ASPR TRACIE Technical Assistance Request

Requestor:
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Request Receipt Date (by ASPR TRACIE): 15 August 2016
Response Date: 31 August 2016
Type of TA Request: Standard

Request:

[redacted] is requesting resources related to infectious disease planning in the primary care setting or needs assessment tools regarding bio threats/infectious disease/pandemic planning. This will help inform a project with an association of Federally Qualified Health Centers (FQHCs) to advance emerging infectious disease (EID) response planning in the ambulatory care setting within their region.

Response:

The ASPR TRACIE team conducted a search for resources, guidance documents, tools, etc. specific to infectious disease planning in primary care settings and FQHCs. These are divided among five categories: needs assessments/ risk assessments; pandemic influenza; Ebola, Zika, and General.

Additionally, ASPR TRACIE is currently developing the Ambulatory Care (including primary care) and Federally Qualified Health Centers Topic Collection (scheduled for release in late September), Bioterrorism Topic Collection, and Epidemic/ Pandemic Flu Topic Collection (both scheduled for release in early 2017).

I. Needs Assessments/ Risk Assessments

American Healthcare Association. (2008). Hazard Vulnerability Assessments for Healthcare Facilities.

> This resource is an overview of hazard vulnerability assessments, a key part of an emergency management program. It also provides links to further resources based on facility type.

ASPR TRACIE. (2015). Evaluation of Hazard Vulnerability Assessment Tools.

> This comparison chart shows the similarities and differences among five of the primary hazard vulnerability tools used by public health and health care organizations, and the Federal Emergency Management Agency's Threat and Hazard Identification Risk Assessment (THIRA). Each description includes a summary of its primary use/purpose, as well as information on who developed the tool and how, the format of the tool, the calculations approach, and the benefits and limitations of the tool.

ASPR TRACIE. (2015). Hazard Vulnerability/ Risk Assessment Topic Collection.

This TRACIE Topic Collection includes numerous examples of HVAs and risk assessments available to help healthcare organizations and public health departments prioritize their planning efforts based on identified hazards.

Barnet, K. (2012). Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential. Public Health Institute.

These proceedings drawn from a two and half day expert panel meeting provide insights into the science, methods, and current practices in community health improvement processes. Community health needs assessment section included sessions on shared ownership for community health, defining community, data collection and analysis, and community engagement. The implementation strategy development and execution section included sessions such as monitoring and evaluation, strategic investment and funding partners, and public reporting.

Connecticut Hospital Association, Connecticut Association of Directors of Health. (2013). Guidelines for Conducting a Community Health Needs Assessment.

These guidelines provide six steps for completing a community health needs assessment using the Association for Community Health Improvement's framework from the ACHI Community Assessment Toolkit.

Kaiser Permanente. (n.d.). Kaiser Permanente Hazard Vulnerability Analysis Tool.

This tool provides a systematic approach to recognizing hazards that may affect demand for hospital services or a facility's ability to provide those services. The risks associated with each hazard can be analyzed and used to prioritize planning, mitigation, response, and recovery activities.

Saruwatar, M. (2008). Developing a Facility Hazard and Vulnerability Analysis. National Association of Community Health Centers.

This training reviews components of a typical HVA, guides health centers through completion of a sample HVA, and discusses how to integrate the HVA into an emergency management plan.

II. Pandemic Influenza

Minnesota Department of Health. (2008). Infection Prevention and Control for Outpatient (Ambulatory) Care Clinics.

This toolkit can help clinic staff plan for and respond to an influenza pandemic. It includes templates, checklists, and fact sheets that can be tailored by the user.

New Jersey Primary Care Association, New Jersey State Office of Rural Health, and New Jersey Department of Health and Senior Services. (2007). Pandemic Preparedness Planning Template for Federally Qualified Health Centers (FQHC) .

This template can help Federally Qualified Health Center staff develop plans for an influenza pandemic.

Rebmann, T., Hilley, S., McCaulley, M., et al. (2013). Infection Prevention for Ambulatory Care Centers During Disasters. Association for Professionals in Infection Control and Epidemiology.

This document was designed to be used by ambulatory care center emergency management planners and includes infection prevention recommendations/guidance on topics such as: triage area, visitor management, quarantine, hand hygiene, personal protective equipment, waste management, and environmental decontamination.

United Kingdom Department of Health. (2015). MERS-CoV/ Avian Influenza Primary Care Algorithm.

This two-page document provides an algorithm for the assessment and initial management in primary care of returning travelers and visitors from countries affected by Middle East respiratory syndrome coronavirus (MERS-CoV) or avian influenza A (e.g., H5N1, H7N9, H10N8) presenting with febrile respiratory illness.

US Department of Health and Human Services. (2009). Medical Offices and Clinics Influenza Planning Checklist.

This five-page document contains three checklists to help medical offices and clinics prepare for pandemic influenza: a structure for planning and decision making, development of a written pandemic influenza plan, and elements of an influenza pandemic plan.

