



NETEC



EMORY
MEDICINE



UNMC[™]
Nebraska
Medicine

NYC
HEALTH+
HOSPITALS

| Bellevue

Emergency Management Track

Presenters:

Nicholas V. Cagliuso, Sr., PhD, MPH

Syra Madad, DHSc, MSc, MCP

Shelly Schwedhelm, MSN, RN, NEA-BC

Angela Vasa, BSN, RN, CCRN

1

Introduction to All-Hazards Emergency Management and Healthcare Incident Command System (HICS)

2

Introduction to Homeland Security Exercise and Evaluation Program (HSEEP) and developing a discussion- and operations based special pathogen exercise

3

Exercise Workshop
(Participants Grouped by HHS Region)

EM Session Objectives

Describe

Describe the purpose and components of an all-hazards emergency management and health care incident command system

Describe

Describe the purpose and components of a comprehensive, discussion- and operations-based exercise and evaluation process and program based on the HSEEP model

Apply

Apply the basics of exercise design to develop a special pathogen exercise using NETEC exercise resources and ASPR performance metrics



Introduction to All-Hazards Emergency Management and Healthcare Incident Command System (HICS)

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Agenda

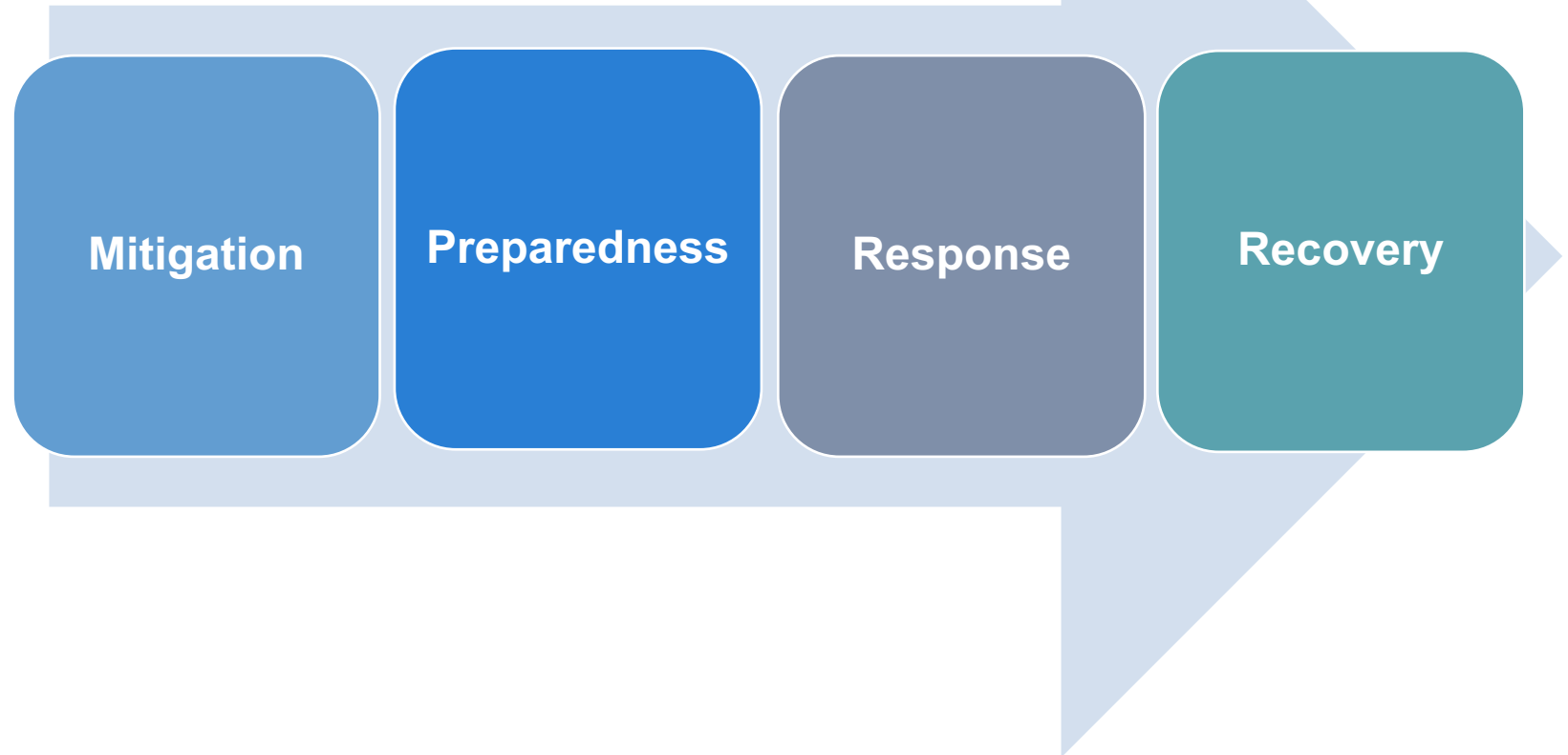
1. All-Hazards Emergency Management
2. The 3 Cs
3. Hospital Incident Command System (HICS)
 - Command & General Staff
4. The Ebola Preparedness & Response Paradox
5. Readiness Strategies
 - Leadership
 - Training, Education & Exercises
 - Community Outreach
6. Lessons Learned

Describe	Describe the “all-hazards” approach to managing the care of highly infectious disease (HID) patients
Describe	Describe the use of the Hospital Incident Command System (HICS) in the care of HID patients
Describe	Describe the key elements of sustaining readiness to care for HID patients
Describe	Describe the next steps in building national resilience for safely and effectively managing an influx of HID patients

Natural
(weather)

Technological
(power outage)

Intentional
(terrorism)



Systematic approach to recognizing hazards that may affect hospital services or its ability to provide those services.



Risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities.

Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital

Hazard and Vulnerability Assessment Tool

Naturally Occurring Events

[illegible]

Hazards - Sample Hospital
Hazard and Vulnerability Assessment Tool
Naturally Occurring Events

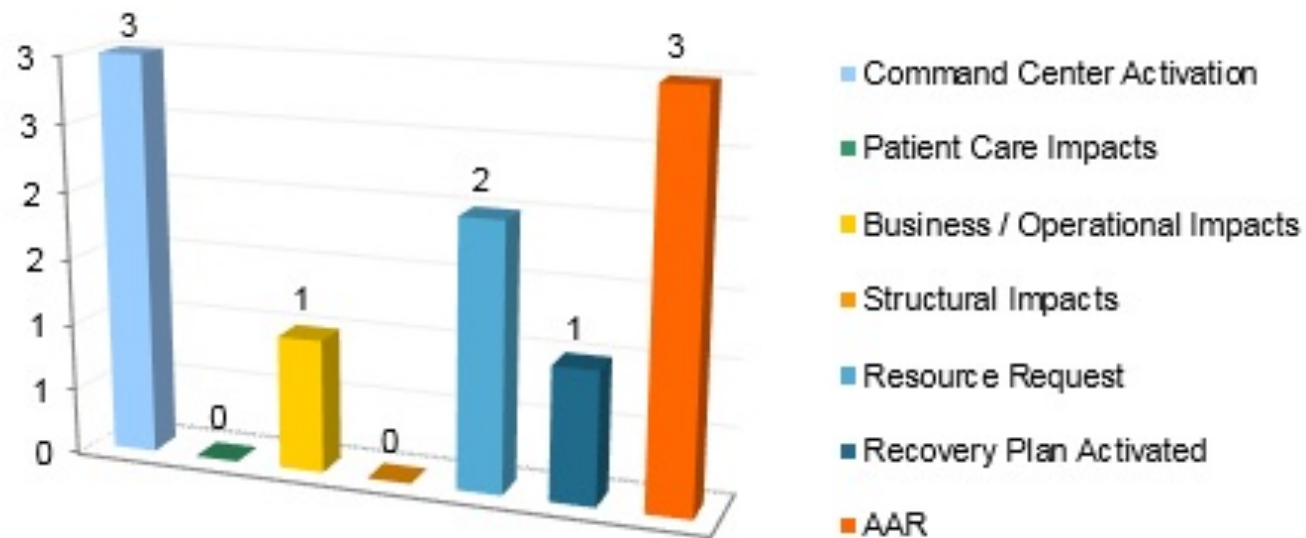
Event	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100% * Relative threat
Earthquake										
Epidemic										
Evacuation										
Explosion	2	1	1	3	3	3	2	2	1	48%
External Flood										
Fire										
Hostage Situation										
Hurricane										
HVAC Failure										
Inclement Weather	2	1	1	2	2	2	2	2	2,3	38%
Infectious Disease Outbreak	2	1	2	3	1	2	2	2		42%
Internal Fire										
Internal Flood										
IT System Outage	2	1	1	1	1	2	2	2	4	32%
Landslide										
Water Disruption										
Weapon										
Workplace Violence / Threat										
Zombies										

Kaiser Permanente

Emergency Management

Summary For - Sample Hospital

ALERT TYPE	OCCURRENCE
Command Center Activation	3
Patient Care Impacts	0
Business / Operational Impacts	1
Structural Impacts	0
Resource Request	2
Recovery Plan Activated	1
AAR	3
Total Alert	3



0

TOP 10 HVA	RANK	OCCURRENCE
Explosion	1	1
Infectious Disease Outbreak	2	0
Inclement Weather	3	1
IT System Outage	4	1

0

TOP 10 ACTUAL ALERTS	OCCURRENCE	HVA RANK
Inclement Weather	1	3
IT System Outage	1	4
Explosion	1	1

Communication

Coordination

Collaboration



For Release:
September 4, 2014

Contact:
Taylor Wilson (402) 871-8338
twilson@nebraskamed.com

Possible Transport of Ebola Patient to The Nebraska Biocontainment Patient Care Unit Located Inside The Nebraska Medical Center

Biocontainment Leaders to Discuss Latest Developments

Omaha, Neb – Please join us as infectious disease specialists and officials from our Biocontainment Unit discuss the possibility of an American patient with the Ebola virus being brought to The Nebraska Medical Center for treatment.

WHAT: News conference regarding possible treatment of patient with Ebola virus

WHEN: Thursday, September 4, 4:15 p.m.

