

*Enhancing the Ability of  
EMS to Transport Patients  
with Confirmed or  
Suspected Ebola and  
other High Consequence  
Infectious Diseases*

ASPR Cooperative Agreement

EP-IDS-16-004



# Project Overview



# Project Objectives

- Prepare a “State EMS Ebola and High Consequence Infectious Disease Transport Plan Template”
- Changed HCID to “Special Pathogens”
- Develop three exercises that can be used to evaluate a state’s Ebola and High Consequence Infectious Disease Transport Plan
- Provide an assessment of each state’s capacity and capabilities for the interfacility transport of patients with Ebola and other High Consequence Infectious Diseases

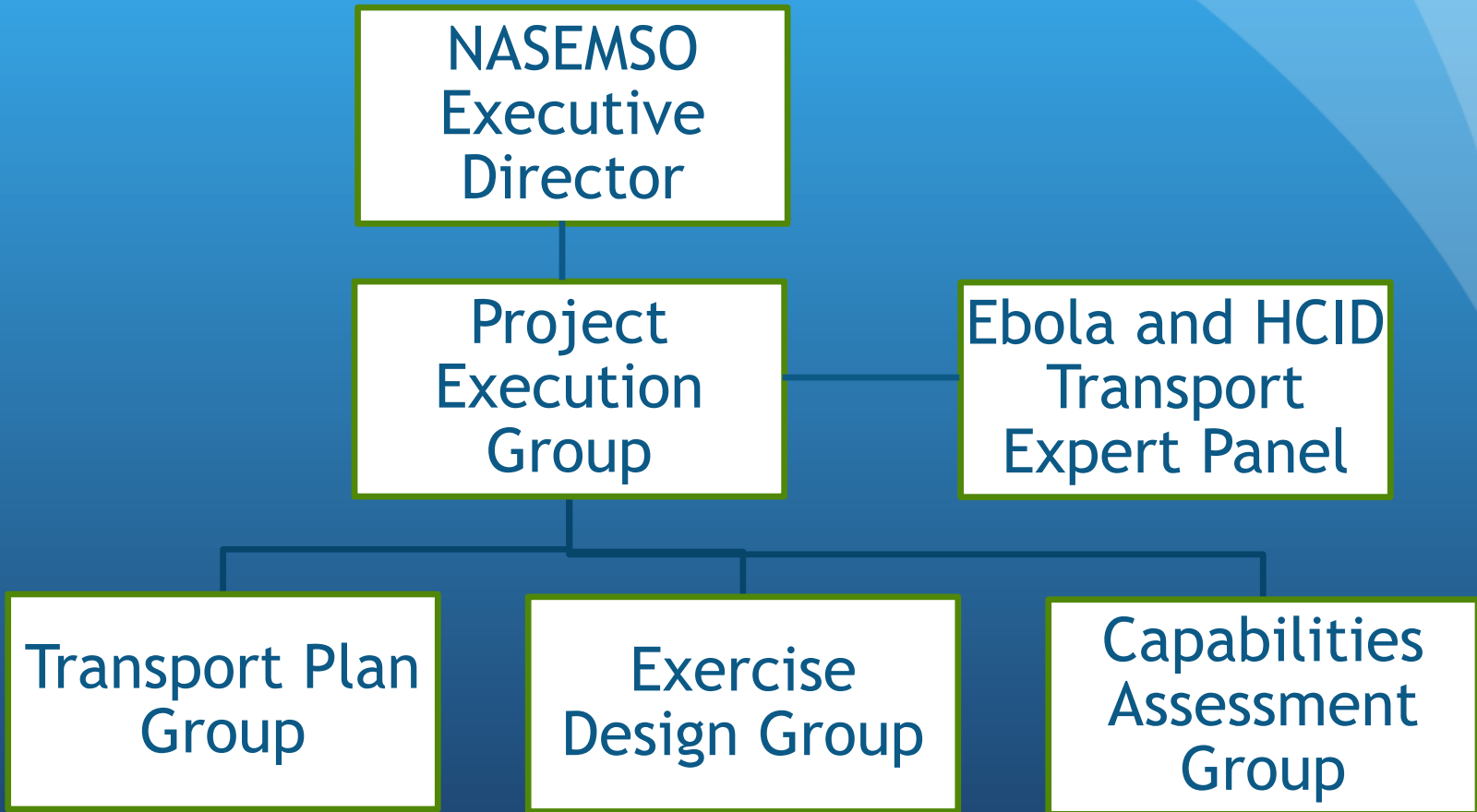
# Collaborating National Organizations

- NASEMSO will call upon several national organizations throughout the engagement including:
  - Expert Panel Members
    - NETEC
    - EMS Biosafety Transport Consortium
    - American Ambulance Association
    - Association of Air Medical Services
    - Association of Critical Care Transport
    - National Association of EMTs
    - EMSC Innovation and Improvement Center (EIIC)
    - Association of State and Territorial Health Officials
    - National Association of County and City Health Officials
    - National Association of EMS Physicians
    - NASEMSO Medical Director's Council

# Subject Matter Expert Partners

- Health and Human Services Region IV Ebola Preparedness and Response Working Group
- Health and Human Services Region VI Ebola Preparedness and Response Working Group
- U.S. Department of Hazardous Materials Safety Administration.

