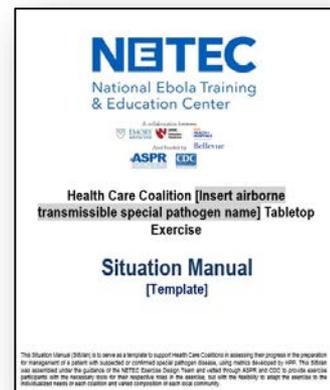
Regional Treatment Centers

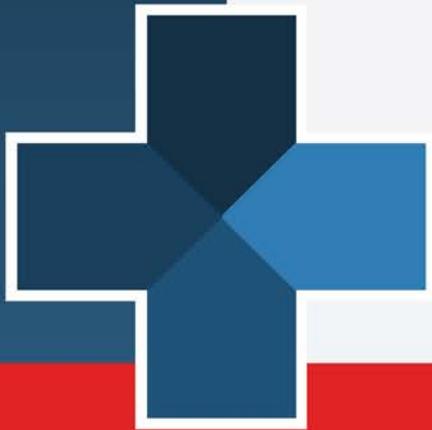
- 1: Massachusetts General Hospital
- 2: NYC Health + Hospitals - Bellevue
- 3: Johns Hopkins Hospital
- 4: Emory University Hospital and Children's Healthcare of Atlanta-Egleston Hospital
- 5: University of Minnesota Medical Center
- 6: University of Texas Medical Branch at Galveston
- 7: University of Nebraska Medical Center/ Nebraska Medicine
- 8: Denver Health Medical Center
- 9: Cedars-Sinai
- 10: Providence Sacred Heart Medical Center and Children's Hospital

Role of NETEC (continued)



- Create, conduct, and maintain a comprehensive suite of onsite and online education courses and helpful resources and tools.
- Develop a repository for education resources, announcements, links to key information, exercise templates at www.netec.org
- Provide technical assistance to public health departments and healthcare facilities.
- Create a research infrastructure across the 10 regional ETCs.





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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Richard Hunt, MD

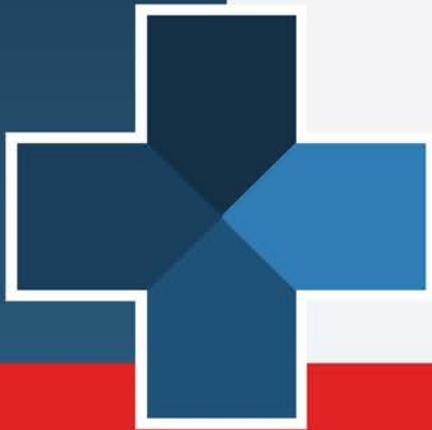
**Senior Medical Advisor, Division of National Healthcare
Preparedness Programs**

Welcome Message and Webinar Purpose

- The management of patients with highly pathogenic infectious diseases is based on the regional, tiered approach set forth by ASPR for Ebola.
- Health care coalitions are integral to a coordinated response among various partners in a region.
- Planning and executing exercises for Ebola and other special pathogens assists health care coalition members in meeting various grant requirements.

Learning Objectives

- Participants will:
 - Learn about exercise templates – specifically tailored for health care coalitions – to test readiness for highly pathogenic infectious patients.
 - Understand how exercises support ASPR's regional, tiered approach.
 - Hear tips from two health care coalitions on how to exercise plans.



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INFORMATION GATEWAY

Nicholas V. Cagliuso, Sr., PhD, MPH
Assistant Vice President, Emergency Management
New York City Health + Hospitals

6 End-users

- Frontline Facilities
- Assessment Hospitals
- State-Designated Ebola Treatment Centers
- Regional Ebola and Special Pathogen Treatment Centers (RESPTCs)
- Health Care Coalitions
- Regional Transport Plan

2 Exercise Types

- Discussion-based
- Operations-based

2 Exercise Options

- Ebola
- Other Special Pathogens (airborne)

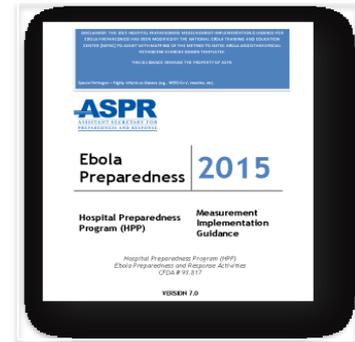
Table 1: Airborne Transmissible Disease Selection

- Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV)
- Severe Acute Respiratory Syndrome (SARS)
- Highly Pathogenic Avian Influenza (HPAI)

*This is not an exhaustive list. Other airborne diseases may be substituted.

