



[Access the recorded webinar here:](https://attendee.gotowebinar.com/recording/8516963686686948865)

[https://attendee.gotowebinar.com/recording/
8516963686686948865](https://attendee.gotowebinar.com/recording/8516963686686948865)

[Speaker Bios:](https://asprtracie.hhs.gov/documents/webinar-speaker-bios.pdf)

[https://asprtracie.hhs.gov/documents/
webinar-speaker-bios.pdf](https://asprtracie.hhs.gov/documents/webinar-speaker-bios.pdf)

[Acronym List:](https://asprtracie.hhs.gov/documents/acronyms-used-during-webinar.pdf)

[https://asprtracie.hhs.gov/documents/
acronyms-used-during-webinar.pdf](https://asprtracie.hhs.gov/documents/acronyms-used-during-webinar.pdf)

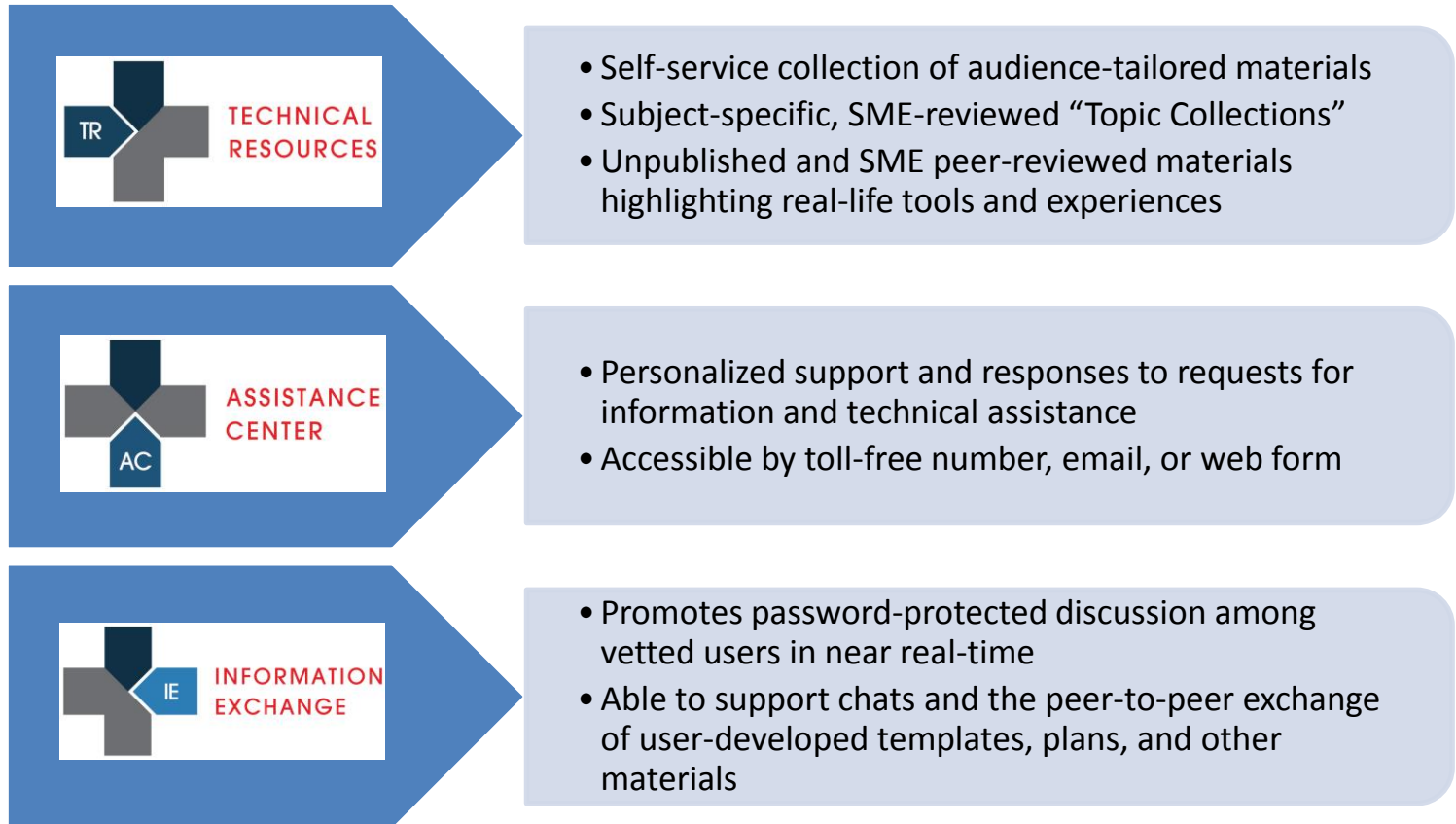
T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Highly Pathogenic Infectious Disease Exercise Planning for Frontline Facilities

