

2015 STATEWIDE MEDICAL AND HEALTH EXERCISE
DISCUSSION QUESTIONS
October 8, 2015

MODULE 1: Infectious Disease Emergency Response & Lab Capabilities

Module 1 Discussion Questions

1. How will you ensure your staff has appropriate equipment and training for personal protection/infection control?
2. How will you coordinate reporting case reports from your facility to public health?
 - a. How will that information be communicated internally?
 - b. How will you deal with different numbers in your ED versus numbers of confirmed, probable, or suspected cases?
3. Do your health care providers and laboratory staff know how to submit specimens appropriately to public health laboratory?
4. How will your facility deal with the high volume of questions from patients who want to know more about the disease or the treatment or prevention?

MODULE 2: Medical Surge, H5N1 Scenario & Facilitated Discussion

- **All:** What is your organization's current surge capacity & capability for patient care?

Medical Surge Discussion Questions

- **All:** Describe your **top medical surge priorities** and immediate action plans.
1. **Hospitals:** How will you decompress/offload less critical patients? Describe how you will prepare to expand capability to receive more patients, remain open & functional?
 2. **LTCFs:** Will you be able to take more patients and maintain care of your current patients? Describe how you will maintain a healthy facility and prepare to receive more residents?
 3. **Clinics:** Would you consider activating your tier system given the percentage of staff that may not be able to come to work? Might you decrease services at one clinic to expand/support larger clinics, if applicable?
 4. **Transport:** How will you expand capability to take care of/transport increasing numbers of patients with fewer staff?
 5. **Mental Health:** What type of community support would you be able to provide? Will you provide specific support/information to first responders and healthcare workers and their families?

Imagine we have absorbed a maximum number of patients from hospitals to LTCF. During the next 18 months, we will again be at capacity, a few times and the need to care for additional patients will continue. Our recent medical surge assessments indicated LTCFs could potentially accept 5-10 post acute discharge patients to free up bed availability in higher acuity care settings. This could prove significant as we have estimated 75 LTCFs in Alameda County.

1. Is this limited to LTCFs with existing discharge transfer agreements with Alameda County hospitals?
2. Where would the additional staff come from to support 5-10 additional patients per facility?
3. What concerns do LTCFs need to address to accept additional patients?

Questions regarding transferring patients from hospital to LTCFs revealed specific challenges including:
a) Medication issues b) Physician to physician transfer and assessments, c) 72 hour stays needed for

reimbursement, d) BLS transport agencies have multiple contracts and may not have enough staff to support transports, e) Coordination may be required at the county level.

1. Since our last discussion, has anyone considered potential solutions to address these challenges in a pre-event planning phase (now)?
2. Under what criteria would you take patients from hospitals who are trying to decompress their facilities?
3. What types or categories of patients could you accept?
4. Kindred is an acute care facility-are there any others out there, LTCF that are also lessened as an acute care facility?

Isolation Considerations & Long-Term Infectious Disease Response

1. **Hospitals/LTCFs:** How would you expand isolation areas considering this event may last several months? Describe how you will maintain a healthy facility and prepare to receive more residents? What types of restrictions would your facility place on visitors to clients in your facility?
2. **LTCFs:** In the event of an outbreak of H5N1 at your facility, would you be able to isolate affected patients and if so, in what fashion?
3. **Clinics:** Do you have the ability to isolate patient waiting areas to reduce exposure or spread of disease to clients who are not apparently ill?
4. **Transport:** What procedures would you follow in a pandemic event to reduce cross the spread of disease to other patients and staff?
5. **Mental Health:** What precautions will you implement during patient visitations?
 - **All:** What resource needs do you think you will have, e.g. triage/isolation tents, additional PPE? Do you have adequate training for appropriate PPE?
 - **All:** What partner organizations might you rely upon?

MODULE 3: HCSA DOC Management & Information Sharing

Information Sharing Discussion Questions

1. Are there any barriers to the current communication systems?
2. What have been the main ways for you to receive information during recent infectious disease emergencies?
3. Describe how your organization will be self-sufficient when mutual aid is not immediately available?
 - a. What resource needs do you think you will have?
 - b. What partner organizations might you rely upon?
4. What vital medical surge operational area (county) forms & communications systems do you need?

MODULE 4: Medical Countermeasures/Health Care Facility PODs

Module 4 Discussion Questions

1. Would you / do you provide vaccines to both staff and family as a preventive measure or just healthcare workers who have patient contact?
2. Who will your facility include to receive vaccinations?
3. If there is an initial vaccine shortage do you have a prioritization protocol?
4. Would you /do you provide vaccines to both staff and family as a preventive measure or just healthcare workers who have patient contact?
5. If requested – would you provide ACPH with statistics regarding vaccinations provided to your clients and families (if you provide that) and declination information on an on-going basis during a Pandemic, should it be needed to track immunization within the county?