Fully customizable to meet each end users unique requirements

Option to choose any single airborne-transmissible pathogen and proceed expeditiously



The image shows a screenshot of a table with multiple columns and rows. The columns include "Measure", "ASPR HPP Ebola Preparedness 2015 Measurement", and "ASPR HPP Ebola Preparedness 2015 Measurement Implementation Guidance". The rows contain detailed text descriptions of various measures and their corresponding guidance documents.

Directly map to specific measures in the ASPR HPP Ebola Preparedness Measurement Implementation Guidance

Special consideration sections:

- Surge management
- Laboratory support services
- Waste management
- Care of a pediatric patient
- Decedent management
- Care of a labor/delivery patient
- Diagnostic Radiological Imaging
- Surgical Intervention

Built-in injects throughout for further food-for-thought

Based on HSEEP Model:

- Situation Manual/Exercise Plan
- Exercise Schedule
- After Action Report and Improvement Plan
- Participant Feedback Form and more

Exercise Overview

Exercise Name	[Insert the formal name of exercise, which should match the name in the document header]
Exercise Date	[Month/Day, Year]
Scope	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Mission Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Target Capabilities	Foundation for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge. [List any other applicable target capabilities being exercised]
Objectives	<ol style="list-style-type: none"> 1. Evaluate the Concept of Operations for the Assessment Hospital's ability to safely and effectively receive a person under investigation (PUI) for [insert airborne transmissible disease name] within an appropriate time frame and provide up to 96 hours of evaluation and care to PUI until the diagnosis is either confirmed or ruled out and until discharge or transfer is completed. 2. Examine the Assessment Hospital's ability to coordinate transportation arrangements, and safely and effectively transport a patient with confirmed [insert airborne transmissible disease name] to Regional Ebola and Other Special Pathogen Treatment Center within an appropriate time frame. 3. Assess the notification and communication processes internally with rostered staff and externally between local, state, and federal public health, EMS, and other healthcare delivery system partners, Assessment Hospitals, State-Designated Ebola Treatment Centers, and the Regional Ebola and Other Special Pathogen Treatment Center, as well as media management. 4. Examine EMS capabilities, and determine the most appropriate method for transportation (e.g., air versus ground) <ul style="list-style-type: none"> • Discuss management of [stable or critical] patient or PUI transported by ground EMS personnel • Discuss the management of patient undergoing air transportation and coordination with ground EMS personnel for [stable or critical] patient or PUI 5. Assess just-in-time PPE don/doff training resources and PPE availability for EMS, and healthcare delivery system personnel, including those at the Assessment Facility. 6. Assess planning for special considerations (e.g., surge capacity, diagnostic radiological imaging, laboratory services, pediatric patient, waste management and decedent management.) 7. [List any additional exercise objectives]

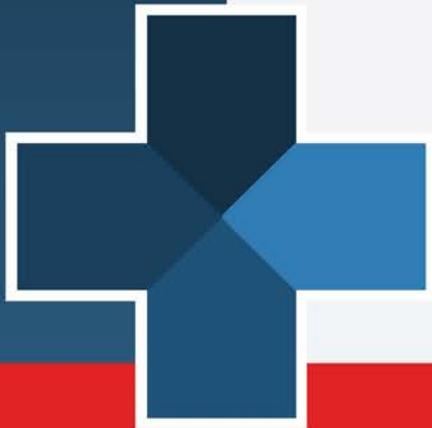
Appendix A: Exercise Schedule

Suggested Time	Activity
Varies	Facilitator/Evaluator Briefing and Registration
20 - 30 minutes	Welcome and Introductory Briefing <ul style="list-style-type: none"> • Participant Introductions (Players, Facilitator(s), Evaluators, Observers) • Exercise Overview <ul style="list-style-type: none"> - Agenda - Guidelines - Assumptions and Artificialities

Organization or jurisdiction(s) as a result of [Exercise Name] conducted on [date of exercise].

