State and Regional Concepts of Operations (CONOPs)

NETEC Faculty

Funded by ASPR & CDC
Objectives

• Review the requirements and roles of frontline facilities, assessment hospitals, State-designated Ebola Treatment Centers, Regional Ebola and Special Pathogen Treatment Centers (RESPTC) and health care coalitions in State and regional concepts of operations (CONOPs) for a patient with a suspected or confirmed highly infectious disease

• Discuss strategies for engaging key stakeholders in State and regional CONOPs planning
CDC’s Tiered System

**Frontline Healthcare Facility**
- Quickly identifies and isolates patients with possible Ebola.
- Notifies facility infection control and state and local public health officials.
- Has enough Ebola personal protective equipment (PPE) for at least 12–24 hours of care.
- Prepares for patient transfer, if needed.

**Ebola Assessment Hospital**
- Safely receives and isolates a patient with possible Ebola.
- Provides immediate laboratory evaluation and coordinates Ebola testing.
- Cares for a patient for up to 5 days (including evaluation and management of alternative diagnoses) until Ebola diagnosis is confirmed or ruled out.
- Has enough Ebola PPE for up to 5 days of care.
- Transfers a patient with confirmed Ebola to an Ebola treatment center in consultation with public health officials.

**Ebola Treatment Center**
- Safely receives and isolates a patient with confirmed Ebola.
- Cares for patients with Ebola for duration of illness.
- Has enough Ebola PPE for at least 7 days of care (will restock as needed).
- Has sustainable staffing plan to manage several weeks of care.
- CDC Ebola Response Teams (CERTs) are ready to deploy to provide assistance as needed.

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**NETEC**
National Ebola Training & Education Center
NYC Health + Hospitals’ Tiered System

**Frontline Healthcare Facility**
- Quickly identifies and isolates patients with possible Ebola
- Notifies facility infection control and state and city public health officials
- Has enough PPE equipment for 12-24 hours of care
- Transfers patient to Region 2 Ebola Treatment Center

**Region 2 Ebola Treatment Center**
- Safely receives and isolates patients with confirmed or suspected Ebola
- Cares for patients with Ebola for duration of illness
- Has enough Ebola PPE for at least 7 days of care (will restock as needed)
- Has sustainable staffing plan to manage several weeks of care

**Ambulatory/Outpatient Facility**
- Quickly identifies and isolates patients with possible Ebola
- Notifies facility infection control and state and city public health officials
- Has enough PPE equipment for <8 hours of care
- Transfers patient to Region 2 Ebola Treatment Center
What are Concepts of Operations?

• Outline plans for transport of highly infectious patients in states or regions.
  – State plans should detail patient transportation logistics and communications.
  – Regional plans should focus on collaboration and communication amongst states in a particular region.
  – CONOPs leads should communicate, coordinate and collaborate with key stakeholders throughout the CONOPs process.
I. INTRODUCTION
   A. Purpose
   B. Scope
   C. Situation Overview
      1. Background on SPD
      2. Key SPD Characteristics
      3. SPD Case Definition
   D. Incident Objectives
   E. Planning Assumptions
   F. Roles & Responsibilities
   G. Essential Elements of Information
   H. Intent

II. KEY SYSTEM ELEMENTS
   A. Hospital Service Line
      1. Frontline Hospitals (10)
         a. Frontline Hospital Patient Flow
            i. Internal/External Communication
         b. Frontline Hospital Patient Management Algorithm
            i. FPE Guidance
            ii. Laboratory
         c. Intra-System Transportation Plan for Hospitals
         d. Training for Covered Personnel
   2. Bellevue Region 2 Ebola and Special Pathogen Treatment Center (R2EPTC)
      a. Designated Facility Patient Flow
         i. Internal/External Communication
      b. Activation of SPU Algorithm
      c. Designated Facility Transport Patient Receiving Plan
      d. Designated Facility Patient Management Algorithm
         i. FPE Guidance
         ii. Laboratory
      e. Training for Covered Personnel
   B. Ambulatory Service Line
      1. Ambulatory Site Patient Flow
         a. Internal/External Communication
      2. Ambulatory Site Patient Management Algorithm
         a. FPE Guidance
         b. Laboratory
      3. Intra-System Transportation Plan for Ambulatory Sites
      4. Training for Ambulatory Sites
CONOPs vs. IRG

