

Access the recorded webinar here: <https://attendee.gotowebinar.com/recording/2251755125089147137>

Speaker Bios: <https://asprtracie.s3.amazonaws.com/documents/tracie-netec-june-12-ebola-webinar-speaker-bios.pdf>

Q & A: <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-ta-healthcare-system-readiness-for-highly-pathogenic-infectious-diseases-ga.pdf>

T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Healthcare System Readiness for Highly Pathogenic Infectious Diseases

June 12, 2018

# ASPR's mission is to save lives and protect Americans from 21<sup>st</sup> Century Health Security Threats.



ASPR has four priority areas which ASPR TRACIE supports

# ASPR TRACIE: Three Domains



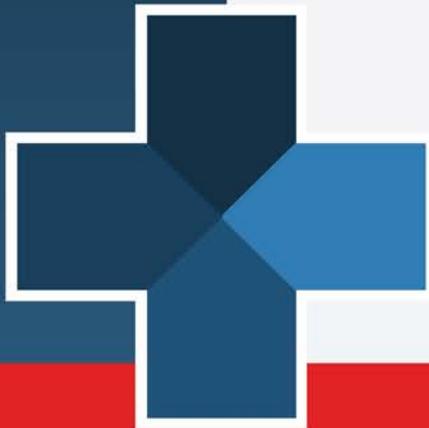
- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email ([askasprtracie@hhs.gov](mailto:askasprtracie@hhs.gov)), or web form ([ASPRtracie.hhs.gov](http://ASPRtracie.hhs.gov))



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



# TRACIE

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**Meghan Treber, MS**  
**ICF TRACIE Project Director**

# ASPR TRACIE Infectious Disease Resources

## Select Infectious Disease Resources

This page highlights resources ASPR TRACIE developed to address current and emerging infectious disease threats. While many ASPR TRACIE resources are relevant to planning for and responding to infectious disease emergencies, this page features those created specifically for that purpose. For more information, contact ASPR TRACIE members who assist with these efforts. For a full list of ASPR TRACIE resources, visit [ASPR TRACIE Resources](#).

- ASPR TRACIE-Developed Resources at Your Fingertips
- Topic Collections
- Webinars and Videos
- Other Resources

### ASPR TRACIE-Developed Resources

- EMS Infectious Disease Playbook
- Health Care Coalition Partnership
- Step Care for Ebola/Viral Hemorrhagic Fever Patients: Guidance for International Field Hospitals
- Zika Virus Planning Considerations

### Resources at Your Fingertips

- Avian Influenza (Including H5N1)



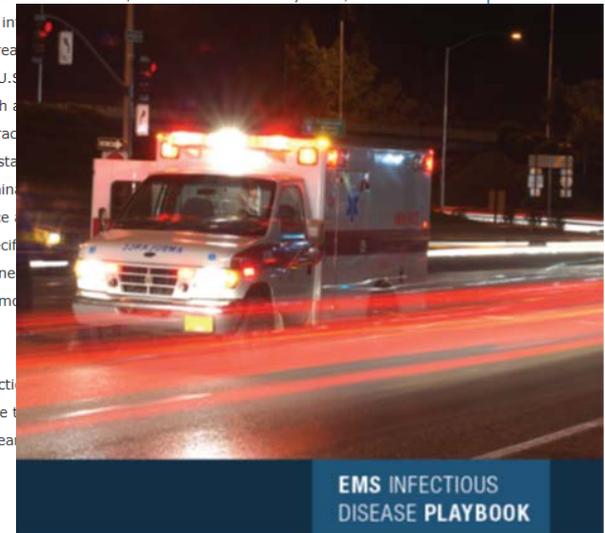
## Topic Collection: VHF/Ebola

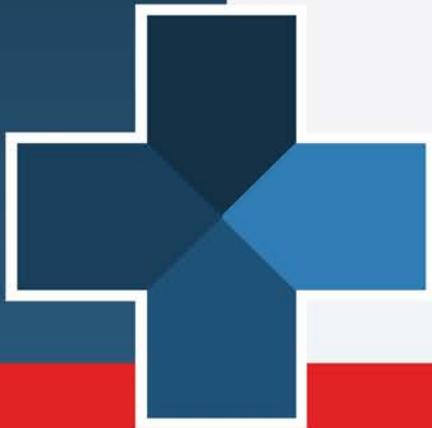
[Technical Resources](#) / [Specific Hazards](#) / [Patient Care Topics](#) / [Special Pathogens](#) / [VHF/Ebola](#)

The world watched as the 2014-2016 Ebola outbreak in West Africa exceeded the scope of previous outbreaks, killed and sickened thousands, overwhelmed health systems, and highlighted international gaps in preparedness. In the United States, patients with Ebola were treated in specialized facilities, and secondary cases of Ebola in the U.S. (mostly in health care workers and other providers). The U.S. public health and medical communities have conducted research, gathering promising practices and lessons learned from health care providers, and other stakeholders. These efforts have informed updated plans with guidance on how to create and test vaccines and specific interventions, and how to respond to recent case studies, lessons learned responding to Ebola and viral hemorrhagic fever. This Topic Collection in August 2016.

Each resource in this Topic Collection is marked with an asterisk (\*) to indicate that it is a Must Read. (click on the category name to be taken to the full list of resources)

- Must Reads
- Assessing and Testing
- Clinical Care
- Decontamination and Waste Management
- Education and Training

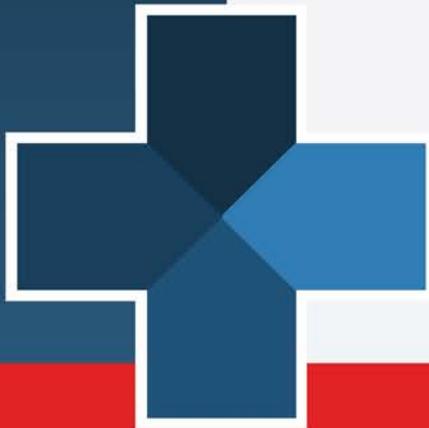




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**Shelly Schwedhelm, MSN, RN, NEA-BC**  
**Executive Director for Emergency Preparedness &**  
**Infection Prevention, Nebraska Medical Center;**  
**Project Director, NETEC**



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**Sharon Vanairsdale, MS, APRN, ACNS-BC,  
NP-C, CEN, FAEN, FAAN**

**Program Director for Serious Communicable Diseases, Emory  
University Hospital; Director of Training & Education, NETEC**



NATIONAL EBOLA TRAINING  
& EDUCATION CENTER

## Mission Statement

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

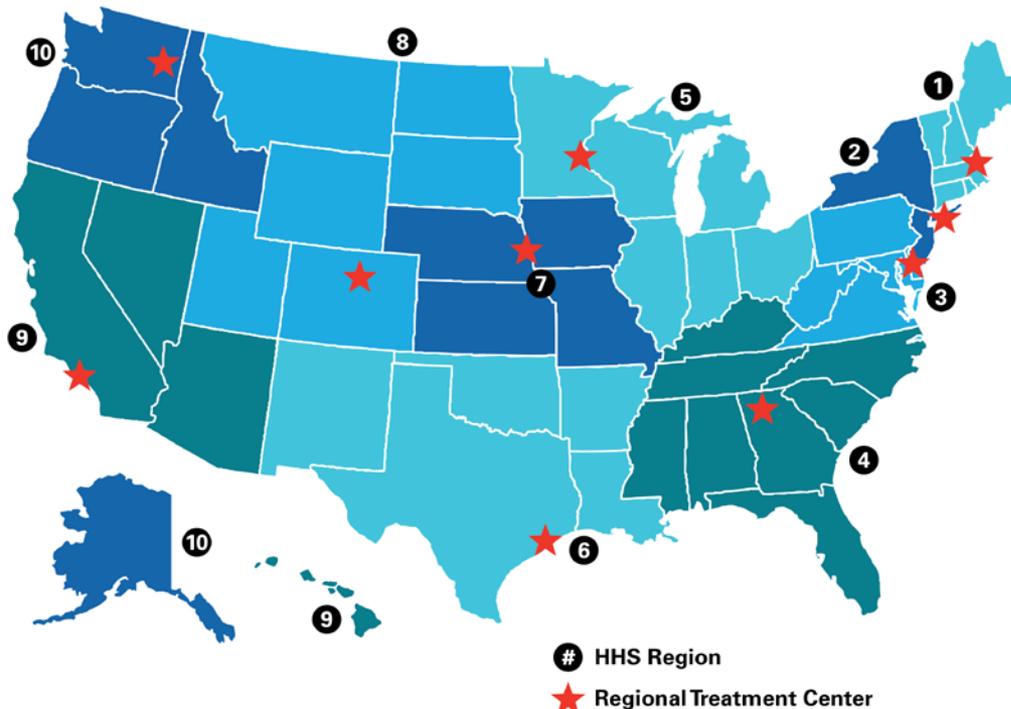
Please visit us at [www.netec.org](http://www.netec.org)  
or email us at [info@netec.org](mailto:info@netec.org)



# Role of NETEC

➤ Create readiness metrics

➤ Conduct peer readiness and assessments of regional and state Ebola Treatment Centers (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

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



# Ready to Respond

Leading medical centers funded to train and prepare other U.S. health care facilities for Ebola and emerging threats.