May 24, 2017

ASPR TRACIE: Three Domains



[ASPR TRACIE Website](#)

Highlighted ASPR TRACIE Resources

- TRACIE-developed Technical Resources
 - CMS Emergency Preparedness Rule: Resources at Your Fingertips
 - Ambulatory Care and Federally Qualified Health Centers Topic Collection
 - Tips for Retaining and Caring for Staff after a Disaster Tip Sheet
- Newsletter and announcements distribution list
- Assistance Center and Information Exchange



EMORY
MEDICINE



UNMC
Nebraska
Medicine

NYC
HEALTH+
HOSPITALS

| Bellevue

www.netec.org

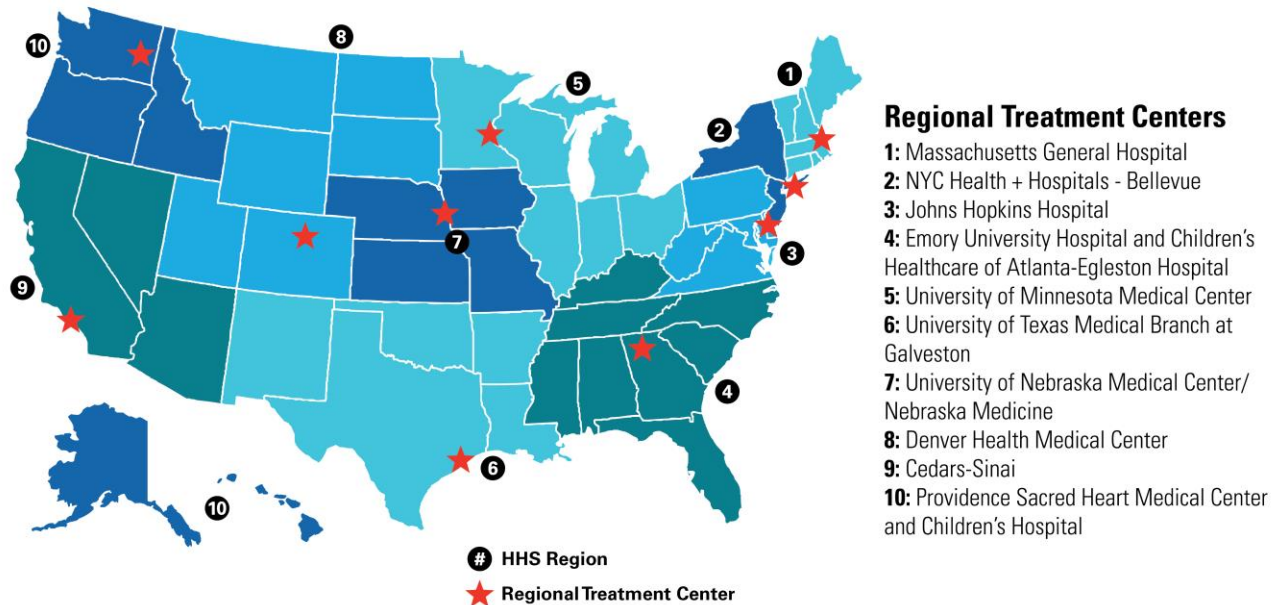
National Ebola Training and Education Center (NETEC)

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

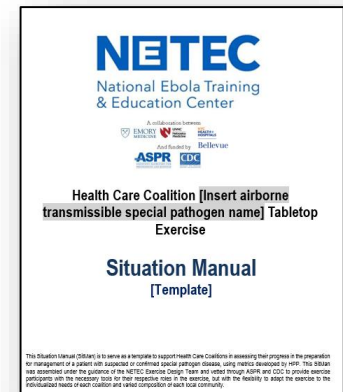
- Through the 5 year project period and in collaboration with ASPR, CDC and other stakeholders, the NETEC will:
 - Create readiness metrics.
 - Conduct peer review readiness assessments of regional and state ETCs as well as assessment centers as requested by state health departments.



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.





TRACIE

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.
- Frontline facilities play a critical role in the success of that approach.

Learning Objectives

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



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

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

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.

