

# High Consequence Infectious Diseases: Texas Preparedness Strategy

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# Agenda

- Welcome
- Summary of 2015 Texas Ebola Incident Report
- Texas Preparedness Strategy for HCID Overview
- HCID Projects Within the Texas Preparedness Strategy
- Questions



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# 2015 Texas Ebola Incident Report Summary

Jeff Hoogheem

Deputy Director

Health Emergency Preparedness & Response Section

Division for Regional and Local Health Services

Texas Department of State Health Services

# Ebola Response AAR: Process

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Department of State Health Services (DSHS)

Agency AAR

State Medical Operations Center (SMOC)

January 7, 2015

- DSHS Leadership
- DSHS Regional Staff
- DSHS SMOC Staff
- DSHS Programs



# Ebola Response AAR: Process

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State Agency AAR

State Operations Center

March 30, 2015

- DSHS Leadership
- TDEM Leadership
- DSHS SMOC Staff
- State Emergency Management Council Agency Representatives

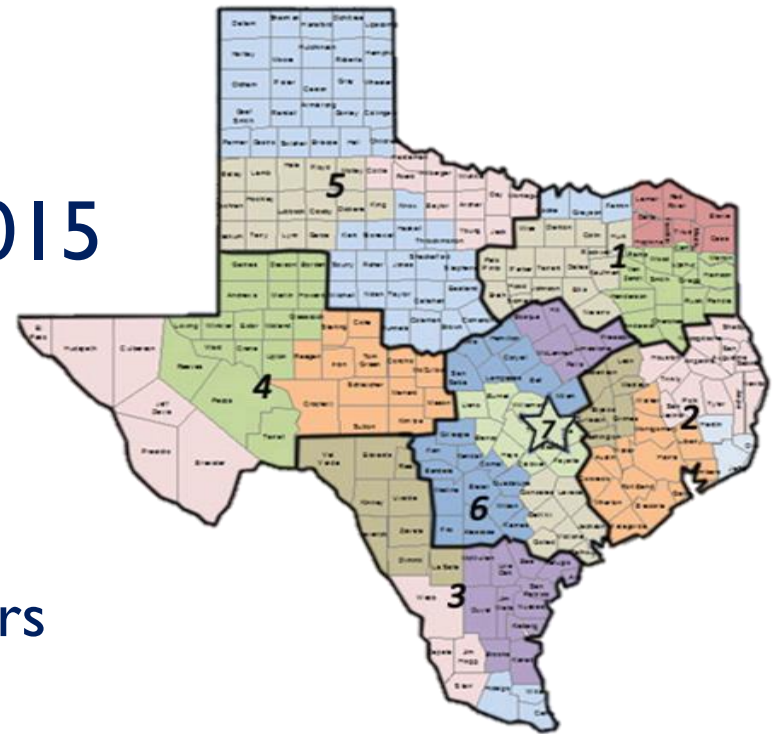
# Ebola Response AAR - Process

8 x DSHS Regional AARs

Health Service Regions

December 2014 - March 2015

- DSHS Leadership
- DSHS Regional Staff
- DSHS Programs
- Regional Partners and Stakeholders



# Ebola Report – Major Activities

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- Epidemiologic investigation focused on contact tracing as investigators knew the source of infection and index case.
- Medical Waste management and disposal
- Fatality Management
- Decontamination
- Public and Health Provider Information
- Infection control for healthcare providers and first responders
- Patient Movement
- Isolation and Quarantine to include legal orders and humanitarian support to those with restricted movement

# Ebola Report: Challenges

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1. Response required consideration of many non-health issues
  - Public perception
  - Waste disposal
  - Decontamination of non-medical sites
  - Political implications at all levels
  - Coordination of public, private, and not-for-profit agencies
2. First case to occur in US
3. First case treated in US outside of a federally designated facility
4. Personal Protective Equipment
5. Fatality Management



# Ebola Report: Challenges (Cont.)

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6. Extensive contact tracing
7. Laboratory testing
8. Control orders
9. Behavioral health interventions
10. Pet issues
11. Large number of media and public inquiries
12. Extensive coordination between local, state, and federal agencies
13. Information sharing
14. Global interest and attention to all facets of the response

# Sustain: Things that worked well

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1. Aggressive communicable disease response protocols, healthcare infection control, public awareness and healthcare provider caution contained Ebola to the immediate vicinity of the index patient treatment facility.
2. System of local epidemiologists, augmented by the regional and state epidemiology staff, contributed to the overall success of the response.
3. Dallas County Health and Human Services Chief Epidemiologist was lead for the Ebola response.