**DISCOVER**



Discover

**DEVELOP**



Develop

**IMPLEMENT**



Implement

**EXPLORE**



Explore the Repository



NATIONAL EBOLA TRAINING  
& EDUCATION CENTER



National exercises

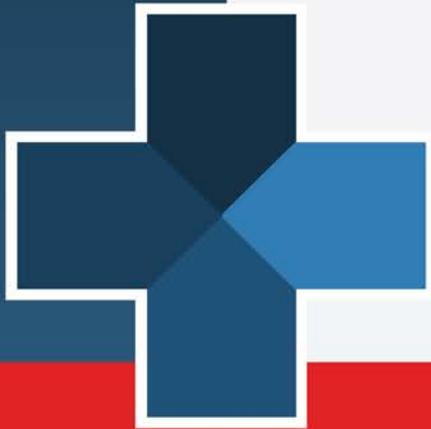


Trainings



Simulations





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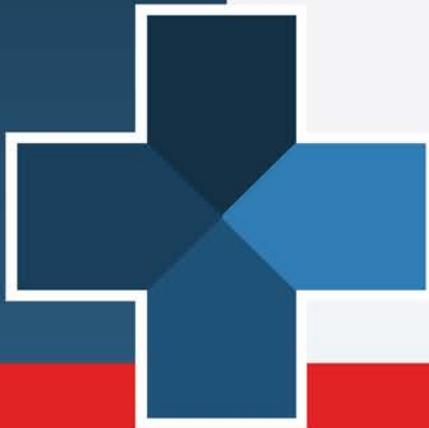
**Richard Hunt, MD**  
Senior Medical Advisor, Division of National  
Healthcare Preparedness Programs

# Webinar Welcome

- The management of patients with highly pathogenic infectious diseases is based on the regional, tiered approach established during the response to Ebola in West Africa
- The current outbreak in the DRC is an opportunity to highlight progress in recent years and resources developed to support readiness for special pathogens

# Webinar Objectives

- Participants will:
  - Be aware of the current situation in the DRC and why it matters in the U.S.
  - Understand roles and responsibilities under the tiered Ebola response system
  - Know where to find and how to use resources developed to support highly infectious disease readiness and response



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**Trevor Shoemaker, MPH**  
Epidemiologist, Viral Special Pathogens Branch,  
Division of High-Consequence Pathogens &  
Pathology, Centers for Disease Control & Prevention

# Ebola Outbreak, Equateur Province, DRC 2018

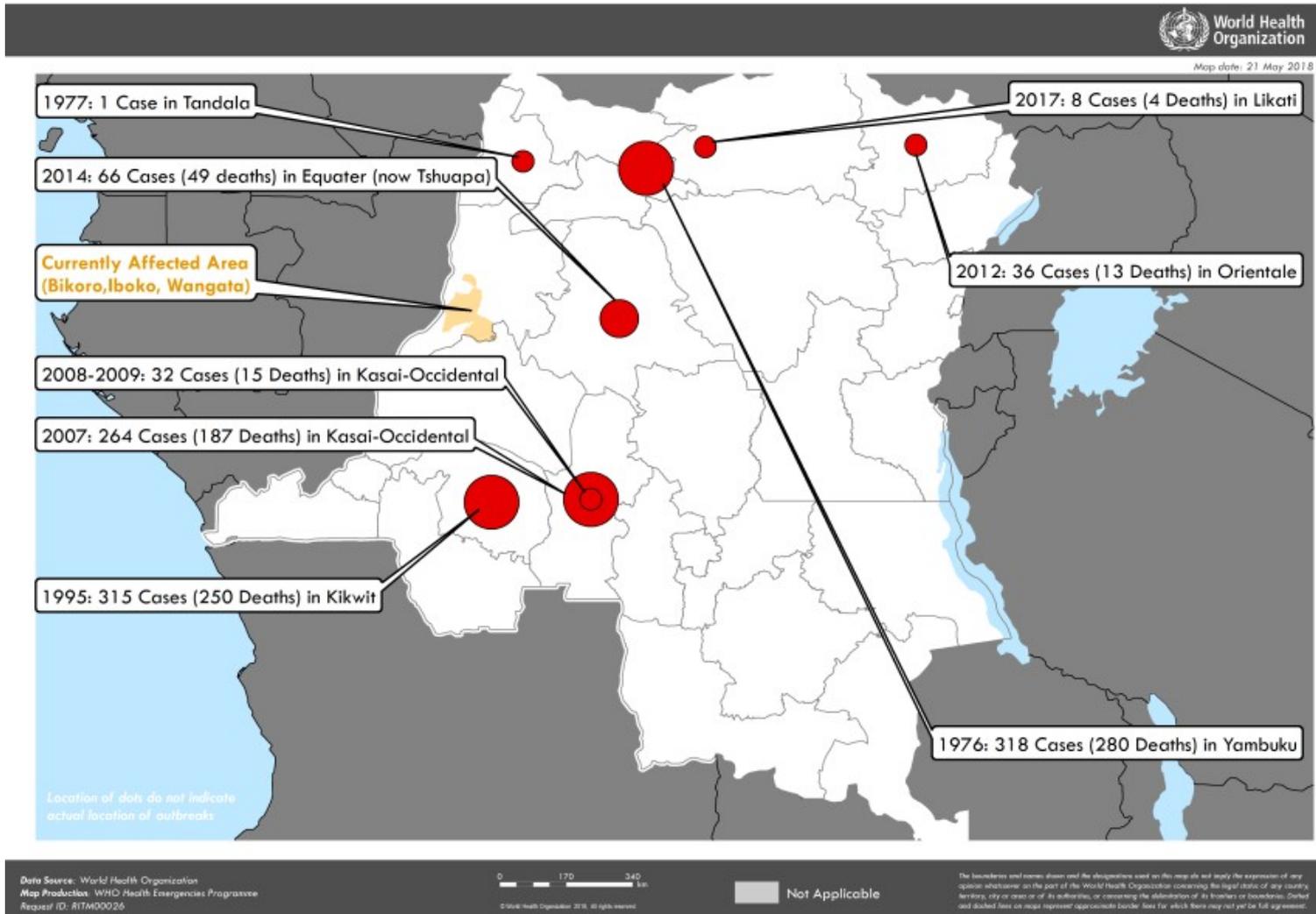
- Background

- On 3 May 2018, the Provincial Health Division of Equateur reported 21 cases of fever with hemorrhagic signs including 17 community deaths in the Ikoko-Impenge Health Area.
- On 6 May, samples were taken from the five active cases and sent for analysis at the Institute National de Recherche Biomédicale (INRB), Kinshasa 2018.
- Two samples tested positive for Ebola virus, Zaire ebolavirus species, by reverse transcription polymerase chain reaction (RT-PCR).

# Ebola Outbreak, Equateur Province, DRC 2018

- Background (continued)
  - On 8 May, the Ministry of Health (MOH) declared an outbreak of Ebola virus disease in Bikoro Health Zone.
  - This is the ninth outbreak of Ebola virus disease over the last 40 years in DRC.
  - On 21 May, the MoHP launched the first vaccinations against Ebola Virus Disease in Mbandaka using rVSV-ZEBOV (Merck).
  - This is the first time in the history of DRC that vaccination is an integral part of the government's response plan to respond to an Ebola outbreak.

# Past Ebola Virus Outbreaks Since 1976



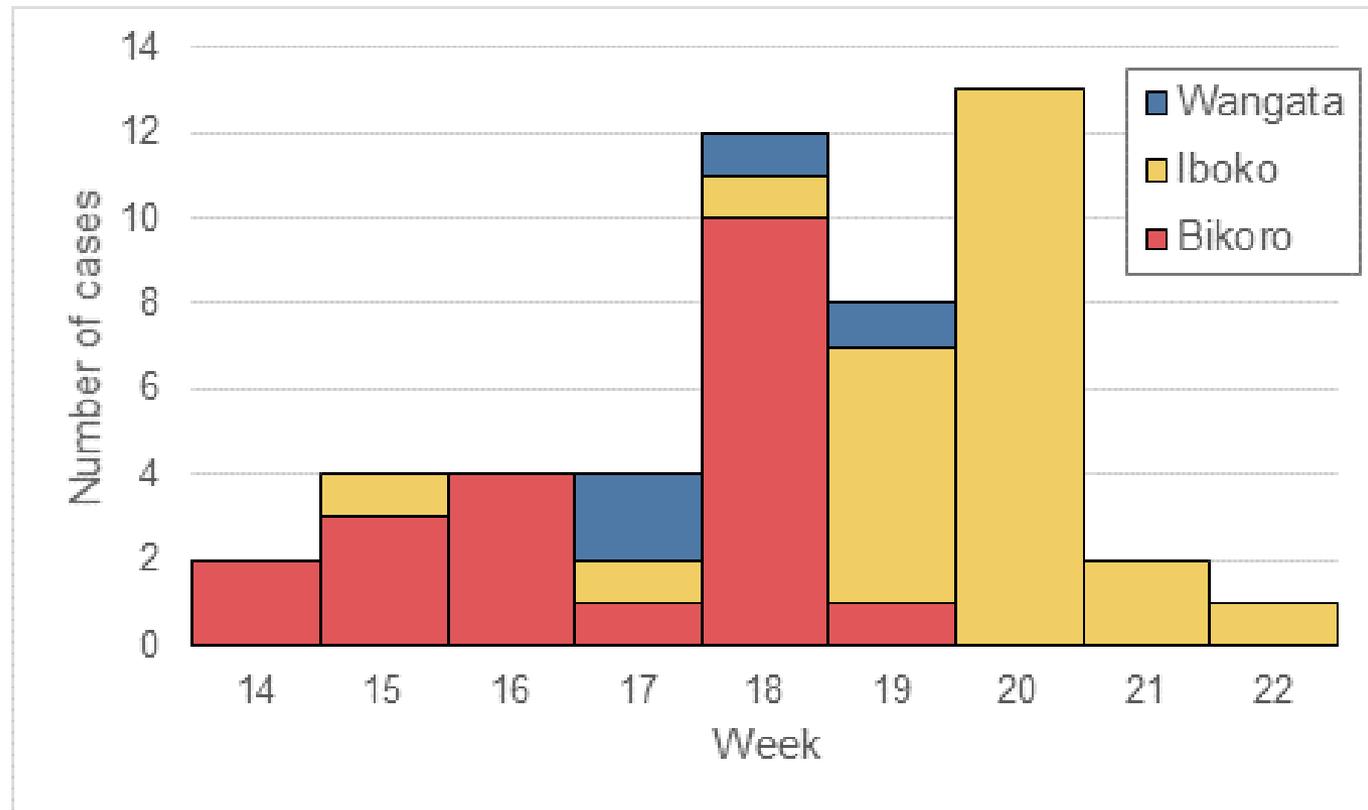
# Ebola Epidemiology and Surveillance Update

as of June 5, 2018

Health Zones (HZ)	Cases				Deaths	Contacts	
	Confirmed	Probable	Suspected	Total	Total	Total	% Followed
Bikoro	10	11	4	25	18	160	88
Iboko	23	3	3	29	6	606	46
Wangata	4	0	0	4	3	172	63
Ntondo	0	0	0	0	0	0	--
<b>Total</b>	<b>37</b>	<b>14</b>	<b>7</b>	<b>58</b>	<b>27</b>	<b>938</b>	<b>56</b>

Provisional Case Counts – DRC MoHP Press Release dated 5 June 2018.

