National Association of State EMS Officials

January 2018

Interfacility Special Pathogen Transport Plan Template

This template is for use as a resource by states as they develop and refine plans for transporting a patient infected with a special pathogen from one facility to another. The template meets the needs of states with large urban population centers, predominately rural populations, and a combination of urban and rural populations.

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A. Executive Summary

B. Introduction and Overview

C. Promulgation Document and Signatures

This is a signed statement formally recognizing and adopting the plan as the jurisdiction's Interfacility Special Pathogen Transport Plan. The Promulgation Statement is signed by the jurisdiction's senior elected or appointed official(s). This statement must be updated each time a new senior elected or appointed official takes office.

D. Approval and Implementation

This page introduces the plan, outlines its applicability, and indicates that it supersedes all previous plans. This section should include a delegation of authority for specific modifications that can be made to the plan and by whom they can be made without the senior official's signature. Ensure that the page is dated and signed by the senior official(s) (e.g., governor, tribal leader[s], mayor, county judge, commissioner[s]).

E. Record of Changes

Each update or change to the plan should be tracked. The record of changes usually in table format, contains, at a minimum, a change number, the date of the change, the name of the person who made the change, and a summary of the change.

F. Record of Distribution.

The record of distribution indicates the title and the name of the person receiving the plan, the agency to which the recipient belongs, the date of delivery, and the number of copies delivered.

G. Plan Purpose

This section sets the foundation for the rest of the Plan. The purpose is a general statement of what the Plan is meant to do and should be supported by a brief synopsis of the Plan.

Example of a purpose statement:

This document will assist in the development of a plan outlining the concept of operations for the interfacility transport of patients under investigation for or with a confirmed diagnosis of infection with a special pathogen. The document addresses both ground and fixed wing transport from frontline and assessment hospitals to state-designated Ebola Treatment Centers and/or Regional Ebola and Special Pathogen Treatment Centers. This document is intended to provide guidance to policy makers and those charged with coordinating transport operations at the time the process for transporting a patient with a suspect or confirmed special pathogen infection is initiated.

H. Planning Scope

This section explicitly states the scope of emergency response, response entities, and geographic areas to which the plan applies. Information that planners should consider incorporating into their State's plan includes:

1. The geographic area covered by the plan.
2. Both inter-state and intra-state interfacility transports. The scope of interfacility transport should include transports from:
    a. A frontline hospital to an assessment hospital and/or treatment facility;
    b. An assessment hospital to a treatment facility (both state-designated and Regional Ebola and Special Pathogen Treatment Center - RESPTC);
    c. A state-designated treatment facility to a RESPTC; and
    d. Transport from a facility to an airport and from an airport to a facility, if applicable. An appropriate airport may not be near the sending and/or receiving facility, necessitating that the emergency medical services (EMS) crew transport the patient outside of their regular response area.
3. Affirmation that the plan covers both ground and fixed-wing air ambulance transport.
4. A statement on whether the plan covers all special pathogens or if the plan only addresses specific ones. Planners should consider providing examples of the wide range of special pathogens covered by the plan (e.g. all special pathogens- known and emerging, including but not limited to Ebola, Corona viruses such as MERS, and novel influenza). If the plan scope is limited to a few specific pathogens (e.g. only Ebola), these pathogens should be listed in the plan. The state epidemiologist, local or state public health department, and/or Centers for Disease Control and Prevention (CDC) are resources that can be leveraged to assist when determining which pathogens should be included in the plan.

5. Acknowledgement that some aspects of planning, coordinating, and executing interfacility special pathogen patient transport operations are local functions and as such, the plan will reference the local and/or transport agency plans. Planners should also recognize any existing Regional Interfacility Special Pathogen Transport Plans and ensure that intersecting components of regional, state and local plans complement one another. These should be included in the appendices.

I. Situation Overview

This section characterizes the planning environment, clarifying why a plan is necessary. The risk assessment should include a summary of the hazards faced in addition to the relative probability of occurrence and impact, the geographic areas likely to be affected, and the population distributions/unique populations being considered.