# Sustain: Things that worked well (Cont.)

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4. DSHS Laboratory requested and was certified to perform Ebola testing prior to the incident. Testing of the index patient was first test performed in DSHS Laboratory after certification.
5. TDEM created and deployed the “DDC in a box” allowing extended interoperability communications to a DDC that would not otherwise have these capabilities.
6. Dallas EMS successfully transported the index patient and two subsequent EVD patients without secondary transmission of the disease.

# Improve: Concerns and Variations

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1. The presence of the DSHS Commissioner and select DSHS executive staff on-site of the event was a variation which challenged communication flow from the Dallas operations to the state operation center.
2. The process of development and posting of DSHS developed Ebola guidance documents on the website was cumbersome and did not match the pace of the response.
3. Existing hazardous waste transport contracts did not meet the state's needs to transport Category A infectious hazardous waste.

# Improve: Concerns and Variations (Cont.)

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4. Some courier services were unwilling or unable to transport EVD patient samples from point of origin to designated Ebola testing facility.
5. PPE shortages, exacerbated by stockpiling, contributed to national shortages. Suppliers were unable to keep up with the demand.
6. There is a lack of official guidance or scientific testing on transmission of EVD between human and animal populations and lack of guidance on the monitoring of quarantined pets.
7. Funeral directors differed in their willingness to handle and dispose of a highly infectious decedent.

# Next Steps

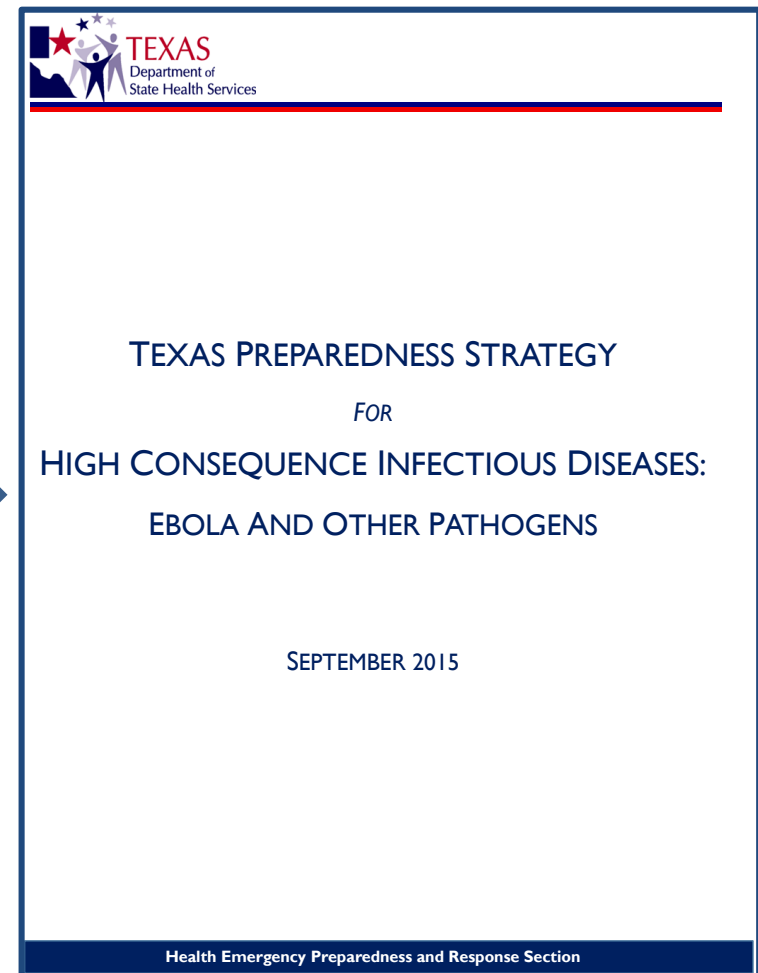
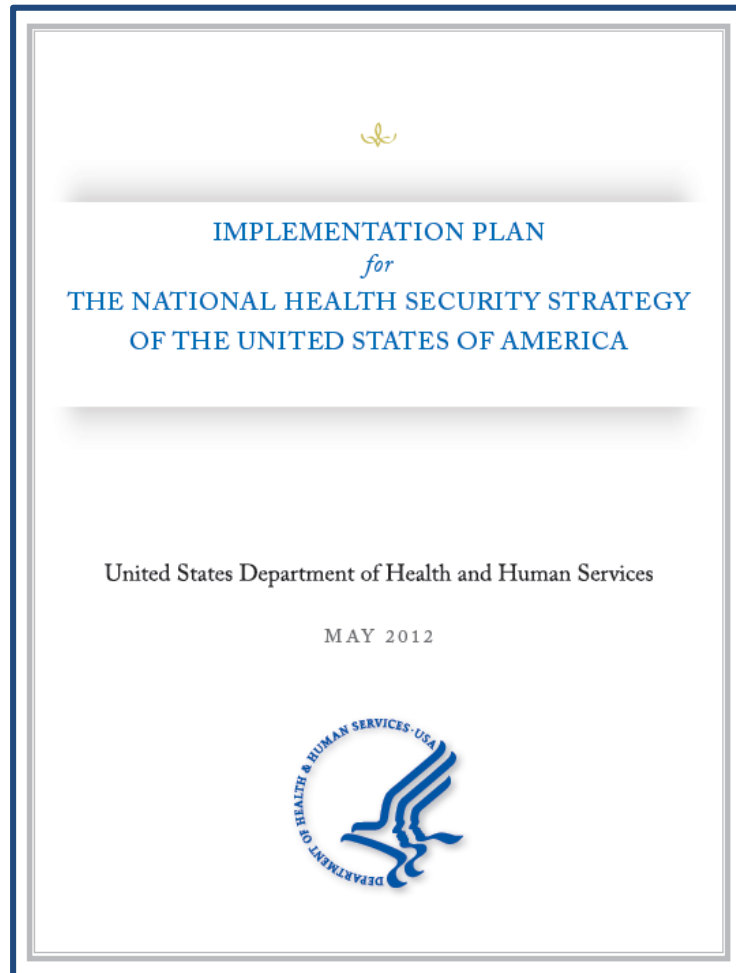
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Finalize and distribute the report

