

West Virginia Frontline Healthcare Preparedness

No-Notice Ebola Readiness Drill Plan PART 1: DESIGN AND PLANNING



HEALTH EPGR, LLC

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DRILL PLAN PART I: DESIGN AND PLANNING

The No-Notice Ebola Readiness Drill is an operations-based drill designed to establish a learning environment for frontline healthcare facilities to practice the identification, care, and transfer of a walk-in patient with a suspect diagnosis of Ebola Virus Disease (EVD). This ExPlan follows the guidance set forth in the Homeland Security Exercise and Evaluation Program (HSEEP) from the U.S. Department of Homeland Security (DHS).

Drill Purpose

The purpose of the No-Notice Ebola Readiness Drill is for West Virginia's frontline healthcare facilities to validate their continuity of healthcare operations and response capabilities as they relate to identifying and managing a Person Under Investigation (PUI) for Ebola Viral Disease (EVD).

Healthcare Preparedness Capabilities

The goal of continuity of healthcare operations is to maintain vital public health and medical services to allow for optimal operations in the event of a public health emergency. The following healthcare preparedness capabilities, functions, and tasks derived from the Assistant Secretary for Preparedness and Response's (ASPR's) Healthcare Preparedness Capabilities provided the foundation for development of drill objectives and evaluation criteria:

Capability 1: Healthcare System Preparedness

- Function 6: Improve healthcare response capabilities through coordinated drill and evaluation.

Capability 3: Emergency Operations Coordination

- *Function 2: Assess and notify stakeholders of healthcare delivery status*

Capability 6: Information Sharing

- Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture.

Capability 10: Medical Surge

- Function 3: Assist healthcare organizations with surge capacity and capability

Capability 14: Healthcare Facility Responder Safety and Health

- Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response

Drill Scope

The exercise should be a maximum four-hour long operational drill involving staff/resources/areas designated for EVD response at a frontline healthcare facility in one of WV's healthcare coalitions. The unannounced drill will focus on the identification, isolation, and care of a walk-in (actor) patient suspected of having an Emerging Infectious Disease (EID) such as EVD. Response actions will include: patient identification and isolation, provider protection; notifications and coordination;

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specimen collection and handling; waste management; and patient preparation for transfer to a higher level of care.

Drill Participants

The following are the categories of Participants involved in this drill; note that the term “Participant” refers to all categories listed below, not just those with active operational roles in the drill.

Players. Players are hospital personnel who have an active role in responding to the simulated emergency and perform their designated emergency and/or actual clinical roles and responsibilities during the drill. Players initiate actions that will respond to and mitigate the simulated suspect patient.

Drill Manager. The Drill Manager sets up and oversees the drill site, plans and manages the drill play, and acts in the role of response individuals and agencies not actually playing in the drill. He/she directs the pace of drill play and provides key data to Players. They may prompt or initiate certain Player actions to ensure drill continuity. The Drill Manager debriefs the players, patient actor, and evaluators after the drill and oversees the setup and takedown of the drill.

Patient Actor. Each site’s Drill Manager will recruit a volunteer to serve as the patient actor during the drill. He/she can be any age but must remain in the drill for its duration. The actor will limit their actions and verbal responses to those directed by the Drill Manager.

Evaluators. Evaluators are chosen to evaluate and provide feedback on a designated functional area of the drill. They are chosen based on their expertise and familiarity with the hospital’s infectious disease and EVD response protocols. Evaluators assess and document Player performance against established plans, protocols, recommended guidelines, and drill evaluation criteria, in accordance with HSEEP standards.

Observers. Observers visit or view selected segments of the drill. Observers do not play in the drill, and do not perform any control or evaluation functions. Observers will view the drill from a designated observation area and will be asked to remain within the observation area during the drill.

Support Staff. Drill support staff includes individuals who are assigned administrative and logistical support tasks during the drill (e.g., registration, documentation, runners, etc.).

Drill Objectives and Critical Tasks

Objective 1: Hospital demonstrates the ability to activate relevant plans and procedures to respond to a PUI for EVD and also to continue essential functions. (*Performance Capabilities: Medical Surge, Healthcare System Preparedness, Healthcare System Recovery*)

- Critical Task #1: Activated the hospital’s infectious disease screening and isolation response

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activities.

- Critical Task #2: Activated the hospital's disaster response operations using the Incident Command System (ICS), as appropriate.
- Critical Task #3: Activated the hospital's 96-hour sustainability response, as appropriate.

Objective 2: Reception/registration staff demonstrates the ability to recognize a suspect infectious disease patient by following the registration protocol. *(Performance Capability: Medical Surge)*

- Critical Task #1: Registration and triage activities identified symptoms, recent international travel, and possible exposure history for EVD.
- Critical Task #2: Hospital infection control personnel was notified of the suspect patient.
- Critical Task #3: If both recent international travel AND epidemiological risk of contact with EVD, the health department was consulted and the patient was identified as a PUI for EVD.
- Critical Task #4: Patient was identified and isolated as a PUI for EVD.
- Critical Task #5: Hospital provided a recommended isolation room for a PUI for EVD.