Corrective Action	Capability Element?	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Corrective Action 1					
Corrective Action 2					
Corrective Action 3					
Corrective Action 1					
Corrective Action 2					
Corrective Action 3					
Corrective Action 1					
Corrective Action 2					

Equipment, Training, or Exercise



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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Syra S. Madad, DHSc, MSc, MCP
Director, System-wide Special Pathogens Program
New York City Health + Hospitals

Health Care Coalition: **Ebola** Exercise Template Structure

- **Module 1:** Emergency Department Arrival of PUI/Confirmed Ebola Case Initial Response: Alert/Notification, Coordination, Risk Communications
- **Module 2:** Ongoing Operations (Coordination, Reporting, Sharing Resources)
- **Module 3:** Transfer Decision to Regional Ebola and Other Special Pathogen Treatment Facility and Transportation Logistics
- **Module 4:** Returning to Normalcy -- Recovery Operations

Health Care Coalition: Ebola Exercise Template Structure

REQUIRED HPP Measures (Assessment Hospital or Health Care Coalition):

Required HPP Measures*

9 A.B.	Time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola or other highly infectious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage, as evidenced by a real-world case or no-notice exercise (Goal: Within 5 minutes).
--------	--

OTHER HPP Measures (Coalition):

Required HPP Measures*

15 A.C.	Proportion of Frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation's arrival at a coalition member facility (Goal: = 100%).
16 A.C.	Proportion of Frontline facilities that have received coalition-funded training (Goal: 75%).
17 A.C.	Proportion of EMS agencies that are required to execute the awardee's CONOPs that are in engaged in all phases of the Ebola and other special pathogen preparedness process (Goal: 100%). Note: this is a coalition and awardee measure.
18 A.C.	Proportion of coalitions within an awardee's jurisdiction that participate in the Health care-Associated Infection (HAI)/Infection Control advisory group (Goal: 80%).

OTHER HPP Measures (supporting regional network measures that may be tested during this exercise that may support a coalition's preparedness and response):

OTHER HPP Measures+

10 A.B.	Proportion of health care and emergency medical services (EMS) workers in PPE that an AM/DAM suspected Ebola patient under investigation (PUI) makes contact with after health department notification to the assessment hospital or ETC (Assessment Hospital HPP Measure, Goal: 100%).
11 A.B.	Number of health care and EMS workers in PPE that an AM/DAM suspected Ebola patient makes contact with after health department notification until isolation (Assessment Hospital HPP Measure, Goal: =<3).
21 B.A.	Proportion of states/jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals or ETCs to the regional Ebola and other special pathogen treatment center (Goal: 100%)
22 B.A.	Proportion of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise (Goal: 100%).

**Built in HPP
measures**

Health Care Coalition: **Special Pathogen** Exercise Template Structure

Exercise 1: Patient Arrives at Frontline Hospital via EMS

- **Module 1:** Emergency Department Arrival of [insert airborne transmissible special pathogen name] PUI Initial Response: Alert/Notification, Coordination, Risk Communications
- **Module 2:** Ongoing Operations: Coordination, Reporting, Sharing Resources
- **Module 3:** Transfer Decision to Regional Ebola and Other Special Pathogen Treatment Center and Transportation Logistics
- **Module 4:** Returning to Normalcy: Recovery Operations