# Project Organizational Structure



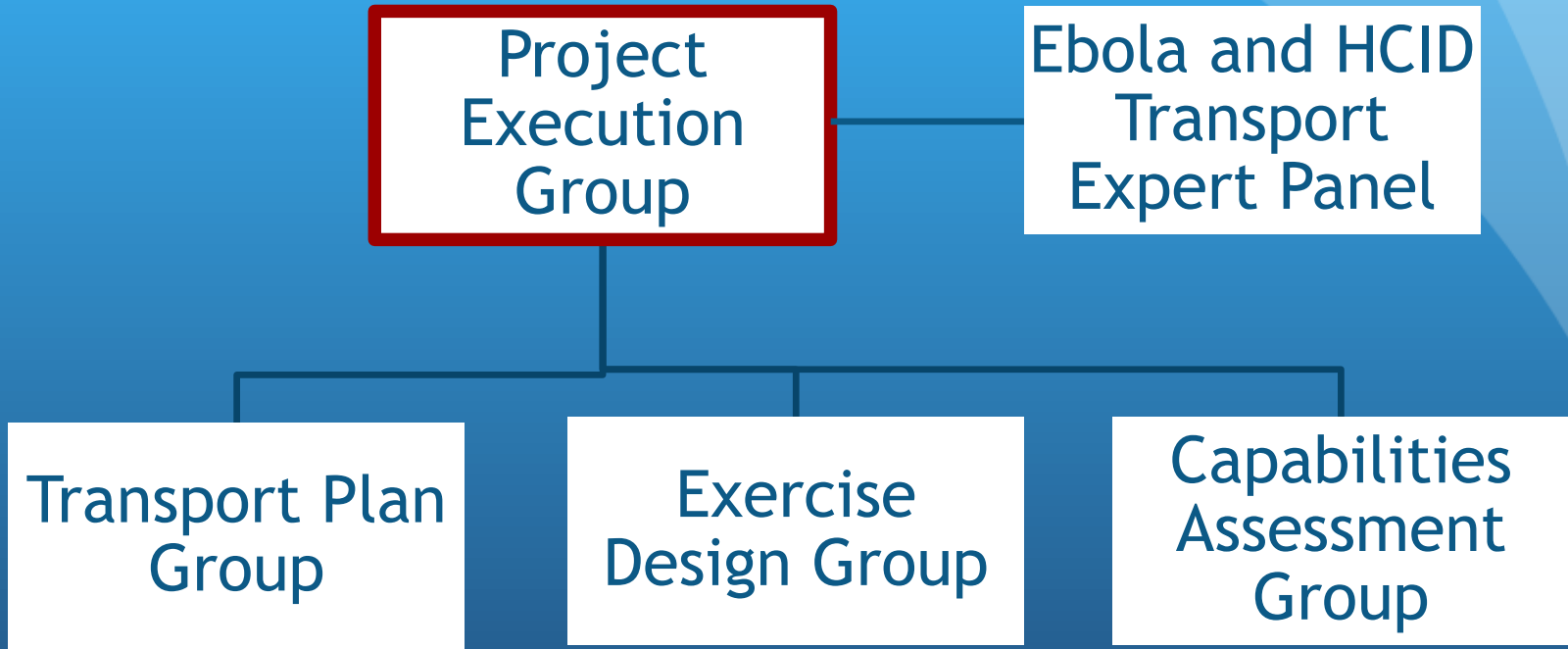
Project  
Execution  
Group

Ebola and HCID  
Transport  
Expert Panel

Transport Plan  
Group

Exercise  
Design Group

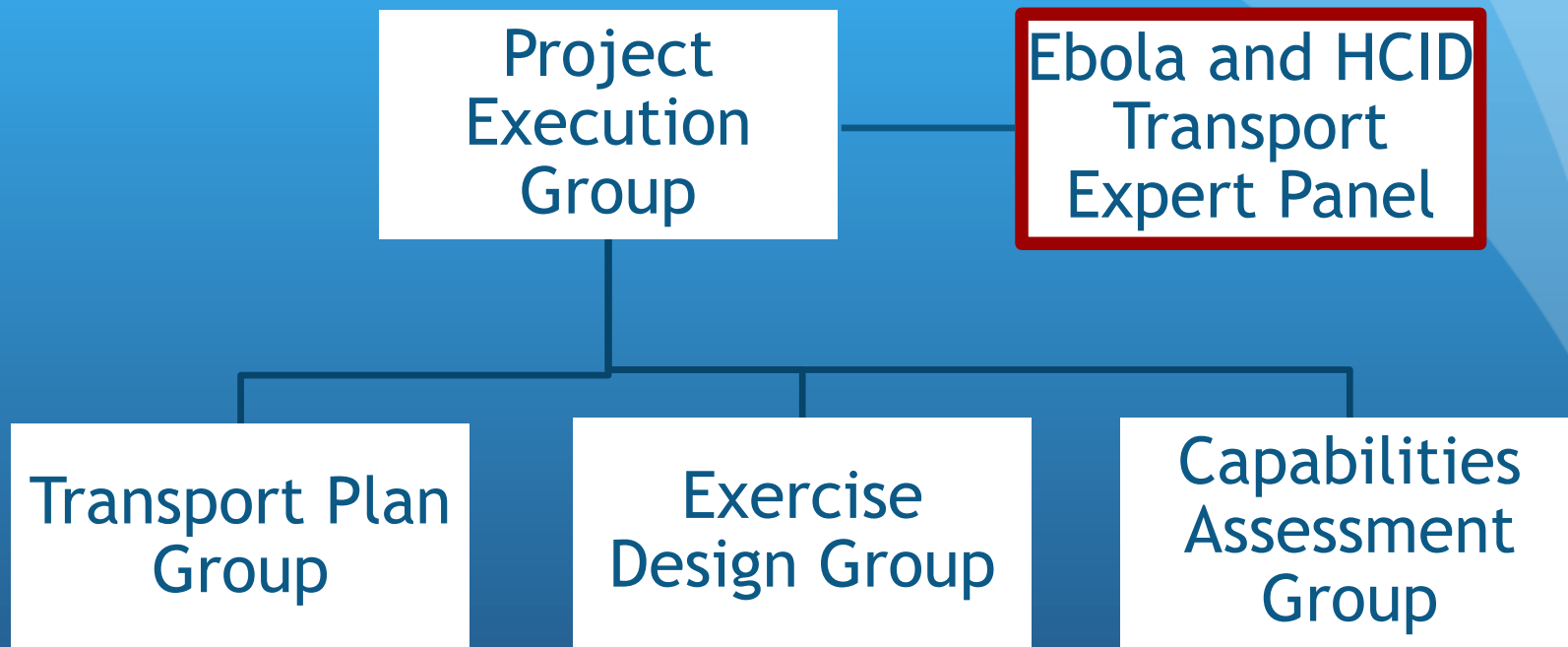
Capabilities  
Assessment  
Group



# Project Execution Group

- NASEMSO Executive Director
- Project Manager
- Strategic Partners
  - Emory
  - NETEC
- Chairs of the 3 Work Groups & Expert Panel
- NASEMSO support staff