DISCLAIMER: THE 2015 HOSPITAL PREPAREDNESS MEASUREMENT IMPLEMENTATION GUIDANCE FOR EBOLA PREPAREDNESS HAS BEEN MODIFIED BY THE NATIONAL EBOLA TRAINING AND EDUCATION CENTER (NETEC) TO ASSIST WITH MAPPING OF THE METRICS TO NETEC EBOLA AND OTHER SPECIAL PATHOGENS EXERCISE DESIGN TEMPLATES.

THIS GUIDANCE REMAINS THE PROPERTY OF ASPR.

Special Pathogen – Highly infectious disease (e.g., MERS-CoV, measles, etc.)



**Ebola
Preparedness**

2015

**Hospital Preparedness
Program (HPP)**

**Measurement
Implementation
Guidance**

*Hospital Preparedness Program (HPP)
Ebola Preparedness and Response Activities
CFDA # 93.817*

VERSION 7.0

NETEC Exercise Templates

- Built-in injects throughout for further food-for-thought
- Contains HSEEP-compliant:
 - Situation Manual/Exercise Plan
 - How to Use This Template
 - Exercise Schedule
 - Relevant Plans
 - 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 <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 Anticipations – Evaluation
45 minutes	Exercise 1: Unit Activation, Transport and Patient Care for [Stable or Critical] [Insert airborne transmissible disease name] Patient <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Module 1 • Module 2
120 minutes	Exercise 3: Planning for Special Considerations for State-Designated Ebola Treatment Center <ul style="list-style-type: none"> • Module 1

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 ²	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 4]					
		[Corrective Action 5]					
		[Corrective Action 6]					

² Capability Elements are Planning, Organization, Response

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]

NETEC Exercise Resource Suite

- 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

Exercise 5: Planning for Special Considerations for an Assessment Hospital

Scenario

Multiple patients arrive at the Assessment Hospital: A family of three, including 50-year-old husband, 47-year-old wife and six-year-old daughter with recent travel history to [insert relevant country], experiencing severe acute respiratory symptoms including persistent cough, difficulty breathing and myalgia in addition to diarrhea and fever have self-presented at your ED. Approximately five hours after hospital admission, the 50-year-old husband expires.

[This Master Scenario applies to all four modules below]

Module 1: Surge Capacity

Key Issues

- Surge Capacity
- Available resources

Questions

1. What processes do you have in place in the event of multiple patients or exposed family members? What are your facility plans for surge capacity?
Considerations:
 - Facility surge capacity (e.g., number of available AHR)
 - Just-in-time training plan
 - Surge staffing plan to care for multiple patients
 - Plans or agreements in place for diverting patients to other Regional Ebola and Other Special Pathogen Treatment Centers or State-Designated Ebola Treatment Centers if patient and/or resource capacity is reached
 - Skill mix of patient care team (e.g., pediatrician, critical care specialist)
 - Dedicated staff that train together frequently to enhance team work and confidence to work with a [insert airborne transmissible disease name] patient

INJECT: It is currently flu season. News broke out of potential cases of [insert respiratory disease name] in their city. An influx of patients are now presenting to your ED worried they may have [insert respiratory disease name]. The challenge of differentiating symptoms of seasonal influenza and [insert respiratory disease name] has arisen.




TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

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


Frontline Facilities



National Ebola Training
& Education Center

A collaboration between
EMORY MEDICINE UNMC MEDICAL MEDICINE UNMC HEALTH+HOSPITALS

And funded by
ASPR BELLEVUE
DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Frontline Facility [Insert airborne transmissible
special pathogen name] Tabletop Exercise


Situation Manual
[Template]

This Situation Manual (SitMan) is to serve as a template to support Frontline Facilities. 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 center and varied composition of each local community.

Situation Manual
(SitMan)

2016-2017 Frontline Facility TTX
NETEC


Situation Manual (SitMan)



National Ebola Training
& Education Center

A collaboration between
EMORY MEDICINE UNMC MEDICAL MEDICINE UNMC HEALTH+HOSPITALS

And funded by
ASPR BELLEVUE
DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



**2016-2017 Frontline Facility Ebola
Tabletop Exercise**

Exercise Date: XXX

Situation Manual
(SitMan)

i

NETEC
VERSION

Frontline Facilities: Ebola Exercise

Template Structure

1. Patient Self-Presents at Frontline Facility
 - 2 Modules: Identification & Isolation / Frontline Facility Activation
 - 1 Special Consideration Section: Basic Laboratory Services
2. Patient Transport
 - 3 Modules: Coordination & Planning
Transportation / Ground Transport / Recovery Planning