WHERE: Truhlsen Eye Institute, 3902 Leavenworth St., Omaha, NE, park on east side of 40th St. on hill leading to area where road is closed. Enter front of Truhlsen, take elevator to 3rd floor room 3001 Bruce Truhlsen Auditorium

OTHER: If you plan to attend please contact Taylor Wilson at twilson@nebraskamed.com or (402) 871-8338

UNIVERSITY OF
Nebraska
Medical Center

 **THE NEBRASKA**
MEDICAL CENTER™

EMORY
HEALTHCARE

1364 Clifton Road, NE
Atlanta, GA 30322

Dear Emory University Hospital Patients,

You may hear in the media that Emory University Hospital plans to receive a patient with Ebola virus infection in the next several days. We do not know at this time when the patient will arrive. Please be assured that our hospital is prepared and ready. We have a highly specialized, isolated unit in the hospital that was set up in collaboration with the CDC to treat patients who are exposed to certain serious infectious diseases. This unit is physically separate from other patient areas and has unique equipment and infrastructure that provide an extraordinarily high level of clinical isolation. In fact, Emory University Hospital is one of just four facilities in the entire country with such a specialized unit.

Emory University Hospital physicians, nurses and staff are highly trained in the specific and unique protocols and procedures necessary to treat and care for this type of patient. For this specially trained staff, these procedures are practiced on a regular basis throughout the year, so we are fully prepared for this type of situation.

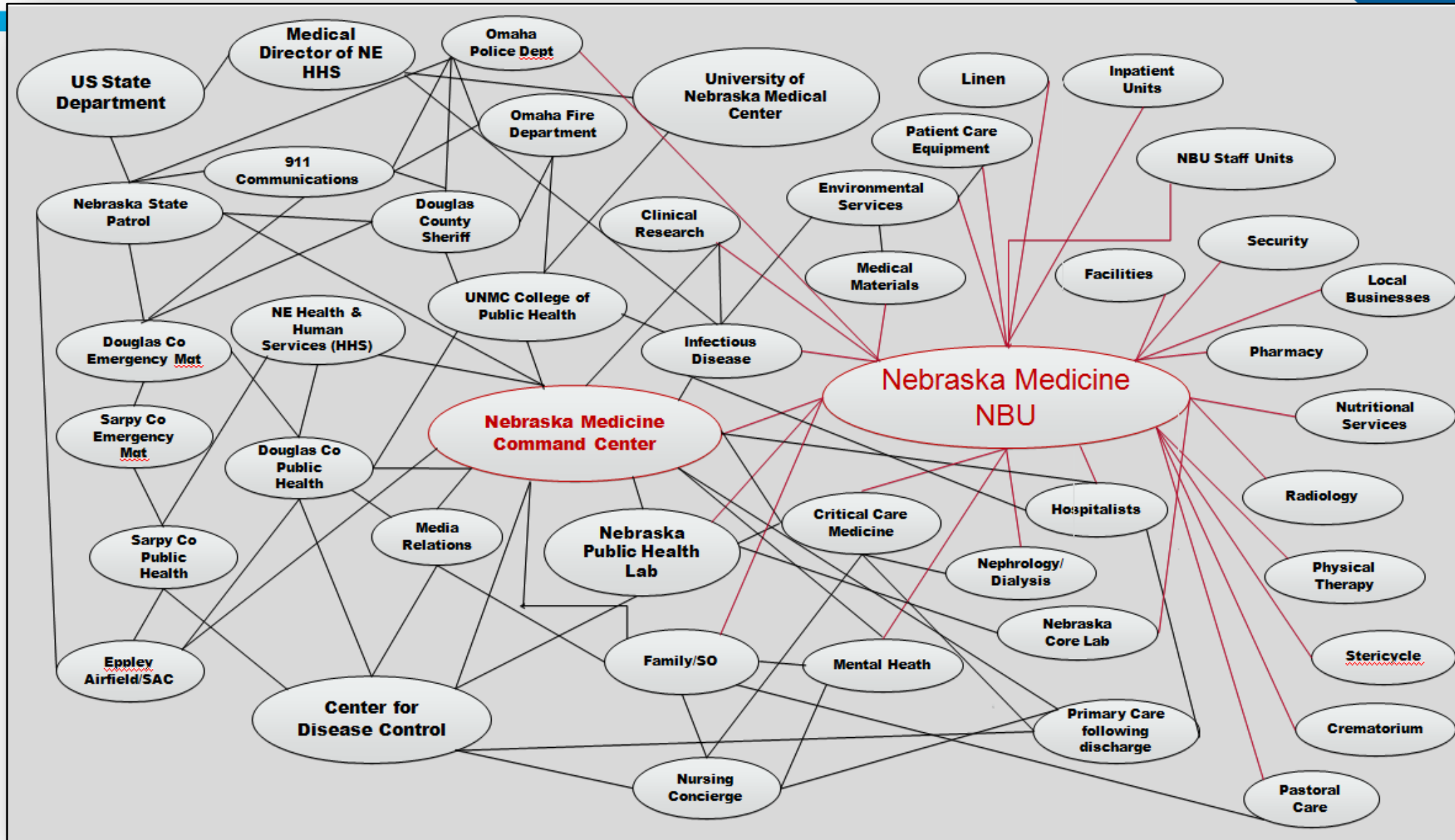
We are committed to providing a safe, secure environment for each of our patients. If you have any concerns or questions, please do not hesitate to speak with your caregiver.

Thank you,

Ira Horowitz, M.D.
Chief Medical Officer
Emory University Hospital

Nancy Feistritzer
Chief Nursing Officer
Emory University Hospital

2nd C: Coordination



3rd C: Collaboration





BIO ISOLATION TRANSFER CARD (BIT)



FDNY TRANSPORT TO HOSPITAL

Hospital Requirements

- Assemble Receiving Team
- Liaison Report to the Command Post
- Don PPE to Receive Patient from FDNY
- Standby at the Transfer Point
- Prepare 55 Gallon Bio-Waste Drums
- Provide Patient Info to **bioTas** following Triage

FDNY Requirements

- Briefing with Liaison prior to Patient Arrival
- Confirm Transfer Point
- Decontamination Corridor Prepared
- Supervise Patient Transfer to Hospital
- Supervise **bioTas** Doffing and **bioTas**
- Supervise **bioTas** of Ambulance

- Ensure Decontamination Corridor Prepared
- Provide Bi-Directional Responsibility
- Secure patient transfer area utilizing Hospital Security
- Identified Decontamination area clearly

Hospital Contacts:

- Hospital ED:
- Boyd Dixon
- William Hicks
- Hospital EOC:
- Lt. Keith Franklin
- Lt. Sharon Rodriguez
- Administrator on Duty

FDNY Contacts:

- FDOC:
- EMS Telemetry:
- Hazmat Battalion Cell:

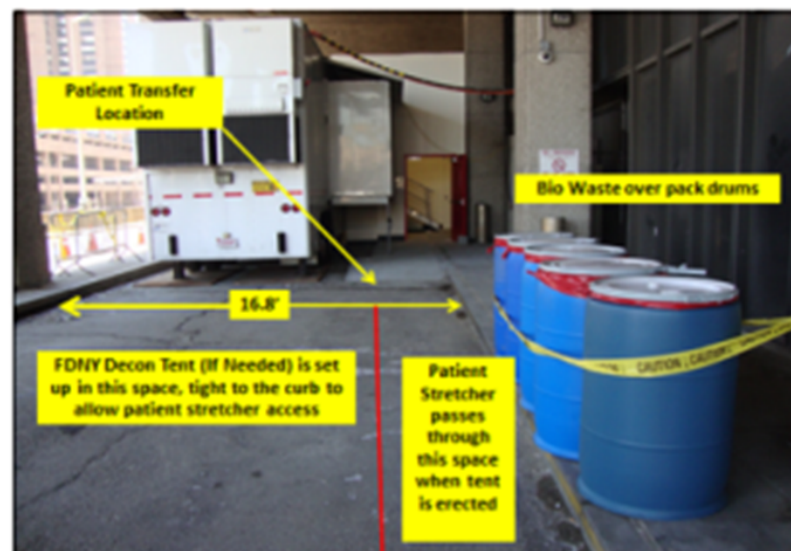
Receiving Hospital to Treatment Hospital Transfer

Hospital Requirements

- Transfer Team Don PPE
- Control of transfer area
- Liaison reports to the Command Post
- Identify Transfer Location
- Await **bioTas** Personnel to receive Patient
- **bioTas** personnel Accepts Patient
- **bioTas** Transport Patient

FDNY Requirements

- **bioTas** responds to Receiving Facility
- **bioTas** Officer meets Liaison
- Transfer Point Confirmed with Liaison
- **bioTas** Personnel Don PPE
- **bioTas** Officer supervises transfer
- Ensure response of Clean Ambulance
- Both Ambulances driven by clean personnel ONLY



