ASPR TRACIE Technical Assistance Request

Requestor: [redacted]
Requestor Phone: [redacted]
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 9 May 2017
Response Date: 19 May 2017
Type of TA Request: Standard

Request:

[redacted] asked if ASPR TRACIE had assessment tools that could be implemented at the Healthcare Coalition (HCC) level to assess the following capabilities:

1. Coalition Personal Protective Equipment (PPE) Assessment – to identify gaps in PPE, training needs, and issues with PPE supply chain and supply rotation. The goal is to look at the healthcare facilities and the coalition as a whole.
2. Jurisdictional Chemical and Radiological Response Capability – to determine at the healthcare facility and at the coalition/jurisdiction/community level the capability/capacity for both wet and dry decontamination, training needs, gaps, etc.
3. Jurisdictional Fatality Management Capability – to determine the healthcare facility/coalition/community/jurisdiction level capability/capacity for handling mass fatalities.

Response:

The ASPR TRACIE team reviewed several open source materials and existing ASPR TRACIE Topic Collections for materials on HCC assessment tools, as well as resources related to PPE, chemical/ radiological decontamination, and fatality management. In particular, the ASPR TRACIE Topic Collections that were reviewed include: Coalition Models and Functions, Responder Safety and Health, Radiological and Nuclear, Hospital Victim Decontamination, and Fatality Management.

Resources gathered are included in the following sections of this document:

I. HCC Emergency Operations Plans and Other Resources
II. PPE Resources
III. Chemical/ Radiological and Decontamination Resources
IV. Fatality Management Resources

Note that we included several emergency operations plans and other planning resources within these sections as they may have pertinent information (e.g., checklists, action steps) that can help a jurisdiction, healthcare facility, community, or HCC determine their capability/ capacity in these various topic areas and assess any gaps they may have.

We would like to specifically highlight the resource below as a tool that HCCs can use to assess their various capabilities.

Utah Department of Health. (2013). Regional Coalition Tracking Reporting Tool. (Note: This resource is available in the ASPR TRACIE Information Exchange; free registration and log in required).

This spreadsheet was developed to track work plan progress, measures, memberships, and progress towards meeting the Healthcare Preparedness Capabilities of regional coalitions in Utah. The tool (Excel spreadsheet) is customizable for other jurisdictions. Please log into the ASPR TRACIE Information Exchange to download a copy of the tool or contact ASPR TRACIE if you are interested in receiving the resource.

You may also wish to listen to the recording of a webinar ASPR TRACIE conducted in November 2015 on the "Strategic Development for Building Operational Healthcare Coalitions" (PowerPoint presentation is available here). You will need to enter your name and email address to access the recording. During this webinar, three HCCs presented on their unique coalition structures and described their experiences and how they incorporated best practices when formalizing operational capabilities in the strategic development of their coalitions.

Finally, please note that ASPR TRACIE is currently working with the National Hospital Preparedness Program (NHPP) and our Subject Matter Expert (SME) Cadre to develop various tools and templates for HCCs, such as a gap analysis tool, which will be released in the summer 2017. A webinar to discuss the various tools will also be available in August 2017.

I. HCC Emergency Operations Plans and Other Resources

Fairfax County, Virginia. (n.d.). ESF-8 Public Health and Medical Services Plan. (Accessed 5/18/2017.)

This plan describes roles and responsibilities for ESF-8 partners in Fairfax County that may be useful to coalitions in developing coordination structures and plans for their communities. Fairfax County is an urban county with a population of over 1 million. Page 7 specifically outlines the roles and responsibilities of the Northern Virginia Hospital Alliance.

Hanfling, D. (2013). Role of Regional Healthcare Coalitions in Managing and Coordinating Disaster Response. Institute of Medicine.

This white paper was prepared for the January 2013 workshop on Nationwide Response to an Improvised Nuclear Device Attack. It focuses on the role of coalitions in catastrophic disaster event response, and how coalitions that organize to form regional networks can improve communication of resource needs and provide situational awareness. The experiences of building coalitions in the National Capital Region are also discussed.

Illinois Department of Public Health. (2014). Illinois Department of Public Health Emergency Support Function (ESF) 8 Plan.

This plan describes concept of operations, roles and responsibilities, and command structures for ESF-8 members in Illinois that may be useful to coalitions in developing coordination structures and plans for their communities. This plan can be used as a guidance or template for regional healthcare coalitions. Illinois has seven Public Health and Medical Service Response Regions with a state-wide population of approximately 12.8 million.

Public Health-Seattle and King County, Washington. (2015). ESF 8 Basic Plan-Health, Medical and Mortuary Services.