Frontline Facilities: Special Pathogen Exercise Template 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

How to Use the Exercise Template

Using This Document

1. As the exercise planner, you are responsible for scheduling the exercise and inviting the appropriate individuals to the exercise. It is best to plan for approximately 30 minutes to 2 hours per module, plus 1+ hours for instructions and hotwash (Appendix A).
2. This template should be customized to meet each end users unique requirements. Insert appropriate selection into highlighted gray areas.
3. You will need to assign someone to facilitate and evaluate the exercise at your site and write the After Action Report and Improvement Plan (Appendix D).
4. To ensure the best possible learning opportunity for your team, it is strongly recommended that you already have a plan in place for the processes that are discussed in this document. The scenarios and injects that comprise this exercise are designed to stimulate thought and discussion about your current plans and how to improve them.
5. On the day of the exercise, your team should gather in a conference or training room to participate in the exercise using a single computer, combination computer/LCD projector and/or handouts.
6. Invite your entire Incident Management Team to this Tabletop exercise. If you do not have an Incident Management Team, some suggestions of people to invite would be:
 - Senior Administrative Leadership (e.g., CEO, COO, CMO, CNO or CFO)
 - Emergency Preparedness Coordinator
 - Physicians
 - Nurses
 - Nursing Assistants
 - Facilities Management staff
 - Environmental Services staff
 - Infection Prevention Leadership
 - Respiratory Protection Program/Industrial Hygiene Leadership
 - Any other staff members that participate in patient care
7. Consider inviting members of your local Public Health, Fire and Rescue, Law Enforcement, and/or Emergency Medical Services (EMS) teams.
8. Have all participants fill out a Sign-in Sheet.
9. It is helpful for each participant to have a handout that includes the scenario and questions for the exercise so they can follow along and reference the scenario as questions arise during the discussion. This document should be developed based on the portion of the exercise that is planned.
10. Have all participants fill out a Participant Feedback form and hand back to you. (Appendix E)
11. To ensure this Tabletop Exercise meets the requirements of Joint Commission, you will need to have additional community members (local Public Health, etc.) in the room for your discussion. (FOR JOINT COMMISSION ACCREDITED FACILITIES ONLY)
12. An After Action Report (AAR) template (Appendix D) is included in this packet. This is a template for you to fill out after the exercise is completed. It will allow you to easily organize your strengths, weaknesses and improvement planning efforts.

- Exercise Overview
- General Information
 - Purpose / Scope
 - HPP Measures
 - Target Capabilities
 - Exercise Objectives
 - Participant Roles
 - Exercise Guidelines
 - Exercise Assumptions

Exercise Appendices

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 – Evaluation
60 minutes	Exercise 1: Patient Self-Presents to Frontline Facility <ul style="list-style-type: none"> • Module 1 • Module 2
30 minutes	Special Considerations for Frontline Hospitals (if applicable) <ul style="list-style-type: none"> • Basic Laboratory Services • Surge Capacity • Diagnostic Radiological Imaging • Waste Management
60 minutes	Exercise 2: Patient Transport <ul style="list-style-type: none"> • Module 1 • Module 2 • Module 3
30 minutes	Hot Wash/Closing Remarks/Participant Feedback Forms
Varies	Facilitator/Evaluator Debrief

- Exercise Schedule
- Relevant Plans
- After Action Report/Improvement Plan
- Participant Feedback Form
- Acronyms and Abbreviations

Exercise 1: Patient Self-Presents to Frontline Facility

- **Module 1:** Identification and Isolation of a PUI for [insert airborne transmissible special pathogen name].
- **Module 2:** Frontline Facility Activation following Arrival of PUI for [insert airborne transmissible special pathogen name].
 - Special Consideration for Frontline Hospitals: Basic Laboratory Services
 - Special Consideration for Frontline Hospitals: Surge Capacity
 - Special Consideration for Frontline Hospitals: Diagnostic Radiological Imaging
 - Special Consideration for Frontline Hospitals: Waste Management

Exercise 2: Patient Transport from a Frontline Facility to a Receiving Hospital

- **Module 1:** Coordination and planning transportation to an Assessment Hospital or Treatment Facility
- **Module 2:** Ground transport of patient from a Frontline Facility to an Assessment Hospital or Treatment Facility
- **Module 3:** Recovery Planning for Returning to Normal Operations

Closing the Loop



Situation Mammal
(Sit/Man)

Appendix D: After Action Report/Improvement Plan (AAR/IP)