# Confirmed and Probable EVD Cases by Week of Onset, DRC, 2018

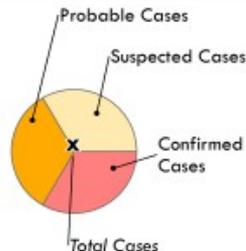


# Ebola Cases by Health Zone in Equateur Province

Democratic Republic of the Congo  
Ebola cases per Health Zone in Equateur province as of May 20, 2018

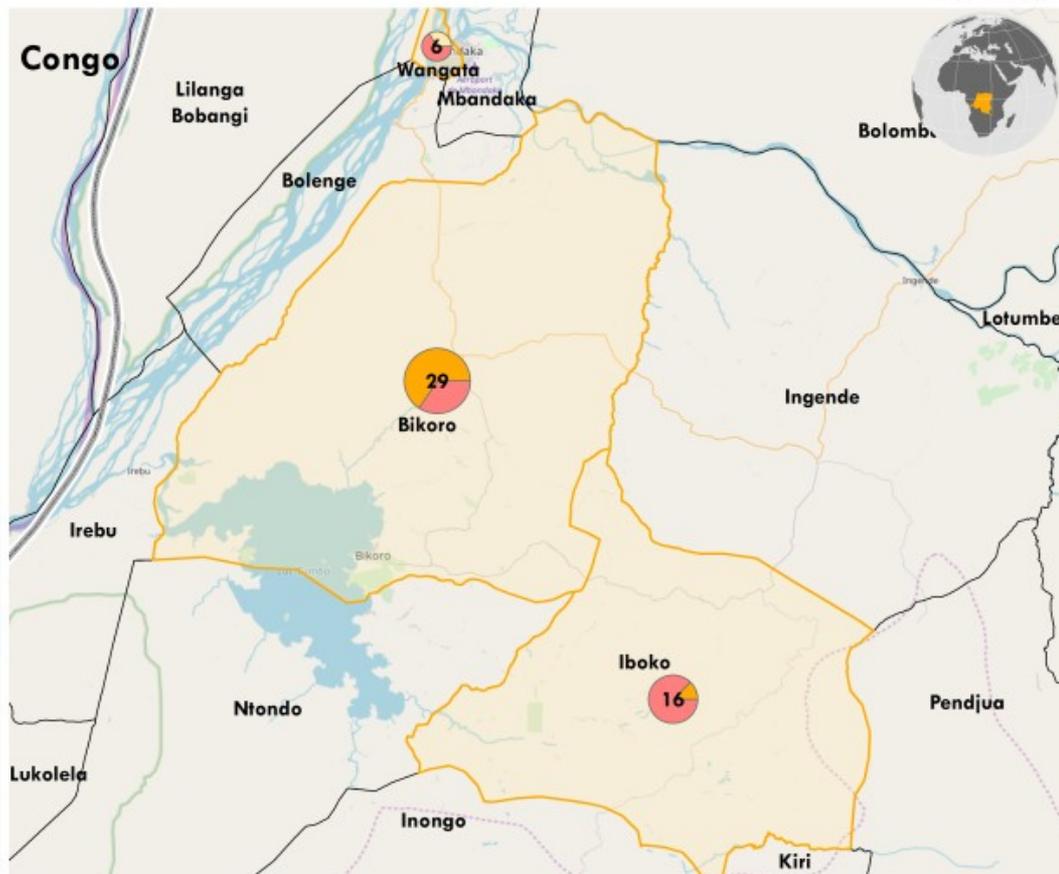


Map date: 22 May 2018



- National boundary
- Affected Health Zones
- Health Zones

## Boundaries and Locations Subject to Confirmation



Data Source: World Health Organization  
DISM, GEBCO, UCLA/Map DRC  
Map Production: WHO Health Emergencies Programme  
Request ID: DRCE\_005

0 10 20 km  
© World Health Organization 2018. All rights reserved.

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borders/lines for which there may not be full agreement.



# Case Management

as of June 5, 2018

Treatment Facility	# Patients
Mbandaka ETU	0
Bikoro ETU	5
Iboko transit center	2
Itipo transit center	4
Moheli transit center	2
Ikoko Impenge transit center	8
Total	21

# Ring Vaccination Control Strategy

- The MoHP launched the use of ring vaccination for outbreak control and targeted contacts and contacts of contacts of confirmed cases.
- The vaccine used is the investigational recombinant vesicular stomatitis virus–Zaire Ebola virus (rVSV-ZEBOV) vaccine (Merck).
- Vaccination began in Mbandaka on 21 May, and in Bikoro and Itipo on 28 May.

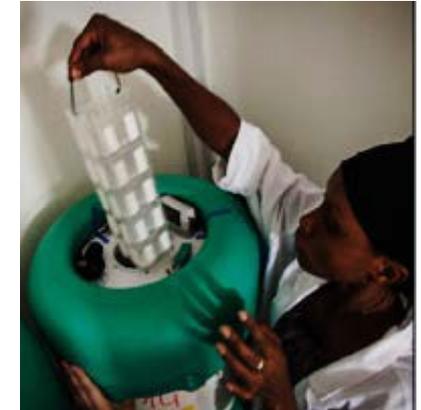
# Ring Vaccination Control Strategy

(continued)

- According to MoHP, as of 5 June, a total of 1369 people have been vaccinated, including 597 in Mbandaka, 299 in Bikoro and 473 in Iboko.
- Vaccination of children age 1-6 years is now included in the protocol and validated by the Kinshasa Ethics Committee.
- Vaccination of front line health care workers are also being included.
- Vaccination efforts continue as new cases and contacts are identified.

# Vaccination Transport and Storage

**Arktek™**  
storage to  
transport the  
vaccine at  
-60 to -80 C



# CDC Ebola Response Efforts in DRC

- CDC country office in Kinshasa has both US and locally employed staff participating in response coordination
- As of 5 June, eight CDC-Atlanta staff are deployed to DRC
  - 5 to provide support to CDC-DRC country office and 3 under GOARN (Technical Advisor and 2 Border Health)
  - One EOC consultant has returned
- Additional CDC deployments include 2 persons to support CDC-DRC and 4 persons as part of GOARN response
  - 1 person to support EOC
  - 1 person to support border health
  - 2 persons to support epidemiology/surveillance
- Deployment of a mobile field lab team is pending



# TRACIE

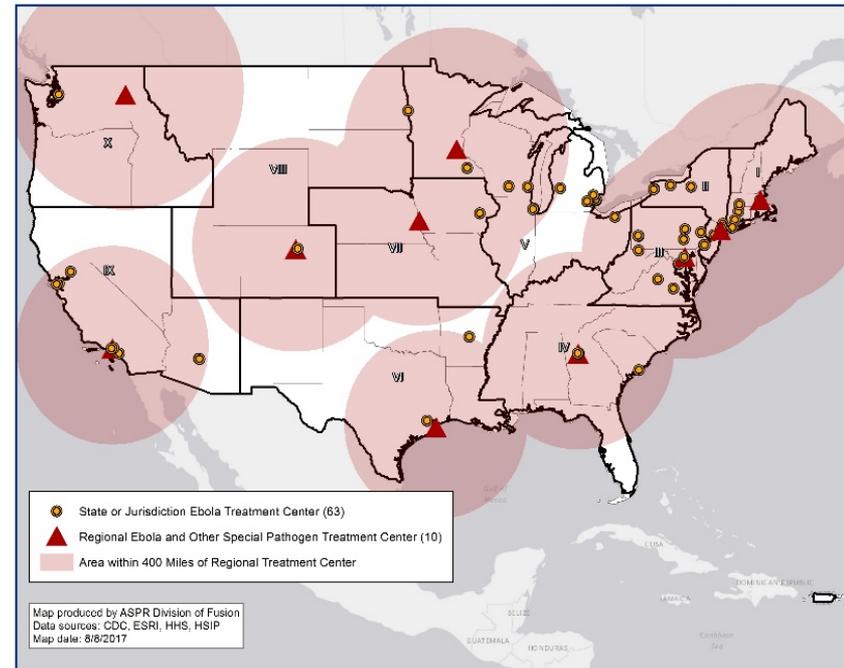
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

**Melissa Harvey, RN, MSPH**  
**Director, Division of National Healthcare**  
**Preparedness Programs, ASPR**

# Creating a Regional Treatment Network for Ebola and Other Special Pathogens

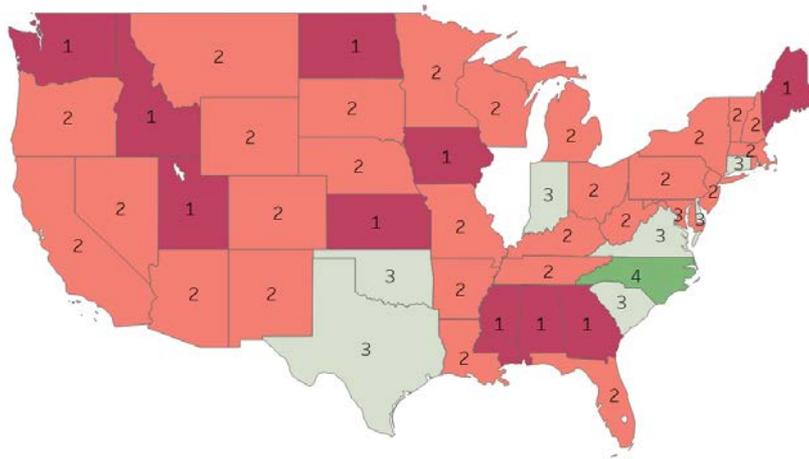
A tiered, regional treatment network across the nation for Ebola and other infectious diseases balances geographic need and differences in institutional capabilities, bringing the health care sector together to prepare for infectious disease threats