Concept of Operations (CONOPS)

INCIDENT RESPONSE GUIDE

Incident Response Guide (IRG)

Ebola Concept of Operations (CONOPS)

January 2018

In accordance with Section 6527 of the New York State Education Law, except under extremely limited circumstances (e.g., proceeding, documentation, records, or committee action related to the performance of medical review, participation in a medical malpractice prevention program (MMP), incident reporting (OSHA), or investigation for measuring professional privileges and associations (NYSACS)), such reports shall be subject to disclosure under Article 31 of the General Practice Law and Rules. This IRG constitutes a medical review of a performance improvement document for the purpose of maintaining the risk of transmission of EVD to healthcare workers and others and shall not be released except to the New York State Department of Health.
# NYC Health + Hospitals’ CONOPs

## Essential Elements of Information

<table>
<thead>
<tr>
<th>Agency/Organization</th>
<th>Type of Information</th>
<th>Sent to Agency by NYC Health + Hospitals</th>
<th>Received by NYC Health + Hospitals</th>
<th>Within NYC Health + Hospitals</th>
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<td>Notification of suspected or confirmed EVD case</td>
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<td>Transportation of PUI(s) from external healthcare facility to one of NYC Health + Hospitals facilities OR intra-system transportation</td>
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NYC Health + Hospitals’ CONOPs
Internal & External Communication

**Triage**

**A. Internal Communication**
1. Identified Patient Placed in Isolated Room with Airborne, Contact & Droplet Precautions as per Ebola Screening Algorithm
2. Triage Nurse Notifies Lead Physician and Dons Appropriate PPE
3. Lead Physician Dons Appropriate PPE and Evaluates PUI
4. Lead Physician Follows NYCDOHMH/NYC Health + Hospitals Algorithm to Ascertain Risk

**B. External Communication**
5. NYCDOHMH Contacted to Confirm Risk and Provide Approval on Patient Transfer

**C. Internal Communication**
6. The Following Internal Contacts are Notified:
   - Administrator on Duty
   - Infection Prevention (by AOD)
   - Medical and Nursing directors of ED
   - Chief Medical Officer
   - Chief Nursing Officer
   - Chief Operating Officer
   - Hospital Police
   - AOD/ADN Activates Incident Command
   - NYC Health + Hospitals Leadership
   - EVS SWAT Team

**Suspected PUI**

**D. External Communication**
7. NYCDOHMH Contacted to Arrange Transportation to Bellevue or Other Designated Hospital via FDNY*EMS

**Transportation of PUI**
Intra-System Transportation Protocol

Note: See Appendix H: NYC Health + Hospitals Facility-Specific Bio Isolation Transfer Cards

Note 1: Any patient assessment and treatment shall be initiated according to FDNY EMS policies, procedures and protocols.

Note 2: DOHMH shall notify the OLMC Physician of patient results determined by treatment hospital facility.

1. Patient transfer determined by NYCDOHMH:
   - FDNYEMS notified
   - CMO at Bellevue Hospital Center notified
   - NYC Health + Hospital Leadership notified

2. Transfer Hospital Facility
   ② Transfer Hospital Facility will follow facility-specific Bio Isolation Transfer Card (BIT):
      - Transfer Team Dons PPE
      - Control of Transfer Area via Hospital Police/Security
      - Hospital Liaison reports to the Command Post
      - Identify Transfer Location (based on BIT)
      - Await HazTac Personnel to hand-off Patient
      - HazTac Personnel Accepts Patient
      - HazTac Transport Patient to Treatment Facility (Bellevue)

3. Transfer Facility Decontamination as per NYC Health + Hospital protocol

4. FDNYEMS arrival at Transfer Hospital Facility:
   - HazTac Officer meets Hospital Liaison
   - 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
   - HazTac Doffing and Decon per FDNY EMS protocols

Note: See "Ebola Treatment Facility (Bellevue) Transportation Protocol" for continuation of receiving facility transport procedures.