Exercise Overview

Exercise Name	2016-2017 Frontline Facility Tabletop Exercise
Exercise Dates	Month XX, XXXX
Scope	Frontline Facilities: The exercise will focus on how Frontline Facility's respond to a patient with suspected airborne transmitted special pathogens.
Mission Area(s)	
Target Capabilities	<ul style="list-style-type: none"> Foundation for Health Care and Medical Readiness Health Care and Medical Response Coordination Continuity of Health Care Service Delivery Medical Surge
Objectives	<ol style="list-style-type: none"> Evaluate the Frontline Facility's ability to identify and provide isolation care for a person under investigation (PUI) for [insert airborne transmissible special pathogen name] Evaluate the Frontline Facility's ability to coordinate transportation arrangements, and safely and effectively transport a PUI to an Assessment Hospital or Treatment Facility within an appropriate timeframe. Assess the notification and communication processes between local, state, and federal public health, EMS, healthcare delivery system partners, Assessment Hospitals, State-Designated ETCs, and the Regional Ebola and Other Special Pathogen Treatment Center, as well as media management (if applicable). Examine EMS capabilities, and determine the most appropriate method for transportation (e.g., air versus ground.) Assess just-in-time PPE don / doff training resources and PPE availability for Frontline Facility Examine the Frontline Facility's ability to receive information from their coalition on the quantity and location of PPE supply. Assess planning for risk mitigation (e.g., basic laboratory processes for PUI, surge capacity, diagnostic radiological imaging, waste management). [List any additional exercise objectives]
Threat or Hazard	Airborne transmitted special pathogen
Scenario	Highly Infectious Disease Management
Sponsor	Special pathogen health care system preparedness, response, and the development of a regional special pathogen treatment strategy were supported by ASPR through HPP.
Participating Organizations	
Point of Contact	

26

Analysis of Target Capabilities

Aligning exercise objectives and target capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned target capabilities, and performance ratings for each target capability as observed during the exercise and determined by the evaluation team.

Objective	Target Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Target capability]				
[Objective 2]	[Target capability]				
[Objective 3]	[Target capability]				
[Objective 4]	[Target capability]				

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

Table 1. Summary of Target Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated target capability, highlighting strengths and areas for improvement.

[Objective 1]

The strengths and areas for improvement for each target capability aligned to this objective are described in this section.

[List Applicable Target Capabilities]

Strengths:

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

28

[Sponsor Organization]

Homeland Security Exercise and Evaluation Program (HSEEP)



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Joseph R. Masci, MD
Director of Medicine
Elmhurst Hospital Center

NYC Health + Hospitals/Elmhurst



- Level 1 Trauma Center
- NYS Designated AIDS Center
- Stroke Center / C Port Center
- Affiliated with Icahn School of Medicine at Mount Sinai

- Operating Beds: 545
- Clinic Visits: 660,000
- Discharges: 22,638
- ED Visits: 73,000



***Most culturally diverse community in the world**

Elmhurst Hospital - Real World Experience

• Triage of potential cases

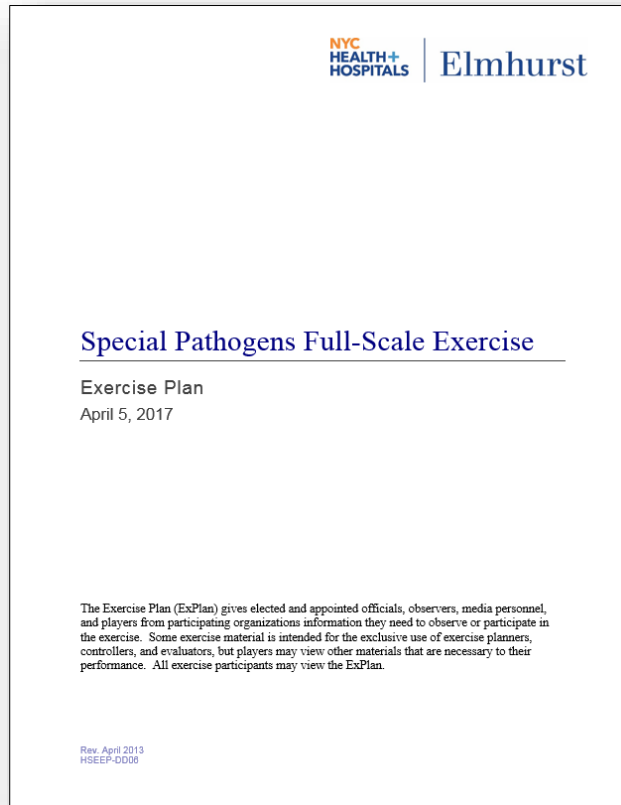
- ↓
 - Patient/family questioned by triage nurse
- ↓
 - If appropriate travel history to Ebola endemic region within 21 days patient and nurse masked
- ↓
 - Patient brought to high-level isolation room with telephone communication available
- ↓
 - All entering staff gowned with assistance in appropriate PPE under observation in anteroom
- ↓
 - Patient interviewed regarding symptoms, potential exposure

