



Hospital Preparedness Program (HPP) Measure Manual:

Implementation Guidance for Ebola Preparedness Measures

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Hospital Preparedness Program (HPP) Measure Manual: Implementation Guidance for Ebola Preparedness Measures

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The Hospital Preparedness Program (HPP) Measure Manual, Implementation Guidance for the HPP Ebola Preparedness Measures (hereafter referred to as Ebola Measures Manual) is a highly iterative document. Subsequent versions will be subject to ongoing updates and changes as reflected in HPP policies and direction.

Introduction

Beginning in March of 2014, West Africa experienced the largest Ebola virus disease (Ebola) outbreak on record. Unlike many smaller preceding outbreaks of Ebola, this particular outbreak spread to multiple African countries and caused (as of April 2017) more than 28,000 suspected human cases and resulted in over 11,000 deaths. In August 2014, the first American citizen with Ebola was flown to the United States (U.S.) for treatment. Additional patients have subsequently been medically-evacuated to the U.S. and two returned travelers were diagnosed and treated in Dallas, Texas and New York City, New York. In addition to these experiences, the secondary infections of two health care workers in a Dallas hospital identified opportunities to improve preparedness for and treatment of suspected and confirmed patients with Ebola. In response, Congress appropriated emergency funding, in part to ensure that the health care system is adequately prepared to respond to future patients infected with Ebola. In doing so, Congress directed the Department of Health and Human Services (HHS) to develop a regional approach to caring for future patients with Ebola.

The funding provided through the *Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities* is intended to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. While the focus will be on preparedness for Ebola, it is likely that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. In line with ensuring that healthcare systems are ready to treat patients with Ebola and other special pathogens, HPP has adapted the performance measures to better reflect the inclusion of preparedness for other special pathogens in addition to Ebola. Assuring that patients with Ebola and other special pathogens are safely and well cared for in the U.S. health care system and that frontline providers are protected and trained to recognize and isolate a person with suspected Ebola and other pathogens are the primary goals of the HPP Ebola Preparedness and Response Activities funding opportunity announcement (FOA).

Experience with patients with Ebola in the U.S. has highlighted both strengths and areas for improvement in the care of patients affected by Ebola. The clinical care of such individuals and prevention of its transmission is complex, requiring highly skilled health care providers and technologically-advanced care. This has led Congress, experts, and stakeholder groups to suggest that, to the extent possible, care of patients with Ebola should be concentrated in a small number of facilities. At the same time, however, the nation's hospitals must be prepared to handle one or more simultaneous clusters of Ebola or other special pathogens. Further, all hospitals must be able to identify, diagnose, and treat a patient with suspected Ebola or other special pathogen until they can be transferred to a facility that can provide definitive care. Ultimately, the HPP funding aims to ensure the health care system is well prepared in the event of future Ebola or other special pathogen outbreaks.

Preface: How to Use This Manual

The Hospital Preparedness Program (HPP) created this manual as a resource for HPP awardees to clarify the meaning of the performance measures for Ebola and other special pathogens and assess outcomes. HPP expects that awardees will use the manual as a reference tool. The performance measures were designed to demonstrate achievement or progress towards accomplishing the relevant goals described in the *HPP Ebola Preparedness and Response Activities* Funding Opportunity Announcement (FOA). Although most of the Ebola capabilities are intended to be addressed in the first year of funding, these capabilities and those for other special pathogens will continue to be built and maintained over the remaining four years. In line with this goal, the performance measures have been adapted to include references to Ebola and other special pathogens, and the measures and goals may be refined in future years.

All awardees receiving funds for the *HPP Ebola Preparedness and Response Activities* should understand that the federal government requires program measures. The Ebola measures aim to describe and illustrate an awardee's progress toward meeting Part A and Part B (applicable only for Part B awardees) goals described in the *HPP Ebola Preparedness and Response Activities* FOA. It is the responsibility of the awardees to provide performance information through the Ebola measures. Ebola performance information will be collected in an Excel template, annually beginning in May (Part A) and June (Part B), for the next five years to monitor progress. This information will allow the HPP to assess both the awardee and its effectiveness in implementing the Program's goals. Where a measure is a proportion/percentage, the numerator and denominator (defined on pages 12-28) will be collected. This manual provides:

- Performance Measures: Each measure includes a performance measure number and the performance measure language
- Part: Refers to awardee type as described in the *HPP Ebola Preparedness and Response Activities* FOA (i.e. Part A or Part B)
- Activity: The section within the *HPP Ebola Preparedness and Response Activities* FOA for which the performance measure applies
- Reporting Element: The suggested source from which the performance measure data is derived
- Data Source: The organization(s) and/or its activity from which the data is derived
- Metrics: Defines the components that make up the operational intent of the measure (e.g. numerator, denominator, start time, and stop time)
- Goals: This section will outline the ideal or recommended result
- Definitions: Detailed information that clarifies and provides guidance on how to interpret key terms and phrases within the context of the performance measure.

The Ebola Measures

There are 26 core Ebola measures outlined in this document that address both Part A (18 measures) and Part B (8 measures). The data to support these measures will be collected by the awardee, coalitions, Ebola treatment centers (ETC), and assessment hospitals (AH) for Part A, and the awardee and the regional Ebola and other special pathogen treatment center for Part B. While the measures primarily aim to address health care workforce training and patient care, much of the data will be collected during training, exercises, and real-world events.

There are also eight additional measures developed to better illustrate impact. These impact measures are both quantitative and qualitative. Four impact measures will ask awardees to rate their levels of preparedness for an Ebola or special pathogen event both pre- and post-funding on a 5-point Likert scale (from '1= Not Prepared' through '5= Very Prepared'). The remaining four open-ended qualitative questions will highlight the most prominent perceived impacts and gaps.

Other Special Pathogen (OSP) Measures

Many awardees and facilities reported having met the Ebola performance measures and the goals in year one. To improve overall preparedness for Ebola and other special pathogens, many jurisdictions have voiced a desire to plan and exercise for other special pathogens in addition to Ebola. Further, NETEC has released exercise templates for airborne transmissible special pathogens. As such, the performance measures have been updated to address those who are exercising other pathogens in year two.

In order for an awardee or facility to be eligible to start planning and exercising a scenario other than Ebola, they must first successfully test and meet all Ebola performance measures. Further, the awardee or facility must utilize the NETEC exercise template to meet their annual performance measure reporting requirements for the HPP Ebola Preparedness and Response Activities. All performance measures still apply except where noted below:

Measure	Status	Modified Language
1	Does not apply	n/a
7	Does not apply	n/a
8	Does not apply	n/a
10	Modified	Proportion of health care facility and emergency medical services (EMS) workers in PPE that a patient suspected of an other special pathogen makes contact with after health department notification to the assessment hospital or EMS agency.
11	Does not apply	n/a
14	Does not apply	n/a
15	Modified	Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a suspected patient arrival at a coalition member facility.

Reporting Requirements

Per the FOA, the awardee, coalitions, ETCs, and assessment hospitals must conduct annual exercises, and regional Ebola and other special pathogen treatment centers must conduct quarterly exercises. To ensure these exercises allow each entity to collect sufficient data to collect the measures, the National Ebola Training and Education Center (NETEC) developed a suite of exercise templates for use by awardees, coalitions, and individual health care facilities to facilitate and conduct exercises to capture the required metrics.

Awardees will be expected to provide an end-of-year report on their activities and level of performance ninety days after the conclusion of each budget period and at the conclusion of the project period. End-of-year reports should reflect the period of performance that spans from May 18 through May 17 for each Part A budget year and June 15 through June 14 for each Part B budget year. Each facility must meet the performance measures for the role(s) in which they were designated by the jurisdiction. For example, if a jurisdiction designates a facility as an ETC with the expectation that the facility would have the capability of an assessment hospital or frontline facility or designates a facility as both then that facility would need to meet the ETC measures and AH measures; however, if a jurisdiction delineates roles between ETCs and AHs, then the facility is required to meet the performance measures for the facility type that applies.

Sufficient Documentation

Awardees and sub-recipients should maintain appropriate documentation for all data reported on the HPP Ebola Measures. Documentation should contain sufficient information to substantiate HPP Ebola measure data submitted to ASPR. ASPR may request documentation to clarify or verify information submitted by awardees.