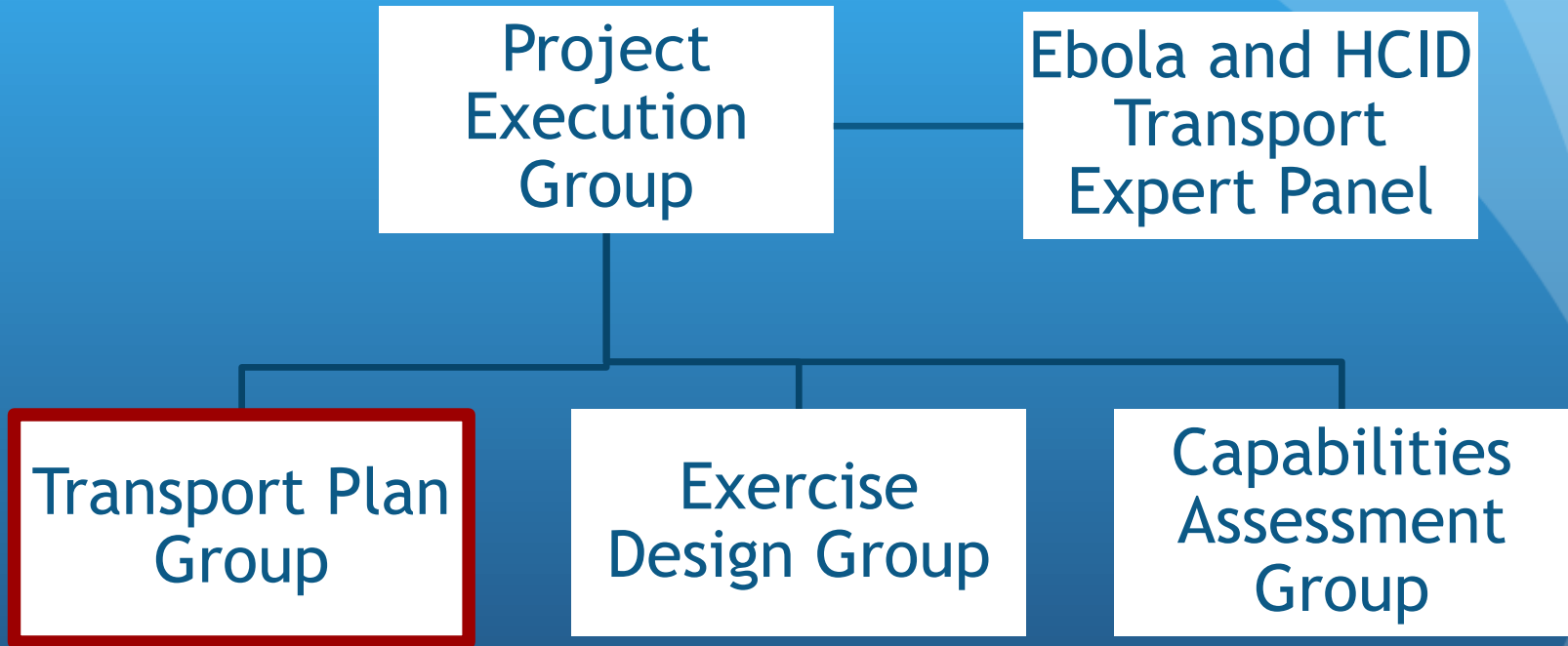


# Ebola and HCID Transport Expert Panel

- 12 members- Chair Joe Schmider (Texas)
  - Lynn White, MD - AAA
  - David Thomson, MD - AAMS
  - Robbie Tester - ACCT
  - Teresa Ehnert - ASTHO
  - Alex Isakov, MD - Emory
  - Brent Kaziny - EIIC
  - Oscar Alleyne, MD - NACCHO
  - Craig Manifold, MD - NAEMT
  - Gerry "Wook" Beltran, MD - NAEMSP
  - Nick Cagliuso - NETEC
  - Ken Williams, MD - NASEMSO Med Directors Council

# Ebola and HCID Transport Expert Panel

- Provide guidance about the project's design and approach, assess the findings from the literature review to inform recommendations, and provide expert opinion and improvement advice as products are developed.
- Ultimately the Panel will achieve consensus about the suitability of products for presentation to the states, national associations, and federal partners.