High Consequence Disease (HCID) activities

- Texas Preparedness Strategy for HCID
- Regional public health and healthcare system driven activities
- Allocate funding to fill preparedness gaps
- Regional HCID Workshops
- HCID Collaborative Website
- Infectious Disease Response Units
- Work with HHS and HHS Region VI states to coordinate HCID preparedness

# Texas Preparedness Strategy for High Consequence Infectious Diseases



# Texas Preparedness Strategy

## PURPOSE

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To provide a Texas strategy  
for preparing for and responding to  
high consequence infectious diseases  
posing a threat to people and communities.



# DSHS Collaboration

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## **Texas Department of State Health Services Collaborative Efforts**

### Regional and Local Health Services,

- Health Service Regional (HSR) Offices
- Health Emergency Preparedness and Response Section

### Disease Control and Prevention Services

- Infectious Disease Prevention Section
- Laboratory Service Section

### Mental Health and Substance Abuse Services

- Disaster Behavioral Health Section

# Stakeholder Input

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## Informed by and with input from:

- Strengths and gaps identified in the 2014 Texas Ebola incident
- DSHS Health Service Regional Offices
- Local Health Departments
- Texas Disaster Medical Services (TDMS)
- Preparedness Coordinating Council (PCC)
- Public Health and Healthcare System providers

# Preparedness Strategy Objectives

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**Objective 1:** Foster informed, empowered individuals and communities by promoting awareness of high consequence infectious diseases

**Objective 2:** Develop and maintain the workforce needed for a high consequence infectious disease incident

**Objective 3:** Ensure situational awareness within a high consequence infectious disease incident

# Preparedness Strategy Objectives

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**Objective 4:** Foster integrated, scalable public health and healthcare delivery systems in a high consequence infectious disease incident