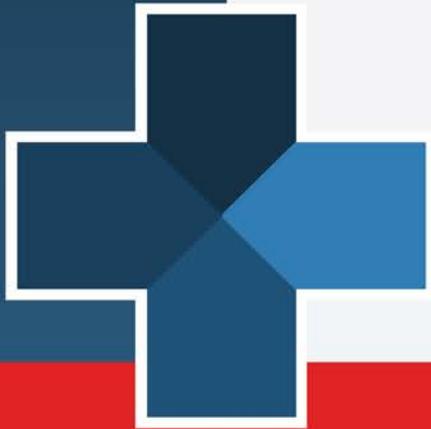


Health Care Coalition: **Special Pathogen** Exercise Template Structure

Exercise 2: Multiple Patients Arrive at [insert Assessment Hospital or ETC name] in your Healthcare Coalition

- **Module 1:** Health Care Coalition Coordination and Planning Transportation for Multiple Patients with suspected [insert airborne transmissible special pathogen name] From Private Residence
- **Module 2:** Multiple Patient Transport with suspected [insert airborne transmissible special pathogen name] From Private Residence
- **Module 3:** Health Care Coalition Surge Capacity





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INFORMATION GATEWAY

Dan Gray
Regional Healthcare Coordinator
Far Southwest Virginia Healthcare Coalition

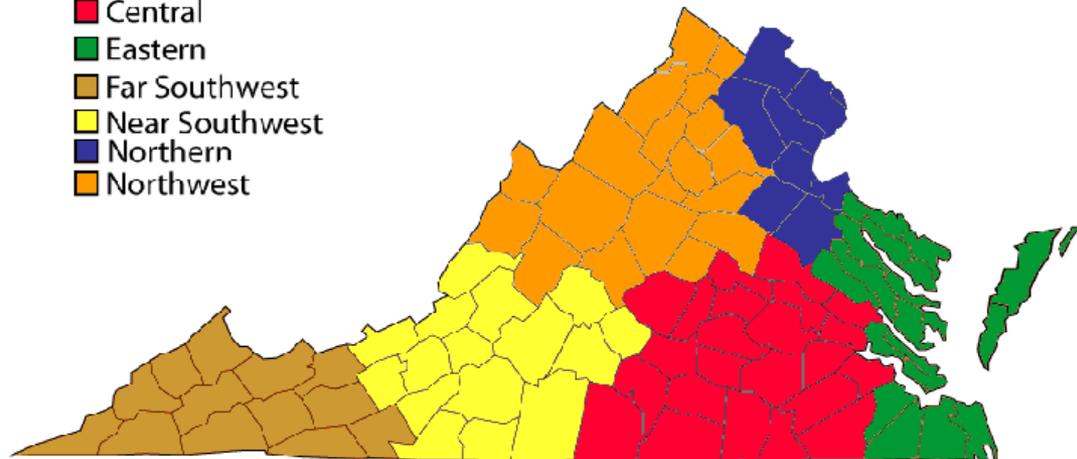
Far Southwest Region

The State of Virginia is broken in 6 regions that cover Disaster Preparedness and Response.