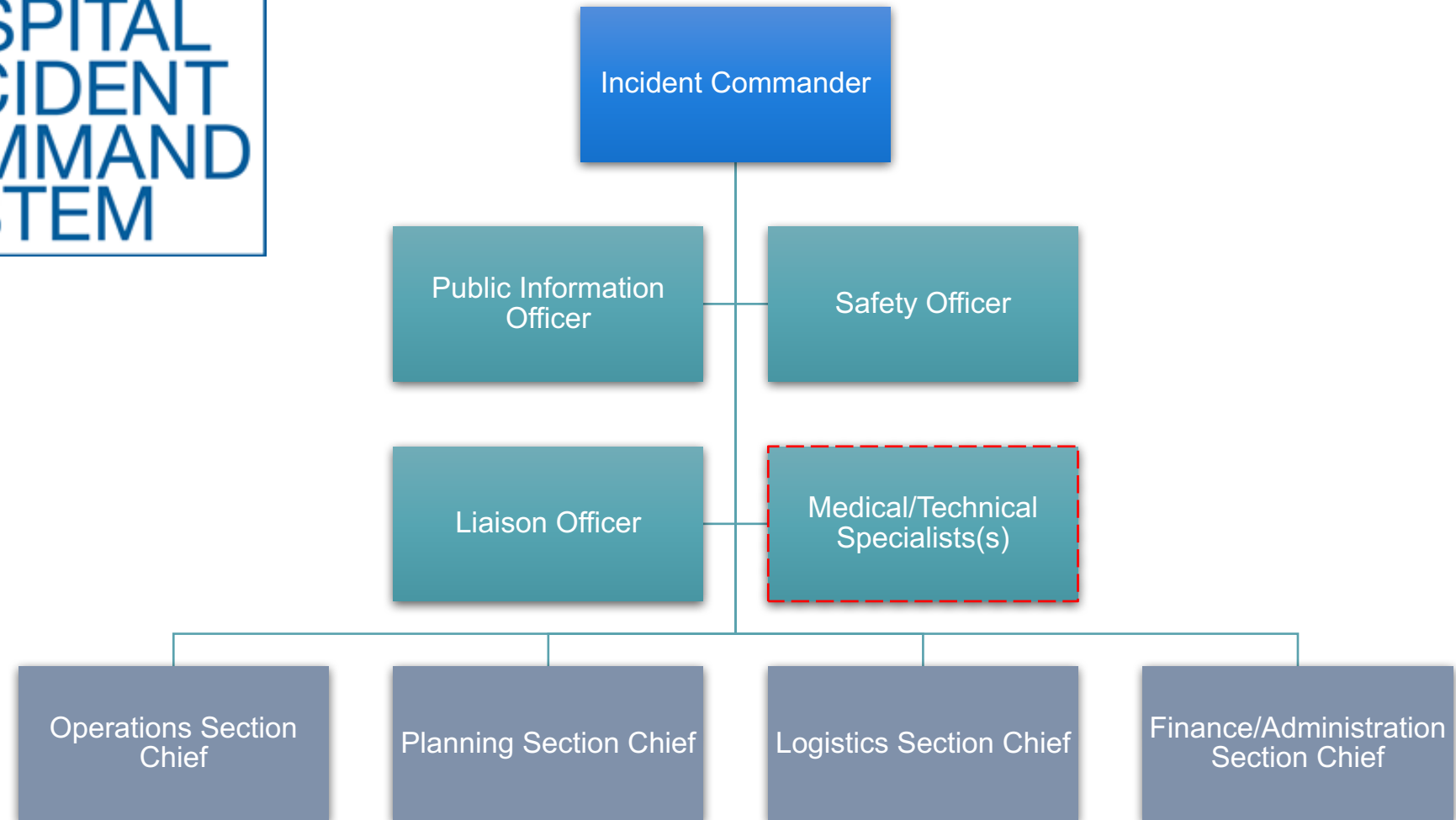
The Ebola Preparedness & Response Paradox



- Low Patient Count
- High Resource Demand
- Low Resource Capacity
- High Risk Perception
- Little or no experience with EVD PUIs or confirmed cases
 - Emory, Nebraska and NYC Health + Hospitals / Bellevue have all successfully treated confirmed Ebola patients



- Incident management system
- Applicable to any hospital
- Tool to manage
 - Threats
 - Planned events
 - Emergency incidents
- Structure
 - Modular
 - Scalable



Organize and direct the Hospital Command Center.

Give overall strategic direction for Incident management and support activities, including emergency response and recovery.

- Oversee and convene command structure
- Implement Biocontainment Unit activation checklist
- Interagency coordination during transport
- Identify Medical Specialist Role (Infectious Disease MD)
- Identify Campus Mitigation Strategies
- Collaborate with community and national agencies as needed (e.g., health dept.; CDC; etc.)
- Determine Planning Cycle and define routine briefing times
- Collaborate with research leaders to access experimental drugs if needed



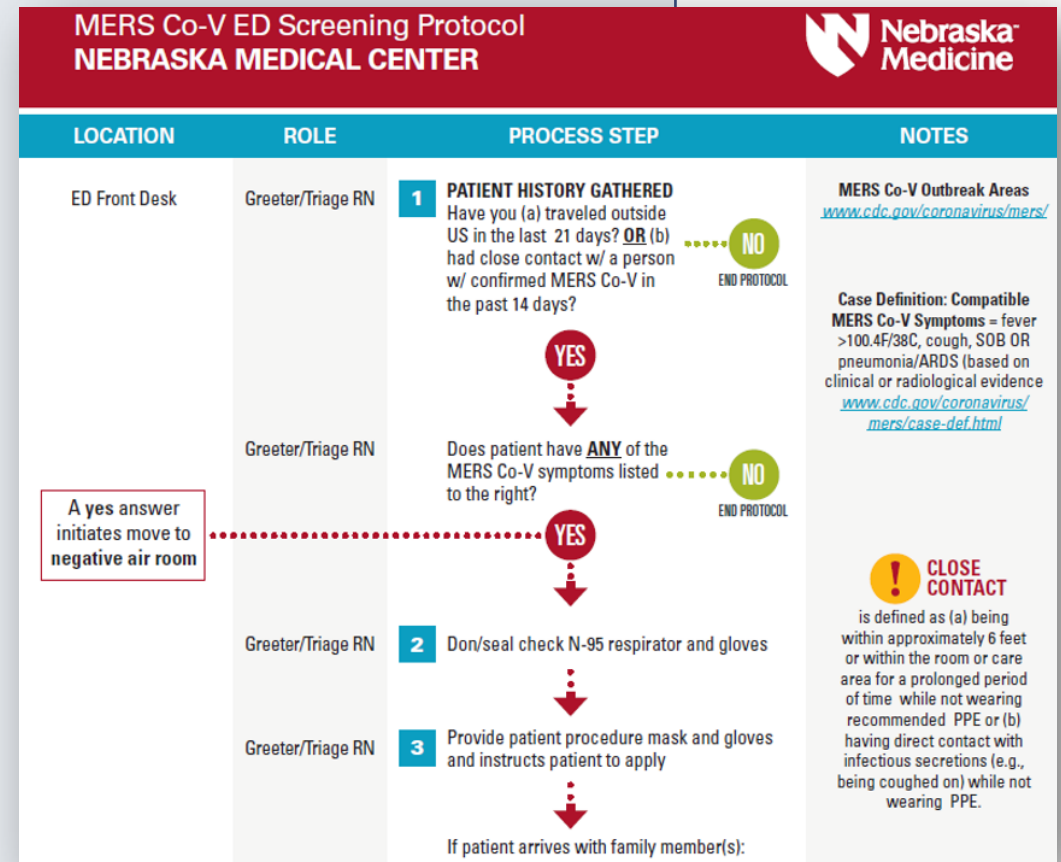
Conduit for information to internal and external stakeholders, including media as approved by Incident Command.

- Risk communication strategies
- Determine internal and external messages
- Collaborate with medical staff and family on messaging
- Establish information lines/hotlines
- Monitor and manage social media
- Who, what, where, when, how, why?



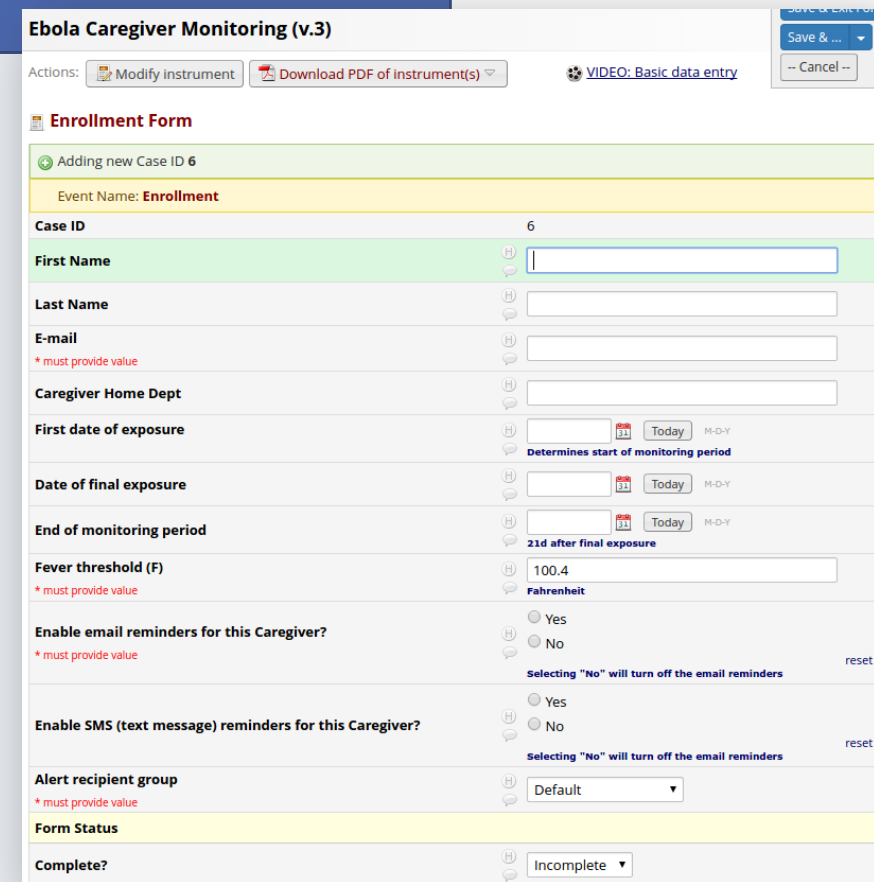
Develop and implement strategy and tactics to carry out objectives established by Incident Command. Organize, assign, and supervise Medical Care, Security, HazMat, and Business Continuity.

- Surge capacity plan
- Just in Time Personal Protective Equipment (PPE) training
- Staffing backfill plan
- Special project team(s)
- Protocol updates
- New issue process/procedure development
- Morgue Plan
- Laboratory Plan
- Behavioral Health Plan



Oversee all incident-related data gathering and analysis regarding incident operations and resources; develop alternatives for tactical operations, conduct planning meetings, and prepare Incident Action Plan for each operational period.

- Define Incident Action Plan Objectives
- Screening tool development for entry areas of health system
- Define plans for evacuation, severe weather, etc. if needed while activated
- Medical record audits
- Employee Health / Occupational Health Support for Temperature Monitoring during activation
- HR issues requiring resolution during activation
- Care of the family-nurse concierge



The screenshot displays the 'Ebola Caregiver Monitoring (v.3)' web application. At the top, there are action buttons: 'Modify instrument', 'Download PDF of instrument(s)', and a link to 'VIDEO: Basic data entry'. Below this is the 'Enrollment Form' section, which includes a status bar indicating 'Adding new Case ID 6'. The form contains several input fields: 'Case ID' (value: 6), 'First Name', 'Last Name', 'E-mail' (with a red asterisk indicating it is required), 'Caregiver Home Dept', 'First date of exposure' (with a calendar icon and 'Today' button), 'Date of final exposure' (with a calendar icon and 'Today' button), 'End of monitoring period' (with a calendar icon and 'Today' button), 'Fever threshold (F)' (value: 100.4, with a red asterisk indicating it is required), 'Enable email reminders for this Caregiver?' (radio buttons for Yes/No, with a red asterisk indicating it is required), 'Enable SMS (text message) reminders for this Caregiver?' (radio buttons for Yes/No), 'Alert recipient group' (dropdown menu with 'Default' selected), 'Form Status', and 'Complete?' (dropdown menu with 'Incomplete' selected). The interface also includes a 'Save & Exit' button in the top right corner.

