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T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Highly Pathogenic Infectious Disease Exercise Planning Tools

March 7, 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- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences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

[ASPR TRACIE website](#)

Role of the National Ebola Training and Education Center

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



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, and exercise templates available at the [NETEC website](#).
- Provide technical assistance to public health departments and healthcare facilities.
- Create a research infrastructure across the 10 regional ETCs.



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Richard Hunt, MD
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Welcome Message and Webinar Purpose

- The healthcare system can prepare to manage patients with highly pathogenic infectious disease by conducting exercises based on the regional, tiered approach set forth by ASPR for Ebola.
- NETEC developed fully customizable exercise materials to assist in conducting drills and exercises and meeting Ebola HPP measures.

Learning Objectives

- Participants will:
 - Learn about exercise templates to test readiness for highly pathogenic infectious disease patients.
 - Know how exercise templates support guidance.
 - Understand how exercises support ASPR's regional, tiered approach and address unique challenges and situations.



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HSEEP Exercise Methodology



HSEEP Exercise Program Management





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NETEC Exercise Resources

6 end-users

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



2 exercise types

- Discussion-based
- Operations-based



2 exercise options

- Ebola
- Other Special Pathogens (airborne)



NETEC Exercise Templates

- Fully customizable to meet each end user's unique requirements
- Option to choose any single airborne-transmissible pathogen and proceed expeditiously
- Directly map to specific measures in the ASPR HPP Ebola Preparedness Measurement Implementation Guidance

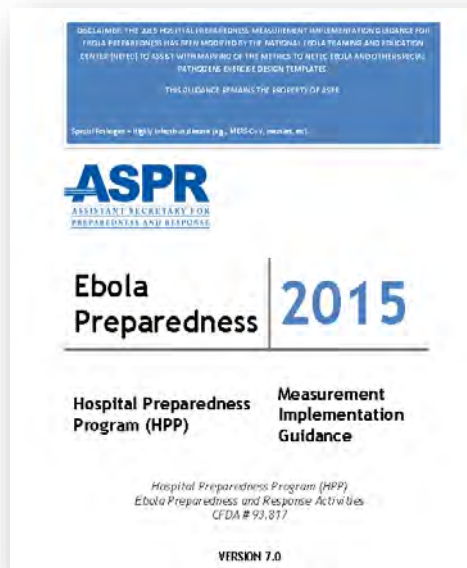


Table 1: Airborne Transmissible Disease Selection

- 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.

Number	Part	Activity	Measure	Source	NETEC Exercise Template
Develop a Concept of Operations					
1	A	A	Time, in minutes, it takes from an assessment hospital's notification to the National Department of Health for an airborne transmissible pathogen with confirmed Ebola (or other respiratory pathogen) to the arrival of a staffed and equipped field-level facility transport unit, as indicated by a specific exercise (oral, written, tabletop, or a hybrid).	Establishment of an event or risk event	Health Care Staff Roles Assessment Hospital Regional Transport Unit
Assess readiness of Ebola treatment center					
2	A	B	Proportion of isolated staff that are trained to safely assess and outfit patients prior to the deployment of the unit (oral, written).	ETC measures	Under-Designated Ebola Treatment Center
3	A	E	Time it takes for an EITC staff, upon notification of a patient with Ebola (or other respiratory pathogen) at the regional clinic and other central pathogen treatment center, to arrive back to the EITC facility (oral, written, 72 hours).	ETC measures or risk event	Under-Designated Ebola Treatment Center
4	A	E	Time until an Ebola treatment center is ready to admit a patient with Ebola (or other respiratory pathogen) as indicated by an event or actual patient transfer (oral, written, 72 hours).	ETC measures or risk event	Under-Designated Ebola Treatment Center
5	A	B	Proportion of isolated staff contacted by hospital within 4 hours of a patient with confirmed Ebola's admission to the EITC facility (oral, written, 72 hours).	ETC measures or risk event	Under-Designated Ebola Treatment Center
6	A	B	Proportion of isolated staff contacted that are able to report to EITC (oral, written, 72 hours).	ETC measures or risk event	Under-Designated Ebola Treatment Center
7	A	B	Proportion of Ebola treatment centers (ETCs) that can accept their EITC supply (e.g., blood fraction and have sufficient quantity of supplies) and have 10 minutes of patient with suspected Ebola (or other respiratory pathogen) transfer to EITC or upon the patient's arrival (if no notification) (oral, written).	ETC measures or risk event	Under-Designated Ebola Treatment Center
Assess readiness of assessment hospital					
8	A	B	Time, in minutes, from the time the direct patient monitoring (assessing) patient arrives to placement in isolation at assessment hospital (oral, written, 15 minutes).	An event or risk event	Assessment Hospital
9	A	O	Time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola (or other respiratory pathogen) (e.g., MERS-CoV, measles, etc.) following emergency department triage, as indicated by a real-world case or a specific exercise (oral, written, 15 minutes).	An event or risk event	Assessment Hospital
10	A	B	Proportion of regional clinic and emergency triage of patients (ETC) workers to EITC that an EITC is expected to be an EITC (oral, written, 15 minutes).	An event or risk event	Assessment Hospital
11	A	E	Number of health care and staff workers to EITC that an assessment hospital makes contact with after health department reports case and isolation (oral, written, 15 minutes).	An event or risk event	Assessment Hospital