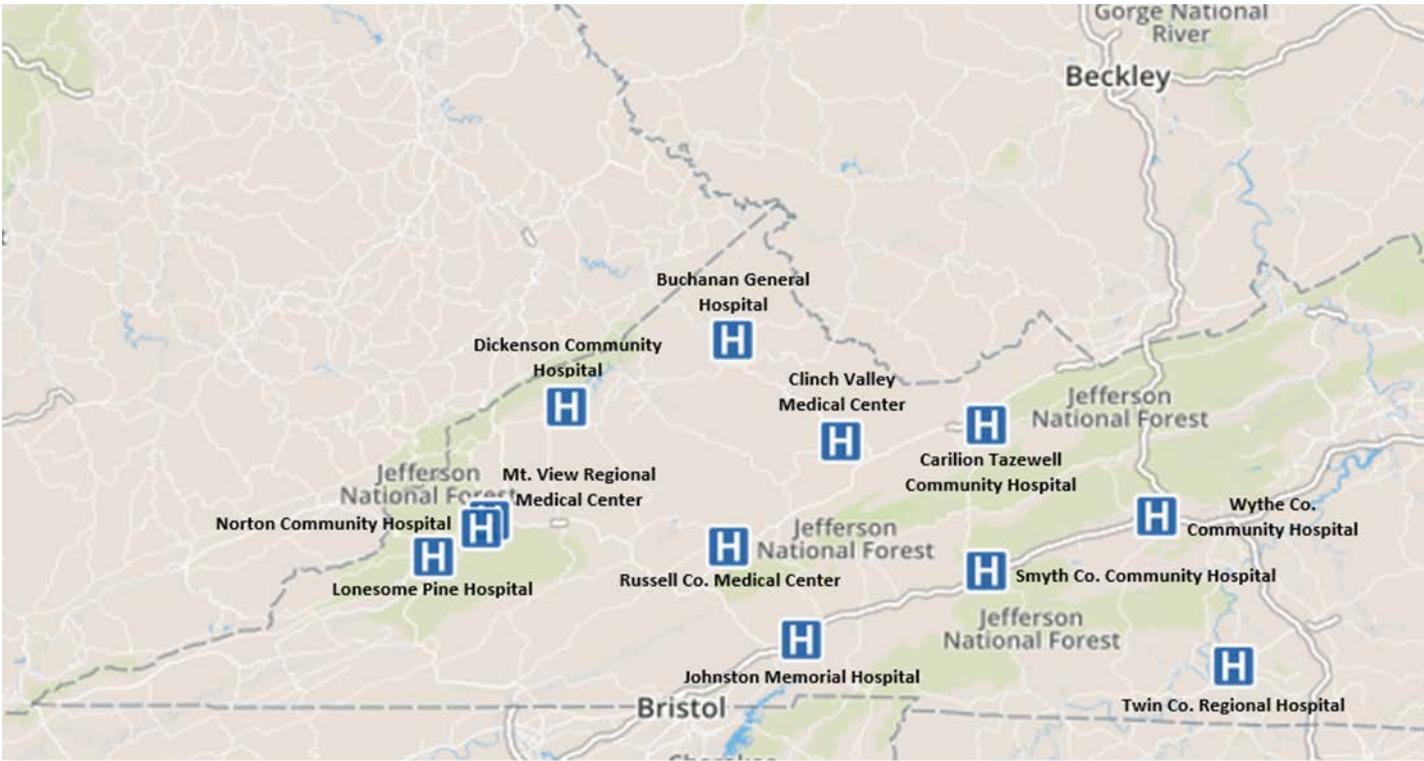
Virginia Regional Hospital Map

Regions:

- Central
- Eastern
- Far Southwest
- Near Southwest
- Northern
- Northwest



The FAR SOUTHWEST Virginia Healthcare Coalition



The FAR SOUTHWEST Virginia Healthcare Coalition



The Far Southwest Region

- 12 Frontline Hospitals
- No Level 1 Trauma Center
- No Assessment or Treatment Facilities in Region
- Closest Assessment facility: Lynchburg, Va. 3.5 hours*
- Closest Treatment Facility: Charlottesville, Va. 5 hours*
- Johnson City Medical Center in NE Tennessee was added as a Assessment Facility well after Far Southwest planning was completed
- Limited resources for small rural facilities

Ebola Preparedness & Response Activities

- Concepts of operations must clearly define how the Awardee will safely transport Ebola patients to state/jurisdiction treatment centers or regional Ebola treatment centers.
- Awardee health care facility concepts of operation will be maintained and exercised annually throughout the project period.
- Awardee concepts of operation will outline and identify gaps to improve readiness.
- Awardee health care facilities concepts of operations will be maintained and exercised annually throughout the project period.
- Purchase PPE supplies to implement a health care system concept of operations for care of Ebola patients.

Far Southwest Ebola Preparedness Goals

- Identify proper impervious PPE equipment.
- Identify and train facility staff on location of Isolation rooms and PPE.
- Regional Coalition PPE training: donning (putting on) and doffing (taking off).
- Identify transport partners.
- Build a close relationship between Virginia Department of Health, Regional Coalition leaders, transport partners, facility Infection prevention and state leadership.
- Develop a robust efficient transportation plan, share resources and exercise the protocol.