Example of a risk assessment statement:

Infectious diseases know no boundaries; creating the possibility that a person infected with a special pathogen can present anywhere in the world at any time and the disease may spread rapidly if not effectively contained at the onset of disease recognition. If a patient infected with a special pathogen presents within the State of _____, it is imperative that the public health and medical communities be prepared to implement immediate isolation, containment, and disease control measures in order to minimize the potential for dispersement. Ensuring that the patient is being cared for at a medical facility that is properly equipped to treat the patient while minimizing the risk of exposure to caregivers is a key disease control measure. Since the possibility exists that a patient will present at a facility that is not fully equipped and/or staffed with personnel educated or trained to deliver the required care, it is necessary to ensure that plans for transporting the patient to a more appropriate facility are in place and fully resourced.

Additional information that planners should consider incorporating into the Situation Overview in their State's plan includes:

1. A description of the different modes of disease transmission and associated precautions (standard and transmission-based) that transport agencies must be prepared to implement in order to protect their personnel.
2. A description of the potential range of symptoms (e.g. diarrhea, bleeding from orifices).

*Additional information can be found in the EMS Infectious Disease Playbook: https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-transport-playbook-508.pdf

J. Planning Assumption

This section lists the facts that are assumed for the purposes of planning and plan execution. Planners are encouraged to evaluate the appropriateness of including the assumptions statements listed below in their plan.

1. One or more patients may require transport at the same time.
2. Transport will only be initiated if the patient cannot be cared for at the hospital of origin.
3. The patient is in a condition to travel as agreed upon by the referring and accepting physicians as well as the transport crew.
4. The ground transport agency(s) will be available to initiate preparations for the transport ambulance and crew within _____ hours of receiving the request to perform the transport.
5. Ground ambulance transport will be the primary mechanism of transport.
6. Treatment will occur in accordance with state/local plans, policies, and protocols as well as CDC guidance in order to provide timely, safe, and effective care.
7. Personal Protective Equipment (PPE) will be based on standard precautions and transmission-based precautions as appropriate for the suspected/confirmed special pathogen's mode of transmission in additional to the risk of exposure to bodily fluids, the operating environment, and the competencies of personnel to use the PPE ensemble.
8. The weather may affect transport operations.

K. Concept of Operations

This section is a broad statement of the policy maker's intent regarding the transport operation. How the transport mission is accomplished should be described, including a clear methodology to realize the goals and objectives to execute the plan. Information that planners should consider incorporating into their State's plan includes:

1. Trigger points for activating this concept of operations, such as:
    a. High suspicion of a patient under investigation for or initial test results confirms a special pathogen diagnosis within the state.
    b. Assistance in accepting and/or transferring a special pathogen patient is requested.
    c. Decision making process to determine whether transport will be completed solely via ground transport or whether air assets will be used as well.
2. Process for determining patient placement, to include:

    a. Entities involved in determining the facility to which the patient will be moved.
    b. Factors to consider when determining the best placement location.
    c. Ensuring the needs of at risk populations such as adults with unique needs (e.g. pregnant women), children, and the elderly are addressed.
    d. Transport agency selection
    e. Transport authorization
3. Ground transport
    a. Transportation logistics:
        i. Responsible party for coordinating transport logistics
        ii. Criteria used for determining the transport route
        iii. Responsible party for route authorization
        iv. Responsible party for maintaining the transport route (e.g. snow removal)
4. Staffing (identify if this is state mandated or a local decision).
    a. Specify whether staffing requirements are state mandated or a local/transport agency decision.
        i. The preferred transport level is Advanced Life Support (ALS).
    b. Consider describing the formula used to determine personnel needs based on the acuity of the patient with focus on minimizing exposures.
    c. Staffing decisions should take into account patient condition and anticipated treatments to include minimizing the number of people in the back of the ambulance.
    d. If no treatments are anticipated, describe how this impacts staffing decisions.
5. Minimum qualifications for providers involved in providing patient care.
6. Personnel fitness for duty/medical screening process (e.g. ability to wear appropriate PPE for extended periods of time).
7. Plan for staffing supplementation if the required patient treatments (e.g. multiple intravenous (IV) infusions, ventilators) are beyond the scope of practice of the transport crew. Suggested options to consider include:
    a. Delaying patient transfer until an appropriate transport crew is educated and trained to the required level is available to complete the transport.
    b. Supplementing the transport crew with an appropriately educated and trained nurse or physician for the duration of transport to manage the said treatments.
8. Specify crew change locations and logistics.
    a. Criteria for selecting crew change locations:
        i. Secured with limited access