- 10 regional Ebola and other special pathogen treatment centers
- 69 state- or jurisdiction-designated Ebola treatment centers
- 178 Ebola assessment hospitals

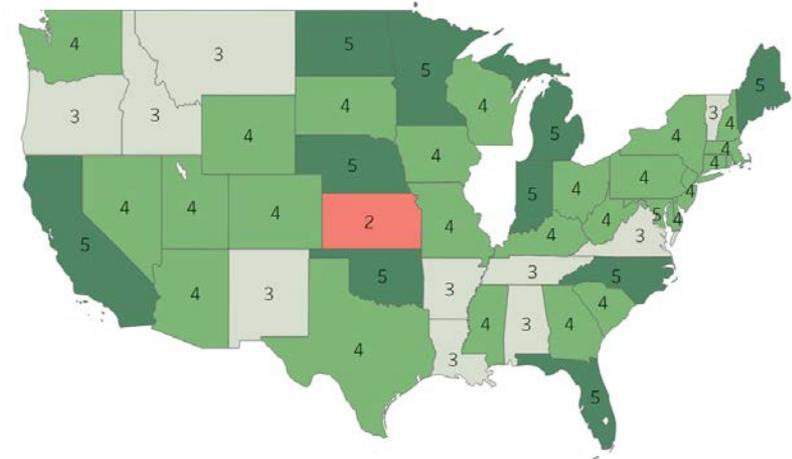


# Increasing Preparedness for Ebola and Other Highly Infectious Diseases

States/jurisdictions, including coalitions, frontline health facilities, and inter-facility transport providers, that are **prepared for an Ebola event**, on a scale from 1 (lowest) to 5 (highest):



During or prior to July 2014



After July 2014

# Concept of Operations Planning in the Regional Treatment Network

In 2017, members of the Regional Treatment Network for Ebola and Other Special Pathogens continued to strengthen CONOPS planning in several different areas.



 = Percent of 62 awardees

# Opportunities for Improvement: Sustaining Preparedness for an Ebola Event

Maintaining preparedness across all tiers of the Regional Treatment Network for Ebola and Other Special Pathogens positions the healthcare system to respond swiftly and effectively to a suspected outbreak.



Hours until Ebola treatment center is ready to admit a patient

21 hours

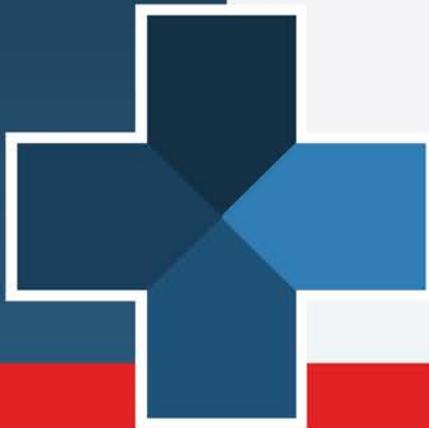
+ 10 hours  
from 2015–2016



Time for Ebola assessment hospital to identify and isolate a patient suspected of Ebola through ED triage (no notice)

7.2 minutes

+ 1.6 minutes  
from 2015–2016



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**Identify, Isolate, Inform**

# Identify, Isolate, Inform

- **Kate Boulter, BAN, RN, MPH** – Nurse Manager, Nebraska Biocontainment Unit; Lead for Online Education & Technical Assistance, NETEC
- **Jill Morgan, BSN, RN** - Critical Care Nurse, Respiratory Intensive Care Unit & Serious Communicable Diseases Unit, Emory University Hospital; Lead for In-Person Workshops, NETEC
- **Trish Tennill, RN, BSN** – Nurse Lead and Trainer, Special Pathogens Unit, New York City Health + Hospitals/Bellevue; Lead for Simulation Training, NETEC
- **Amanda Grindle, MSN, RN, CNL, CPN, CCRN** – Clinical Program Manager, Special Care Unit, Children’s Healthcare of Atlanta; Lead for Pediatrics & Technical Assistance, NETEC



# Balancing the What-If's of Patient Arrival

## Considerations

### All potential points of entry

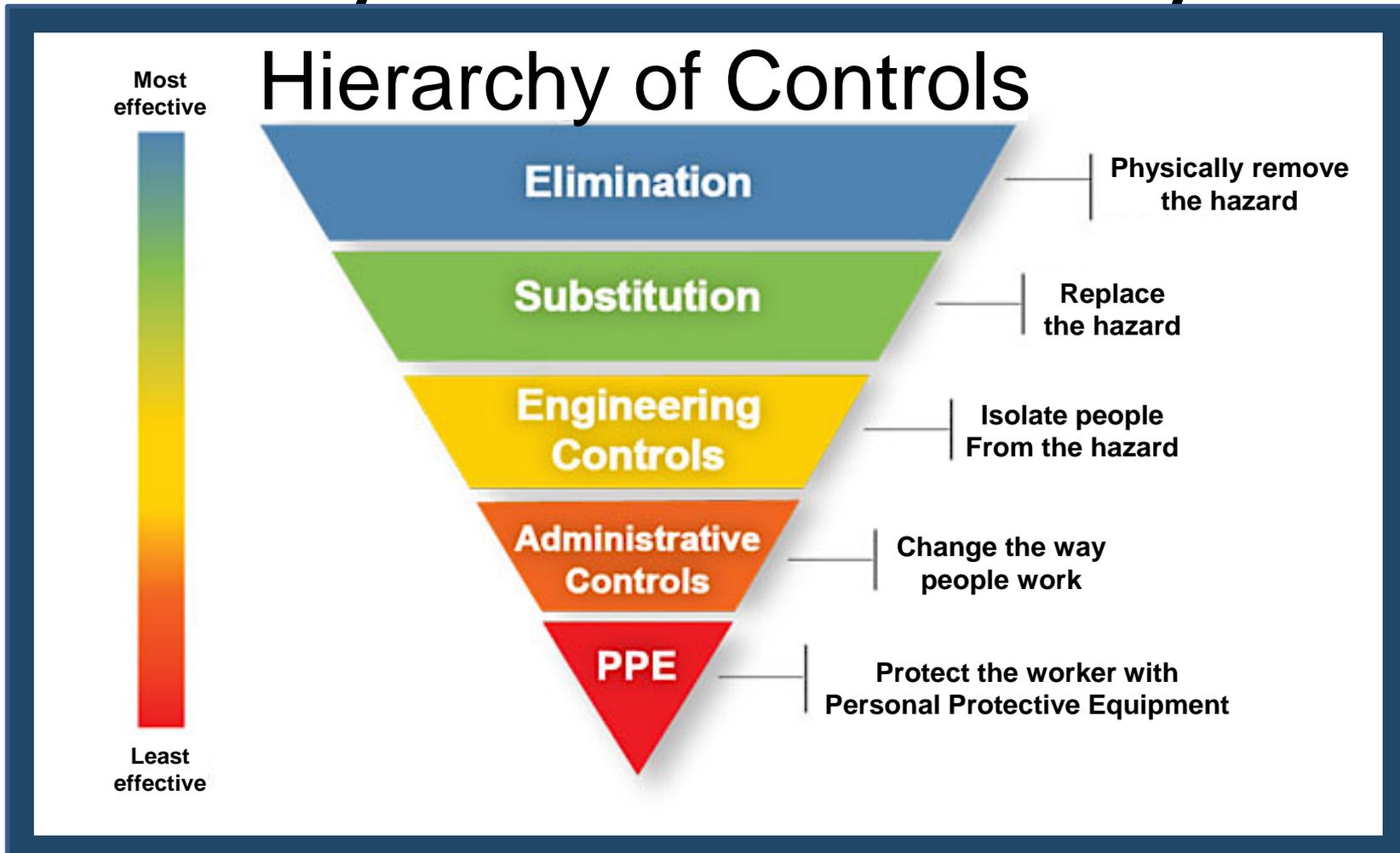
- Emergency Department
- Primary Care
- Out Patient