NETEC Exercise Templates

- 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 studies
 - Surgical intervention
- Built-in injects throughout for further food-for-thought
- Contains HSEEP-complaint:
 - Situation Manual/Exercise Plan
 - Exercise Schedule
 - After Action Report
 - Improvement Plan
 - Participant Feedback Form and more

Appendix A: Exercise Schedule

Suggested Time	Activity
Varies	Facilitator/Evaluator Briefing and Registration
20 – 30 minutes	Welcome and Introductory Briefing • Participant Introductions (Players, Facilitator(s), Evaluators, Observers) • Exercise Overview – Agenda – Guidelines – Assumptions and Anticipations – Evaluation
45 minutes	Exercise 1: Unit Activation, Transport and Patient Care for (Stable or Critical) (Insert airborne transmissible disease name) Patient • Module 1 • Module 2 • Module 3
45 minutes	Exercise 2: Admit a Walk-in Patient from State-Designated Ebola Treatment Center's Emergency Department (ED) • Module 1 • Module 2
120 minutes	Exercise 3: Planning for Special Considerations for State-Designated Ebola Treatment Center • Module 1 • Module 2 • Module 3 • Module 4 • Module 5 • Module 6
30 minutes	Hot Wash/Closing Remarks/Participant Feedback Forms
Varies	Facilitator/Evaluator Debrief

Improvement Plan

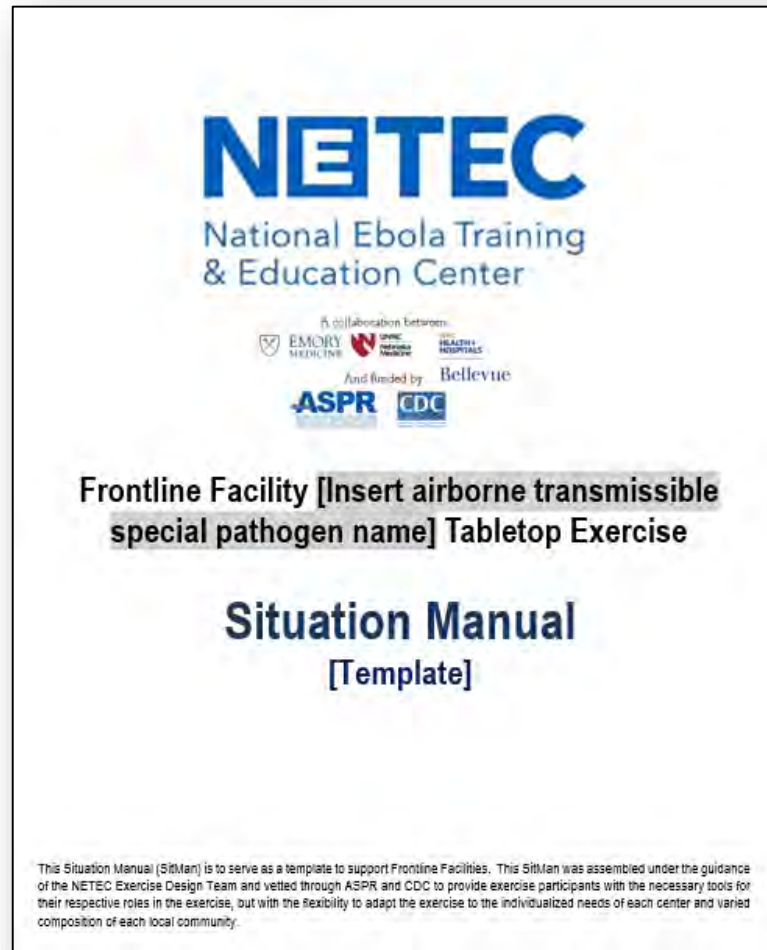
This IP has been developed specifically for (Organization or Jurisdiction) as a result of (Exercise Name) conducted on (Date of Exercise).