ii. Designated donning and doffing area
iii. Category A waste transport containers and registered hazardous waste removal provider availability.
iv. Fuel for vehicles
v. Decontamination area
vi. Protection from the elements (heat and cold)
vii. Privacy for the patient
viii. Crew amenities (e.g. shower, restroom)
ix. Accommodations for any medical needs of the transport crew
x. Proximity to transport route

b. Logistical coordination with other agencies/crew change sites; including other states, as needed, to secure locations outside of the state where transport was initiated.
c. Formula used to determine how many/how frequently transport route crew change locations must be identified. Given the unique circumstances of each transport, planners are encouraged to identify more sites than are likely necessary in order to increase operational flexibility.
d. Activation of pre-negotiated locations at the time of transport.
e. Securing just-in-time locations at the time of transport.
f. Crew change procedures (e.g. personnel decontamination, removal of hazardous waste from the ambulance, medical monitoring of crew in X type of PPE, hydration/nutrition support for the crew).
g. Management of potential problems that may arise during the changeover of transport crews.

9. Personal Protective Equipment (PPE) Considerations
    a. Risk assessment for PPE determination based on the mode of disease transmission in addition to the risk of exposure to bodily fluids, the operating environment, and the competencies of personnel to use the PPE ensemble.
    b. Identify the principles that are used to determine how long personnel can safely operate in the PPE. (There currently is not a validated recommendation about the length of time a person can operate in PPE. Planners should consider methods for taking the physical fitness of the healthcare worker and type of PPE being worn into consideration when making this decision).
    c. Responsibility for making decisions regarding PPE requirements.
    d. Criteria used to determine who can serve as the safety officer (official observer) for donning/doffing procedures.
    e. Pre and post PPE donning/doffing assessment of personnel.

f. Criteria used for determining appropriate PPE for the patient to wear.
g. Barrier methods used for transport unit.
h. Barrier methods for patient containment (e.g. IsoPOD).

10. Equipment requirements
    a. Criteria used to determine how the ambulance should be prepared for transporting each special pathogen patient.
    b. Special approval by the State EMS Office and/or local EMS Director to remove any equipment that is required for traditional ambulance licensing in order to decrease the risk of equipment contamination.
    c. Extra equipment required to effect safe transport (e.g. IsoPOD or similar patient containment unit).
    d. Chase vehicle with additional equipment/personnel.
11. Patient treatment
    a. Patient care documentation requirements.
    b. Identify medical control for EMS agency as well as any treatment protocols or written orders, such as:
        i. No treatment, just transport
        ii. Invasive procedures
        iii. Hands only cardio-pulmonary resuscitation (CPR)
        iv. Do Not Resuscitate (DNR)
    c. Local medical direction should define the standard of care for each transport based on the patient's individual situation and needs.
    d. New or distinct protocols that will be implemented specifically for the transport of special pathogen patients.
12. Security/Law Enforcement
    a. Law enforcement agency(s) that will conduct a threat assessment to determine the level of security resources required for the transport.
    b. Agencies that will perform law enforcement functions (e.g. State police).
    c. Policy for determining if lights and/or sirens will be used during the transport.
    d. Security requirements at crew change locations.
    e. Determination on how much information about the patient should be provided to security personnel in order to maintain patient privacy (HIPAA regulations must be taken into account in the decision-making process).
    f. Coordination with airport security.
13. Air transport
    a. Logistical coordination for accessing airport tarmacs (e.g. pre-screening, security).

b. Identification of the type of aircraft that may be used for patient transports and airports that can accommodate the aircraft.
c. Patient unloading and loading procedures taking into account patient ambulatory status and the type of aircraft.
d. Need to transport patients to a location that is better suited to leverage fixed wing transport assets.

14. Pediatrics
    a. Policy on parents accompanying their child.
        i. Responsibility for making the ultimate decision if this determination is handled on a case-by-case basis.
        ii. PPE for parents who accompany their child.
        iii. Reunification of parents with their child if arriving at receiving facility separately.
    b. Staffing requirements for pediatric and neonatal patients.
    c. Special transport requirements for infants and neonates.
    d. Specialized equipment that must be available during pediatric or neonatal transports (e.g. isolette).
    e. Criteria used to determine PPE for a child.
15. Management of a PPE breach
    a. Develop policies for management of PPE breach in accordance with local/state agency policies and procedures.
    b. Procedure for reporting PPE breach to state/local health authority.
16. Waste management
    a. Identify and coordinate registered hazardous waste disposal companies that will manage waste during each phase of the transport. Include copies of applicable contracts in the appendix.
    b. Define the standards that apply to waste management.
        i. The U.S. Department of Transportation Hazardous Materials Regulations (HMR; 49 CFR, Parts 171-180) applies to any material DOT determines is capable of posing an unreasonable risk to health, safety, and property when transported in commerce.
        ii. Basic principles for spills of blood and other potentially infectious materials are outlined in the U.S. Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030). Suggested procedures for cleaning of biohazard spills are also made available in the EMS Infectious Disease Playbook available at https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-transport-playbook-508.pdf
        iii. International Air Transport Association Regulations.