**Objectives 5:** Ensure timely and effective communications in a high consequence infectious disease incident

**Objective 6:** Promote an effective countermeasures enterprise in a high consequence infectious disease incident

# Preparedness Strategy Objectives

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**Objective 7:** Ensure prevention or mitigation of environmental and other emerging threats to health occurring in a high consequence infectious disease incident

**Objective 8:** Incorporate post-incident health recovery into high consequence infectious disease planning and response

**Objective 9:** Work with other states to enhance national health response and recovery activities in a high consequence infectious disease incident

# Preparedness Strategy Objectives

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**Objective 10:** Ensure all systems in a high consequence infectious disease incident are based on the best available science, evaluation, and quality improvement methods

# Texas Preparedness Strategy

## Objective 1

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### **Foster informed, empowered individuals and communities by promoting awareness of high consequence infectious diseases**

- Local and Regional Public Health & Healthcare System Activities
- Funds allocated to PHEP and HPP contractors, as well as DSHS Health Service Regions, directly to fill preparedness gaps specific to regions and local jurisdiction – translating into more planning, training, and the purchase of preparedness materials and equipment.
- Regional Workshops

# Texas Preparedness Strategy

## Objective 2

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### **Develop and maintain the workforce needed for a high consequence infectious disease incident**

- Planning, Training and Exercise
- Infectious Disease Response Units (IDRUs)
- UT/DSHS HCID Collaborative Website
- Regional Workshops



# Regional Workshops

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## Purpose

- HCID Training and Education
- Information Sharing
- Identification of Preparedness Gaps
- Enhancing Regional Planning and Concept of Operations (CONOPs)