Elmhurst HOSPITAL CENTER Bio Isolation Transfer Card (BIT)	
FDNY TRANSPORT TO HOSPITAL	
Hospital Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Assemble Receiving Team <input type="checkbox"/> Liaison Report to Command Post <input type="checkbox"/> Don PPE to Receive Patient from FDNY <input type="checkbox"/> Standby at Transfer Point <input type="checkbox"/> Prepare 55 Gallon Bio-Waste Drums <input type="checkbox"/> Provide Patient Info to HaTac following Triage 	FDNY Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Briefing with Liaison prior to Patient Arrival <input type="checkbox"/> Confirm Transfer Point <input type="checkbox"/> Decontamination Corridor Prepared <input type="checkbox"/> Supervise Patient Transfer to Hospital <input type="checkbox"/> Supervise HaTac Drilling and Decom <input type="checkbox"/> Supervise Decom of Ambulance
<ul style="list-style-type: none"> • Ensure Decontamination Corridor Prepared • Provide Bi-Directional Responsibility • Secure patient transfer area utilizing Hospital Security • Identified Decontamination area clearly 	
Hospital Contacts: <ul style="list-style-type: none"> <input type="checkbox"/> Hospital ED: (718)204-0000 Red Phone <input type="checkbox"/> Hospital EOC: (718)204-1423 <input type="checkbox"/> On Duty Hospital Police Commander: (718)204-1945 	FDNY Contacts: <ul style="list-style-type: none"> <input type="checkbox"/> FDCC: (718)999-7900 <input type="checkbox"/> EMS Telemetry: (718)999-9902 <input type="checkbox"/> Inmate Battalion Call: (347) 539-0560
Receiving Hospital Transfer To Treatment Hospital	
Hospital Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Transfer Team Cons PPE <input type="checkbox"/> Control of Transfer Area <input type="checkbox"/> Liaison reports to the Command Post <input type="checkbox"/> Identify Transfer Location <input type="checkbox"/> Await HaTac Personnel to receive Patient <input type="checkbox"/> HaTac Personnel Accepts Patient <input type="checkbox"/> HaTac Transport Patient 	FDNY Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> HaTac responds to Receiving Facility <input type="checkbox"/> HaTac Officer Meets Liaison <input type="checkbox"/> Transfer Point Confirmed with Liaison <input type="checkbox"/> HaTac Personnel Don PPE <input type="checkbox"/> HaTac Officer supervises transfer <input type="checkbox"/> HaTac Officer supervises to transfer <input type="checkbox"/> Ensure response of Clean Ambulance <input type="checkbox"/> Both Ambulances driven by clean personnel ONLY

Discussion-based
EVD Tabletop
Exercise
02/10/2015



Elmhurst Hospital - Real World Experience



- Operations-based Special Pathogen Full-Scale Exercise via NETEC Template on 04/5/2017

Exercise Pearls + Pitfalls for a Frontline Hospital

- Minimal lapses in appropriate handling of patient and PPE procedures can result in infection of staff
- Drills should be unannounced
- Training in full PPE (Ebola-level) should be incorporated into annual training with audio/video review every 3 months for key staff
- Identify appropriate isolation room, anteroom preferred with full PPE available



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Joseph Williams, MD
Interim Chief Medical Officer
Morrisania Diagnostic & Treatment Center

NYC Health + Hospitals/Morrisania



NYC
HEALTH+
HOSPITALS

Gotham Health
Morrisania

- Member of Gotham Health Community Health Center
- Primary care with limited specialty service
 - Non-emergency health care
- Part of the largest public health care system in the nation
- Clinic Visits: 80,000

***Ready or not, patients will present (hospital or outpatient facility)**

Morrisania DTC- Real World Experience

- Triage of potential cases



- Front desk staff ask 2 simple questions

- Travel/fever



- Nurse picks up patient and transport to isolation – clinical query from isolation