Responsible to organize and direct operations associated with maintenance of physical environment, materiel and service support activities.

- Waste Management Plan
- Facilities Plan (negative pressure, HVAC, etc.)
- Security Plan (transport, unit security)
- Biomed Plan (autoclave and other equipment)
- PPE management (# sets on hand, back orders, etc.)
- Linen Plan (scrubs, linens)
- Food Plan (patient and staff)
- Supply & Medication lists and availability



Finance Section Chief is to monitor utilization of assets and accounting for expenditures. Supervise documentation of expense and cost reimbursement.

- Cost center development
- Expense tracking
- Charge code development
- Funds flow, fast track purchases as needed for equipment



Use of Just-in-Time Checklists

- Job Action Sheets
- Activation Checklist
- Supply List
- Equipment List

Physician & Nursing Backfill Plan

- Depth
- Recruit & orient staff in other specialties (e.g., nephrology)
- Address backfill issues in advance
- RVUs & compensation issues



Lead by Example

- Shared governance
- Relationship-based care

Communication

- Daily team briefing
- Daily huddle communication (verbal & email)

Standard Operating Procedures (SOPs)

- Staff ownership

Plan, practice, learn and adapt for your unique situation



No Hierarchy... & Lots of Tools

Donning PAPR Level PPE	Competency Met	Competency Not Met (include reason)	Educator Initials
<p>Learner works with a donning partner to demonstrate Donning PAPR Level PPE following NBU policy 1.098 (Learner must meet all the following criteria).</p> <ul style="list-style-type: none"> Verbalizes understanding that all personal clothing and jewelry shall be removed and will put on hospital provided clothing (<i>not necessary for simulation</i>). Verbalizes understanding that persons with long hair shall don a hair net or tie hair back. Demonstrates ability to gather all PPE items prior to beginning the donning process. Demonstrates testing the PAPR battery using a flow meter and verbalizes correct knowledge for interpreting the results. Demonstrates performing hand hygiene prior to donning PPE. Demonstrates working with a donning partner to don the following PPE in the correct sequence and method as directed in the NBU policy: <ul style="list-style-type: none"> Plastic boot covers (inside suit) Biological Protective Suit (BPS) Disposable boots (over suit) 2 Pairs of Exam gloves 1 Pair KC500 Nitrile Long cuff Gloves PAPR Belt PAPR blower unit 2 PAPR HEPA Filters PAPR Tubing PAPR Hood PAPR Flow Tester Duct Tape Demonstrates performing a safety check with the donning partner and mirror. <ul style="list-style-type: none"> Checks for defects in the PPE. Ensures all skin is covered. Ensures the PPE fits well. Performs range of motion by raising arms, outstretching over. Repeats safety check after range of motion exercise. 			



The Nebraska Biocontainment Unit
Powered Air Purifying Respirator (PAPR) Level PPE
Annual Competency Assessment

Name: (print) _____

Educator Name: _____

Date __/__/__

Donning Order:


Boot covers
Surgical gown
Surgical cap
N95 Respirator
Face Shield
* Hand Hygiene

PAPR Doffing Order:

Step into Area #1
Remove duct tape at wrists.
Purple Nitrile Gloves
Remove duct tape at legs.
Boot Covers - step into Area #2.
Hang PAPR belt on hook.
Remove Yellow suit, step into Area #3.
* Remember PAPR is still connected.
Facing trash can put hood ~~into~~ up + over head.
* doffing partner will disconnect hose before discarding hood + secure it. PAPR still running.
Step back in area #3 so doffing partner can cap blower meter as they turn it off. Discard hose.
Remove boot liners. Bleach wipe each shoe as you leave doffing pad.
Apply new patient care mask + gloves after good hand hygiene. Wait for shower.

Standard Operating Procedures

It's not always planned...

 Nebraska Medicine POLICIES AND PROCEDURES MANUAL <input type="checkbox"/> System <input checked="" type="checkbox"/> Department Supersedes:	Section: Body Fluid Spill Cleanup in the NBU Subject: 1.011 Attachments: Date Effective: August 2014 Date Reviewed: June 2015; July 2015; October 2015
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Nebraska Biocontainment Unit (NBU)
Body Fluid Spill Cleanup

Materials needed:
Appropriate Personal Protective Equipment (PPE)
Absorbent Pads
Absorbent Pad with fluid resistant backing
1:10 Solution Bleach
Mop Bucket (that is designated to the area where the spill occurs)
Mop Pole (that is designated to the area where the spill occurs)
Clean mop head
* Bleach Wipes
* Broom with removable handle
* Long handled dust pan with removable handle

Definition:
Body fluid shall refer to all fluids that originate from a human body. This includes blood, urine, feces, vomit and others.

Purpose:
To define a process for cleanup, decontamination and disposal of body fluid spills.

Policy:
Body fluid spills in the NBU shall be cleaned by NBU personnel.

Immediately following a spill the staff shall assess the need to call for assistance with the cleanup.

All body fluid spills shall be promptly cleaned and surfaces that come in contact with the spill shall be disinfected with 1:10 concentration bleach.

Personnel performing the cleanup shall wear appropriate PPE as determined by the NBU medical director. This may include donning a disposable plastic apron over the required PPE.

Procedure:

1. Immediately following the spill layer the entire body fluid spill with enough absorbent pads to allow the fluid to become fully absorbed into the material.
 - a. If the absorbent pad becomes saturated and body fluid pools on the surface or it is suspected that pad is insufficient, place more pads on top (figure 1).



Figure 1

2. Once the fluid is absorbed, place an absorbent pad with a fluid resistant backing on top of the layers (the fluid resistant backing should face up).



Figure 2

3. Gather and bundle the pads by enclosing them in the outer absorbent pad then gently place into an autoclave bag lined trash can.
 - a. If there is evidence that the body fluid is still present, place additional absorbent pads on it and repeat the procedure.
4. Remove outer gloves and perform hand hygiene using bleach wipes before donning a clean pair of outer gloves.
5. Gently gather the neck of the autoclave bag and secure it with autoclave tape.
6. Follow NBU Policy 1.167 Waste Processing to remove the bagged items from the patient care area.
7. Using 1:10 bleach solution mop the area where the spill occurred*.
 - a. After the area has been mopped the mop head shall be removed from the mop pole.
 - b. Follow NBU Policy 1.166 Laundry Protocol to remove the mop head from the patient care area.

* NOTE: if the body fluid spill is small it is appropriate to use bleach wipes in place of #7

Multiple Scenarios and Partners



Operating Room Staff

- Care of a PUI



Radiology Department

“Practice makes
PERMANENT, not
perfect.”

- Dale Carnegie,
1888-1955



Local Responders and the
United States Air Force



Provider Down Policy

- Incident Command structure is important
- Bricks and mortar may need adjustments
- Daily briefings assured everyone on same page and provided touch point with all team members
- Problem solving was constant
- Leadership matters
- Interprofessional teamwork is essential
- No cost structures exist
- Business continuity planning is important..."what if", "what if",...



BREAK

Introduction to Homeland Security Exercise and Evaluation Program (HSEEP) and Application via NETEC Exercise Resources

Presenters

Syra Madad, DHSc, MSc, MCP

Angela Vasa, BSN, RN, CCRN



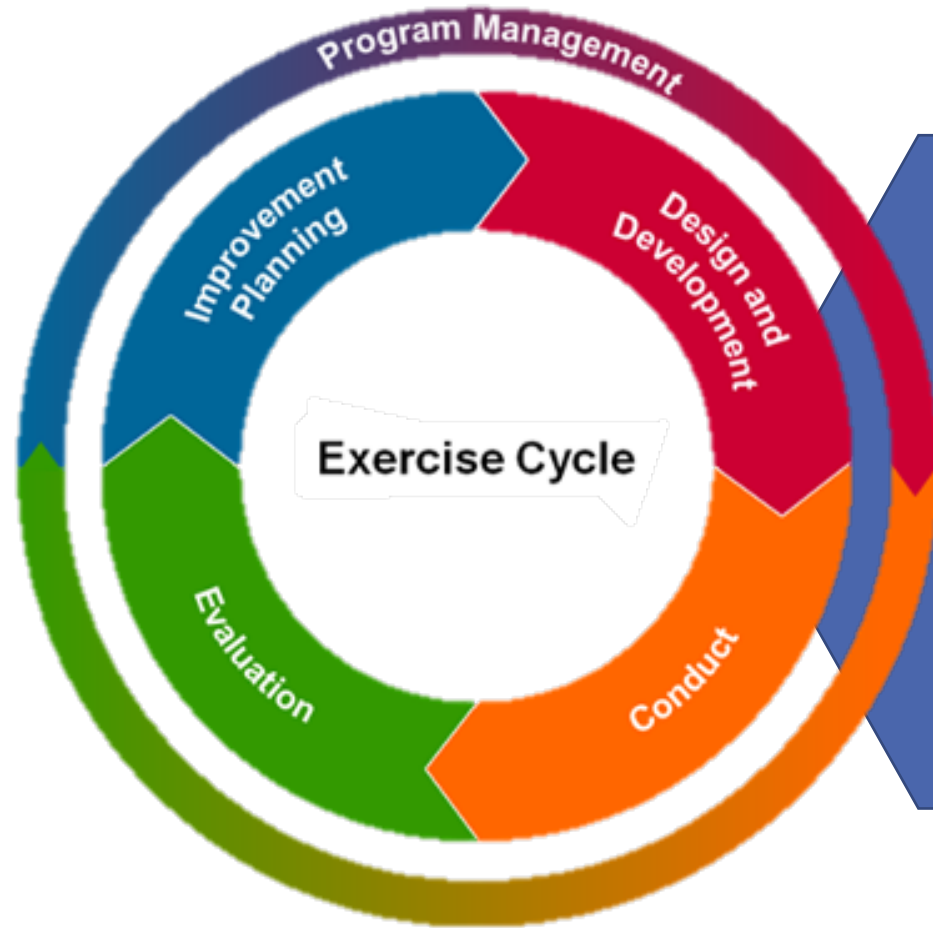
Define	Define the types of exercises that can be utilized for highly infectious disease assessment, treatment and response units.
Describe	Describe the steps of the exercise design process for highly infectious disease assessment, treatment and response units.
Identify	Identify and explain the steps of the evaluation process for healthcare emergency management exercises.
Apply	Apply the basics of exercise design to develop a special pathogen exercise using NETEC exercise resources and ASPR performance metrics.