### All potential conditions on arrival

- Walking-ins
- Deteriorating
- Pregnant
- Pediatric
- Delirious

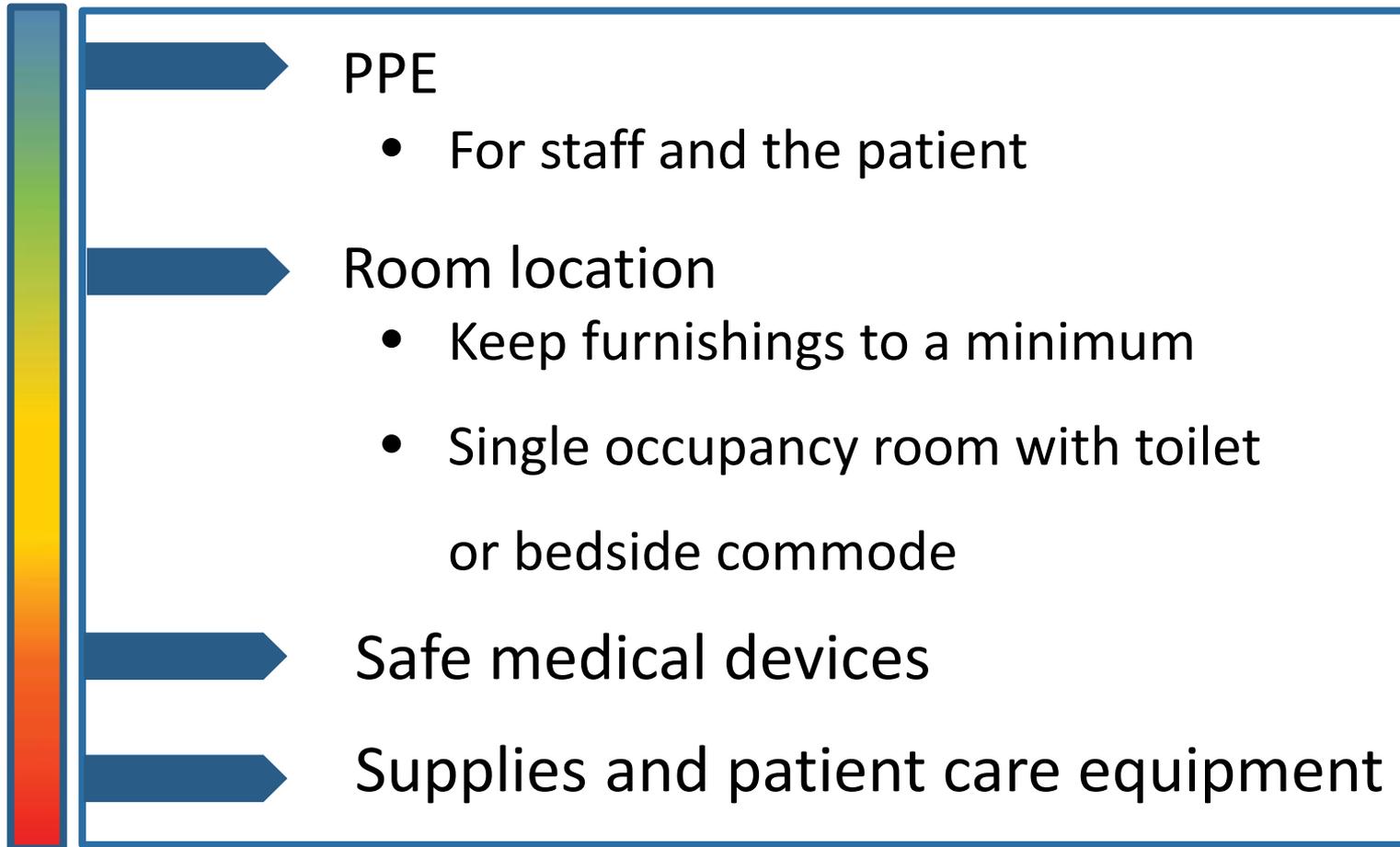


# Hierarchy of Controls: Worker Safety



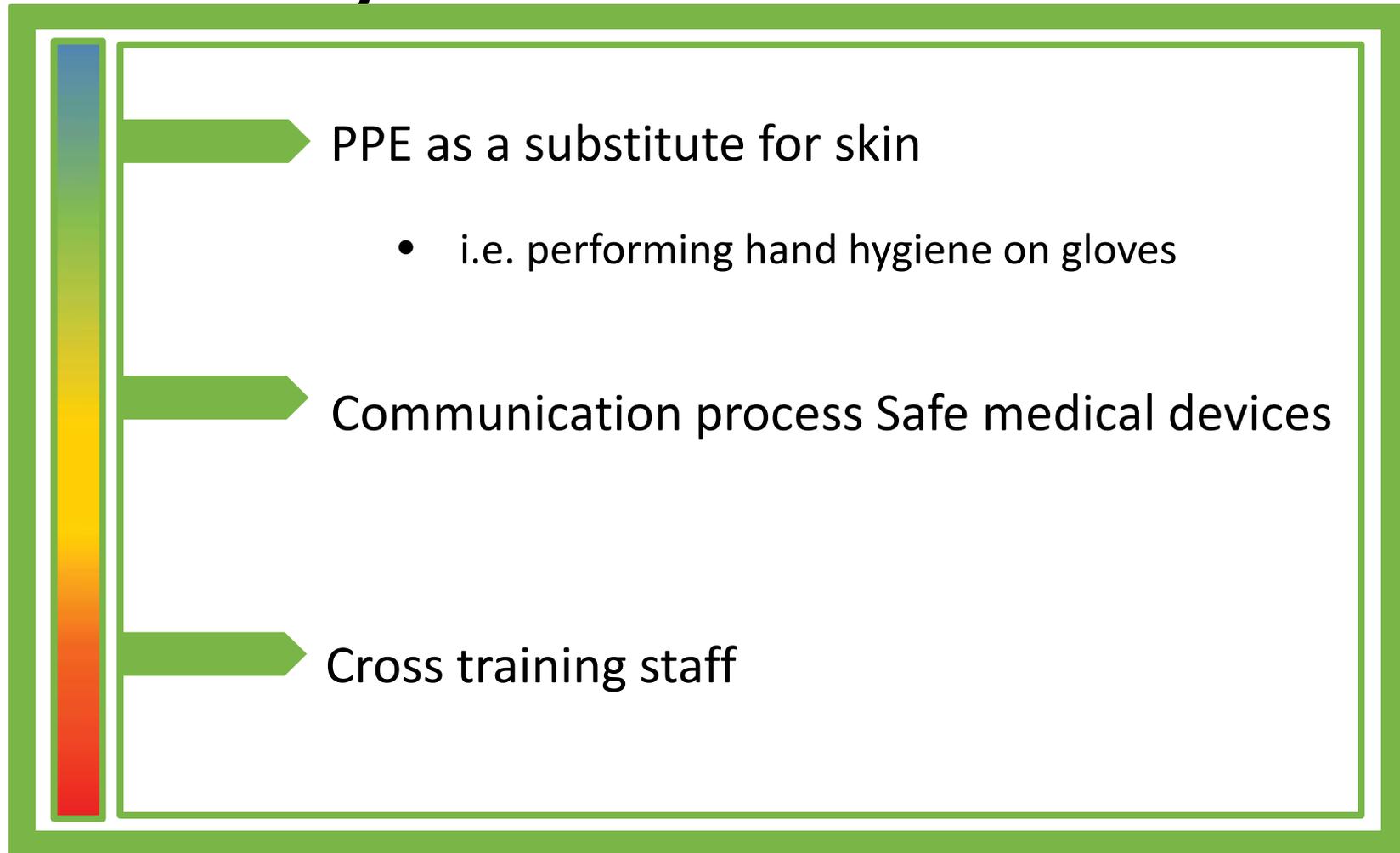


# Hierarchy of Controls: Elimination





# Hierarchy of Controls: Substitution





# Hierarchy of Controls: Engineering



Designated **Cold**, **Warm** and **Hot zones**



Airborne Infection Isolation Room (AIIR)



Location where individuals accompanying the patient can stay



Medical equipment designed for safety





# Hierarchy of Controls: Administrative

Policies and Procedures that guide/direct work processes  
Including:

- Donning and doffing PPE protocols
- Rules associated with **Cold**, **Warm** and **Hot zones**
- Algorithms/checklists
- Coordination between interagency and inter-facility departments
- Record keeping of everyone who enters the patient care room
- Information/instructional signs and posters
- Waste and decontamination processes



# Hierarchy of Controls: PPE

Although PPE is described as the least effective method for hazard elimination

It is intertwined with in EACH control



PPE ensemble that meets the CDC minimum requirements

There is a vast amount of PPE to choose from

# What is Required

## Frontline Healthcare Facility



Quickly identifies and isolates patients with possible Ebola



Notifies facility infection control and state and local public health officials



Has enough Ebola personal protective equipment (PPE) for at least 12–24 hours of care

Prepares for patient transfer, if needed



## Ebola Assessment Hospital



Safely receives and isolates a patient with possible Ebola



Provides immediate laboratory evaluation and coordinates Ebola testing



Cares for a patient for up to 5 days (including evaluation and management of alternative diagnoses) until Ebola diagnosis is confirmed or ruled out



Has enough Ebola PPE for up to 5 days of care

Transfers a patient with confirmed Ebola to an Ebola treatment center in consultation with public health officials



## Ebola Treatment Center



Safely receives and isolates a patient with confirmed Ebola



Cares for patients with Ebola for duration of illness



Has enough Ebola PPE for at least 7 days of care (will restock as needed)



Has sustainable staffing plan to manage several weeks of care



CERT

CDC Ebola Response Teams (CERTs) are ready to deploy to provide assistance as needed

All healthcare facilities on the tier system must be able to:

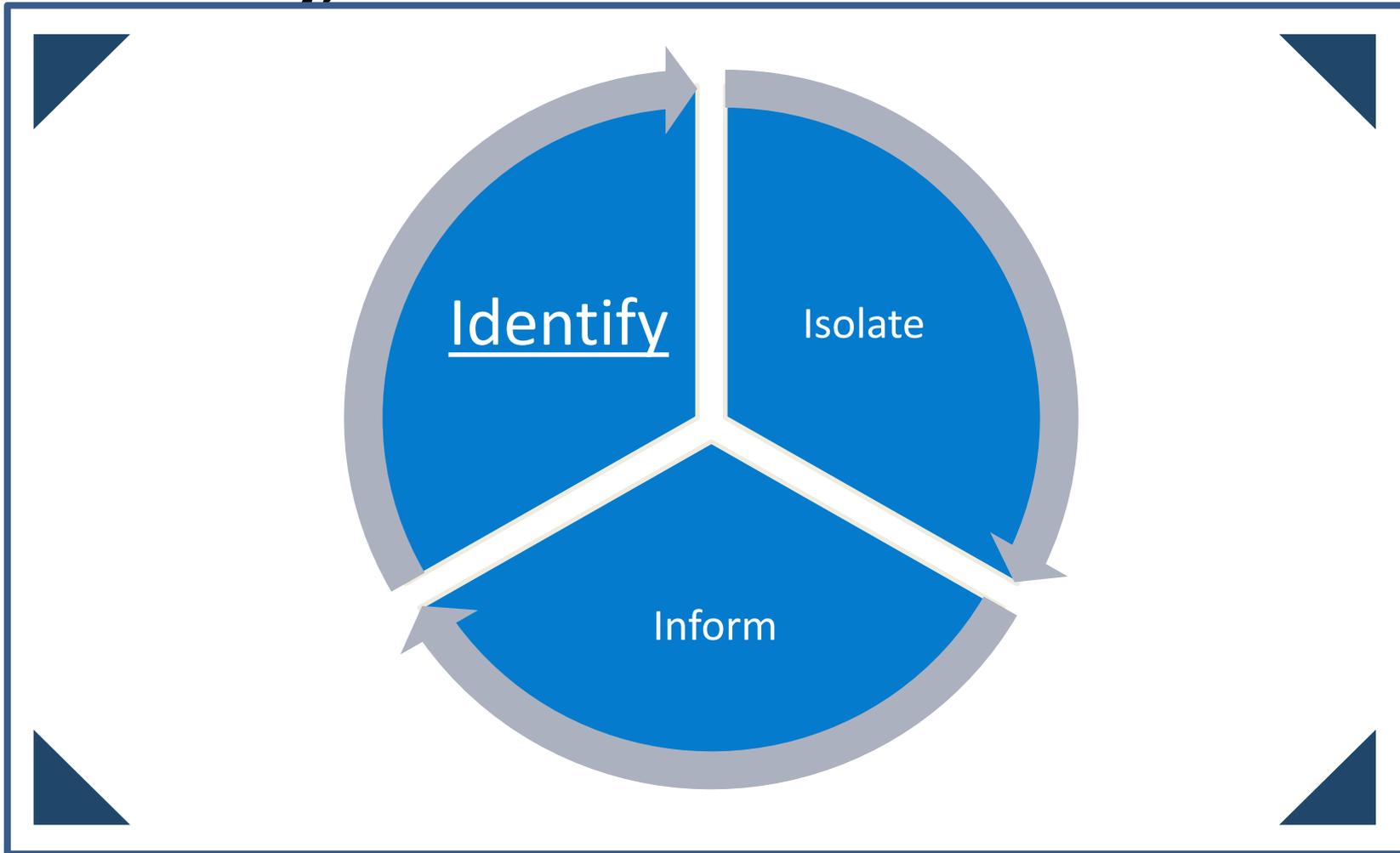
Identify

Isolate

Inform



# Identify, Isolate and Inform





# Identify: Meeting the Case Definition



## Ebola Virus Disease: Person Under Investigation (PUI)

**A person who has both consistent signs or symptoms  
+ risk factors as follows should be considered a PUI**

Elevated body temperature **OR** subjective fever **OR** symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND**

An [epidemiologic risk](#) factor within the 21 days before the onset of symptoms

<http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/case-definition.html>



# Identify



## Screening Pediatric Patients

### PRESENTING SYMPTOMS:

- Respiratory symptoms are more common in pediatrics, and delirium may be less common than in adults

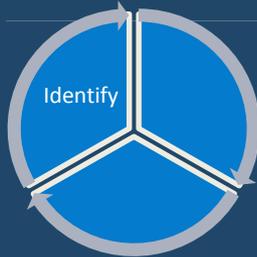
### History:

- Where do you get a child's history? Who is with them?
- Children will likely have family with them- screen everyone, not just the person with symptoms

If symptomatic for respiratory illness, how will you get them to wear a mask?



# Identify



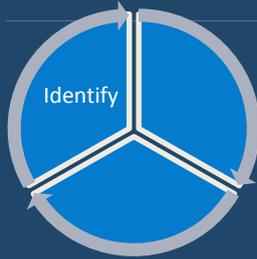
## Risk Factors



- Travel history to a geographical area where a pathogen of concern is present within the known incubation period
- Contact with a confirmed person with a highly infectious disease
- Presenting signs and symptoms in addition to a positive travel history and/or contact with a person confirmed to have the disease
- Persons without signs and symptoms but have traveled to a country where the disease is widespread



# Identify



## Risk Factors

➤ Kerala in south western India

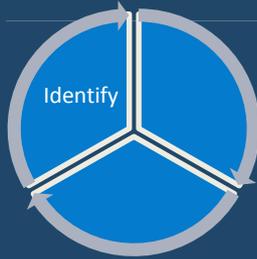
➤ Contact and Droplet Precautions

➤ Symptoms of Nipah Virus Disease

- Fever
- Headache
- Respiratory Illness
- Drowsiness
- Disorientation
- Confusion
- Can progress to coma within 24-48h



# Identify



## Door to Mask

Consider all screeners and first points-of-contact as opportunities for masks

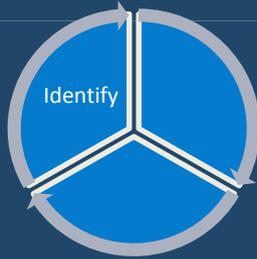
Hygiene stations can help patients **Self Identify & Isolate**







# Identify



## Screening and Tracking

### Screening

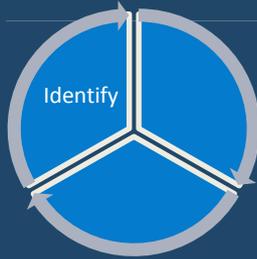
- How is it kept up to date?
- Paper or Electronic?
- How will you handle those more difficult to screen
  - Language barriers
  - Disabilities such as hard of hearing, low vision, developmental or physical

### Tracking

- How do you identify where a person has been and who may have been in contact with them?

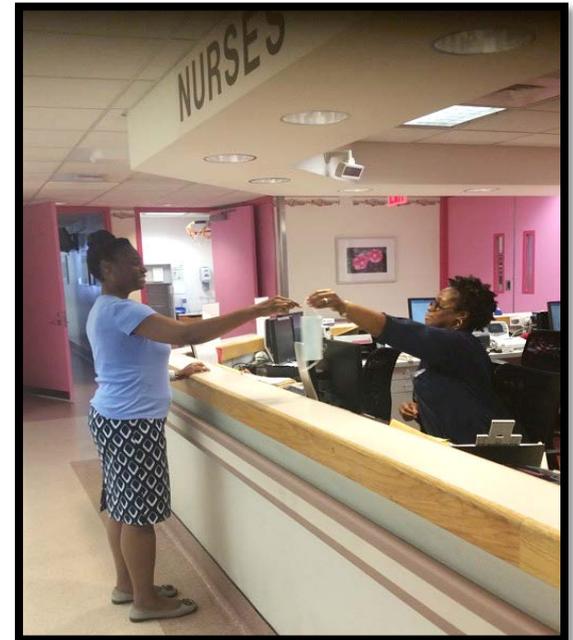


# Identify



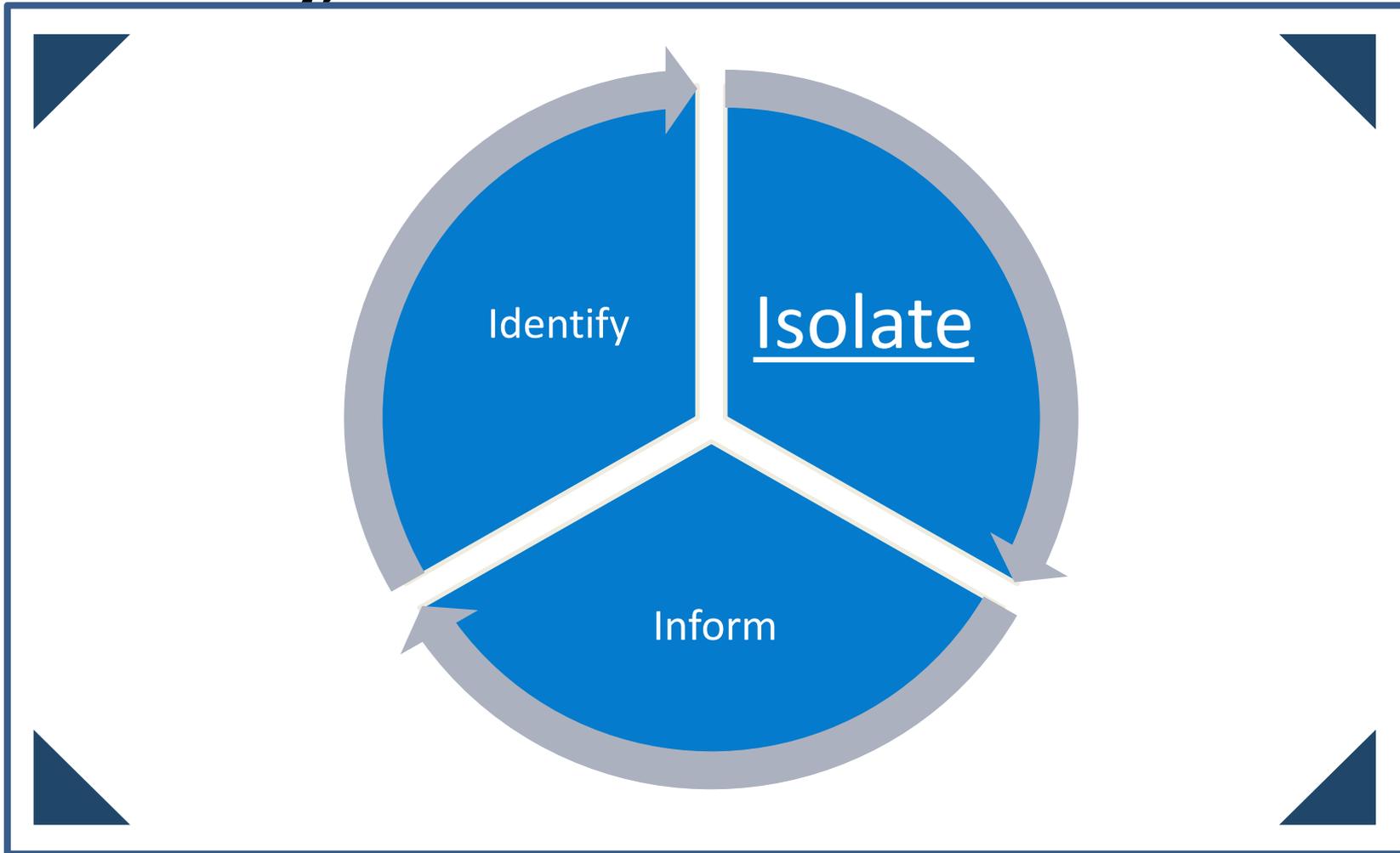
## Early Recognition

Early recognition leads to early isolation and is another key to preventing the spread of infection