c. Identify response times for waste pick-up.

17. Decontamination
    a. Vehicle and equipment decontamination should be conducted in compliance with state, federal, and local (e.g. CDC, OSHA) regulations.
    b. Define procedures for manual disinfection of transport units with an approved germicidal agent.
    c. Identify specialized equipment (e.g. ultraviolet irradiation, chlorine dioxide gas, hydrogen peroxide vapor) that is available for use to assist with decontamination. Specify the procedures for accessing the equipment.
    d. Identify the responsible individual for management of any specialized equipment and activation procedures.
18. Mortuary affairs
    a. Define the authority to pronounce a patient.
    b. Determine policies and procedures for handling the deceased in accordance with state and local laws. Ensure that policies and procedures are defined for death within the state of origin and other states through which the transport route may pass.
    c. Identify the individual responsible for notifying next-of-kin.
19. Post-transport medical monitoring of crew
    a. Policy for post-transport medical monitoring of transport personnel, to include:
        i. Whether the policy is statewide or left to the discretion of individual transport agencies.
        ii. Provisions for use of disease-specific incubation periods to determine the length of monitoring.
        iii. Reference to state and local disease reporting laws and regulations.
    b. Identify responsible individual for implementing the policy.
    c. Identify responsible individual for ensuring policy compliance.
    d. Define any behavioral/mental health services available to transport personnel and/or their family members.
20. Patient privacy
    a. Follow Health Insurance Portability and Accountability Act (HIPAA) regulations to maintain patient privacy. Strategies to consider include:
        i. Limiting patient-specific information communications via radio since radio frequencies can be monitored externally.
        ii. Restrict media from the areas where patients are loaded and unloaded.
    b. Crisis communication plan

L. Assignment of Responsibilities

This section outlines the responsibilities of key stakeholders. If two or more organizations perform the same kind of tasks, one should be given primary responsibility and the others supporting roles. Specific procedures/SOPs on how responsibilities are carried out should be included in the Appendices.

1. Planners should determine responsible entity for each of the following functions:
    a. Clinical call coordination among the sending and receiving facilities, transport agency, health department, emergency management agency(s), and/or federal partners to ensure that all necessary information is exchanged. The responsible agency for this function as well as the other agencies/organizations expected to participate on the call should be specified. When possible, the same call coordination process should be utilized for all special pathogen transports (both intra-state and inter-state). If the call coordination function is dependent upon whether the transport is in state or across state lines, be sure to make this differentiation.
    b. Transport logistics call coordination. Specify the entities that should at a minimum be included in this call, such as: sending and receiving facilities, transport agency, State Health Department, State EMS Office, emergency management agency(s), law enforcement, airport operations (if fixed wing transport is being utilized), and a point of contact from each crew change location that is anticipated to be used.
    c. Maintain and routinely update the Interfacility Special Pathogen Transport Plan.
    d. Receive and interpret PPE and decontamination guidance from federal partners and professional organizations.
    e. Develop/approve state-issued PPE and decontamination guidance for transport agencies, where applicable.
    f. Facilitate and document after action reviews of real-world interfacility transport of special pathogen patients.
    g. Execute post-transport medical monitoring procedures for transport crew members.
    h. Oversee compliance with post-transport medical monitoring of transport crew members.
    i. Receive requests for patient transports from one facility to another.
    j. Ensure compliance with Emergency Medical Treatment and Labor Act (EMTALA) requirements.

k. Collaborate with state-designated Ebola Treatment Centers (ETC)/Assessment Hospital and/or the Regional Ebola and Special Pathogen Treatment Center (RESPTC) to determine bed availability.
l. Collaborate with sending and receiving facilities to confirm patient bed assignment.
m. Disseminate PPE and decontamination guidance to transport agencies.
n. Activate PPE caches, if applicable.
o. Manage infectious waste generated during the transport according to approved protocols.
p. Public information release coordination (Joint Information Center).
q. Ensure capability and availability for management of infectious waste along the transport route.