# Transport Plan Group

- 4 members - Chair Alisa Williams (Mississippi)
  - Terry Schenk - Florida Department of Health
  - Sam Shartar - Emory
  - Wade Miles - Grady EMS)

# Transport Plan Group

- Develop a State EMS Ebola and High Consequence Infectious Disease (HCID) Transport Plan Template
- Work closely with the Expert Panel to receive guidance and insight on template development

# Transport Plan

- Comprehensive Preparedness Guidelines 101 was used
- 20 sections = template

Brief description of the sections purpose

Information and considerations that states should add

Appendices contains resources and supporting documents

# Transport Plan Template

- Template identifies the following
  - Transport between frontline hospitals, assessment hospitals, state designated treatment centers and/or Regional Ebola and Special Pathogen Treatment Centers
  - Included are both ground and fixed wing air ambulance transport
  - Identified transport routes that crosses jurisdictional and state lines.
  - Adult and pediatric considerations
  - Responsibilities for key stakeholder agencies i.e. State Health Department, State EMS Office, federal partners, sending and receiving facilities, law enforcement agencies, crew change locations and impacted airports



# Transport Template Sections

- Executive Summary
- Introduction and Overview
- Promulgation Document and Signatures
- Approval and Implementation
- Record of Changes
- Record of Distribution
- Plan Purpose
- Planning Scope
- Situation Overview
- Planning Assumptions

# Transport Template Continued

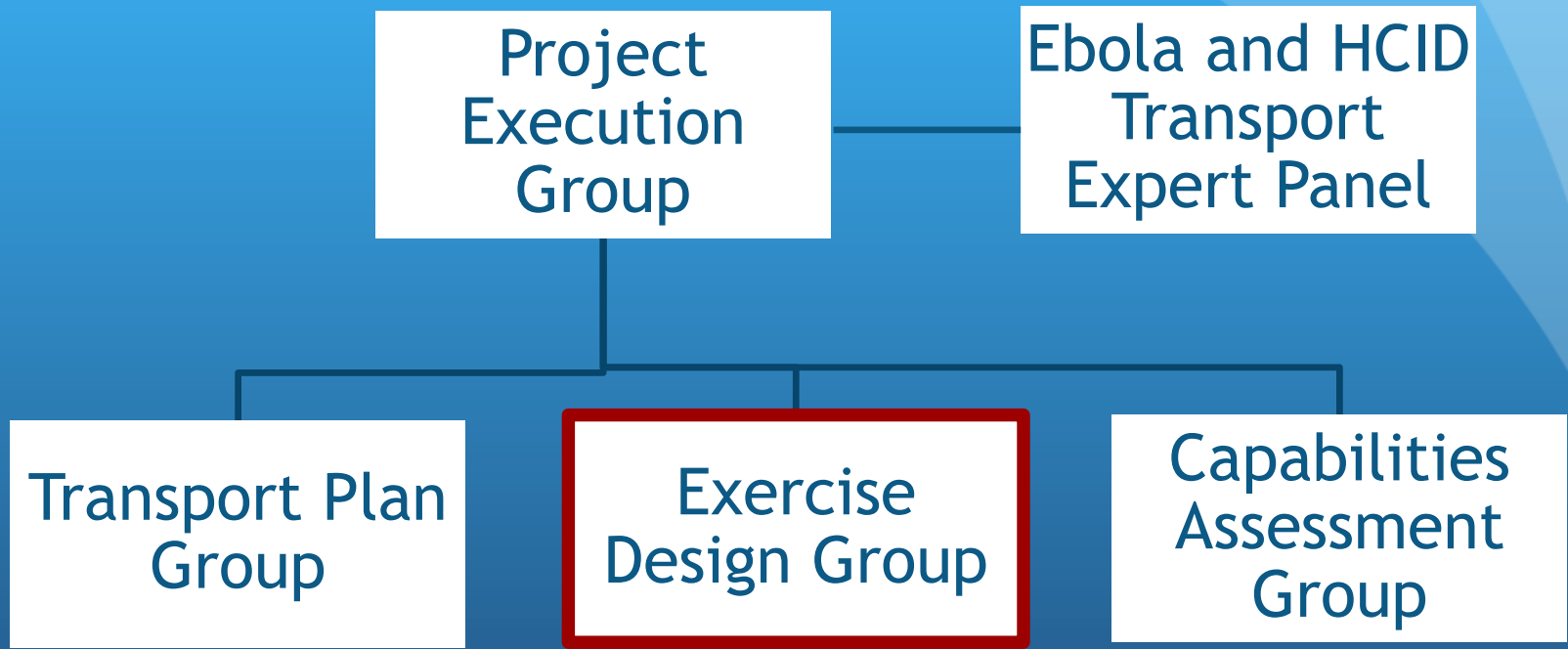
- Concept of Operations
  - Trigger points for activation
  - Process for determining patient placement
  - Ground transport
    - Transport logistics
    - Staffing
    - Crew change locations and logistics
    - Personal Protective Equipment (PPE) considerations
    - Equipment requirements
    - Patient treatments
    - Security/Law Enforcement
  - Air transport
  - Pediatrics
  - Management of a PPE breach