Target Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Target Capability 1 (Capability Name)	1. (Area for Improvement)	(Corrective Action 1)					
		(Corrective Action 2)					
		(Corrective Action 3)					
Target Capability 2 (Capability Name)	2. (Area for Improvement)	(Corrective Action 1)					
		(Corrective Action 2)					
		(Corrective Action 3)					

² Capability Elements are Planning, Organization, Equipment, Training, or Exercise.



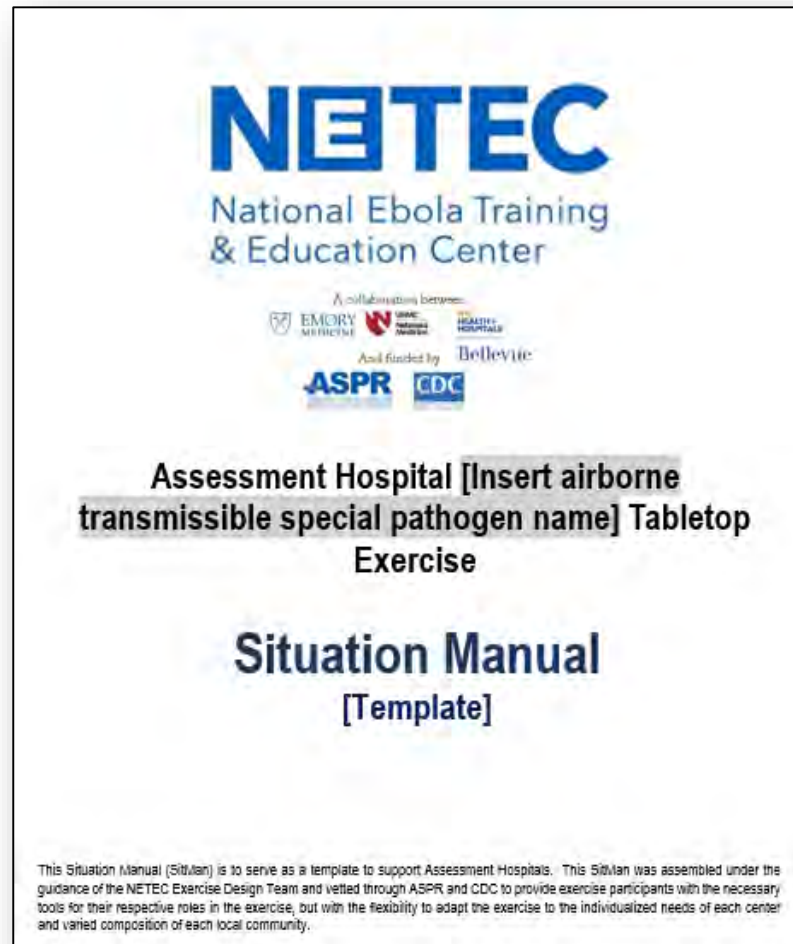
Frontline Facilities



Frontline Facilities: Exercise Structure

1. Patient Self-Presents at Frontline Facility
 - 2 Modules: Identification & Isolation / Frontline Facility Activation
 - 4 Special Consideration Sections: Basic Laboratory Services, Surge Capacity, Diagnostic Radiological Imaging, Waste Management
2. Patient Transport
 - 3 Modules: Coordination & Planning
Transportation / Ground Transport / Recovery Planning