HPP Ebola Preparedness Measures

Summary of Ebola Performance Measures

In order for an awardee or facility to be eligible to start planning and exercising a scenario other than Ebola, they must first successfully test and meet all Ebola performance measures. Further, the awardee or facility must utilize the NETEC exercise template to meet their annual performance measure reporting requirements for the HPP Ebola Preparedness and Response Activities.

Develop a Concept of Operation

Number	Part	Activity	Performance Measure	Data Source
<u>1</u>	A	A	Time, in minutes, it takes from an assessment hospital's notification to the health department of the need for an inter-facility transfer of a patient confirmed with Ebola or other special pathogen to the arrival of a staffed and equipped EMS/inter-facility transport unit, as evidenced by a no-notice exercise (Goal: Within 240 minutes or 4 hours). <i>*Note: This measure does not apply to awardees/facilities addressing other special pathogens</i>	Coalition or awardee exercise or real event

Assure Readiness of Ebola Treatment Centers

Number	Part	Activity	Performance Measure	Data Source
<u>2</u>	A	B	Proportion of rostered/covered staff that are trained in safely donning and doffing personal protective equipment (PPE) (Goal: 100%).	ETC measure
<u>3</u>	A	B	Time it takes for all rostered/covered staff to receive just-in-time (JIT) training, upon notification of a patient with Ebola or other special pathogen at the regional Ebola and other special pathogen treatment center (Goal: Within 72 hours).	ETC exercise or real event
<u>4</u>	A	B	Time until an ETC is ready to admit a patient with Ebola or other special pathogen as evidenced by an exercise or actual patient transfer (Goal: Within 72 hours of confirmation of an Ebola or other special pathogen patient at a regional center).	ETC exercise or real event
<u>5</u>	A	B	Proportion of rostered/covered staff contacted by hospital within 4 hours of a patient confirmed with Ebola or other special pathogen admission to a regional Ebola and other special pathogen treatment center (Goal: 100%).	ETC exercise or real event
<u>6</u>	A	B	Proportion of rostered/covered staff contacted that indicated they are able to report to fulfill Ebola or other special pathogen-related staffing needs within 72 hours (Goal: 100%).	ETC exercise or real event
<u>7</u>	A	B	Proportion of ETCs that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of transfer notification or upon the patient's arrival (if no notification) of patient with suspected Ebola or other special pathogen (Goal: 100%). <i>*Note: This measure does not apply to facilities addressing other special pathogens</i>	ETC exercise or real event

Assure Readiness of Assessment Hospitals

Number	Part	Activity	Performance Measure	Data Source
8	A	B	Time, in seconds, from active monitoring/direct active monitoring (AM/DAM) patient's arrival to placement in isolation at assessment hospital (Goal: = <60 seconds). <i>*Note: This measure does not apply to assessment hospitals addressing other special pathogens</i>	AH exercise or coalition exercise, or real world event
9	A	B	Time, in minutes, it takes an assessment hospital to identify and isolate a patient suspected with Ebola or other special pathogen following emergency department triage, as evidenced by a real-world case or no-notice exercise (Goal: Within 5 minutes).	AH exercise or coalition exercise, or real world event
10	A	B	Proportion of health care facility and emergency medical services (EMS) workers in PPE, of those that makes contact with an AM/DAM suspected Ebola patient under investigation (PUI) after health department notification to the assessment hospital (Goal: 100%).	AH exercise or coalition exercise, or real world event
10 (OSP)	A	B	<i>Proportion of health care facility and emergency medical services (EMS) workers in PPE that a patient suspected of an other special pathogen makes contact with after health department notification to the assessment hospital or EMS agency.</i>	AH exercise or coalition exercise, or real world event
11	A	B	Number of health care facility and EMS workers in PPE that an AM/DAM suspected Ebola patient makes contact with after health department notification until isolation (Goal: =<3). <i>*Note: This measure does not apply for assessment hospitals addressing other special pathogens</i>	AH exercise or coalition exercise, or real world event
12	A	B	Proportion of emergency department staff trained at least annually in infection control and safety (Goal: 100%).	AH measure
13	A	B	Proportion of intensive care unit staff trained at least annually in infection control and safety (Goal: 100%).	AH measure
14	A	B	Proportion of assessment hospitals that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of transfer notification or arrival (if no notification) of a patient with suspected Ebola or other special pathogen (Goal: 100%). <i>*Note: This measure does not apply to facilities addressing other special pathogens</i>	AH exercise