- Providers on scene, nurse informs if high or low suspicion patient



- Provider – high risk patient
 - Assessment – BP/pulse/pertinent query
 - Contact DOH and consults – speaker phone



Discussion-based EVD
Tabletop Exercise
04/19/2016

Ebola-Focused System-wide
Virtual Tabletop Exercise

Situation Manual
04/2016

Morrisania DTC- Real World Experience

NYC Health + Hospitals / Morrisania

Highly Infectious Disease/Special Pathogen Incident Response Guide

Originator: Central Office Emergency Management	Functions: Infection Prevention (IC); Environmental Care (EC); Emergency Management (EM); Human Resources (HR); Leadership (LD)
Subject: SPECIAL PATHOGEN RESPONSE GUIDELINES	
Date Issued: 01/26/2017	
Date Revised:	

I. PURPOSE:
To provide guidelines for the recognition and management of Special Pathogen (highly communicable disease) patients and health care workers

II. SCOPE:
All patient care areas to the Adult/Pediatric area.

III. REQUIREMENT:
NYC Health + Hospitals

IV. RESPONSIBILITY:

- Clerk - greeting
- Chief/Nursing Coordinator
- Associate Director and requiring by
- Associate Medical recording and m
- Runner - assist status
- Attending Physician
- Nurse - response
- Laboratories - if
- Environmental - if policy and procedure room has been e
- Infection Prevention tracking of any
- Hospital Police protect patient

EMS Transport from Ambulatory Site Checklist

Ambulatory Site Requirements	
Assemble Transfer Team	
Identify Liaison (designated point person)	
Identify Transfer Location and Share with EMS	
Identify / Clear Location on 1 st Floor for FDNY EMS Hot ac Crew to Don Personal Protective Equipment (PPE)	
Transfer Team Don PPE (if necessary)	
Secure & Control of Transfer Area/	
Await EMS Personnel to receive Patient	
Provide Patient Info to EMS Upon Arrival	
Secure & Control Elevator for FDNY Patient to Ambulance	
After Patient Transfer, Identify Deco	

EMS Requirements (FDNY)	
Hot ac responds to Receiving Facility	
Hot ac Officer meets Liaison & obtains Information	
Transfer Point Confirmed with Liaison	
Hot ac Personnel Don PPE	
Hot ac Officer supervises Transfer	
Ensure Response of Clean Ambulance	
Both Ambulances Driven by Clean Personnel	

FDNY Contacts	
FOOC: (718) 999-7011	
EMS Telemetry: (718) 899-5062	
Hazmat Battalion Cell: (347) 539-0560	
FDNY EMS Hot ac Officer: (347) 203-7400	

Special Pathogens Full-Scale Exercise

Exercise Plan
April 5, 2017

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

Rev April 2013
HSEEP-02028



- Operations-based Special Pathogen Full-Scale Exercise via NETEC Template on 04/5/2017