Development of Transport Services

- MOU with transport services.
- Share resources: N95, PAPRS and Isolation capsules.
- Transport service stores PPE equipment at two strategic locations in Southwest Virginia for quick access to needed PPE.
- Develop training opportunities for FAR Southwest stakeholders.
- Abingdon Ambulance transport now has a seat at the FAR Southwest RHCC during exercises and events.
- Abingdon Ambulance helped develop the scenarios and played a big role in exercise development.

Far Southwest Ebola Regional Exercise

- Incorporated an Ebola patient scenario within the annual 2 day regional exercise.
- On both days, 1 facility is selected to receive an Ebola patient inject to the facility.
- A reasonable specifically written scenario for the Ebola patient was established and provided to the volunteer before the exercise.
- Prior notice of volunteer patient surge numbers were disclosed to the facility. The Ebola patient inject was not disclosed so a realistic patient inject would test the staff's training and daily PPE usage.
- Preplanning efforts with only the Far Southwest RHCC and transport staff on how to exercise all stakeholders involved in the Ebola patient inject.

Exercise Pearls + Pitfalls

- Second wave of issues or scenarios create the inability to maintain “normal emergency operations.”
- During the chaos of the regional exercise the Ebola patient was not identified properly and treated as a “normal” patient.
- All facilities that participated with the highly infectious disease patient admitted to believing it would not “happen here”.
- Some staff members were not as familiar with the proper PPE and the accessibility and location of the PPE.
- Lack of staff communication to each other and to the hospital command center regarding the severity of the patient symptoms.

Exercise Pearls + Pitfalls

- Once the Ebola patient was properly recognized the facilities staff did a good job with precautions and protocols.
- The Far Southwest Infection Prevention workgroup detailed protocol and training worked very well.
- Each of the 4 exercises resulted in 30 minutes or less for all agencies to communicate and to determine a ETA of transportation services to the facility.
- The in depth contact list for the Ebola Transport protocol group worked very well.
- The development between agencies and the Far Southwest Infection Prevention group to collectively agree on utilizing resources to protect staff and treat a highly infectious disease patient.

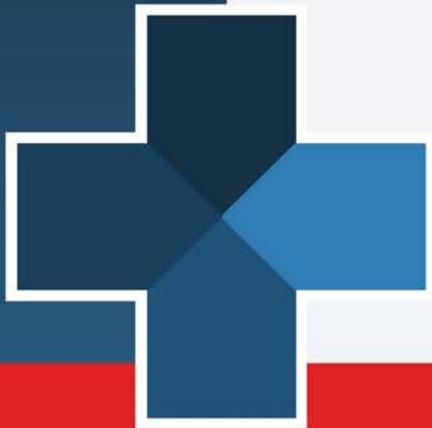
Exercise Pearls + Pitfalls

- The exercise proved how important facility protocols are and how critical they are to be followed routinely.
- More specialized PPE training for staff donning and doffing.
- Storage locations of specialized PPE were relocated much closer to the emergency department
- Addition of Johnson City Medical Center in Tennessee as an assessment facility created another critical link for patient transport from the Far Southwest region.
- Far Southwest RHCC Ebola transport plan now has a primary and secondary transport protocol for most of the 12 facilities.
- Continued Infection Prevention workgroup meetings to keep all agencies engaged and to make collective decisions on the best ways to prepare the region for these types of patients or events.
- Keep looking over your plans and revising them...Things change!

