Ebola Virus Disease Regional Network Coordination Table Top Exercise

November 3rd 2015



preparedness partners



Welcome and Introductions

Opening Remarks

Participant Introductions

- Name
- Position
- Role in an EVD response



Scope

The exercise focuses on the coordination between (and within) states regarding the transport of a person diagnosed with Ebola Virus Disease (EVD) to the Regional Ebola Treatment Center in Texas.



Exercise Goals

Enhance participant understanding of their state's plan for movement of EVD patients both within the state and across state lines.

Clarify the expectations of government agencies, healthcare facilities, and other response partners regarding EVD patient evaluation, transport, and treatment.

Identify gaps in current planning and suggest improvements to related processes and procedures.





Exercise Objectives

- 1. Discuss coordination of emergency response activities to manage transfer of a patient diagnosed wit Ebola Virus Disease
- 2. Discuss coordination of dissemination of information through all levels of response
- 3. Discuss responder health and safety through treatment and transport of a patient diagnosed with Ebola Virus Disease
- 4. Discuss coordination of medical surge in an integrated healthcare operation to manage transport of patients diagnosed with Ebola virus Disease





Capabilities

- Emergency Operations Coordination— is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.
- Information Sharing– Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector.



Capabilities

- Medical Surge
 The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an allhazards incident, and maintain or rapidly recover operations that were compromised.
- Responder Safety and Health– describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.





Exercise Overview

- 3 Hour discussion-based exercise
- Players are grouped by state with a single consolidated federal group
- Exercise composed of three modules
 - Each group will participate in a facilitated discussion about the information presented
 - After each module, a group spokesperson will report out on the issues discussed by the group
- The exercise will be followed by a Hot Wash (participant feedback)





Assumption and Artificialities

- The scenario is plausible and events occur as they are presented.
- There is no hidden agenda and there are no trick questions.
- The scenario assumes the need for patient transport by aircraft.



Ground Rules

- 1. Do NOT critique the scenario
 - Trying to find holes or inconsistencies in the scenario is counterproductive and disruptive; the scenario should stimulate discussion.
- 2. Draw from your previous experience
 - As you participate, please utilize your knowledge of how the Whole Community works together in response and recovery situations.
- 3. Do NOT assume information
 - If questions arise that are not answered by the provided material, please ask the facilitator to address the issue with the group.
- 4. Participation is encouraged
 - Speak freely, respect others when they are speaking
 - Participate in your disaster role as if the event were occurring
 - Processes and decision making are more important than the details
- 5. The facilitator's job is to help you come up with solutions





Administration/Logistics

Please silence phones/pagers
 Break
 Restrooms
 Smoking
 Fire Exits



Tabletop Exercise (TTX)



FEMA

Ebola Virus Disease (EVD)

Background



Background: Ebola Virus Disease

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

- Ebola is caused by infection with a virus of the family Filoviridae, genus Ebolavirus. There are five identified Ebola virus species, four of which are known to cause disease in humans.
- Symptoms of Ebola include: Fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal (stomach) pain and unexplained hemorrhage (bleeding or bruising)
- Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.





Background: Ebola Virus Disease

Person Under Investigation (PUI)

A person who has both consistent signs or symptoms and risk factors as follows should be considered a PUI:

- Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND
- 2. An epidemiologic risk factor within the 21 days before the onset of symptoms.





Module 1: Notification



Module 1 Scenario

- Please take a few minutes to read through the Module 1 scenario
- We will re-cap the key issues after you have completed the reading



Module 1: Notification Key Issues

- A person with confirmed Ebola has been admitted to a hospital within your State.
- A decision should be made about transferring this patient to the designated Ebola care facility in Galveston, TX.
- Communication between the healthcare group identifying the case and "the state" regarding what to do with the patient
- Communication between "the State" and the Texas state health authority regarding transport of the patient
- Communication between the Texas state health authority and the healthcare system (site) receiving patient



Discussion Questions – Module 1

- 1. Who has the authority to activate the HHS Region VI Ebola Virus Disease Regional Network Coordination Plan
- 2. What criteria should be considered before the decision to activate the HHS Region VI Ebola Virus Disease Regional Network Plan
- 3. Who in your State will notify Texas and under what conditions?
- 4. How soon will notification to Texas occur? Who is your states POC for Texas?
- 5. How will Texas receive notification of need to transfer a person with confirmed Ebola?
- 6. Who will notify UTMB in Galveston?
- 7. What process is used to notify ground and air transport assets?