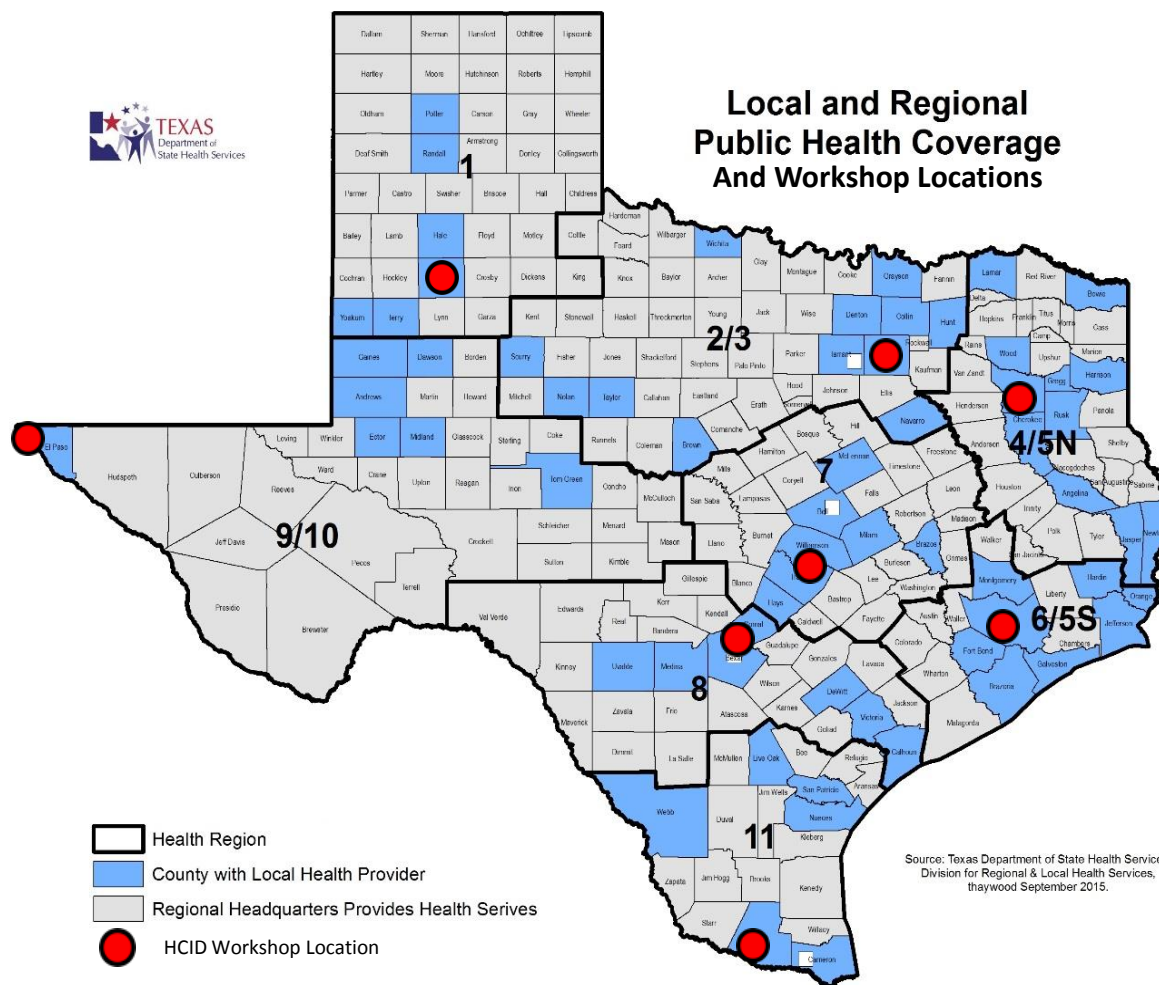
# Regional Workshops

## Target Audience

- Public Health and Healthcare Leaders
- Emergency Management
- First Responders
- Elected Officials
- Disaster Behavioral Health Professionals
- Other Stakeholders



# Regional Workshops



## Regional Workshops

Region Location	Dates
Region 1 – Lubbock	March 29-31, 2016
Region 2/3 – Dallas	May 3-5, 2016
Region 4/5 North – Tyler	March 1-3, 2016
Region 6/5 South – Houston	February 2-4, 2016
Region 7 – Austin	February 16-18, 2016
Region 8 – New Braunfels	January 20-22, 2016
Region 9/10 – El Paso	June 7-9, 2016
Region 11 – McAllen	December 8-10, 2015

# Workshop Day 1 (Half Day)

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## Day 1 General Sessions Leadership Focus

- Threat Briefing: High Consequence Infectious Disease
- Lessons Learned and Challenges
- Regional Preparedness and Response Strategies
- State, Interstate and Federal Strategies

# Workshop Day 2

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## General Sessions

- The Spectrum of High Consequence Infectious Diseases
- Disaster Behavioral Health in Communities
- Public Health Law and Ethics
- Emergency Management – HCID Response Coordination

# Workshop Day 2

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## Break-Out Sessions

- Infection Control
- EMS Ground and Air Transport
- Fatality Management
- Waste Management
- Hospital Preparedness
- Non-Medical First Responders
- Infectious Disease Epidemiology and Surveillance
- Disaster Behavioral Health in a Pandemic
- Behavioral Health Ethical Challenges
- Region Specific Presentation

# Subject Matter Experts

## Speakers



Allison Winnike, JD



Colonel Randall Larsen  
USAF (Ret)



Wendy Chung, MD



Gerald Parker, DVM,  
PhD, MS



David Persse, MD,  
FACEP



George Everly, PhD  
ABPP, FAPM



Ruth Carrico, PhD,  
MSN, APRN, FNP-C,  
FSHEA, CIC



Vincent Covello, PhD



Julie Andrews, PhD



Phil Currance, EMT-P,  
RHSP (Ret.)



# Workshop Day 3 (Half Day)

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- Risk and Crisis Communications
- Regional Exercise/Guided Discussion
  - Tabletop Exercise/Discussion
  - Hotwash
  - Lunch
  - Next Steps



# Texas Preparedness Strategy

## Objective 2

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### **Develop and maintain the workforce needed for a high consequence infectious disease incident**

- Infectious Disease Response Units (IDRUs)
- Local, Regional and State Planning, Training and Exercise
- UT/DSHS HCID Collaborative Website





# Texas Emergency Medical Task Force

## *I.D.R.U. Program Concepts*



## Core Principles of I.D.R.U.

The Texas Emergency Medical Task Force will leverage existing infrastructure and agreements with healthcare systems, emergency medical services providers and other key stakeholders to assist local and regional authorities, supporting hospitals and jurisdictions with the logistical support, direct patient care and transportation coordination for patients with high consequence infectious disease.