U.S. Department of Labor, Occupational Safety and Health Administration. (2009). Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza: What to do to Protect Workers

This web page provides information to healthcare professionals and employers regarding the high risk of exposure to pandemic influenza and offers suggestions for protecting workers. Guidelines for changes to the working environment, policy development and implementation, and the use of personal protective equipment (PPE) to ensure employee safety are included. Links to further information regarding PPE and worker safety training are also available.

U.S. Department of Labor, Occupational Safety and Health Administration. (2009). Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers.

The purpose of this document is to help healthcare workers and employers to prepare for and respond to an influenza pandemic. Areas covered in the guide include a clinical background on influenza, infection control, preparedness, and important OSHA standards. Appendices contain sample control plans, planning tools and checklists and additional technical information.

III. Ebola

ASPR TRACIE. (2015). VHF/Ebola Topic Collection.

The resources in this Topic Collection highlight selected recent case studies, lessons learned, tools, and promising practices for planning for and responding to Ebola outbreaks.

Centers for Disease Control and Prevention. (n.d.). Ebola Outpatient and Ambulatory Care Settings.

This site provides guidance to help ambulatory care staff members evaluate whether or not a patient may have Ebola virus.

Centers for Disease Control and Prevention. (2015). For U.S. Healthcare Settings: Donning and Doffing Personal Protective Equipment (PPE) for Evaluating Persons Under Investigation (PUIs) for Ebola Who Are Clinically Stable and Do Not Have Bleeding, Vomiting, or Diarrhea.

This document provides guidance to healthcare workers on donning and doffing PPE while evaluating a clinically stable PUI who does not have bleeding, vomiting, or diarrhea.

United Kingdom Department of Health. (2014). Ebola Infection Prevention and Control Guidance for Primary Care.

This three-page document covers the steps primary healthcare practitioners should take in the event of a person with possible Ebola making first contact with the health service. It discusses key principles and the need for awareness when patients first make contact.

United Kingdom Department of Health. (2014). Information for Primary Care: Managing Patients Who Require Assessment for Ebola Virus Disease.

This 10-page document provides guidance on assessing patients for Ebola for clinical staff in primary care, including surgeries, out of hours centers, and walk-in centers. It includes key messages for primary care, and guidance on identifying and managing patients at risk of Ebola.

U.S. Department of Health and Human Services. (n.d.). Ebola Information for Clinicians and Healthcare Providers.

This site provides various guidance for healthcare providers such as preparedness checklists, patient evaluation, infection control, patient management, PPE, privacy, laboratory, patient movement, waste management and disposal, and presentations.

U.S. Department of Labor, Occupational Safety and Health Administration. (2014). PPE Selection Matrix for Occupational Exposure to Ebola Virus.

The U.S. Department of Labor shares information on the type of personal protective equipment to be worn in various situations (e.g., normal work activities, casual interaction, providing medical and supportive care, cleaning and disinfecting environments, and dealing with waste).

Wu, H., Fairley, J., Steinberg, J., and Kozarsky, P. (2014). The Potential Ebola Virus–Infected Patient in the Ambulatory Care Setting: Preparing for the Worst Without Compromising Care. Annals of Internal Medicine. 162(1):66-67.

The authors discuss implications of people with undiagnosed Ebola reporting to healthcare facilities. They worked with key stakeholders to develop a list of considerations for patient management, which is displayed in Table 1.

IV. Zika

ASPR TRACIE. (2016). Zika: Resources at Your Fingertips.

This document provides Zika virus disease resources and an overview of public health and healthcare system considerations and implications that are applicable to professionals in those systems, emergency management stakeholders, and other audiences. Note: ASPR TRACIE is also developing a Zika Topic Collection scheduled for release in late September.

United Kingdom Department of Health. (2016). Zika Virus Infection: Guidance for Primary Care.

This guidance summarizes key advice for those working in primary care who may be consulted by patients, including pregnant women, who are traveling to or returning from countries with active Zika virus transmission. It provides information about Zika virus, and covers preventing potential sexual transmission of Zika virus, and queries about donating blood, tissues, or semen. The document is updated as needed.

U.S. Department of Health and Human Services. (2016). Zika Virus Planning Considerations for Healthcare Facilities and Coalitions.

This document highlights some of the anticipated hospital and healthcare system planning issues essential to caring for Zika cases.

V. General

ASPR TRACIE. (2015). SARS/MERS Topic Collection.

This Topic Collection contains resources that can help medical emergency planners and health care professionals: learn more about managing patients experiencing illness from novel respiratory pathogens; understand related infection control principles in healthcare and community settings; and benefit from lessons learned from past outbreaks.

Drexel University, Dornsife School of Public Health. (2015). Emergency Preparedness and Primary Care.

This resource provides recordings and presentation slides from a six-mini-webcast series on emergency preparedness for primary care practices. Webcasts cover: Roles of primary care physicians in disasters and importance of preparedness; risk and hazard vulnerability assessment for medical practices; planning for disasters: key elements of business continuity planning for medical practices; evaluating the practice emergency plan: training and drills; communicating with patients: using voicemail, websites, and social media; and preparing patients with special health care needs for emergencies.