# Transport Template Continued

- Waste Management
- Decontamination
- Mortuary affairs
- Post-transport medical monitoring of crew
- Patient privacy
  
- Assignment of Responsibilities
- Direction, Control, Coordination
- Communications

# Transport Template Continued

- Education, Training, Exercises
- Logistics and Resources
- Administration and Finance
- Plan Development and Maintenance
- Authorities and References
- Appendices



# Exercise Design Group

- 5 members - Chair Mel House (Ohio)
  - John Donohue - Cecil County, MD Department of Emergency Services
  - David Edwards - Wyoming Dept. of Health
  - Nick Cagliuso - NETEC
  - Mike Flueckiger - Phoenix Air

# Exercise Design Group

- Exercises can be used by states with large urban or rural populations or a combination of the two
- Develop three (3) exercises and associated toolkits that can be used to evaluate Ebola and High Consequence Infectious Disease Transport Plans
  - 2 tabletop/discussion based exercises
  - 1 function exercise
- Exercises will follow the HSEEP model
  - Qualitative evaluation tools to assist evaluators with capturing information that is not easily quantifiable

# Exercise Work Group Results (TTX)

- The HSEEP was used as a model to structure the exercises. This allows states to use DP grant funding to plan and execute their exercises
- Two TTX are organized into 3 modules
  - Mobilization
  - Transport
  - Demobilization
- The TTX contains required objectives and a list of optional objectives
- Each module has scenario info and a list of required and optional discussion questions used to meet objectives.
- One exercise is Interstate; one is intrastate; one includes the transport of a child