Objective 3: Hospital personnel demonstrates the ability to ensure appropriate assessment and clinical management of the suspect infectious patient, to include reporting and notifications.

(Performance Capability: Medical Surge & Information Sharing)

- Critical Task #1: Hospital personnel conducted initial evaluation of the condition and symptoms of the suspect patient.
- Critical Task #2: Hospital personnel stabilized patient, as appropriate.
- Critical Task #3: Hospital personnel determined need for initial testing and rule-out of other infections/conditions of the PUI for EVD.
- Critical Task #4: Hospital personnel determined appropriate disposition of the PUI for EVD.
- Critical Task #5: Hospital personnel notified local health department of the PUI for EVD's disposition.
- Critical Task #6: Hospital personnel used LiveProcess to notify other facilities in the region of the PUI for EVD.

Objective 4: Hospital personnel demonstrates the ability to access, don, and doff appropriate personal protective equipment, consistent with current CDC guidelines for a stable PUI for EVD.

(Performance Capabilities: Medical Surge & Responder Safety and Health)

- Critical Task 1: Staff was able to don (put on) appropriate PPE for a stable PUI for EVD.
- Critical Task 2: Staff was able to appropriately doff (take off) PPE for a stable PUI for EVD.

Objective 5: Hospital personnel demonstrates the ability to safely collect and handle specimens to assess a PUI for EVD and to rule-out other illness and/or infectious disease. *(Performance Capabilities: Medical Surge & Responder Safety and Health)*

- Critical Task: Staff was able to collect and manage blood and nasal swab specimens for a stable PUI for EVD, in accordance with current facility and CDC guidance.

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Objective 6: Hospital personnel demonstrates the ability to safely collect and handle biological waste from managing a PUI for EVD. (*Performance Capabilities: Medical Surge & Responder Safety and Health*)

Objective 7: Hospital personnel demonstrates the ability to prepare a PUI for EVD to be transported to an assessment or treatment facility. (*Performance Capabilities: Medical Surge*)

Documentation: Planning Information

The facility's Drill Manager must complete the planning documentation and assign drill personnel and roles prior to beginning the drill. **Forms for this documentation are provided as a separate file in this packet.** These should be completed prior to drill implementation.

Assigned parties need to be briefed prior to the drill according to the information provided below:

Activity	Timeline	Personnel	Description
Pre-Drill Briefing	TBD (typically at least a week prior to the drill; allow at least 60 minutes for briefing)	Drill Manager, Patient Actor, and Evaluators	A conference call or face-to-face meeting to review the drill plan, location and timeline, assignments and responsibilities, forms and EEG, and post-drill activities

Assumptions and Artificialities

In any drill, a number of assumptions and artificialities are necessary to complete play in the time allotted. Assumptions constitute the implied factual foundation for the drill and hence, are assumed to be present before the start of the drill. During this drill, the following general assumptions apply:

- The goals and objectives of the drill are consistent with current plans, policies, and/or procedures.
- The provided scenario is plausible and events occur as they are presented by the patient actor and/or Drill Manager.
- Drill Players should react to the information and situations as they are presented, in the same manner as if this were a real event.
- Drill response simulations should be realistic, plausible, and containing sufficient detail.
- Implementation of plans, policies, and procedures during the drill will depict actions that would be expected to occur under actual response conditions and therefore will provide a sound basis for evaluation.
- The drill will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.

Additionally, certain artificialities exist that will detract from overall realism; however, the participants should accept these artificialities to facilitate accomplishment of the drill objectives.

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Constraints and Limitations

To conduct this drill safely and successfully, all participants must operate under certain constraints and limitations as determined during the planning stage. It is recognized and accepted that some will detract from overall realism in the interest of safety, security, or financial considerations, or to maintain the use of facilities, equipment, or property. The constraints and limitations for this drill include the following:

- The participating hospital may need to balance drill play with real-world emergencies. It is understood that real-world emergencies take priority.
- Drill communication and coordination will only include participating drill staff in pre-identified areas of the hospital, as decided in the planning stage by the Drill Manager.

Relevant Reference Documents and Internet Addresses

Screening - Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus

<http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>

Infection Control - Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD) in U.S. Hospitals

<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html>

Personal Protective Equipment (PPE) - 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

<http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html>

Specimen Collection and Analysis (POSTER)

<http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>

Patient Discharge - Considerations for Discharging People Under Investigation (PUIs) for Ebola Virus Disease (EVD)

<http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/discharging.html>

Patient Transport - Inter-Facility Transport Guidance

<http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/patient-handoff.html>

Cleaning and Waste Removal - Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus

<http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html>

Ebola-Associated Waste Management

<http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html>