2. Planners should consider designating specific responsibilities for the entities listed below. Suggested responsibilities are listed under each entity.
    a. State Health Department
    b. Provide situational awareness updates to stakeholder community (e.g. Healthcare Coalitions, local public health departments, state and local emergency management).
    c. Facilitate training and education opportunities for local health departments and health care facilities in the Interfacility Special Pathogen Transport Plan, standard precautions and transmission based precautions, and disease-specific information.
    d. Oversee post-transport medical monitoring of transport crew members.
3. State EMS Office
    a. Identify transport agencies that are capable and willing to transport special pathogen patients.
    b. Activate contract(s) for special pathogen patient transport, as needed, or ensure this is done at the local level.
    c. Evaluate requests for Scope of Practice and ambulance licensing waivers if necessary to facilitate patient transport.
    d. Facilitate training and education opportunities for transport agencies on the Interfacility Special Pathogen Transport Plan, standard precautions and transmission based precautions, and disease-specific information.
    e. Facilitate exercise opportunities for Interfacility Special Pathogen Transport Plan stakeholders.
    f. Participate in after action reviews after real-world interfacility transport of special pathogen patients.
4. Federal Partners

a. Provide epidemiological consultation for the determination of risk factors for illness and development of prevention and control strategies.
b. Establish and disseminate PPE and decontamination guidance.
c. Provide logistical and planning support, as requested.
d. Request air transport services from the Department of State, as needed.
e. Facilitate information exchange among federal and state/local partners outside the impacted area regarding special pathogen incidents.
f. Participate in joint education, training, and exercises with stakeholder partners.

5. Identified transport agencies capable and willing to transport special pathogen patients.
    a. Maintain the capability to transport special pathogen patients from one facility to another.
    b. Maintain appropriate level of staff training required to facilitate timely transport of special pathogen patients.
    c. Maintain equipment and supplies required to transport special pathogen patients in a safe and timely manner.
    d. Maintain 24/7 communication capabilities for the receipt of a request for transport.
    e. Transport the patient from the point of pick-up (e.g. healthcare facility) to the designated destination point.
    f. Maintain communications with state health department for the duration of the transport.
    g. Perform ambulance decontamination according to state/local/federal standards.
    h. Conduct transport operations in accordance with approved policies and procedures in conjunction with medical control.
    i. Participate in joint education, training, and exercises with stakeholder partners.
6. Sending and receiving facilities
    a. Participate in planning coordination and clinical calls.
    b. Prepare the patient for transport as agreed upon by the transport agency, receiving hospital, and State Health Department.
    c. Manage the patient until the transport agency arrives at the facility (e.g. provide IV fluids, anti-emetics, etc. to stabilize the patient for transport).
    d. Prepare for the transfer/receipt of patient.
    e. Maintain PPE and supplies necessary for exchange in accordance with state and local policy, if applicable.
    f. Establish a location to conduct ambulance decontamination.

g. Participate in joint education, training, and exercises with stakeholder partners

7. Law enforcement agency(s) providing security, if applicable
    a. Maintain law and order.
    b. Conduct the threat assessment for the transport route.
    c. Provide resources, as required, to facilitate transport operations.
    d. Provide training, education, and exercise opportunities for law enforcement personnel who will execute the Interfacility Special Pathogen Transport Plan.
    e. Participate in joint education, training, and exercises with stakeholder partners.
8. Designated crew change locations.
    a. Maintain capability to stand-up support to facilitate crew change within ___ hours of notification.
    b. Maintain a cadre of trained staff required to support crew change operations.
    c. Coordinate activation of capability for infectious waste disposal.
    d. Participate in joint education, training, and exercises with stakeholder partners.
9. Airport operations, if applicable, where a patient will arrive and/or depart.
    a. Identify the location for transport crew to meet the airport-designated escort that is required in order to drive the ambulance onto the airfield.
    b. Designate a secure location for the plane to park where the patient can be moved to/from the ambulance and/or to/from the plane.
    c. Coordinate with the air ambulance and ground ambulance service to ensure necessary equipment is available to load or unload the patient (e.g. vertical lift).
    d. Identify airports that can accommodate each type of aircraft.
    e. Participate in joint education, training, and exercises with stakeholder partners.