5. Haz-Tac Team Doff and Decon per FDNY EMS protocols and procedures.

Note: All disposable materials will be bagged in prepared 55 Gallon Bio-Waste Drums and disposed according to NYC Health + Hospital Regulated Waste Protocol.

4. Activation of the Special Pathogens Unit via DOHMH/ FDNY Transfer to Bellevue:
   - Assemble SPP Receiving Team
   - Prepare 55 Gallon Bio-Waste Drums
   - SPP Liaison Report to the Command Post
   - SPP Team Don PPE to Receive Patient from FDNY
   - Standby at the Transfer Point
Region IV CONOPS

• Built upon established relationships.
• Shared more mature plans to jumpstart planning in less advanced states and facilities.
• Led partners to resources, but did not force them to follow.
• Understood that planning is an ongoing process.
Region IV Lessons Learned

• Need for sound and exercised communication pathways.
• Essential to have “Plan B” for transport.
• Just because something worked does not mean it is finished.
Region IV “A-ha” Moments and Promising Practices

• Don’t forget about your Field Project Officer.

• Important to account for differing levels of experience.

• Active support from leadership makes the process easier.
Region VII CONOPS Content Example

- Promulgation Statement and Signatures
- Purpose, Scope, Situation, and Assumptions
- Organization and Assignment of Responsibilities
- Direction, Control, and Coordination
- Air Transportation Plan to Regional Treatment Center
- Ground Transportation Plan to Regional Treatment Center
- Waste Management
- Mortuary Affairs
- Administration and Finance
- Training and Exercise
- Plan Development and Maintenance
- Authorities and References

Easy place to find 24 hour contact information
• Embarked on process with a number of conference calls with ASPR FPO, ASPR REC, and state officials representing entire region.

• An in-person meeting was held to share about state plans and begin a section-by-section revision of a Regional CONOPS Plan that all participants could agree upon. This took several follow up phone conference meetings to complete.

• Details that were state-specific were often removed to be described in detail in the state CONOPS plans.

• Goal: A new state official could utilize the document in the event of a Ebola or other dangerous, highly infectious disease event.
Resources

• NETEC
  – www.netec.org
• Regional ETC
  – 10 Regional Centers
• CDC
• Local Public Health
• Local Medical Response System
  – i.e: OMMRS
Poll Question 1

What is the current status of your State CONOPs?

a) No plan
b) In progress
c) Complete
d) Unsure
Poll Question 2

What is the current status of your Regional CONOPs?

a) No plan
b) In progress
c) Complete
d) Unsure
CONOPS Workshop

• Divide participants into groups based on their respective regions.
  – CONOPs Planning Template will serve as catalyst

• Groups to discuss:
  – What’s one key success of the CONOPS planning/development process?
  – What’s one key challenge of the CONOPs planning/development process?
  – For those without a Regional or State CONOPs:
    • Why? What’s your next step?

• Reconvene all participants for hot wash.
CONOPS Workshop
Hot Wash

• Each group to share:
  – One success
  – One challenge
  – How can NETEC assist?
Development Strategies

• In-person meetings, with a facilitator or policy development team if possible.
• Periodic web-conferencing with revisions to the document segment by segment.
• CONOPs meetings might be planned to coordinate with existing training or planning dates to reduce travel expenses.
• Set ground rules. Bring up issues as they arise, don't let them fester.
Hospital Strategies

• Think about what details are important in the different documents. The State CONOPs may be much more detailed than the regional CONOPs.

• CONOPs planning is an exercise in planning, documentation, and relationship building with peer institutions and community partners.
Engagement

• Celebrate the completion of the plan.
• Plan to meet at least annually to share your key learnings from the past year and to update any necessary items in the CONOPS accordingly.
• Know your partners at the regional, state, and local level.
• Share the contents of your CONOPS documents and constantly seek feedback and suggestions.