Homeland Security Exercise and Evaluation Program (HSEEP)



- Set of guiding principles for exercise programs
- Common approach to exercise
 - Program management
 - Design & development
 - Conduct, evaluation & improvement planning

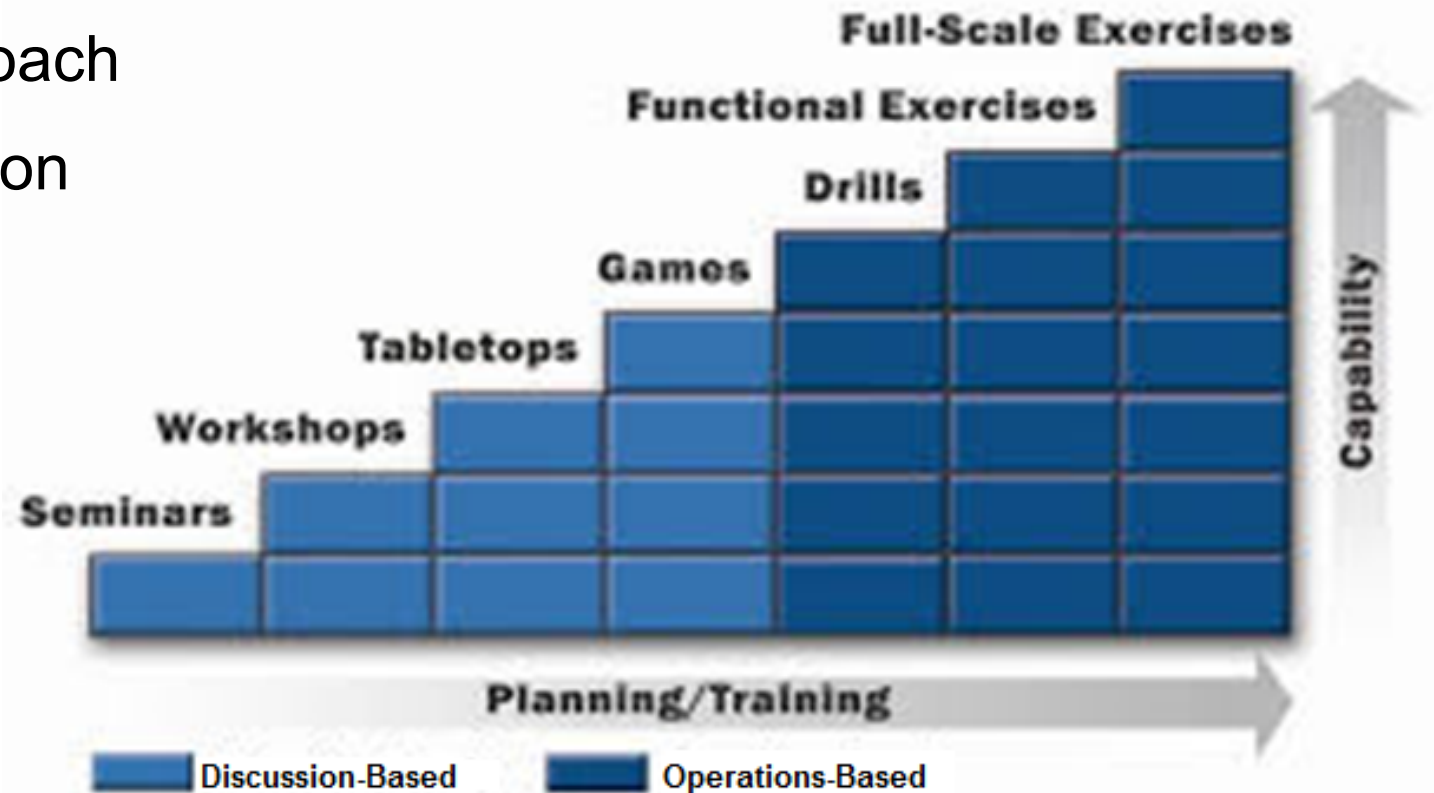
HSEEP Principles & Exercise Methodology



Guided by Elected & Appointed Officials
Capability-based, Objective-Driven
Progressive Planning Approach
Whole Community Integration
Informed by Risk
Common Methodology

HSEEP Exercise Program Management

- Guided by Elected & Appointed Officials
- Capability-based, Objective-Driven
- Progressive Planning Approach
- Whole Community Integration
- Informed by Risk
- Common Methodology



NYC Health + Hospitals Leads Multi-Site, Multi-Agency Drill on Infectious Special Pathogens

Real-world simulation assesses New York City's readiness to care for patients with Lassa fever and MERS

Apr 05, 2017

New York, NY

“The scope and complexity of today’s exercise gave participants an added layer of realism,” said Stanley Brezenoff, interim president and chief executive officer



[See all News →](#)

“Involving multiple city and state agencies and beginning with identification in a clinical setting by providers who don’t know to expect this are two of the reasons that national and international observers are coming to watch and learn.”
Syra S. Madad, DHSc, MSc, MCP, director of the System-wide Special Pathogens Program

HSEEP Exercise Program Management

April 19, 2016 –
Virtual Tabletop



Concepts and Objectives
Meeting **January 2016** →
Final Planning Meeting
April 2016:

Purpose, Scope, Objectives, Scenario,
Plans

Scenario:

A family of three, a mother and her two children, a 12-year-old daughter and 25-year-old son have returned to New York from a recent trip to Liberia.

Exercise play at Frontline Hospital,
Ambulatory Site, R2ESPTC

Participants:

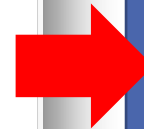
Central Office Emergency Management,
Bellevue Hospital, Elmhurst Hospital,
Morrisania, FDNY, NYC DOHMH

Discussion-Based Exercise - Objectives

Ebola-Focused System-wide Virtual Tabletop Exercise

Situation Manual
04/2016

Situation Manual		[Ebola-Focused System-wide Virtual Tabletop Exercise]	
EXERCISE OVERVIEW			
Exercise Name	Ebola-Focused System-wide Virtual Tabletop		
Exercise Date & Time	April 19, 2016; 0900 – 1200 EST		
Exercise Sponsor	NYC Health + Hospitals Emergency Management (Funding source: Hospital Preparedness Program – Healthcare Coalition Ebola Preparedness and Response (E-PART-A 10))		
Exercise Purpose	The exercise described herein is intended to evaluate and test the NYC Health + Hospitals system-wide Ebola Concept of Operations Plan (ConOps) on the ability of Frontline, Designated and Ambulatory facilities to rapidly and safely identify, isolate, assess, transport and initially treat person(s) under investigation (PUI) with Ebola Virus Disease (EVD).		
Scope	This system-wide Virtual Tabletop Exercise (VITX) is planned for approximately 3 hours. The exercise will be hosted at the Emergency Operations Center located at 125 Worth Street, Suite 412 New York, New York 10013 and via videoconference at participating sites.		
Core Capabilities	Healthcare System Preparedness; Emergency Operations Coordination; Fatality Management; Information Sharing; Volunteer Management; Responder Safety and Health		
Objectives	<ul style="list-style-type: none">Assess Frontline Hospital and Ambulatory Facility's ability to effectively and safely follow the "Identification, Isolation and Preliminary Management Protocol" for PUI.Assess Frontline Hospital and Ambulatory Facility's ability to properly follow plans to don personal protective equipment.Assess Frontline Hospital and Ambulatory Facility's ability to promptly follow the "Internal/External Communication Protocol."Assess Frontline Hospital and Ambulatory Facility's ability to follow the "Intra-System Transportation Protocol."Assess Frontline Hospital and Ambulatory Facility's ability to follow plans to "Mobilize Staff" when the need arises.		
Exercise Overview		1	NYC Health + Hospitals



1. Assess NYC Health + Hospitals/Elmhurst and Morrisania's ability to effectively and safely follow identification and isolation protocols for a suspected highly infectious disease patient within 5 minutes of presentation.
2. Assess NYC Health + Hospitals/Elmhurst, Morrisania and Bellevue's ability to properly follow plans to don and doff appropriate personal protective equipment.
3. Assess NYC Health + Hospitals/Elmhurst and Morrisania's ability to conduct preliminary assessment, ascertain risk and notify DOHMH.

SMART Guidelines for Exercise Objectives

Specific	Objectives should address the five Ws- who, what, when, where, and why. The objective specifies what needs to be done with a timeline for completion.
Measurable	Objectives should include numeric or descriptive measures that define quantity, quality, cost, etc. Their focus should be on observable actions and outcomes.
Achievable	Objectives should be within the control, influence, and resources of exercise play and participant actions.
Relevant	Objectives should be instrumental to the mission of the organization and link to its goals or strategic intent.
Time-bound	A specified and reasonable timeframe should be incorporated into all objectives.

Discussion-Based Exercise Relevant Plans



Special Pathogens Concept of Operations (CONOPS)

June 2016

NYC
HEALTH+
HOSPITALS | EMERGENCY
MANAGEMENT

NYC Health + Hospitals
Special Pathogens ConOps

Ebola/Special Pathogens
Concept of Operations
(ConOps)

NYC
HEALTH+
HOSPITALS

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 at NYC H+H/Morrisania while minimizing exposure to NYC H+H / Morrisania health care workers and maintaining a safe environment for patients.

II. SCOPE:

All patient care areas where potential Special Pathogen patients may present including but not limited to the Adult/Pediatric Primary Care Clinical Areas, Optometry, Dental, OB/GYN, CDC and WIC areas.