This plan describes concept of operations, roles and responsibilities, and command structures for ESF-8 members in King County, Washington that may be useful to coalitions in developing coordination structures and plans for their communities. This plan includes concept of operations and roles and responsibilities that involve the Northwest Healthcare Response Network (healthcare coalition). King County has a population of near 2 million.

Utah Department of Health. (2013). Regional Coalition Tracking Reporting Tool. (Note: This resource is available in the ASPR TRACIE Information Exchange; free registration and log in required).

This spreadsheet was developed to track work plan progress, measures, memberships, and progress towards meeting the Healthcare Preparedness Capabilities of regional coalitions in Utah. The tool (Excel spreadsheet) is customizable for other jurisdictions. Please log into the ASPR TRACIE Information Exchange to download a copy of the tool or contact ASPR TRACIE if you are interested in receiving the resource.

II. PPE Resources

Association for Professionals in Infection Control and Epidemiology. (2014). 2014 Donning and Doffing PPE Competency Validation Checklist.

This checklist can be used by evaluators when testing healthcare professionals' ability to safely and effectively don and doff personal protective equipment.

Centers for Disease Control and Prevention. (2011). Capability 14: Responder Safety and Health. Public Health Preparedness Capabilities.

The Responder Safety and Health capability is one of the 15 capabilities identified in the Centers for Disease Control and Preparedness Public Health Preparedness Capabilities. This capability focuses on the ability to protect emergency medical staff responding to a critical incident, and is comprised of four functions: 1) Identify responder safety and health risks; 2) Identify safety and personal protective needs; 3) Coordinate with partners

to facilitate risk-specific safety and health training; and 4) Monitor responder safety and health actions.

Centers for Disease Control and Prevention. (2014). Guidance Documents for Protecting Emergency Responders.

Four volumes are linked to and included in this set of materials titled, Protecting Emergency Responders. They include the following: 1) Lessons Learned from Terrorist Attacks; 2) Community Views of Safety and Health Risks and Personal Protection Needs; 3) Safety Management in Disaster and Terrorism Response; and 4) Personal Protective Equipment Guidelines for Structural Collapse Event.

Centers for Disease Control and Prevention. (2015). Guidance on Personal Protective Equipment to Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing).

This CDC webpage includes guidance on the types of PPE that should be used by those caring for patients with Ebola. It also includes steps for donning and doffing PPE as well as what trained observers should do to ensure these steps are followed.

Centers for Disease Control and Prevention, Emergency Preparedness and Response. (2015). Response Worker Health and Safety.

This webpage includes links to health and safety topics that pertain to disaster responders. Resources are also categorized by hazard (e.g., flood and hurricane cleanup, extreme heat, electrical safety). NOTE: A section on PPE is located at the bottom of the webpage.

European Union, European Centre for Disease Prevention and Control. (2014). Safe Use of Personal Protective Equipment in the Treatment of Infectious Diseases of High Consequence: A Tutorial for Trainers in Healthcare Settings.

This training program provides information on the proper use of PPE at the point of care and shares information on procurement, preparedness, and capacity building.

Methodist Hospital for Surgery. (2014). Buddy System for PPE Placement & Removal. Association for Professionals in Infection Control and Epidemiology.

This document outlines the steps for the "buddy system" for the placement and removal of PPE.

National Institute for Occupational Safety and Health. (2009). NIOSH Hazard Based Guidelines: Protective Equipment for Workers in Hurricane Flood Response. Centers for Disease Control and Prevention.

This website provides general guidance for PPE for workers responding in hurricane flood zones and can be adapted to specific conditions.

National Institute for Occupational Safety and Health. (2013). Emergency Response Resources: Personal Protective Equipment. Centers for Disease Control and Prevention.

The information on this webpage focuses on PPE and includes the following categories: respirators; protective clothing; skin exposures; eye protection; and hearing protection. Links to related resources are provided.

Occupational Safety and Health Administration. (n.d.). PPE Selection Matrix for Occupational Exposure to Ebola Virus. United States Department of Labor. (Accessed 5/17/2017.)

The U.S. Department of Labor shares information on the type of PPE 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).

III. Chemical/ Radiological and Decontamination Resources

California Department of Public Health. (2011). California Public Health and Medical Emergency Operations Manual.

Section II of this manual includes function-specific categories (e.g., hazardous materials, nuclear power plant emergencies, and nuclear weapon detonation). For every function, the plan includes an overview, list of response actions, steps for local health departments and other health providers to take, and the role of relevant state agencies.

Centers for Disease Control and Prevention. (2013). Radiological Terrorism Planning and Response Toolkits.