# Identify, Isolate and Inform





# Isolate

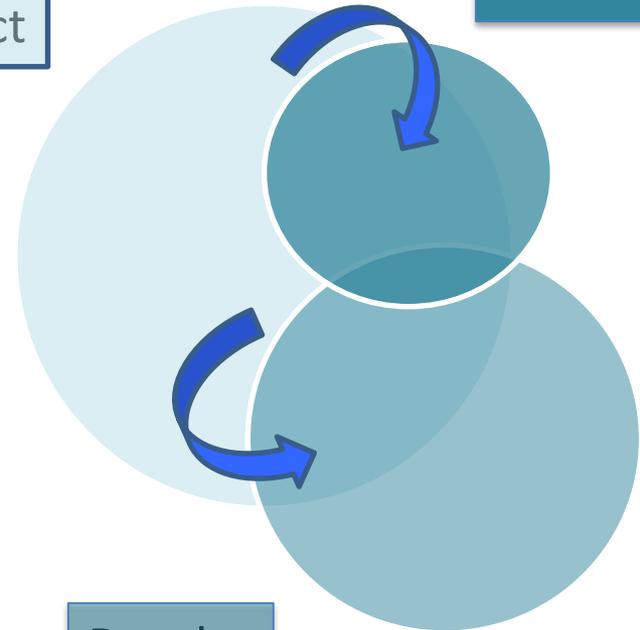


## Pathogen Transmission

- Dry to Wet
- Aerosol generating
- Close Contact
- Prolonged Contact

Contact

Airborne



Droplet



# Isolate



## Isolation Considerations:

### How are you getting this patient to your destination?

- Proximity to other patients?
- Proximity to entry point?
- Who is allowed in the room? (only trained HCWs?)
- How are you keeping track?

### What PPE is the HCW wearing?

- Proximity to other patients?
- Proximity to entry point?

### What would your facility do if there was more than one patient?

- Family with a child?



# Isolate



## Discontinuing Isolation:

In the clinical judgment of the medical team, the PUI's illness no longer appears consistent with the suspected condition

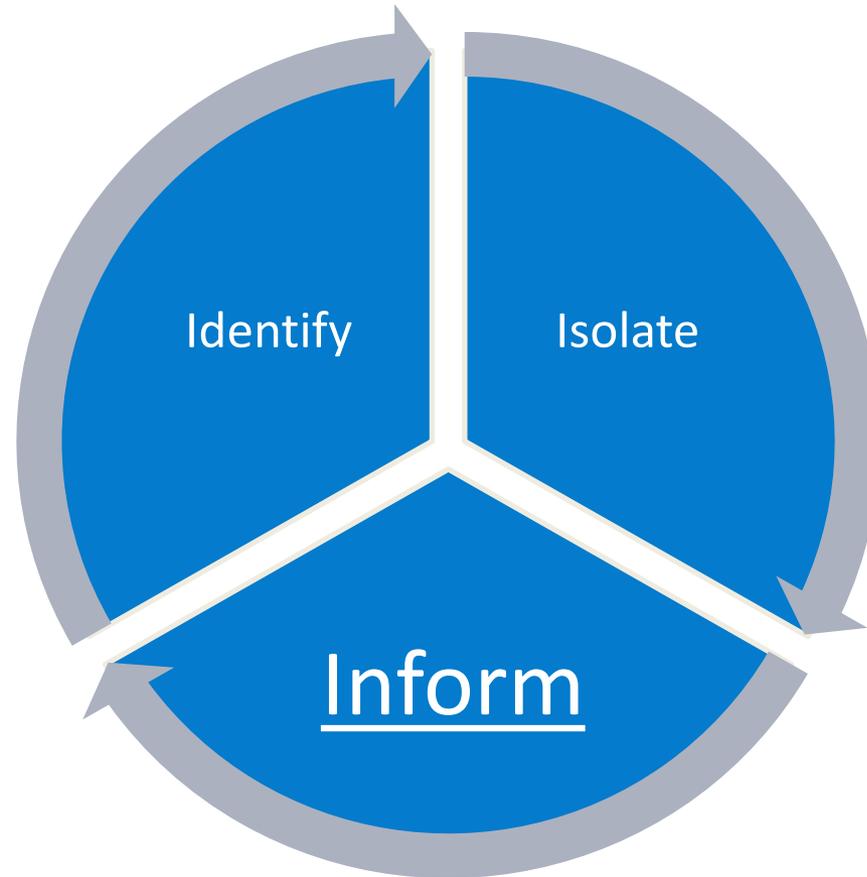
All symptoms that are compatible with the disease (i.e. in the case of Ebola, fever, diarrhea and/or vomiting) have either resolved or can be accounted for by an alternative diagnosis

Approval of your public health authority, in confirmed cases

[Click to Link the CDC's Active monitoring and controlled movement](#)



# Identify, Isolate and Inform





# Inform

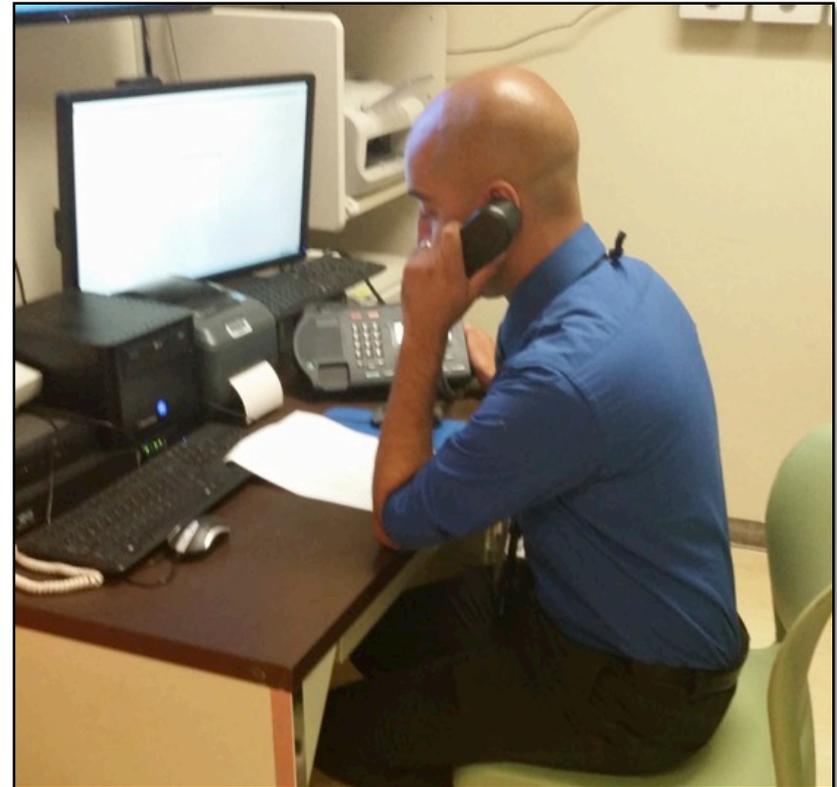


- Facility Personnel
  - Unit Lead
  - Manager
  - Infection Control
  - Administration
  - ???

Public Health

CDC

The Patient





# Summary

## IDENTIFY



Assess your patient for:

- International travel

OR

- Contact with someone with Ebola within the last 21 days

AND

- Had a fever at home, or has a current temperature  $\geq 100.4^{\circ}\text{F}$  ( $\geq 38^{\circ}\text{C}$ )
- Other symptoms:
  - Severe headache
  - Muscle pain
  - Weakness
  - Fatigue
  - Diarrhea
  - Vomiting
  - Abdominal (stomach) pain
  - Unexplained hemorrhage (bleeding or bruising)
- If the patient has both exposure and symptoms, immediately isolate the patient and inform others (see INFORM)

## ISOLATE



If assessment indicates possible Ebola virus infection, take action.

- Isolate the patient in a private room with a private bathroom or covered, bedside commode and close the door
- Wear appropriate personal protective equipment (PPE): <http://go.usa.usgB>
- Limit the healthcare personnel who enter the room
- Keep a log of everyone who enters and leaves the patient's room
- Consider alternative diagnoses, and evaluate appropriately
- Only perform necessary tests and procedures
- Avoid aerosol-generating procedures
- Follow CDC guidelines for cleaning, disinfecting, and managing waste: <http://go.usa.gov/szYA>

## INFORM

Alert others, including public health authorities.

- Notify your facility's infection control program and other appropriate staff
- Contact your state or local public health authorities
- Consult with state or local public health authorities about testing for Ebola
- For a list of state and local health department numbers, visit: <http://go.usa.gov/f74V>





# Resources

Facility Infection Prevention

Local and State Health Departments

- Example: Travel Clinical Assistant (TCA)  
<https://dph.georgia.gov/TravelClinicalAssistant>

CDC Current Outbreak List

<http://www.cdc.gov/outbreaks/>

Health Alert Network Network (HAN)

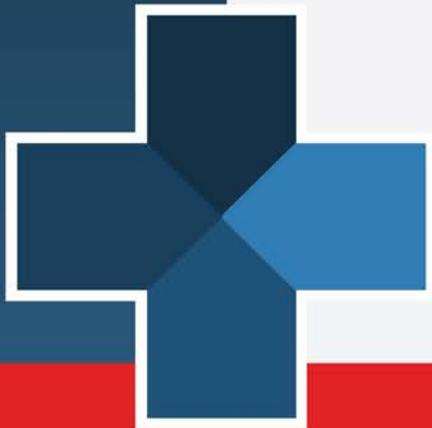
<http://emergency.cdc.gov/han/hantable.asp>

TravelTracker/International SOS (ISOS)

World Health Organization Disease Outbreak News (DONs)  
<http://www.who.int/csr/don/en/>