III. REQUIREMENTS:

NYC Health + Hospitals Guidance

IV. RESPONSIBILITIES:

- *Clerk* - greeting and triaging patients by implementing screening protocols
- *Chief Nursing Officer* - ensure adequate trained staff as required, and enhanced communication as required
- *Associate Director of Nursing* - responsible for follow up of any patient or staff deemed high risk and requiring higher level of care
- *Associate Medical Director/Assistant Director of Nursing* - responsible for ongoing PPE training, recording and maintain training records
- *Runner* - assist buddy as needed with donning and doffing, notifying command center of patient status
- *Attending Physicians* - will provide care during a special pathogen patient evaluation
- *Nurses* - responsible for direct patient care, access to patient while in isolation, liaison with family
- *Laboratories* - lab testing will not be done at Morrisania
- *Environmental Services* - decontaminate equipment in accordance with vendor instructions and policy and procedure and removal of waste materials from outside of room, terminal clean after room has been emptied
- *Infection Prevention* - supervision of isolation techniques, surveillance of staff and patients, tracking of any staff who have contact with patient
- *Hospital Police/Facility Security* - when required, provide support in managing suspected special pathogen patients

1

Facility-Specific
Ebola/Special Pathogen
Incident Response Guide
(IRG)

NYC
HEALTH+
HOSPITALS



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 HazTac Crew to Don Personal Protective Equipment (PPE)
Transfer Team Dons PPE (If necessary, Transfer Team will assist EMS in patient transfer to ambulance)
Secure & Control of Transfer Area / FDNY Crew PPE Donning Area
Await EMS Personnel to receive Patient
Provide Patient Info to EMS upon Arrival
Secure & Control Elevator for FDNY to move from 1 st Floor to 3 rd Floor and hold for Transport of Patient to Ambulance
After Patient Transfer, Identify Decontamination Area clearly and Close Off Area (If EVS is needed)

EMS Requirements (FDNY)

HazTac responds to Receiving Facility
HazTac Officer meets Liaison & obtains Patient Presenting History, Symptomology & Pedigree information
Transfer Point Confirmed with Liaison
HazTac Personnel Don PPE
HazTac Officer supervises Transfer
Ensure Response of Clean Ambulance
Both Ambulances Driven by Clean Personnel ONLY

FDNY Contacts

FDCC: (718) 999-7911
EMS Telemetry: (718) 899-5062
Hazmat Battalion Cell: (347) 539-0560
FDNY EMS HazTac Officer: (347) 203-7400

FDNY Bio Isolation
Transfer Cards & PUI
Transport Checklist

Discussion-Based Exercise

Major & Detailed Events (MSEL)

NYC
HEALTH+
HOSPITALS

April 19, 2016: 0200

- Approximately two days after their arrival back to the States, the young girl begins to exhibit a fever (101.5F), weakness, abdominal pain and loss of appetite.
- The mother takes her daughter to the Emergency Department of Elmhurst Hospital.
 - Past medical history is unknown
 - Communication with son has been unsuccessful

NYC
HEALTH+
HOSPITALS

April 19, 2016: 0230am

- After ascertaining risk of EVD with NYCDOHMH, FDNY has been tasked to begin transport arrangements to Bellevue Hospital.

NYC
HEALTH+
HOSPITALS

April 19, 2016: 0300

- Bellevue has been notified by NYCDOHMH & FDNY regarding the transportation of the pediatric PUI.
- Pediatric PUI and mother arrive at Bellevue.

NYC
HEALTH+
HOSPITALS

Module 1: Discussion

Questions:

- What steps are taken to identify and isolate the patient?
- How would initial evaluation and care be rendered to the patient?
- What steps are taken to medically evaluate the mother if a high suspicion of transmission is suspected?
- Given that the pediatric PUI arrived during after-hours, how would this affect overall planning and coordination?

Key Issues:

- Travel history to known EVD-affected country
- Pediatric PUI
- Medical evaluation of accompanying parent
- Protection of staff and other patients in the facility

BREACH IN PPE!

- While evaluating pediatric PUI in the isolation room, the triage nurse notices a large tear in her outer glove.

KEY QUESTIONS

- How will the nurse doff and evaluate site of tear?
- Who will be continuing the evaluation of the PUI?
- How will this impact transport of the PUI to Bellevue?

TIME

Discussion-Based Exercise

Evaluation

Hot Wash

- What are some strengths discovered during this exercise?
- What are the areas for improvement discovered during this exercise?
- What additional planning efforts or needs were discovered during this exercise?
- Any action items needing follow-up?

Participant Feedback Form

- Please take a moment to complete the participant feedback form.
- Please make sure you signed the sign in sheet.
- Thank you for your participation!

Module 1

Objective 1:

Assess Frontline Hospital and Ambulatory Facility's ability to effectively and safely follow the "Identification, Isolation and Preliminary Management Protocol" for PUI.

CONOPS page 20

Organizational Capability Target	Task Completed			Associated Critical Tasks	Evaluator Observation Notes and Explanation of Rating	Target Rating
	YES	NO	Not Observed			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant exposure history mentioned including exposure criteria of whether the patient has traveled internationally or had contact with an individual with EVD within the previous 21 days.	This was mentioned as part of the scenario. It was discussed that even though there are currently no Ebola travel alerts, since there are other illnesses circulating, a travel history would be taken.	S
				Exposure criteria and signs/symptoms compatible with EVD was mentioned. These include: fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or headache, fatigue, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage (bleeding gums, blood in urine, nose bleeds, coffee ground emesis or melena).	Symptoms were provided as part of the scenario. EHC was confident they would be able to identify a Fever/Travel patient. They stated EHC continues with NYSDOH mandated training	
				Procedures to isolate the patient that adhere to the prevention of transmission were discussed (e.g. isolation room, equipment for patient in room, access control).	Though the PUI presented is a pediatric patient, once triaged and suspected fever/travel was determined, the patient would be brought to the Adult ED as that is where their Ebola isolation room is located.	

April 5, 2017 Exercise Planning Team



TIP: Use your network!



Operations-Based Exercise

Series of exercise planning meetings: August 2016 → March 2017

- Facility-specific planning meetings



- Detailed Scenario
- Epidemiological linkages
- History of travel and related incubation upon admission
- Family medical history
- Patient's clinical presentation at respective sites including hemodynamic parameters
- Use of real actors/simulation mannequins

Exercise Documents

EXERCISE EVALUATION GUIDE

Exercise Name: Special Pathogens Full-Scale Exercise	Evaluator Information:	Evaluator 1:
Organization/Jurisdiction: NYC Health + Hospitals		Evaluator 2:
Exercise Date: April 5, 2016		

RATINGS DEFINITIONS

Rating	Definition
--------	------------

th the core capability were completed in a manner that a
ance of other activities. Performance of this activity did n
e public or for emergency workers, and was conducted in
ulations, and laws.

th the core capability
ne of other activities

Scenario:

Two siblings including 16-year-old sister (no significant diabetes), travel to Nigeria and Benin for 5 days and a 10-day overseas trip, both siblings return to home to

Approximately one day after the sibling's arrival to N Center for evaluation of persistent tiredness since 3/30 Riyadh; now experiencing worsening dyspnea over the hearing loss, headache, chills/rigor, myalgia, and their grandmother arrive at the pediatric ED of Elmhurst H. Riyadh; now experiencing high fever (104F) and male Pathogen Treatment Center (Bellevue), the 25-year-old

Epidemiological Linkage:

- Lassa fever (last documented confirmed case Benin, reported on February 20, 2017. A total Togo linked to the pregnant woman and newb
 - o The incubation period of Lassa fever:
 - o The onset of the disease, when it is starting with fever, general weakness, headache, sore throat, muscle pain, cl diarrhea, cough, and abdominal pain
 - o Deafness occurs in 25% of patients w
 - o Humans usually become infected with urine or feces of infected *Mastomys*; spread between humans through direct feces, or other bodily secretions of a fever.
 - o On 3/28/2017 both siblings visited a Benin close to the border with Nigeri 3/31/17 deceased pregnant female live market for lunch and site-seeing near where they casually noticed rodent dr through the village.

Special Pathogen Full-Scale Exercise

Exercise Plan
April 5, 2017

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

ATTENTION!

TRAINING EXERCISE IN PROGRESS...

Today April 5th from 9am to 12pm, we will be
Conducting a training exercise.

Special Pathogens Full-Scale Exercise

Exercise Team:

Bellevue Controller 1 (PUI): Name: John Maher Phone: 917-991-5862 Email: john.maher@bellevue.nychhc.org	Bellevue Controller 2 (Command Center): Name: Boyd Dixon Phone: 646-795-8113 Email: Boyd.Dixon@bellevue.nychhc.org
Evaluator 1 Evaluator: Name: Andrea Echeverri Phone: Email: andrea.echeverri@bellevue.nychhc.org	Evaluator 2 Evaluator: Name: Trish Tennill Phone: Email: Patriciaann.Tennill@bellevue.nychhc.org
Safety: Name: Kieran Toale Title: Phone: Email: Kieran.toale@bellevue.nychhc.org	Administrative Support: Name: Title: Phone: Email:

Special Pathogen Full-Scale Exercise

Controller/Evaluator Handbook

Ap

Participant Feedback Form

Special Pathogen Full-Scale Exercise

PARTICIPANT FEEDBACK FORM

Thank you for participating in this exercise. Your observations, comments, and input are greatly appreciated, and provide invaluable insight that will better prepare us against threats and hazards. Please keep comments concise, specific, and constructive.

Part I: General Information

Please enter responses and check box selections.

Name: _____ Position Title: _____

Affiliation: _____

Exercise Role: ☐ Player ☐ Facilitator/Controller ☐ Observer ☐ Evaluator

Location during Exercise: ☐ In-Person/EOC ☐ Video Conference ☐ Audio Conference

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree	1	2	3	4	Strongly Agree
The exercise scenario was plausible and realistic.	1	2	3	4	5	
The exercise objectives were appropriate for the scenario presented.	1	2	3	4	5	
Exercise participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5	
Participants were actively involved in the exercise.	1	2	3	4	5	
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations (e.g. FDNY EMS, NYC DOHMH).	1	2	3	4	5	
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4	5	
After this exercise, I am better prepared to deal with the capabilities and hazards addressed.	1	2	3	4	5	

Operations-based Exercise MSEL

[illegible]

Mystery Patient Drills

1. Actor Briefing

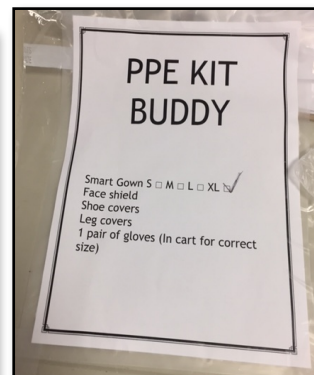
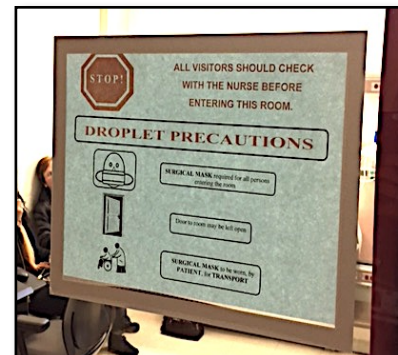


3. Transport



0 minutes

60 minutes



2. Assessment



4. Hotwash

Mystery Patient Drill Toolkit

[Insert special pathogen name] Mystery Patient Drill

Exercise Plan
[Date]

The Exercise Plan (ExPlan) is to serve as a template to support health care delivery sites for highly infectious disease preparedness and response through exercises. This ExPlan was developed by NYC Health + Hospitals Emergency Management, Special Pathogens Program to provide exercise participants with the necessary tools to conduct Mystery Patient Drills and the flexibility to adapt the exercise to the individualized needs of each facility and varied composition of each local community.