Assessment Hospitals



Assessment Hospitals: Exercise Structure

1. Accept PUI Transfer

- 3 Modules: Activation/Ground Transport/Patient Hand-off

2. Patient Self-Presents to ED

- 3 Modules: Identification & Isolation/Activation/Patient Care & Labs

3. Patient Admission from Active Monitoring

- 2 Modules: Activation/Ground Transport

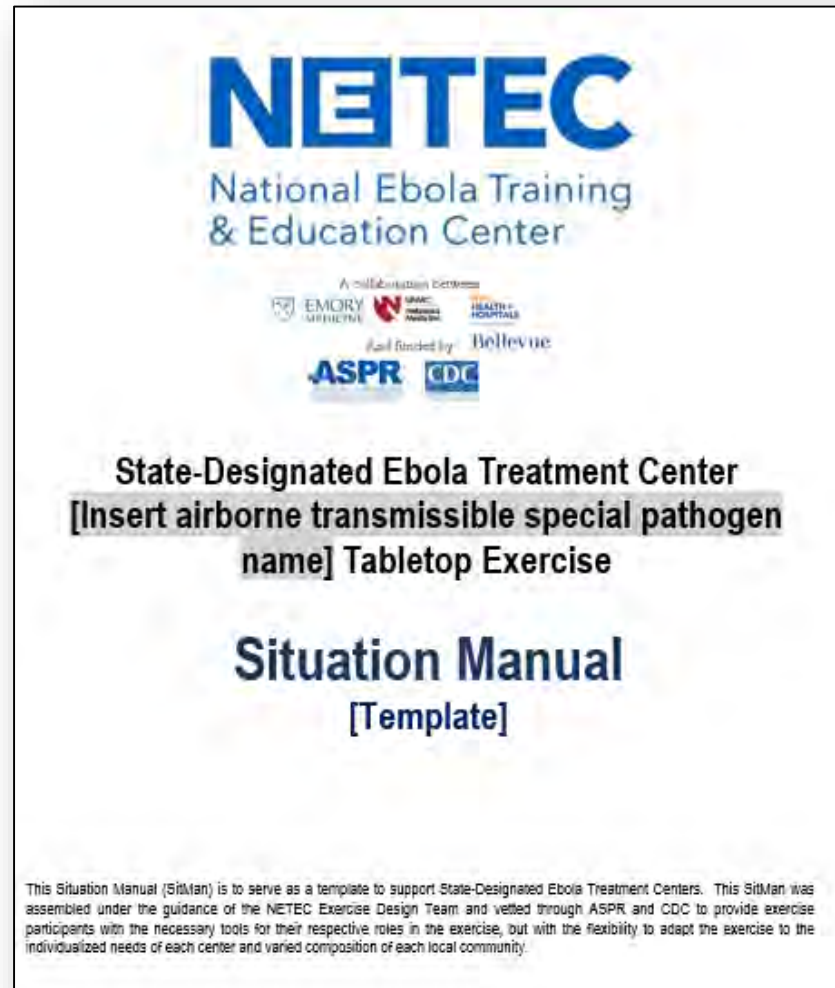
4. Patient Transport due to Positive Lab Results

- 2 Modules: Coordination & Planning Transport/Recovery Planning

5. Special Considerations

- 5 Modules: Surge Capacity, Diagnostic Radiological Imaging, Pediatric Patient, Waste Management, Decedent Management