M. Direction, Control, Coordination

Identifies who has tactical and operational control of response assets and how multijurisdictional coordination systems support the efforts of organizations to coordinate efforts across jurisdictions while allowing jurisdictions to retain their own authorities. Describes how this plan fits with other plans- horizontal and vertical plan integration.

1) Authority to execute the Interfacility Special Pathogen Transport Plan.

2) Emergency management structure used to manage the incident/transport operations.
3) Leadership roles of the State Health Department, State EMS Office, and State EMA.
4) Define the entity in charge at each stage of the transport (e.g. patient pick-up at sending facility, crew change locations, drop-off of patient at the receiving facility).
5) Identify the agency that serves as the Incident Commander or agencies that comprise Unified Command.
6) Define the relationship between the State emergency management operations and local emergency management operations and/or federal operations.
    a. Plan for transfer of care.
    b. Identify the plans that the Interfacility Special Pathogen Transport Plan support (e.g. State Infectious Disease Control Plan; Regional Special Pathogen Transport Coordination Plan) and/or will be used in conjunction with (e.g. State Emergency Communication Plan, Public Health Public Information Plan). Consider conducting a crosswalk of the plans to ensure that they complement, not contradict, one another.
    c. Consider mechanisms for maintenance of situational awareness (e.g. emergency management software programs) among all stakeholders, including state and local Healthcare Coalitions.

N. Communications

This section describes communication protocols and coordination procedures used between response organizations. The framework for delivering communications support and how the jurisdiction's communications integrate into the regional or national communication networks should be described.

1. Define the framework/strategy for coordinating communications and the mechanisms utilized for communications with:
    a. Medical control (on-line and off-line)
    b. Transport agency(s)
    c. Transferring hospital
    d. Receiving hospital
    e. Airport operations, if applicable
    f. State and Local Health Department
    g. Emergency Management
    h. Law Enforcement/Security
    i. Transport personnel
    j. Federal stakeholders

k. Media/Public Information (Joint Information Center)
l. Patients with limited English proficiency and/or hearing impairment
m. Patient's family

2. Identify how existing communication systems are leveraged (e.g. Health Alert Network to notify all hospitals of transport).

O. Education, Training, Exercises

This section describes the importance of having a comprehensive education, training and exercise program. Specific components of the said program should be defined. Planners should consider incorporating the following into their State's plan:

1. The importance of following a Plan, Train, Exercise, and Improvement Planning cycle and a description on how the State utilizes this process.
2. Training and exercise program management.
3. Minimum education and training competencies for members of a transport team.
4. Standards used for developing education and training curricula.
5. Identification of competency criteria and how competency is tracked.
6. Specific education, training, and exercise requirements for the below list. For each item, define the target audience, type of training (e.g. instructor-led, didactic, hands on, distance learning), and training frequency.
    a. PPE donning and doffing
    b. Ambulance preparation
    c. Identification of signs and symptoms of infectious disease
    d. Strategies to interrupt the transmission of disease (e.g. standard precautions and transmission-based precautions)
    e. Treatments available to patients during transport and medical protocols.
    f. Decontamination of the ambulance and equipment
    g. Communications
    h. Specific standard operating procedures (SOPs) for special pathogen patient transports
    i. Understanding of the Interfacility Special Pathogen Transport Plan
    j. Logistics at hospitals for patient pick-up and drop-off (e.g. entering the facility, moving the patient from one device to another)
    k. PPE breaches
    l. Emergency procedures (e.g. crew member down, vehicle accident, vehicle failure)
    m. Post-transport medical monitoring/follow-up with EMS crew members
7. Integration of this training plan with the larger Public Health/EMS Office training plan.

8. Define the just-in-time education and training strategy.
9. Describe the exercise plan.
    a. Establish that the Homeland Security Exercise and Evaluation Program (HSEEP) and/or a different process is utilized for exercises.
    b. Affirm that live patients are incorporated into exercises, to include at risk populations and children.

