

## ASPR TRACIE Technical Assistance

On November 9, 2017 ASPR TRACIE and the National Ebola Training and Education Center (NETEC) co-hosted the *Highly Pathogenic Infectious Disease Exercise Planning for Health Care Coalitions* webinar. The PowerPoint presentation and webinar recording are now available on ASPR TRACIE at: <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-netec-ebola-health-care-coalition-exercises-webinar-slides-508.pdf>.

The title page of the PowerPoint presentation also links to the webinar recording. You will be asked to enter your name and email address prior to accessing the recording.

This document provides an excerpt of the questions posed and answers provided (Q&A) during or after the webinar. Please note that this is not an exhaustive list of all the questions asked, but rather a sample of questions that may be beneficial to our stakeholders. Please review the webinar recording to hear the entire Q&A portion.

### Q&A:

1. **Question:** What is the difference between frontline hospital, assessment center, and treatment center?

**Answer:** The tiered approach for preparing for and managing patients with Ebola and other highly infectious diseases designates health care facilities in the following three tiers:

- Frontline healthcare facilities are acute care facilities – including hospital emergency departments, urgent care centers, and critical access hospitals – where a patient may present with Ebola or other highly infectious disease symptoms.
- Ebola assessment hospitals are facilities identified by state and local authorities as being prepared to receive, identify, and isolate persons under investigation for Ebola or another special pathogen and to provide treatment until a diagnosis is confirmed or ruled out and the patient is transferred or discharged.
- Ebola treatment centers are facilities designated by state or local authorities as having the capabilities to safely manage a confirmed Ebola or highly infectious disease patients for the duration of their illness.

Additional information, including guidance targeted toward each tier, is available at <https://www.cdc.gov/vhf/ebola/healthcare-us/preparing/hospitals.html>.

2. **Question:** What is a reasonable back-up plan for transport of an HCID (high consequence infectious disease) patient if a great distance must be covered and Phoenix Air is not available?

**Answer:** As with any medical transport resource, Phoenix Aviation Group may not be immediately available for any number of reasons, including weather, mechanical issues, or higher priority missions. It is critical that coalitions and their partner organizations develop backup contingency plans that account for a number of scenarios. Those plans may include long distance ground transport utilizing multiple medical transport crews. Depending on the

circumstances it may be better to continue to care for the patient at the sending facility while waiting for Phoenix Aviation Group transport to become available. Pre-planned use of telemedicine and/or real time consultation with NETEC clinical expertise should be considered. Backup plans should incorporate the principles of collaboration and communication among all involved organizations, keeping care providers safe, and achieving the best medically possible patient outcomes.

3. **Question:** Do the exercise templates provide any assistance with linking the exercise objectives to the appropriate core capabilities and capability targets?

**Answer:** All NETEC exercise resources, including discussion- and operations-based templates, contain pre-populated exercise objectives and associated target capabilities. The NETEC Exercise Design Team, ASPR and CDC have determined the capabilities from the priority capabilities identified in the [2017 – 2022 Health Care Preparedness and Response Capabilities](#) document. These capabilities provide the foundation for development of all exercise objectives and scenarios, as well as their associated critical tasks. Example: Foundation for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge.

4. **Question:** The isopod looks as though it could be very cumbersome to take apart. What are your thoughts?

**Answer:** It is actually pretty easy to deploy. It all fits in a large duffel bag for easy transport.

5. **Question:** What type of specialized PPE did the Coalition deploy?

**Answer from Dan Gray, Far Southwest Healthcare Coalition:** We distributed the isopods, PAPRs, and N95 masks to our transport providers in two locations within the region so they would be able to have quick access to the PPE.

**Answer from Elisabeth Weber, Chicago Department of Public Health/Chicago Healthcare System Coalition for Preparedness and Response:** The Chicago Healthcare Coalition deployed PPE kits including material suggested by the CDC but finalized by our Chicago Ebola Response Network with the assistance of APIC and our inventory management contractor. The materials were placed into “Kits” and maintained in zippered duffel bags. They were provided to all Frontline hospitals after training occurred. Please contact ASPR TRACIE if you are interested in learning the name of our inventory management contractor or the specific types and manufacturers of PPE included in the kits.

6. **Question:** When can we expect to see the FHCF playbook?

**Answer:** The development of an infectious disease playbook for frontline facilities is currently in the early planning stage. Stay tuned for additional information on its availability. In the meantime, you may find some helpful resources from ASPR TRACIE on our [Select Infectious Disease Resources](#) landing page and NETEC’s [Resources](#) page.