Rev. 2017 508
HSEEP-0006

Appendix B: Data Collection Tool

Drill Time Stamps		
Time Stamp (Hours)	Time	Comments
1. Arrival to Registration		
2. Registration to Triage		
3. Patient presentation screens positive for communicable disease		
4. Patient done mask/hand hygiene (given instructions on how to don mask YES/NO)		
5. Accompanying staff done mask/hand hygiene		
6. Triage identification to placement in isolation room or AHR room (once appropriate response)		

EXERCISE EVALUATION GUIDE

Exercise Name:	Evaluator 1:
Organization/Jurisdiction:	Evaluator 2:
Exercise Date:	
RATINGS DEFINITIONS	
Rating	Definition
Performed without Challenges (P)	The targets and critical tasks associated with the core capability were completed in a manner that did not negatively impact the performance of other activities. Performance of this activity did not add additional health and/or safety risks for the public or for emergency workers, and was conducted in a 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 did not add additional health and/or safety risks for the public or for emergency workers, and was conducted in a applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance efficiency were identified.
Performed with Major Challenges (M)	The targets and critical tasks associated with the core capability were completed in a manner that did add some or all of the following were observed: demonstrated performance had a negative impact on other activities; contributed to additional health and/or safety risks for the public or for emergency workers; 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 objective(s).

Exercise Plan (ExPlan)

Appendix C: Provider Script

THIS IS AN EXERCISE! THIS IS AN EXERCISE! THIS IS AN EXERCISE! THIS IS AN EXERCISE!

1. Please notify YOUR FACILITY'S Infection Prevention and Control - Begin communication with "This is an Exercise" - and call [insert number] to report patient case

2. Please call [insert number] simulating the role of the Department of Health Provider Access Line and reviewing patient history below:

- Begin communication with "This is an Exercise"
- Ask to speak to a representative of the Department of Health
- Provide your clinical hypothesis based on PHLA signs/symptoms and travel history

(Patient History)

History of the Present Illness (HPI): [Set patient illness history, signs and symptoms, country of travel, and other pertinent information as needed]

Example: A previously healthy 21-year-old female international student presents to the ER complaining of general weakness, cough, sore throat and reported experiencing high fever (104 F) and rash 1 hour before to outside fever, and malaise, which all progressed since trip to Riyadh, Saudi Arabia.

Environmental and/or Hospital Exposure: [Set relevant epidemiological linkages to disease]

Example: Initial symptoms of general weakness, productive cough and sore throat appeared on [insert date] while in Riyadh, Saudi Arabia. Patient states she consumed raw camel's milk while in Riyadh on [insert date]. She was taken to a local clinic due to GI symptoms and discharged the same day on [insert date]

Past Medical History: [Set relevant immunization and past medical history]

Example: Received meningococcal immunization and Yellow Fever vaccine. No malaise, chondrocytopenia was seen. Did not receive Typhoid or Hepatitis vaccines.

Physical Exam: [Provide risk for Typhoid, EIP, P, R]

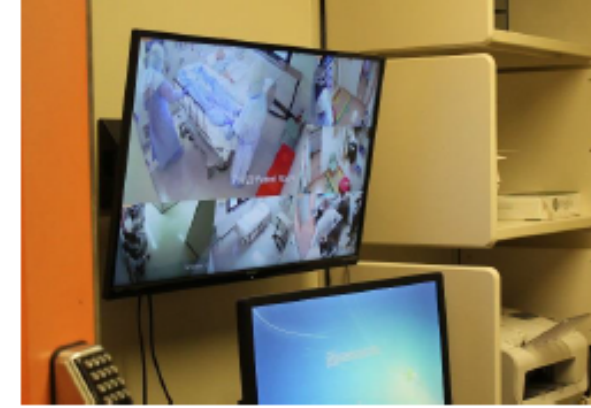
Set Course: Call Department of Health Provider Access Line (SimCall). Follow instructions as per on-line medical provider.

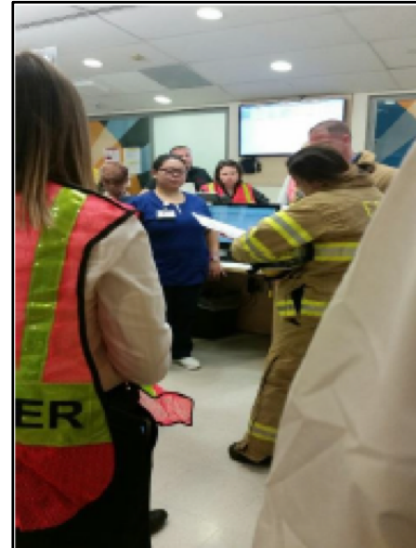
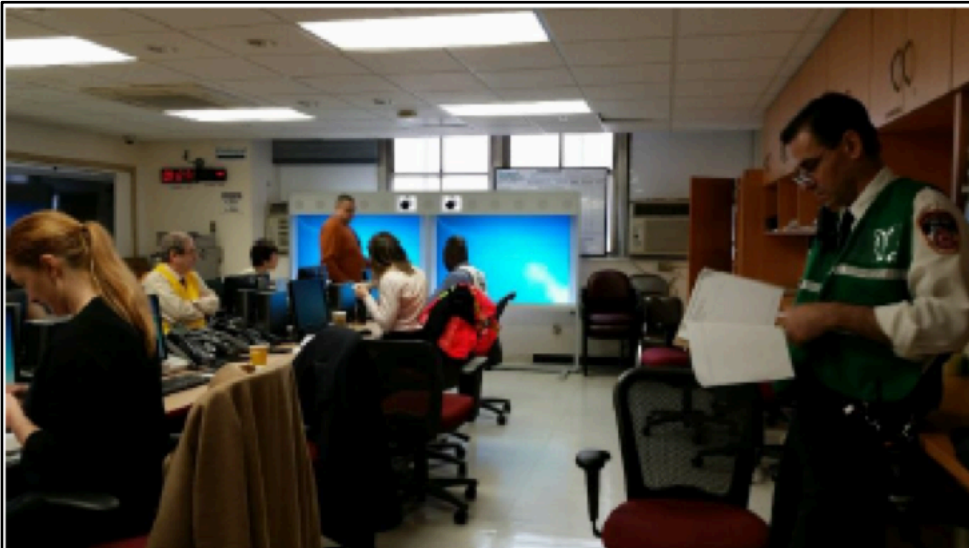
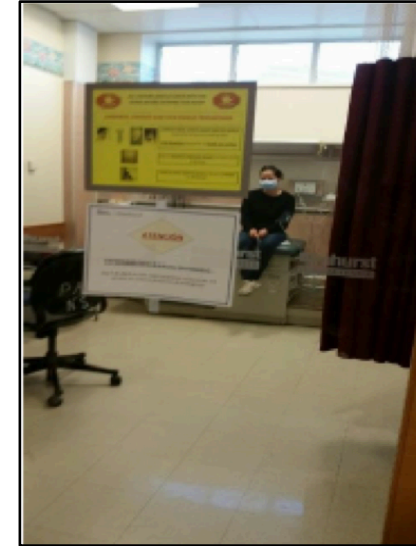
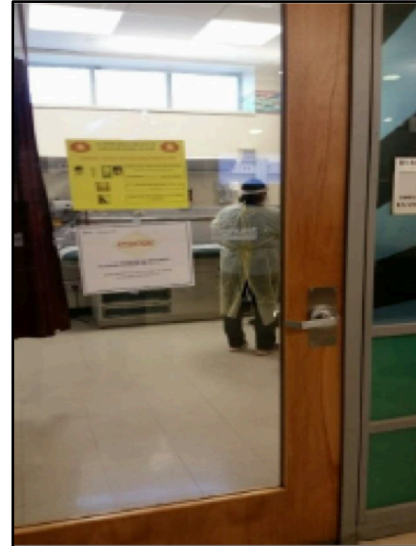
Clinical Impression: Provide your clinical hypothesis based on patient's signs/symptoms, travel history and any epidemiological linkages to a highly infectious disease(s).

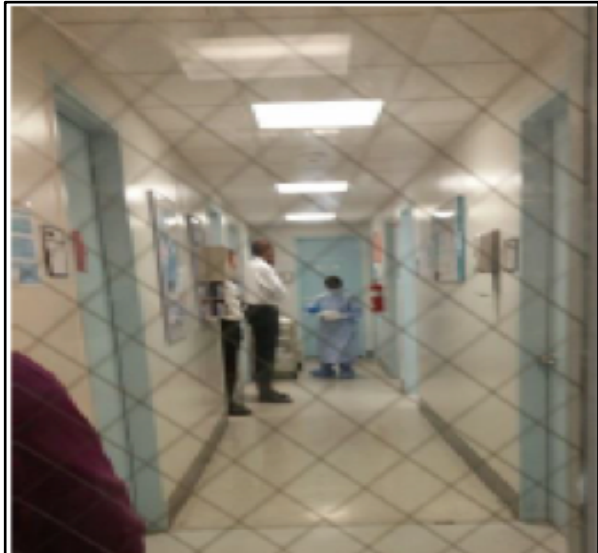
Disposition: [Set exercise disposition or SimCall]

Example: Transfer patient to Regional State and Other Special Pathogen Treatment Center for further care as a Person Under Investigation (PU) for [insert special pathogen name] after consultation and approval from department of health.