State-Designated Ebola Treatment Centers



State-Designated Ebola Treatment Centers: Exercise Structure

1. Accept PUI Transfer

- 3 Modules: Activation/Ground Transport & Patient Hand-off/Patient Care

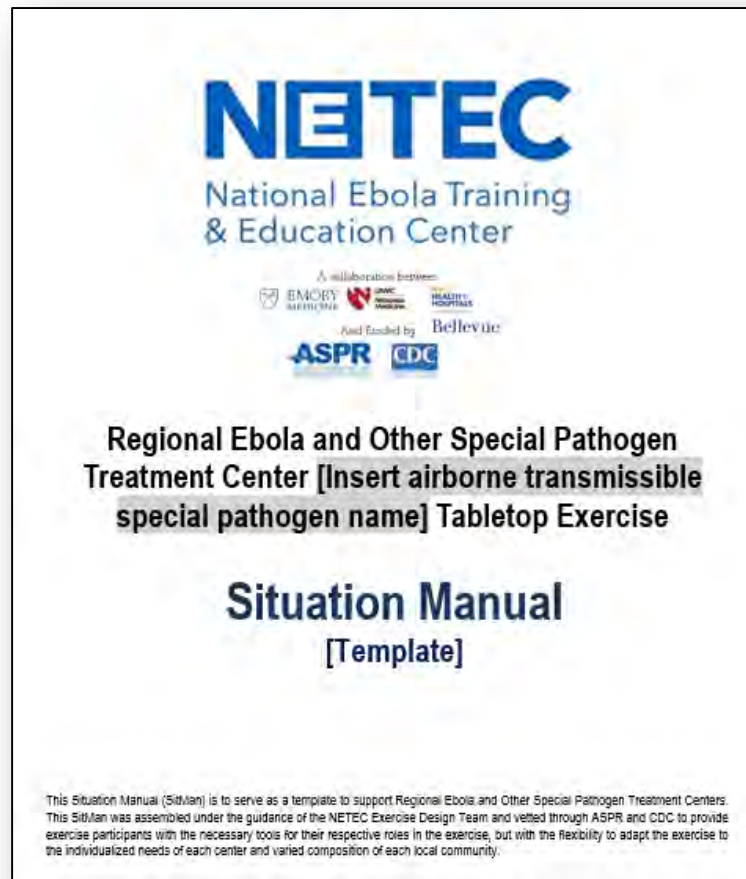
2. Patient Self-Presents to ED

- 3 Modules: Identification & Isolation/Unit Activation

3. Special Considerations

- 7 Modules: Surge Capacity, Laboratory Support Services, Diagnostic Radiological Imaging, Pediatric Patient, Waste Management, Decedent Management, Labor/Delivery Patient (transport to RESPTC)