These toolkits contains resources (such as videos and pocket guides) on decontamination, population monitoring, and psychological first aid in radiation emergencies.

Harvard School of Public Health. (2014). Hospital Decontamination Self-Assessment Tool. Commonwealth of Massachusetts Department of Public Health -Office of Emergency Preparedness and Emergency Management.

This tool can help hospitals assess their preparedness for a decontamination event. The authors include chapters on preparedness, response, and recovery, and provide planning and team matrices in the appendices.

International Atomic Energy Agency. (2006). Manual for First Responders to a Radiological Emergency.

This guide provides helpful information for first responders to use within the first few hours of a radiological emergency. Action guides for the incident commander are followed by guides for specific responders (e.g., fire, emergency medical service, law

enforcement, forensic evidence collection team, public information officer, hospitals, and emergency operations centers).

Office of the Assistant Secretary for Preparedness and Response, National Library of Medicine. (2003). Chemical Hazards Emergency Medical Management. U.S. Department of Health and Human Services.

This website provides a wide range of information on chemical hazards for first responders, healthcare providers, and incident command staff.

The Center for HICS Education and Training. (n.d.). Incident Response Guide: Radiation Incident. (Accessed 5/18/2017.)

This document provides a checklist for hospital emergency planners to use to prepare for response to a radiation incident.

U.S. Army Medical Research Institute of Chemical Defense, Chemical Casualty Care Division. (2015). Chemical Casualty Care Division.

Medical professionals can access links to a variety of tools, products, and courses on chemical casualty care from this web page. The website also features Assessment and Educational Tools (located on the right hand box titled "Products"), which includes self-assessment tools to test an individual's knowledge of chemicals.

U.S. Department of Health and Human Services, Radiation and Emergency Medical Management. (2014). Develop a Radiation Response Plan.

This webpage provides links to guidance on developing a community hospital response plan, developing a hospital response team, and general information that should be considered when planning for a nuclear detonation or similar event.

IV. Fatality Management Resources

Forrester, C., Dixon, R., Judy, C., et al. (2008). Managing Mass Fatalities: A Toolkit for Planning. Santa Clara County Public Health Department.

This toolkit provides scalable and operational tools to help guide jurisdictions in developing a mass fatality plan. It includes guidance on infection and other health and safety threats, as well as requirements and recommendations for managing mass fatalities during a worst-case scenario pandemic influenza event.

Los Angeles County Emergency Medical Services Agency. (2013). Mass Fatality Management Guide for Healthcare Entities.

This planning document was created to help healthcare partners develop a detailed mass fatality plan. It provides a framework for mass fatality management during events of all sizes, including large-scale disasters (earthquakes); smaller, more localized incidents

(explosion, shooting); and long-term events (widespread disease outbreaks). It is organized into two primary components, a base guide and appendices. The base guide provides step-by-step directions in the development of mass fatality plans, and the appendices include supplemental resources to aid in plan development.

New York State Department of Health, and the New York State Emergency Management Office. (2011). New York State Guidance: County Mass Fatality Annex with Emphasis on Pandemic Influenza Preparedness.

This plan is a guidance document for counties within New York State. It addresses the preparation and strategies required for potential mass fatality events, with a specific focus on pandemic influenza planning.

Ohio Department of Health, Office of Health and Vital Statistics. (2010). Pandemic Influenza Mass Fatality Response Guidance.

This guidance document includes templates and other tools (e.g., resources checklist, incident command structure, and forms) to assist local jurisdictions with mass fatality planning during a pandemic event.

Pan American Health Organization, World Health Organization. (2012). Mass Fatality Plan Checklist.

This checklist includes the essential elements for consideration by emergency management professionals as they develop a mass fatality plan. It is divided into 14 sections covering the following topics: introduction and purpose; activation; command and control; logistics; welfare; identification and notification; international dimensions; site clearance and recovery of deceased victims; mortuary; disposal final arrangements; chemical, biological, radiological, and nuclear events; public information and media policy; health and safety; and a disaster mortuary plan.

Santa Clara County Public Health Department Advanced Practice Center. (2011). Managing Mass Fatalities: A Toolkit for Planning. National Association of County and City Health Officials.

Based on lessons learned from actual events (e.g., the Oklahoma City bombing, 9/11, and Hurricane Katrina) this toolkit provides customizable operational strategies and tools that can help jurisdictions create a plan for managing mass fatalities. Tips for communicating with the public are included in the toolkit.

Seattle and King County Public Health. (2015). Mass Fatality and Family Assistance Operations Response Plan.

This plan describes a coordinated response among city and county agencies involved with conducting fatality management operations in Seattle and King County.