P. Logistics and Resources

This section describes the framework for coordinating logistics and managing the resources required to support Plan execution. Planners should consider addressing the following:

1. PPE requirements
2. Availability of PPE caches
3. Authority to request and/or activate any PPE caches
4. Ground and air transport resources (public and private) that are available
5. Number of vehicles in convoy

Q. Administration and Finance

This section identifies policies for keeping financial records, reporting, mutual aid agreements, and relevant liability provisions. Information that planners should consider incorporating into their State's plan includes:

1. Personnel licensure reciprocity agreements across state lines that are in place.
2. Legal authority for medical oversight of providers practicing in geographical areas outside of their normal operating area and assumption of liability for the care they provide.
3. Licensure/recognition if needed for designated "Ebola/Special Pathogen Ambulances."
4. Transport agency billing.
5. Define funding that may be available to reimburse the costs associated with the transport.
    a. The Ebola Supplemental Patient Care Reimbursement Program is authorized by the Consolidated and Further Continuing Appropriations Act, 2015, Public Law 113-235, Division G, Title VI, and section 311(c)(1) of the Public Health Service Act, 42 U.S.C. 243(c)(1). The U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) works with a third party vendor to assist the Government with the processing of applications and

the payment of authorized reimbursement amounts for the Program. The Act allows for "reimbursement of domestic transportation and treatment costs (other than costs paid or reimbursed by the individual's health coverage) for an individual treated in the United States for Ebola, before or after the date of the enactment of this Act" at the HHS Secretary's discretion.

   b. Other funding sources for special pathogen patient transports and/or when the Act expires.

6. Procurement of fuel both inter and intra state
7. Contracts to support emergencies (e.g. vehicle towing)
8. Emergency procurement
9. Procedure for timely EMS agency reimbursement

R. Plan Development and Maintenance

This section should describe the planning process and participants in the process. The responsibility for the overall planning and coordination should be assigned to a specific position. Provides for a regular cycle of training, evaluating, reviewing, and updating the Plan. Information that planners should consider incorporating into their State's plan includes:

1. Identify the party who is responsible for the State's Interfacility Special Pathogen Transport Plan and/or approving companion plans if they are developed at the local level.
2. Define the State EMS Director/Office's involvement in Plan development, review, and maintenance.
3. The following should be part of the planning process:
   a. Public health departments (state and local)
   b. Emergency management
   c. Law enforcement
   d. Federal partners, if applicable
   e. Healthcare Coalitions
   f. Specific facilities (e.g. state-designated Treatment Centers, Regional Ebola and Special Pathogen Treatment Centers)
   g. Transport agencies (private and public)
   h. Dispatch centers, if applicable
   i. Hazardous waste management company(s)
4. Define the planning cycle
   a. Minimum of annual review of the Plan

S. Authorities and References

This section identifies the laws, statues, ordinances, executive orders, regulations, and formal agreements relevant to special pathogen patient transports. Pre-delegation of emergency authorities should be identified. Information that planners should consider incorporating into their State's plan includes:

1. State EMS laws, rules, and regulations
2. State and local laws, rules, and regulations for public health and emergency management.
3. Reciprocity agreements with bordering states
4. Agreements with transport agencies
5. Registered hazardous medical waste removal company agreements.
6. Agreements with airports

T. Appendices

1. Definition List
2. Abbreviation List
3. Capabilities Assessment
    a. Describe if and how an assessment of current capabilities is conducted.
        i. Define the capability assessment findings in terms of executing the Plan (e.g. current capability to transport 1 patient at a time for a maximum distance of 300 miles by ground).
        ii. Define applicable resources that are controlled by the state and those resources controlled by other partners.
4. Information on individual special pathogens (e.g. modes of transmission, clinical signs and symptoms, period of infectiousness).
5. List of RESPTCs and state-designated ETCs and assessment hospitals, with contact information.
6. Memorandums of Understanding
7. Role of the U.S. Department of Health and Human Services (HHS) Regional Coordinator.
8. Ebola Supplemental Patient Care Reimbursement Program
9. Diagrams of patient/crew transfer sites, specifying donning/doffing areas, fueling area, perimeter with security.
10. Checklist for ambulance preparation
11. Standard Operating Procedures
12. Handling a PPE Breach

13. Location Agreements for Crew Change Locations
14. Local Government Plans
15. Regional transport plans
16. Transport Agency Plans
17. Registered hazardous medical waste disposal provider agreements.
18. Donning and doffing checklist that is informed by the equipment to be used.
19. List of suitable airports and length of runways
20. EMS Infectious Disease Playbook: https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-transport-playbook-508.pdf
21. National Ebola Training and Education Center (NETEC) training website: http://netec.org/training/
22. DC Ebola references for patient transport: https://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/index.html