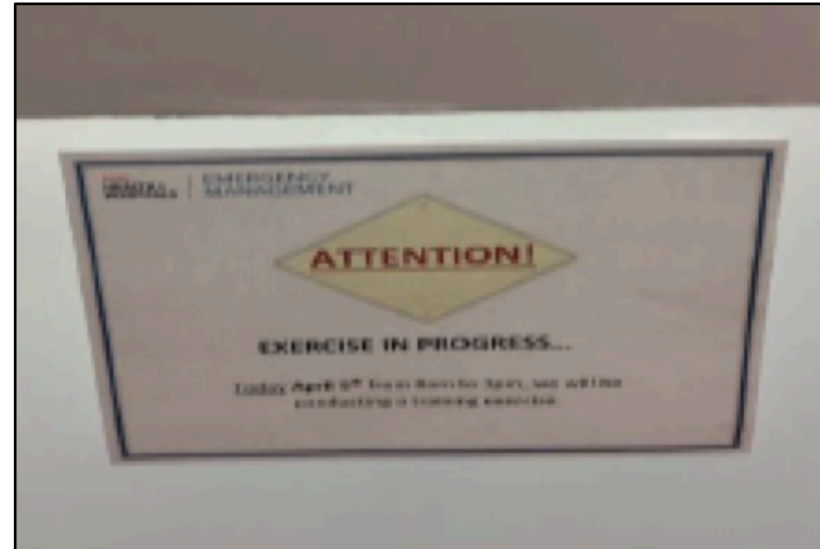
Bellevue Hospital







Simulation Cell (Central Office)



Exercise Evaluation

Module 1					
Objective 1:	Assess Frontline Hospital and Ambulatory Facility's ability to effectively and safely follow the "Identification, Isolation and Preliminary Management Protocol" for PUI.				
Organizational Capability Target	Task Completed			Associated Critical Tasks	Evaluator Observation Notes and Explanation of Rating
	YES	NO	Not Observed		
Healthcare System Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant exposure history mentioned including exposure criteria of whether the patient has traveled internationally or had contact with an individual with EVD within the previous 21 days.	This was mentioned as part of the scenario. It was discussed that even though there are currently no Ebola travel alerts, since there are other illnesses circulating, a travel history would be taken.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure criteria and signs/symptoms compatible with EVD was mentioned. These include: fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or headache, fatigue, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage (bleeding gums, blood in urine, nose bleeds, coffee ground emesis or melena).	Symptoms were provided as part of the scenario. EHC was confident they would be able to identify a Fever/Travel patient. They stated EHC continues with NYSDOH mandated training
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedures to isolate the patient that adhere to the prevention of transmission were discussed (e.g. isolation room, equipment for patient in room, access control).	Though the PUI presented is a pediatric patient, once triaged and suspected fever/travel was determined, the patient would be brought to the Adult ED as that is where their Ebola isolation room is located.
					S



NYC Health + Hospitals Special Pathogens Full-Scale Exercise

After-Action Report/Improvement Plan
April 5, 2017

Evaluate the capabilities of the NBU for the activation and admission of 10 adult patients with MERS-CoV



Table Top Exercise

- Public health
- Nebraska Public Health Lab
- Nebraska Medicine
- University of Nebraska Medical Center



Full Scale Exercise

- NBU staff
- Public Health

Results and Improvement

Strengths	Improvements
<ul style="list-style-type: none">Validated activation algorithm including communication plan and supply deliveryVerified capability to admit 10 patients with an airborne illnessStrengthened relationships with community partners and supporting departments	<ul style="list-style-type: none">Installation of double doorsRevised supply checklistUpdated E2 contact listInitiated PPE design improvement process



Tranquil Surge

First international transport exercise in Tranquil series

Multiple agencies - federal, state and local

Internal and External exercise planning committees

- Common person on both committees
- Coordinate objectives and timelines
- Create exercise documents
- Create comprehensive AAR



Tranquil Surge Objectives

External Objectives	Internal Objectives
<ul style="list-style-type: none">• Transport logistics• Transport device evaluation• Communication coordination	<ul style="list-style-type: none">• Communication<ul style="list-style-type: none">• Staff communication• Region 7 CONOPS communication plan between NBU/NDHHS and IHHC/IDPH inclusive of HPP measures 3AB, 4AB, 5AB, 6AB.• Internal transport SOP for multiple• patient validation• Laboratory transport coordination with external vendor



Strengthened relationships and collaboration with local EMS providers

- Omaha Fire, Papillion Fire, Bellevue Fire
 - Secondary training related to isopod use and review of donning/doffing protocols
 - Exercised decompensating patient en route incorporating and clarified level of care expectations

Identified work flow process improvements related to multiple patient admissions, EMS doffing, waste processing and communication

- Revised protocol for autoclave operator doffing procedure
- Revised in unit waste transportation protocol and currently researching equipment options.
- Revised internal and external transport SOPs related to multiple patient admissions
- Revised the in Unit communications plan incorporating new A/V equipment and expanding the use of in room intercom/call light systems
- Created standardized form for inter-facility and transport report

Tranquil Shift April 2017

Second international transport exercise in the Tranquil series

Included adult and pediatric patients

Murphy's Law prevails

- Wind speeds >40mph
- Mechanical difficulty with planes
- COMMUNICATION

Significant changes to patient reception & transport

- Independent transport versus caravan
- EMS doffing procedure for multiple simultaneous admissions



Hotwash

- Team felt empowered to identify positive and negative items
- Open communication
- Fresh feedback

After Action Report Conference

- Revision of multiple patient transport SOP-implementation of Time Out prior to entering elevator
- Validation of Region VII CONOPS
- Revision of clinical communications tool
- Include local EMS in more collaborative exercises

6 End-users

- Frontline Facilities
- Assessment Hospitals
- State-Designated Ebola Treatment Centers
- Regional Ebola and Special Pathogen Treatment Centers (RESPTCs)
- Health Care Coalitions
- Regional Transport Plan

2 Exercise Types

- Discussion-based
- Operations-based

2 Exercise Options

- Ebola
- Other Special Pathogens (airborne)

NETEC Exercise Templates

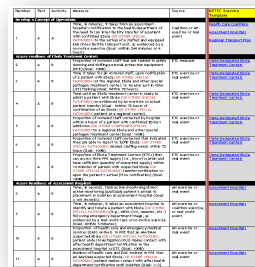
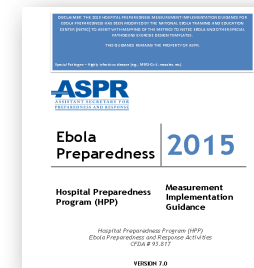
**Table 1: Airborne Transmissible
Disease Selection**

- 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.

Fully customizable to meet each end users 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

NETEC Exercise Templates



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 Imaging
- Surgical Intervention

Built-in injects throughout for further food-for-thought

Based on HSEEP Model:

- Situation Manual/Exercise Plan
- Exercise Schedule
- After Action Report and Improvement Plan
- Participant Feedback Form and more

Improvement Plan

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise]

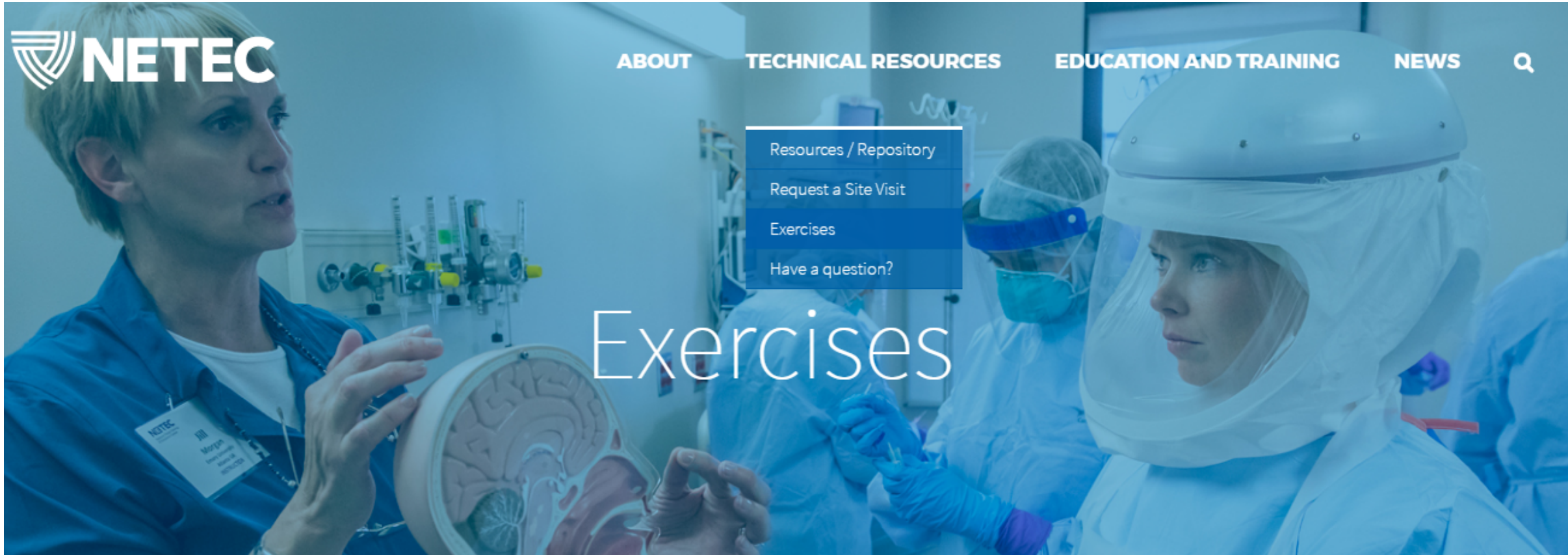
Target Capability	Issue/Area for Improvement	Corrective Action	Capability Element ²	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Target Capability 1 [Capability Name]	1. [Area for improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
Target Capability 2 [Capability Name]	1. [Area for improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					

² Capability Elements are Planning, Organization, Equipment, Training, or Exercise

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
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• Module 2• Module 3• Module 4• Module 5• Module 6
30 minutes	Hot Wash/Closing Remarks/Participant Feedback Forms
Varies	Facilitator/Evaluator Debrief

Demonstration of Templates



NETEC.ORG/EXERCISES

NETEC offers Exercise Technical Assistance from HSEEP exercise design and development subject matter experts including:

Onsite exercise assistance
(e.g., observer, evaluator)

Remote technical assistance
(e.g., exercise development)



Facilitators:

Nicholas Cagliuso,
Syra Madad,
Shelly Schwedhelm,
Sonia Bell,
Amanda Grindle



Best Practices

**Next
Exit**



Workshop Scenario

