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Lessons Learned in Developing an Effective Regional Ebola CONOPS

August 10, 2016

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Welcome Message and Webinar Intent

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

Webinar Purpose

- Share lessons learned to assist regions in the development of their Ebola concept of operations (CONOPS)



Learning Objectives

- Participants will:
 - Learn how two regions developed their CONOPS.
 - Understand how lessons learned shaped planning in those regions.
 - Know more about resources that support patient transport.
 - Be able to apply promising practices to their own regional CONOPS development efforts.



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Region IV

Region IV Approach

- Built upon established relationships.
- Shared more mature plans to jumpstart planning in less advanced states and facilities.
- Led partners to resources, but did not force them to follow.
- Understood that planning is an ongoing process.

Region IV Lessons Learned

- Need for sound and exercised communication pathways.
- Essential to have “Plan B” for transport.
- Just because something worked does not mean it is finished.



Regional Treatment Center Perspective

- Notification influences readiness.
- Clear and concise communication strategies are key.
- Building relationships with regional partners during times of inactivation helps provide a foundation of trust.



“A-ha” Moments and Promising Practices

- Don't forget about your Field Project Officer.
- Important to account for differing levels of experience.
- Active support from leadership makes the process easier.





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Region III

Region III Approach

- Formation of dedicated planning group.
- Constant communication throughout the regional CONOPS development process.
- Engagement with the Regional Treatment Center every step of the way.



Region III Lessons Learned

- Cannot overemphasize importance of transparent communication.
- States' legislative construct posed some challenges.
- Transportation remains a challenge.
- Importance of inclusion of federal installations in the process.



Regional Treatment Center Perspective

- Involvement in planning at the outset is critical.
- Forming strong partnerships with local and state governments is imperative.
- Onsite multi-disciplinary and multi-institutional training is key to success.



“A-ha” Moments and Promising Practices

- Phoenix Air revelation.
- Who’s responsible for transporting patient back home?
- Early and active buy-in by Deputy Secretary set the stage.
- SharePoint to facilitate development of plan.





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Critical Issues in Patient Transportation

EMS Biosafety Transport

- Development and implementation of:
 - Administrative policies
 - Work practices
 - Environment design
 - Safety equipment



To prevent transmission of biological agents to workers, other persons and the environment.

EMS Biosafety Transport

- Education
- Training
- Policies
- Procedures
- Development and maintenance of competencies



Important Principles

- Strong partner communications
 - EMS, hospital, public health, law enforcement, emergency management, airport
- Strong EMS-hospital interface
 - Shared development of policies and procedures
 - Shared drills and exercises

Resources

- ASPR - [Air to Ground Transport Fact Sheet](#)
- CDC
 - [“Guidance for Developing a Plan for Interfacility Transport of PUI . . .”](#)
 - Patient Hand-Off SOP
 - Air-to-Ground Patient Hand-Off SOP
 - Ambulance Decontamination
- NETEC - EMS-hospital interface
- NIEHS – Worker Training Program

Resources

- EMS Biosafety Transport Consortium
 - Emory University/Grady EMS
 - UNMC/Omaha Fire Department
 - NYC-Health and Hospitals-Bellevue/Fire Dept. of New York
 - NIH Div. of Fire and Rescue Services/NIH Div. of Occupational Health and Safety
 - Phoenix Air Group
 - American Medical Response
 - US Department of State/Office of Operational Medicine

Tackling Issues

- Regional air ambulance transport
- Prolonged ground transport
- Deterioration in transit
- Medical direction
- Ambulance decon and disinfection
- Waste management
- Post-mission surveillance
- Maintenance of competencies



Wrap Up and What Comes Next?



National Ebola Training and Education Center (NETEC)

- Comprised of hospitals that have successfully evaluated and treated patients with Ebola in the U.S.
- Established in July 2015.
- ASPR and CDC providing \$12 million over 5 years to support NETEC.

A collaboration between



EMORY
MEDICINE



UNMC
Nebraska
Medicine

NYC
HEALTH+
HOSPITALS

And funded by

Bellevue

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

NETEC Resources and Benefits

- Infrastructure to increase collaboration.
- In-person didactic and collaborative training courses.
- In-person skills courses.
- Robust Learning Management System.
- Exercise templates.



How NETEC Supports Facilities

- Annual site assessments for each of the 10 Regional Ebola Treatment Centers.
- 1 state visit during the 5 year program.
- Access to subject matter experts with experience caring for patients with Ebola.
- For more information visit netec.org.

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.



Closing Remarks

- Shayne Brannman, MS, MA
— Director, ASPR TRACIE



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)



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