Module 1 Outbrief

- Highlight significant issues from the group's discussion
- Restrict comments to the current module



Module 2: Transportation



Module 2 Scenario

- Please take a few minutes to read through the Module 2 (part 1) scenario
- We will re-cap the key issues after you have completed the reading



Module 2: Transport (Part 1) Key Issues

- Patient is not ready for transport when ambulance arrives setting timeline back two hours
- Media exposure and rumors have increased at hospital
- Security while transporting patient to the airport



Discussion Questions – Module 2 (Pt 1)

- 1. Who should be notified of delay at hospital?
- 2. What information should be given regarding delay?
- 3. How does the delay at the hospital affect the airline and receiving facility?
- 4. What adjustments will need to be made to mitigate the delay?
- 5. How does the increase in local law enforcement at the hospital effect security support for transport of patient to the airport?



Module 2 Outbrief

- Highlight significant issues from the group's discussion
- Restrict comments to the current module



Module 2 Scenario

- Please take a few minutes to read through the Module 2 (part 2) scenario
- We will re-cap the key issues after you have completed the reading



Module 2: Transport (Part 2) Key Issues

- A second potential EVD patient has presented to the hospital
- Second patient is a minor with guardians accompanying.
- Local Hospital and officials want second patient transferred to UTMB as a precaution.
- Increased media presence



Discussion Questions – Module 2 (Pt 2)

- 1. Who should the hospital staff and local jurisdiction contact at your State with request to transfer 2nd patient?
- 2. Should the 2nd patient be transferred at this time with the original patient?
- 3. Who has the authority with in your State to make decision to transfer second patient at the same time as the first?
- 4. Who would be consulted when making this decision and what considerations should be made?
- 5. What information would be given to the media at this time?





Module 2 Outbrief

- Highlight significant issues from the group's discussion
- Restrict comments to the current module



Module 2 Scenario

- Please take a few minutes to read through the Module 2 (part 3) scenario
- We will re-cap the issues events after you have completed the reading



Module 2: Transport (Part 3) Key Issues

- Decompensation of patient in route to airport
- Family presence at airport
- Disposal of hazardous material by EMS crew



Discussion Questions – Module 2 (Pt 3)

- 1. What considerations should be made given patient's current condition?
- 2. Who should be notified of the change in patient's condition?
- 3. Can family escort patient on the plane?
- 4. Who is responsible for communicating with the family?
- 5. How should EMS hazardous waste disposal be coordinated with in your State?



Module 2 Outbrief

- Highlight significant issues from the group's discussion
- Restrict comments to the current module



Module 3: Receiving



Module 3 Scenario

- Please take a few minutes to read through the Module 3 (part 1) scenario
- We will re-cap the key events after you have completed the reading



Module 3: Receiving (Part 1) Key Issues

- Continued deterioration of patient's condition
- Information sharing related to patient status
- Coordination with receiving site regarding arrival time and preparations



Discussion Questions – Module 3 (Pt 1)

- 1. Who will coordinate from your State the delay of arrival to Texas?
- 2. What is your State's role in the response at this point?
- 3. How will this delay affect your specific jurisdictions response?
- 4. What information should be shared with your State at this time?



Module 3 Outbrief

- Highlight significant issues from the group's discussion
- Restrict comments to the current module



Module 3 Scenario

- Please take a few minutes to read through the Module 3 (part 2) scenario
- We will re-cap the key events after you have completed the reading



Module 3: Receiving (Part 2) Key Issues

- Coordination with receiving site regarding arrival time and preparations
- Coordination with receiving site regarding patient isolation
- Administrative issues (medical records, cost, and liability)



Discussion Questions – Module 3 (Pt 2)

- 1. Who notifies Texas of the patient's deterioration?
- 2. How does the sending State receive awareness of the patient's condition?
- 3. Who has the authority to direct the plane?
- 4. What special considerations will need to be addressed once the plane lands?
- 5. How does each agency begin to return to pre-incident operations?



Module 3 Outbrief

- Highlight significant issues from the group's discussion
- Restrict comments to the current module











Hot Wash Ground Rules

- Do not seek to assign blame, find solutions
- Be candid but fair and respectful
- Actively listen and avoid immediate judgment
- Open disagreement is okay, again, find solutions
- One person should speak at a time
 - Please hold sidebar conversations
- All ideas and comments are welcome





What Went Well



What Needs Improvement