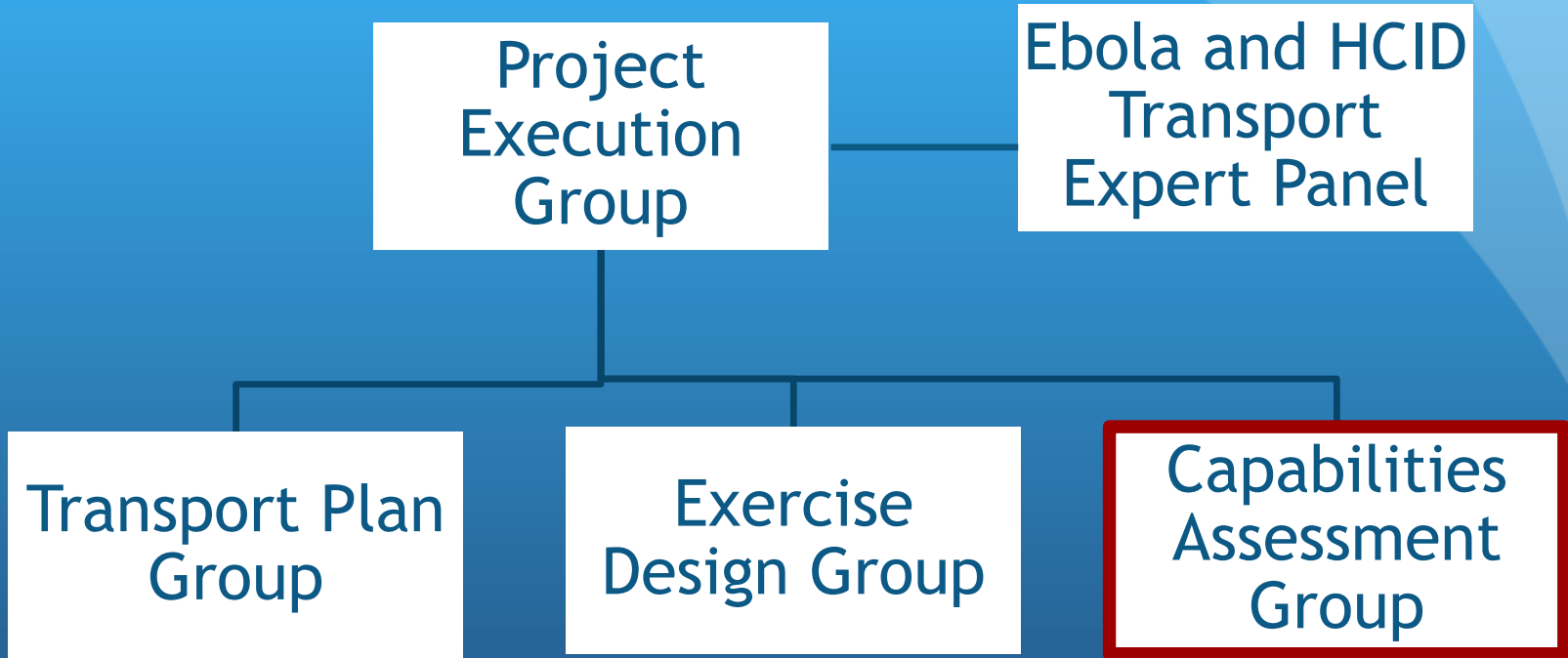


# Exercise Work Group Results Cont.(FUNC)

- Three modules
  - Operational Coordination
  - Public Information Coordination
  - EMS Logistics and Resources
- There are required and optional objectives
- First two modules should be in an EOC or JIC
- Third module at a location where personal and vehicle/equipment decon can be conducted
- Modules can be conducted independently or simultaneously

# Exercise ToolKit

- EEG's for those required
- Controller/Evaluator Handbook
- Participant evaluation form template



# Capabilities Assessment Group

- 5 members - Chair Kyle Thornton (New Mexico)
  - Joe House - Kansas Board of EMS
  - Kevin Wickersham - Washington State Department of Health
  - Karen Owens - Office of Emergency Medical Services, Virginia
  - John Lowe - University of Nebraska Medical Center

# Capabilities Assessment Group

- Develop a capabilities assessment tool
  - Target audience = State EMS Directors
- Conduct an assessment of each state's EMS capacity and capabilities for the transportation of patients with EVD and/or HCID
- Document assessment findings via a report

# Capability Assessment

- A 44 question assessment was developed with many questions being multi-part
- Questions organized into 6 categories
  - Intro
  - Scope of Plan
  - Concept of Operations
  - Direction, Control and Coordination
  - Communications
  - Finance and Administration

# Capability Assessment Cont.

- The target group was the 50 states, 6 territories and 3 cities directly funded by ASPR
- Assessment first sent to small group of EMS Directors for pilot
- A PDF version of the Assessment was then emailed to the target audience for time to research answers.
- The assessment survey, using Survey Monkey tool was then emailed out.
- Follow up emails and phone calls were made to EMS Directors to finish the assessment.
- 50 of the 59 (85%) states, territories and funded cities completed the survey

Next Steps...