Regional Ebola and Other Special Pathogen Treatment Centers



Regional Ebola and Other Special Pathogen Treatment Centers: Exercise Structure

1. Accept PUI Transfer

- 4 Modules: Activation/Air & Ground Transport/Patient Hand-off/Patient Care

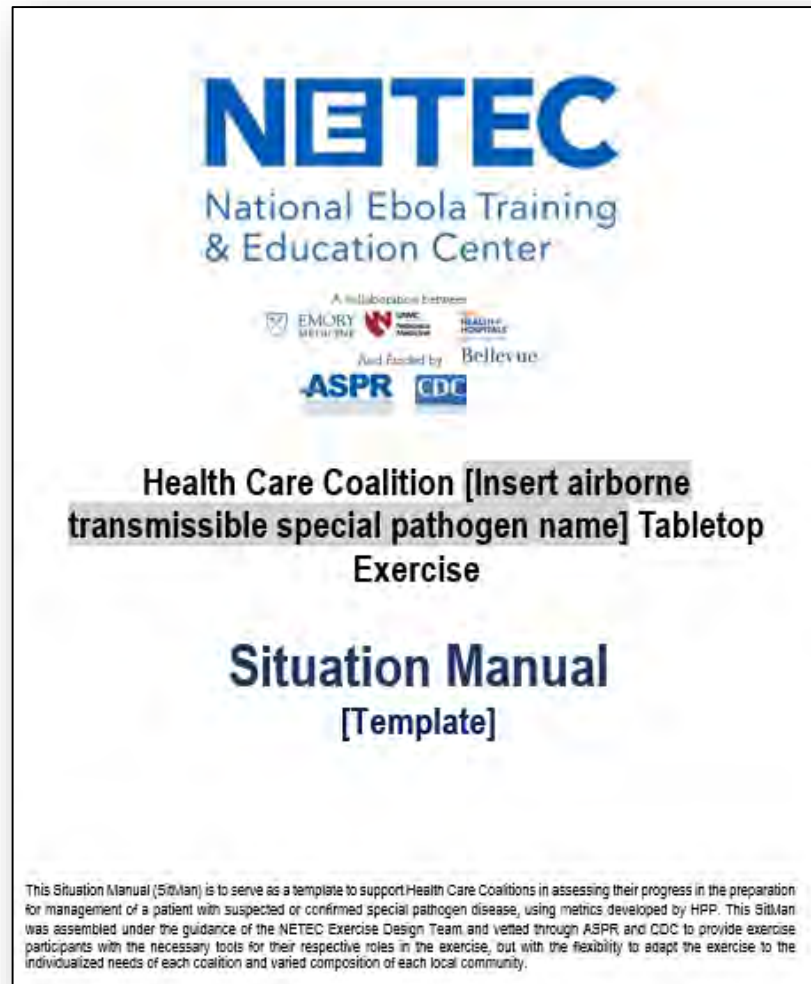
2. Patient Self-Presents to ED

- 3 Modules: Identification & Isolation/Unit Activation

3. Special Considerations

- 8 Modules: Surge Capacity, Laboratory Support Services, Diagnostic Radiological Imaging, Pediatric Patient, Waste Management, Surgical Intervention, Decedent Management, Labor/Delivery Patient

Health Care Coalitions



Healthcare Coalitions: Exercise Structure

1. Patient Arrives at a HCC Member Facility

- 4 Modules: ED Arrival/Ongoing Operations/Decision to Transfer/Returning to Normalcy

2. Multiple Patients Arrive in HCC

- 3 Modules: Transportation Planning & Coordination/Transport of Patients/HCC Surge Capacity

Regional Transport Plan

NETEC

National Ebola Training
& Education Center



**Regional Transport Plan - [Insert airborne
transmissible special pathogen name] Tabletop
Exercise**

Situation Manual
[Template]

This Situation Manual (SitMan) is to serve as a template to support Regional Transport Plan. This SitMan was assembled under the guidance of the NETEC Exercise Design Team and vetted through ASPR and CDC to provide exercise participants with the necessary tools for their respective roles in the exercise, but with the flexibility to adapt the exercise to the individualized needs of each coalition and varied composition of each local community.

Regional Transport Plan: Exercise Structure

1. Regional Transport Activation, Coordination and Transport

- 4 Modules: Plan Activation/Ground Transport/Air Transport/Decontamination
- Includes 3 special consideration sections: Patient decompensation en route/pediatric patient transfer/multiple patients transfer

How To Access Templates

[Resources / Repository](#)[Request a Site Visit](#)[Exercises](#)[Have a question?](#)

- [Ebola Tabletop Exercise Template](#)



Assessment Hospitals

- [Ebola Tabletop Exercise Template](#)
- [ASPR Ebola Preparedness 2015 Hospital Preparedness Program Measurement Implementation Guidance \(Mapped to NETEC Exercise Design Templates\)](#)



State-Designated Ebola Treatment Centers

- [Ebola Tabletop Exercise Template](#)
- [Ebola Drill, Functional & Full Scale Exercise Template](#)
- [ASPR Ebola Preparedness 2015 Hospital Preparedness Program Measurement Implementation Guidance \(Mapped to NETEC Exercise Design Templates\)](#)



Regional Ebola and Special Pathogen Treatment Centers & Regional Partners

- Exercise Materials for Ebola
 - [Ebola Drill, Functional & Full Scale Exercise Template](#)
 - [Ebola Tabletop Exercise Template](#)
- Exercise Materials for Special Pathogens
 - [Special Pathogen \[Airborne\] Tabletop Exercise Template](#)
 - [ASPR Ebola Preparedness 2015 Hospital Preparedness Program Measurement Implementation Guidance \(Mapped to NETEC Exercise Design Templates\)](#)



Health Care Coalitions

- [Ebola Tabletop Exercise Template](#)

Exercise Design and Execution Tips

- Building block approach (TTX → FSE)
- Healthcare facility and public health partnership participation
- Clear roles and responsibilities of all participants
- Document through after action report
- Follow up with improvement plan

Building Block Approach In Action



Tabletop Exercise



Actor Briefing



Drill Play (no-notice)



Drill Play (notice)



Hotwash

Wrap Up and What Comes Next?