Develop Capabilities of Health Care Coalitions to Enable Their Members to Care for Ebola Patients

Number	Part	Activity	Performance Measure	Data Source
15	A	C	Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation's (PUI) arrival at a coalition member facility (Goal: 100%).	Coalition exercise
15 (OSP)	A	C	<i>Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a suspected patient arrival at a coalition member facility.</i>	Coalition exercise

Number	Part	Activity	Performance Measure	Data Source
16	A	C	Proportion of frontline facilities that have received coalition-funded training (Goal: 75%).	Coalition measure
17	A	C	Proportion of EMS agencies engaged in all phases of the Ebola and other special pathogen preparedness process, of those required to execute the awardee's CONOPs (Goal: 100%).	Coalition and awardee measure
18	A	C	Proportion of coalitions within an awardee's jurisdiction that participate in the Health care-Associated Infection (HAI)/Infection Control advisory group (Goal: 80%).	Awardee measure

Support Regional Planning for the Development of a Regional Network for Ebola Patient Care

Number	Part	Activity	Performance Measure	Data Source
19	B	A	Time from confirmation of patient with Ebola or other special pathogen at assessment hospital or ETC to notification by the health department and/or transferring hospital (assessment hospital or ETC) to the health department in the state/jurisdiction where the regional Ebola and other special pathogen treatment center is located about the need for patient transfer (Goal: Within 30 minutes).	AH or ETC exercise
20	B	A	Proportion of member states/jurisdictions in the region that have participated in the development of the regional CONOPS (Goal: 100%).	Part B awardee measure
21	B	A	Proportion of states/jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals or ETCs to the regional Ebola and other special pathogen treatment center (Goal: 100%).	Part B awardee measure
22	B	A	Proportion of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise (Goal: 100%).	Part B awardee measure

Developing, Supporting and Maintaining Regional Ebola and other special pathogen Treatment Centers

Number	Part	Activity	Performance Measure	Data Source
23	B	B	Proportion of rostered/covered staff at the regional Ebola and other special pathogen treatment center that received quarterly training in infection control and safety, and patient care for a patient with Ebola or other special pathogen (Goal: 100%).	Regional ETC or other special pathogen treatment center measure
24	B	B	Time it takes for the on-call team to report to the unit upon notification of an incoming patient with Ebola or other special pathogen, as evidenced by a real-world event or no-notice exercise (Goal: 4 hours).	Part B exercise or real event

Number	Part	Activity	Performance Measure	Data Source
25	B	B	Proportion of rostered/covered staff contacted by the regional Ebola and other special pathogen treatment center within 4 hours upon notification of an incoming patient with Ebola or other special pathogen, as evidenced by a real-world event or no-notice exercise (Goal: 100%).	Part B exercise or real event
26	B	B	Time until a regional Ebola and other special pathogen treatment center is ready to admit a patient with confirmed Ebola or other special pathogen (adult or pediatric patient), as evidenced by an exercise or actual patient transfer (Goal: Within 8 hours of notification).	Part B exercise or actual patient transfer

Ebola Measures

Part A

Data Element	Description
Number	1
Part	A
Activity	Activity A: Develop a Concept of Operations.
Measure	Time, in minutes, it takes from an assessment hospital's notification to the health department of the need for an inter-facility transfer of a patient confirmed with Ebola or other special pathogen to the arrival of a staffed and equipped EMS/inter-facility transport unit, as evidenced by a no-notice exercise or real-world event. <i>*Note: This measure does not apply for awardees/facilities addressing other special pathogens</i>
Reporting Element	Assessment Hospital
Data Source	Coalition or Assessment Hospital Exercise or Real-World Event
Metrics	Start Time: Time the health department was notified by the assessment hospital, or time from the health department's decision, of the need for an inter-facility transfer. Stop Time: Time of arrival of a staffed and equipped EMS/inter-facility transport unit.
Goal	Within 240 minutes or 4 hours
Definitions	Assessment Hospital: Pre-designated facilities that are prepared to receive and isolate a patient under investigation (PUI) for Ebola and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed. EMS/Inter-facility transport unit: Entities identified in the awardee's CONOPS responsible for the transport and patient care during transport of an actively monitored or directly actively monitored (AM/DAM) patient to an Ebola assessment facility or to provide inter-facility transport (i.e., from a frontline facility to an Ebola assessment/treatment facility or from an Ebola assessment facility to an Ebola treatment facility). No-notice exercise: Unannounced exercise, including drills, functional, and full-scale exercises.