NETEC Online Education and Resources

<https://courses.netec.org/>



# TRACIE

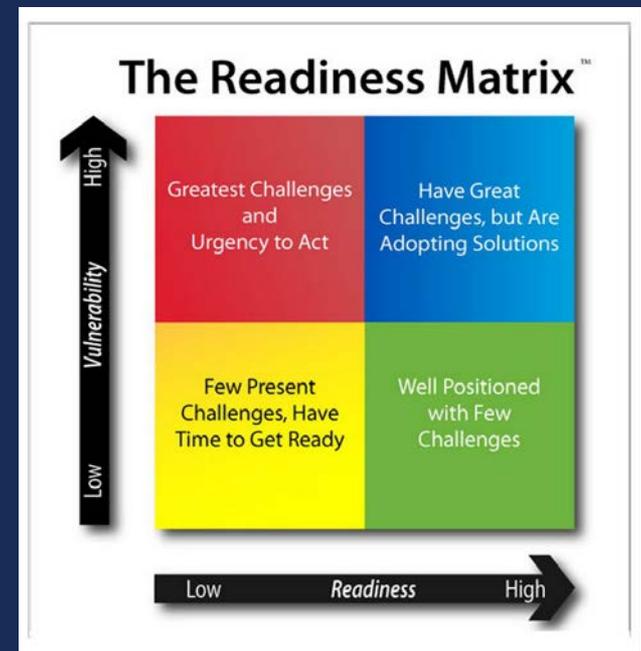
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

**Angie Vasa, BSN, RN, CCRN**  
**Nurse Manager, Nebraska Medicine, Nebraska**  
**Biocontainment Unit; Director of Site**  
**Assessments & Metrics Development, NETEC**

# What is a Readiness Consultation?



- On site visit that is designed to provide expert consultation using a non-regulatory, non-punitive collegial approach.
- Process to assist designated facilities in validating capabilities related to effective management of Ebola and other special pathogen events.
- Evaluation of specific capabilities that include facility tours, presentations and discussions, and functional demonstrations such as drills and exercises that encompass all designated capabilities.
- Consultative assessment agendas are planned in collaboration with public health and the requesting site which allows focal areas to be identified.



# Domains Included in Readiness Consultation Assessments



- Physical Infrastructure Domain
- Infection Control
- Training and Exercises
- Emergency Management
- Pre-Hospital
- Intake and Internal Transport
- Treatment and Care
- Personnel Management
- Laboratory
- Waste Management
- Decedent Management
- Research

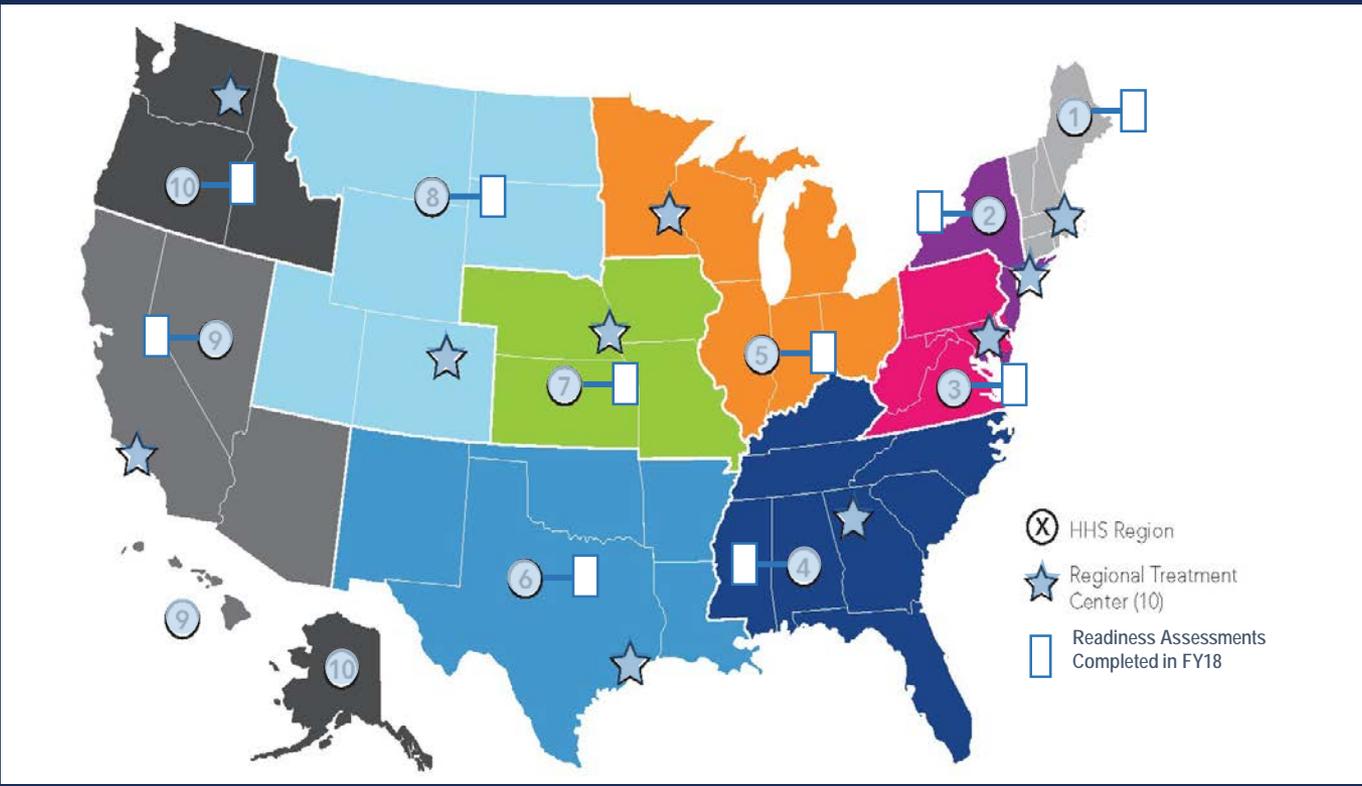
- Facility Self Assessment
  - Online survey completed by the facility in advance of the readiness assessment
  - Provides context for evaluating operational readiness of protocols once on site
- Facilities Capabilities Assessment (FCA)
  - Evaluate operationalization of the elements identified in the FSA
  - On site data capture tool:
    - Compare and validate findings against facility self-assessment results
    - Record Observations
    - Guide and frame discussion throughout the visit

No.	Part	Activity	Measure	Source
<b>Training and Exercises Domain</b>				
<b>TE2. Personnel Training Capability</b>				
• Trained on <ul style="list-style-type: none"><li>○ Identify, Isolate, Inform protocols</li><li>○ PPE donning and doffing</li><li>○ Infection control and safety</li></ul>				
<b>HPP Measures to Consider</b>				
• RESPTCs: 19BA, 23BB				
• ETCs: 2AB, 4AB, 5AB, 19AB				
• Assessment Hospitals: 8AB, 9AB, 10AB, 11AB, 12AB, 13AB, 19BA				
• Frontline Facilities: 16AC				
1	A	A	Time, in minutes, it takes from an assessment hospital's notification to the health department of the need for an inter-facility transfer of a patient with confirmed Ebola to the arrival of a staffed and equipped EMS/inter-facility transport unit, as evidenced by a no-notice exercise (Goal: Within 240 minutes or 4 hours).	Coalition or AH exercise or real event
<b>TREATMENT CENTERS</b>				
2	A	B	Proportion of rostered staff that are trained in safely donning and doffing personal protective equipment (PPE) (Goal: 100%).	ETC measure

## Strengths & Innovations

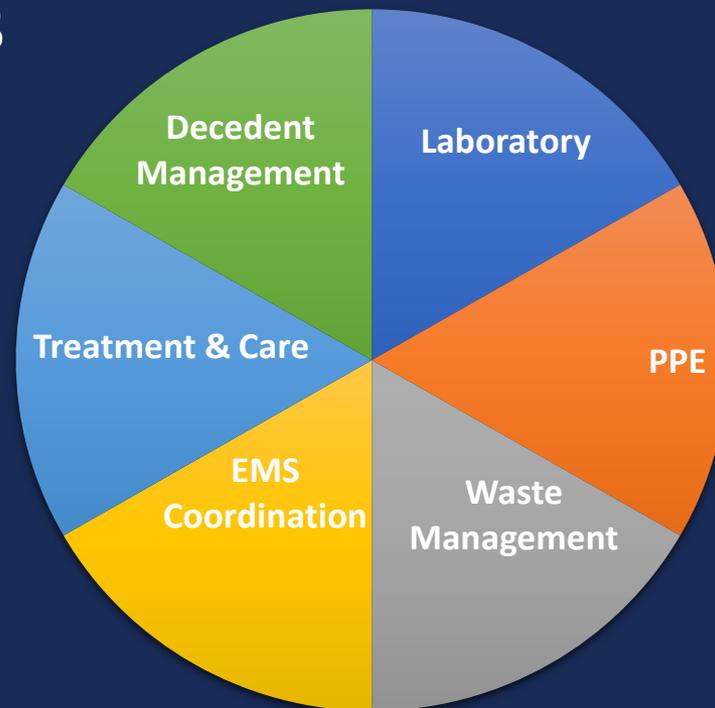
## Major & Minor Areas for Improvement

# Readiness Consultations Completed FY18 by Region



# Readiness Consultations: Domains with Areas for Advancement

## Domains



- Laboratory
- PPE
- Waste Management
- EMS Coordination
- Treatment & Care
- Decedent Management

# Facility Self Identified Domains for Advancement

- Waste Management
- Laboratory
- Treatment and Care



# On-site SME Identified Areas for Advancement



- ESP isolation Unit
- Infection Control-Waste management
- PPE doffing

Evaluation of the  
Operationalization of Existing  
Protocols

- Progressive training approaches
- Expansion of leadership roles to sustain unit operations
- Audio/Visual advances to enhance safety and communication in BCUs
- Unit designs and modifications

- Offer more comprehensive “Readiness Consultations”
  - Facility Assessment
  - Technical assistance
  - Customized education
- Cross-cutting collaboration
  - Readiness Consultations & Education
    - Y4 course topics address domains with identified gaps, conduct RA/TA in simultaneously, leadership toolkit
  - Readiness Consultations & Exercise Development
    - Create more focused drill templates
    - Integrate exercises into each visit
  - Readiness Consultations & Research
    - Incorporate research into exercises and assessments

Response

# 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.



# Question & Answer



# 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)



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