Exercise Pearls + Pitfalls for an Outpatient Setting

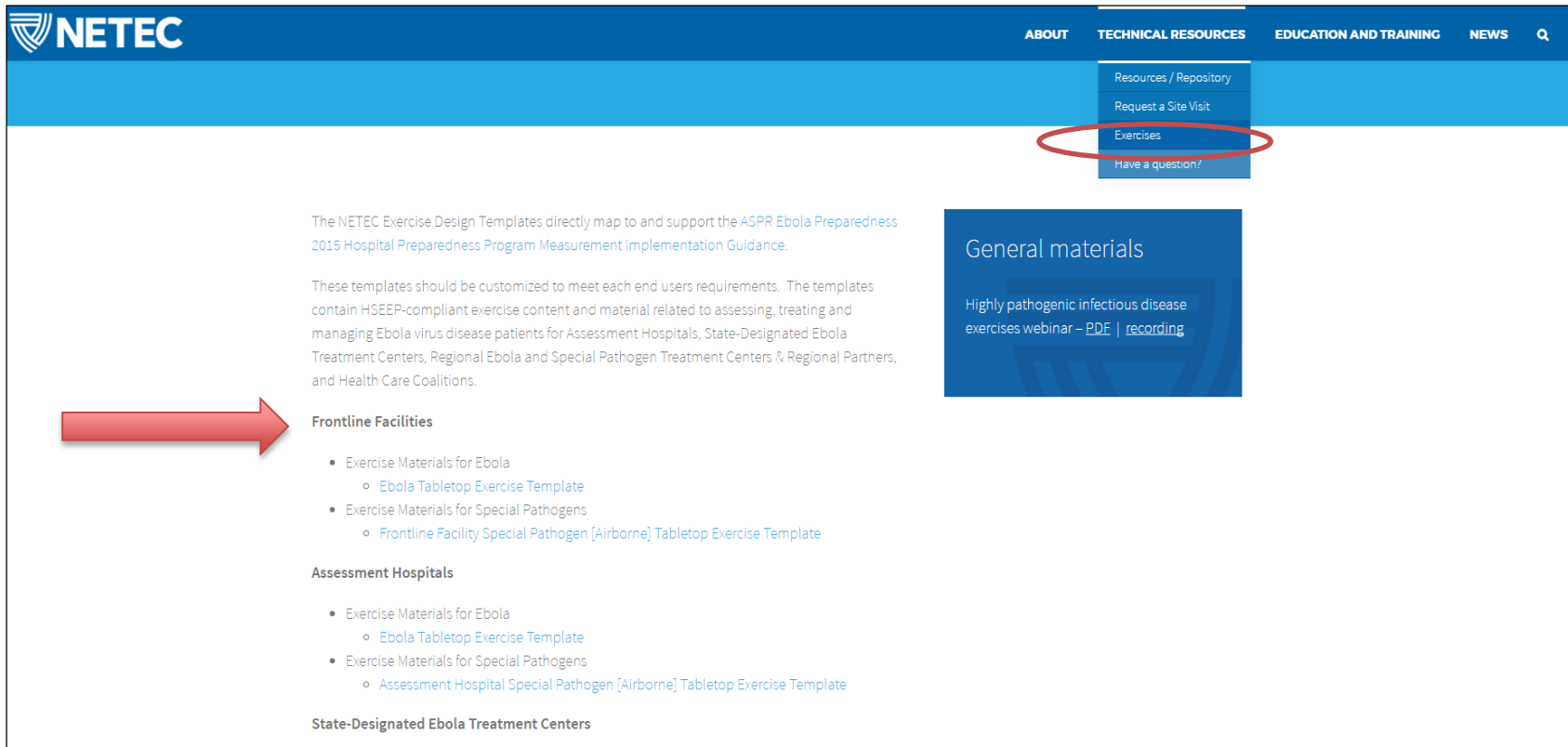
- All 'Covered Lives' team members are trained in the H+H 'Donning and Doffing Protocol' twice a year – video
- Comprehensive drills involving the entire team
 - Clerical/nursing/physician/admin
 - Morrisania DTC Use and Experience with NETEC Frontline Facility Exercise Template
- Defined isolation room with exercises in full PPE occurring in that area.

NETEC Exercise Resources



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

Walk-through of NETEC Frontline Facility Exercise Template



The screenshot displays the NETEC website interface. The top navigation bar includes links for ABOUT, TECHNICAL RESOURCES, EDUCATION AND TRAINING, and NEWS. A dropdown menu under TECHNICAL RESOURCES is open, with 'Exercises' highlighted by a red circle. The main content area features a paragraph about NETEC Exercise Design Templates, a red arrow pointing to the 'Frontline Facilities' section, and a 'General materials' box with links to a webinar, PDF, and recording.

NETEC

ABOUT TECHNICAL RESOURCES EDUCATION AND TRAINING NEWS

Resources / Repository
Request a Site Visit
Exercises
Have a question?

The NETEC Exercise Design Templates directly map to and support the [ASPR Ebola Preparedness 2015 Hospital Preparedness Program Measurement Implementation Guidance](#).

These templates should be customized to meet each end users requirements. The templates contain HSEEP-compliant exercise content and material related to assessing, treating and managing Ebola virus disease patients for Assessment Hospitals, State-Designated Ebola Treatment Centers, Regional Ebola and Special Pathogen Treatment Centers & Regional Partners, and Health Care Coalitions.

Frontline Facilities

- Exercise Materials for Ebola
 - [Ebola Tabletop Exercise Template](#)
- Exercise Materials for Special Pathogens
 - [Frontline Facility Special Pathogen \[Airborne\] Tabletop Exercise Template](#)

Assessment Hospitals

- Exercise Materials for Ebola
 - [Ebola Tabletop Exercise Template](#)
- Exercise Materials for Special Pathogens
 - [Assessment Hospital Special Pathogen \[Airborne\] Tabletop Exercise Template](#)

State-Designated Ebola Treatment Centers

General materials

Highly pathogenic infectious disease exercises webinar – [PDF](#) | [recording](#)

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



[Email ASPR TRACIE](#)