FAR Southwest Ebola Grant Purchase



Patient Isolation Capsule

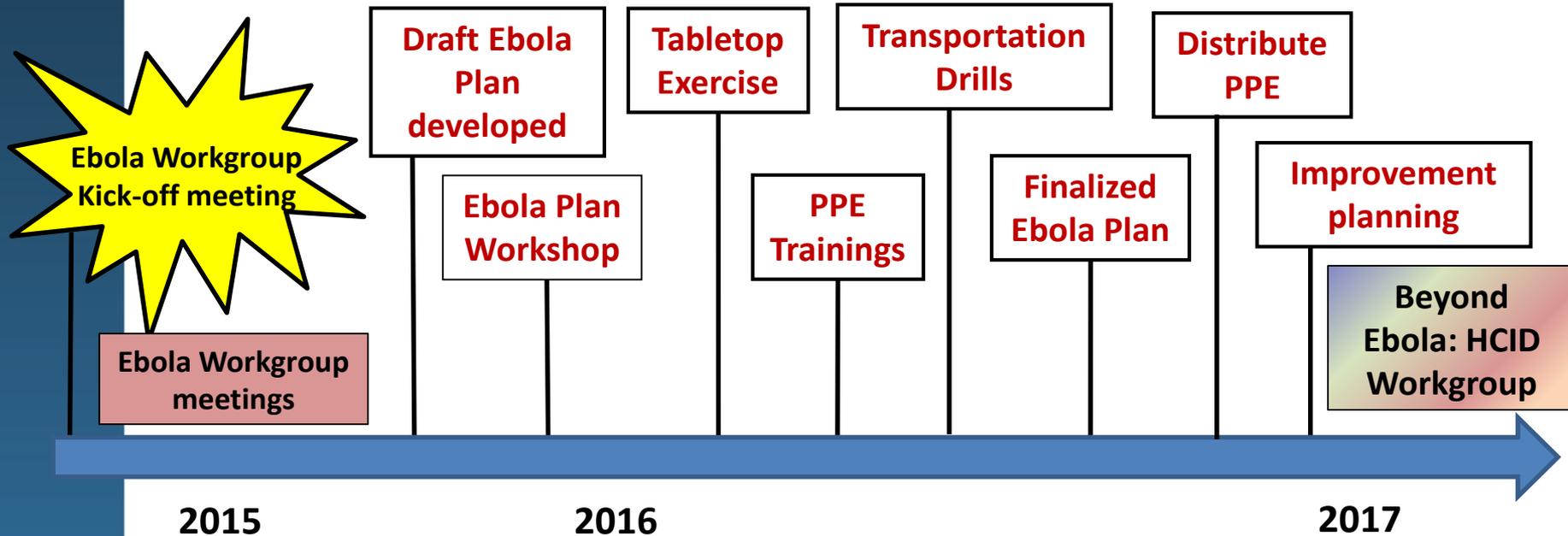


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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Elisabeth K. Weber, RN, MA, CEN
Project Administrator, Hospital and Healthcare Program,
Chicago Department of Health and Co-Chair, Chicago
Healthcare System Coalition for Preparedness and Response

Chicago: Timeline of Major Activities



Ebola CONOPS Workshop, TTX and 2 Drills

Chicago Department of Public Health
Ebola Concept of Operations
Workshop Report

Workshop Date: April 12, 2016
Report Date: April 29, 2016

Chicago Healthcare System for Preparedness & Response (CHSCPR)
Ebola Concept of Operations (CONOPS) Tabletop Exercise

After-Action Report/Improvement Plan
May 5, 2016

Intracity Ebola
After-Action Report

Chicago Healthcare System Coalition for Preparedness & Response

Intercity Ebola Transport Drill
After-Action Report / Improvement Plan
July 11, 2016

Chicago Healthcare System Coalition for Preparedness & Response

Ebola Workgroup

- Advisory group of stakeholders representing:
 - 3 Ebola Treatment Centers
 - Selected representatives for the 25 Frontline hospitals
 - Chicago Fire Department
 - Private EMS Providers
 - Illinois Dept. of Public Health
 - Chicago Dept. of Public Health (HPP/PHEP/CD)

Training & Exercise Workgroup – Chicago HCC

Regardless of Funding Source:

- Plans trainings and exercises for the Chicago Healthcare System Coalition for Preparedness & Response (CHSCPR)
- Assures that all Ebola/HCID exercises and trainings were integrated into the Multi-Year Training & Exercise Plan (MYTEP)

Ebola Plan Workshop

Chicago Healthcare System Coalition for Preparedness and Response



Chicago Department of Public Health Concept of Operations (ConOps) for Ebola Virus Disease Workshop

April 12, 2016

Ebola Tabletop Exercise



- Over **50** participants representing **17** organizations!

“Exercise got key players together to tackle the difficult issues; participants were willing to discuss difficult questions and work towards real solutions.”