- NETEC offers a 4-hour interactive Emergency Management Workshop:
 - Introduction to All-Hazards Emergency Management and Healthcare Incident Command System (HICS)
 - Developing and Implementing System, State, and Regional Concepts of Operations (CONOPs) (public health partnerships: air and ground transport considerations, success models)
 - Introduction to Homeland Security Exercise and Evaluation Program (HSEEP) and Application via NETEC Exercise Resources
 - Exercise Workshop (Participants Grouped by HHS Region)



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Exercising and the Clinician

- Clinicians have full time jobs elsewhere; thus:
 - Clinicians are generally unprepared for:
 - Disasters
 - Other infrequent or unpredictable events
 - Some issues require frequent reinforcement:
 - Safety, Infection Control
 - Exercises are particularly important for:
 - Low probability/high consequence events
- Clinicians are at very high risk

The “Pathogens of Concern:” Which Might Warrant Exercising?

- Ebola & other VHF_s
 - Marburg, Lassa, several others
- High Consequence Airborne Pathogens
 - SARS, MERS
 - HPAI, novel flu, pandemic flu
 - XDR-TB, Smallpox
- High Consequence Droplet Pathogens
 - Nipah, Hendra, Plague, Monkeypox

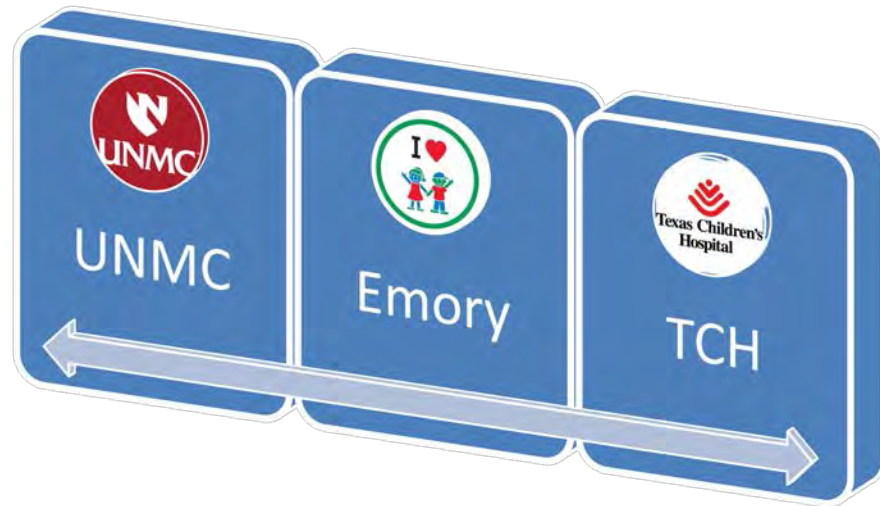
Special Populations & Needs

- Pediatrics
 - Come in all sizes and stages of development
 - Neonate, Infant, Toddler, Child, Adolescent
 - Many are confused or anxious
 - Many are combative or flailing
 - Many are incontinent
 - All toddlers have altered reality testing
- Obstetrics
- Psychiatric Patients
- Patients with Physical Disabilities

Thorny Issues in Pediatrics

- Parental presence & tele-parenting
- Neonates born to infected mothers
- Cohorting
 - In isolation and in quarantine
 - Parent/Child, Child/Siblings
- Breastfeeding
- Sedation in behavioral management
- Play (toys in the unit)

The Model: Is There a “Best Practices” Approach?



- Even if you do not plan on caring for children, you should exercise:
 - Initial assessment, triage, identification & isolation
 - Initial management pending transfer
 - Safe transport to another facility

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



[ASPR TRACIE website](#)



1-844-5-TRACIE



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