The five primary focus areas for the EMTF Program are:

- Collaboration, Sharing Best Practices/Lessons Learned and Synergy in Planning
- Regional Coordination of Trained, equipped and exercised EMS Transport Units
- Regional and Statewide Subject Matter Experts and trained clinical care providers to provide consultation or direct patient care, as requested.
- 8 Regional PPE Caches to support and augment local and regional capabilities to respond to the needs of healthcare facilities caring for HCID patients.
- Statewide coordination, management and distribution of critical resources for Acute Care Providers through the EMTF program's organic logistics capability.



Texas Emergency Medical Task Force  
*IDRU Program Concepts*

Slide 36 of 5

## Current Operations

- Executive Leadership finalized initial planning budget and submitted to DSHS.
- Working with Regional EMTF Leadership to begin planning for planning and development meetings.
- Assessing the local and Regional systems currently in place to identify potential gaps and opportunities for synergy.



## Next Steps...

- Conducting planning sessions to develop equipment and PPE resources that would best meet the needs of the healthcare providers in each region and across the State.
- Building and maintaining mobile equipment and supply caches that are available to respond anywhere in the State upon request.
- Conducting training and exercise to sharpen the skills of our regional providers through the EMTF Memorandum of Agreement. Providing national level courses to responders that will be involved in response to HCID.
- Integrate I.D.R.U. in to the EMTF System for maintenance and logistics support.



Texas Emergency Medical Task Force  
*IDRU Program Concepts*

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# Texas Preparedness Strategy

## Objectives 3 & 5

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**Ensure situational awareness as well as timely and effective communication in a high consequence infectious disease incident**

- Local, Regional, and State Planning, Training, and Exercise
- Situational Awareness Platform

# Texas Preparedness Strategy

## Objective 4

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### **Foster integrated, scalable public health and healthcare delivery systems in a high consequence infectious disease incident**

- Statewide Training and Exercise – Workshops and Capstone Symposium
- Federally recognized Ebola Treatment Centers at Texas Children's Hospital and University of Texas Medical Branch – Galveston
- U.S. Dept. of Health and Human Services, Region VI, Ebola Treatment Center at UTMB-Galveston
- Collaboration with Epidemiology and Laboratory Capacity (ELC) Grant and National Ebola Training and Education Center (NETEC)



# Texas Preparedness Strategy

## Objective 6

### Promote an effective countermeasures enterprise in a high consequence infectious disease incident

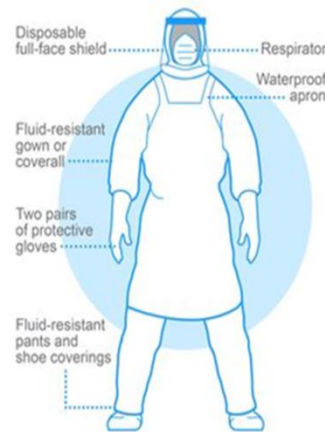
- PPE Caches and Training

#### CDC'S PROTECTIVE GEAR CHANGES FOR HEALTH WORKERS

##### PREVIOUS GUIDELINES



##### NEW GUIDELINES



# Texas Preparedness Strategy

## Objective 7

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**Ensure prevention or mitigation of environmental and other emerging threats to health occurring in a high consequence infectious disease incident**

- Laboratory Response Network
- Epidemiological Surveillance and Response
- Epidemiology and Laboratory Capacity evaluations of Ebola Assessment Hospitals

# Texas Preparedness Strategy

## Objective 8

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### **Incorporate post-incident health recovery into high consequence infectious disease planning and response**

- Local, Regional, and State Planning, Training, and Exercise
- Disaster Behavioral Health
  - Workshop and Regional Coalition Meetings

# Texas Preparedness Strategy

## Objective 9

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### **Work with other states to enhance national health response and recovery activities in a high consequence infectious disease incident**

- Texas, Arkansas, Louisiana, Oklahoma, New Mexico (TALON)
- Office of the Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP)
- Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP)

# Texas Preparedness Strategy

## Objective 10

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**Ensure all systems and processes in a high consequence infectious disease incident are based on the best available science, evaluation, and quality improvement methods**

# Discussion and Questions



# For more information:

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