Transportation Drills



Intra-city Transport Drill
(hospital-to-hospital within
the city)



Inter-city Transport Drill
(hospital-to-hospital from outside
the city)

Improvement Planning

IMPROVEMENT PLAN FOR 2016-17 EBOLA EXERCISES

Issue/Area for Improvement	Corrective Action	Assigned	Start Date	Completion Date	Status	Notes/ Next steps
----------------------------	-------------------	----------	------------	-----------------	--------	-------------------

- Communication
- Transportation
- Healthcare Worker Monitoring
- Fatality Management
- PPE
- Sustaining Capabilities

Ebola Workgroup →

High Consequence Infectious Disease (HCID) Workgroup

Beyond Ebola: HCID Workgroup



THE CHICAGO HEALTHCARE SYSTEM COALITION FOR PREPAREDNESS AND RESPONSE

HIGH CONSEQUENCE INFECTIOUS DISEASES WORKGROUP
(FORMALLY EBOLA WORKGROUP)

CHARTER

Date: 12/08/2016

- Outpatient evaluation plan
- Defining HCIDs
- Sharing resources
- Medical monitoring of staff
- Patient transport
- Regional planning
- **HCID Scenario for 2018 CHSCPR Full Scale Exercise**

Exercise Pearls + Pitfalls

- Integrate into your usual exercise planning process
- Utilize known exercise tools (use HSEEP structure, i.e., EX PLAN, AAR, IP)
- Let the exercise planning experts do their jobs but include Subject Matter Experts on planning workgroups to avoid *'fighting the scenario'*

Exercise Pearls + Pitfalls

- Plan for the needs of the exercise participants, the HCC and the community within the confines of grant requirements (i.e., do not plan to the funding)
- Utilize various sources of grant funding (i.e., HPP Base, ASPR Ebola Part A)

NETEC Exercise Resources



- NETEC offers exercise support via:
 - Remote technical assistance
 - On-site technical assistance

Walk-through of NETEC Transport Plan Exercise Template

The screenshot displays the NETEC website interface. At the top, a blue navigation bar contains the NETEC logo on the left and menu items: ABOUT, TECHNICAL RESOURCES (with a dropdown arrow), EDUCATION AND TRAINING (with a dropdown arrow), and NEWS (with a search icon). The dropdown menu for TECHNICAL RESOURCES is open, showing options: Resources / Repository, Request a Site Visit, Exercises (highlighted with a red circle), and Have a question?.

Below the navigation bar, the main content area is white. A red arrow points from the left towards the 'Health Care Coalitions' section. This section contains a list of links: Special Pathogen [Airborne] Tabletop Exercise Template, and Exercise Materials for Ebola (with a sub-link for Ebola Tabletop Exercise Template). Below this is the 'Regional Transport Plan' section, which also lists Exercise Materials for Ebola (with a sub-link for Ebola Tabletop Exercise Template) and Exercise Materials for Special Pathogens (with a sub-link for Special Pathogen [Airborne] Tabletop Exercise Template).

The bottom of the page features a blue footer. It includes the text 'A COLLABORATION BETWEEN' followed by logos for Emory Medicine, UNMC Nebraska Medicine, NYC Health+ Hospitals, and Bellevue. To the right, it says 'FUNDED BY' followed by logos for ASPR and CDC. Below this, there is the NETEC logo, the text 'Stay Connected with NETEC', and social media icons for Facebook, Twitter, and Instagram. A blue 'SUBSCRIBE' button is highlighted with a red circle. At the very bottom left, there is a small copyright notice: 'Copyright 2017 | All Rights Reserved'.

Question and Answer Logistics

- To ask a question
 - Type the question into the chat feature on your GoToWebinar console.
 - We will collect all questions and ask them on your behalf.



Questions and Answers



For Additional Support

- Contact National Ebola Training and Education Center (netec.org)



- Contact your NHPP Field Project Officers
- Contact ASPR TRACIE



[ASPRtracie.hhs.gov](https://asprtracie.hhs.gov)



1-844-5-TRACIE



askasprtracie@hhs.gov