Data Element	Description
Number	2
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of rostered/covered staff that are trained in safely donning and doffing personal protective equipment (PPE).
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center

Data Element	Description
Metrics	Numerator: Total number of rostered/covered staff that completed training. Denominator: Total number of rostered/covered staff.
Goal	100% of rostered/covered staff
Definitions	Rostered/covered Staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). Donning: The administration or act of putting on PPE. Doffing: The removal of used PPE; this is a high-risk process that requires a structured procedure, a trained observer, and a designated area for removal to ensure protection. Trained: Individuals who have completed Ebola/infection control and safety training to specifically include proper donning (putting on PPE) and doffing (taking off PPE) methods. See CDC PPE training guidance . PPE: Devices or equipment designated to provide protection while providing care for a confirmed or suspected patient with Ebola.

Data Element	Description
Number	3
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Time it takes for all rostered/covered staff to receive just-in-time (JIT) training, upon notification of a patient with Ebola or other special pathogen at the regional Ebola and other special pathogen treatment center.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Start Time: Time of notification (in hours and minutes) of a patient confirmed with Ebola or other special pathogen at the regional Ebola and other special pathogen treatment center. Stop Time: Time all rostered/covered staff completed JIT training (in hours and minutes).
Goal	Within 72 hours <i>*Note: Recommendation from facilities that have successfully treated Ebola is for JIT training to be completed within 24 hours.</i>
Definitions	Notification: The ETC receives notification from the health department that the regional Ebola and other special pathogen treatment facility in their region received a confirmed patient. Rostered/covered Staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). Just-In-Time (JIT) training: Training that is conducted as a refresher to prepare for a patient with Ebola or other special pathogen, including donning and doffing, facility-specific protocols and procedures, and care/treatment protocols.

Data Element	Description
Number	4
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Time until an Ebola treatment center is ready to admit a patient with Ebola or other special pathogen as evidenced by an exercise or actual patient transfer.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Start Time: Time the ETC was notified (in hours and minutes) that a patient confirmed with Ebola or other special pathogen was admitted to the regional Ebola and other special pathogen treatment center in their region. Stop Time: Time ETC is ready to admit a patient with Ebola or other special pathogen (in hours and minutes).
Goal	Within 72 hours (upon notification of a patient confirmed with Ebola or other special pathogen at a regional Ebola and other special pathogen treatment centers) <i>*Note: Recommendation from facilities that have successfully treated Ebola is for ETCs to be ready to admit a patient within 24 hours.</i>
Definitions	Notification: The ETC receives notification from the health department that the regional Ebola and other special pathogen treatment center in their region received a confirmed patient.

Data Element	Description
Number	5
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of rostered/covered staff contacted by hospital within 4 hours of a patient confirmed with Ebola or other special pathogen admission to a regional Ebola and other special pathogen treatment center.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Numerator: Number of rostered/covered staff contacted within 4 hours of notification of a patient with confirmed Ebola at the regional Ebola and other special pathogens treatment center. Denominator: Total number of rostered/covered staff.
Goal	100% of rostered/covered staff
Definitions	Rostered/covered Staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). Confirmation: Laboratory-confirmed diagnostic evidence of Ebola virus or other special pathogen. Contact: The hospital successfully contacted the staff members (and received a response) by phone, email, or automated alert system.

Data Element	Description
Number	6
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of rostered/covered staff contacted that indicated they are able to report to fulfill Ebola or other special pathogen-related staffing needs within 72 hours.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Numerator: Number of rostered/covered staff able to report within 72 hours to fulfill Ebola or other special pathogen-related staffing needs. Denominator: Total number of rostered/covered staff contacted.
Goal	100% of contacted rostered/covered staff
Definitions	Rostered/covered staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). Contact: The hospital successfully contacted the staff members (and received a response) by phone, email, or automated alert system.

Data Element	Description
Number	7
Part	A
Activity	Activity B: Assure Readiness of Ebola Treatment Centers.
Measure	Proportion of Ebola Treatment Centers (ETCs) that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of transfer notification or upon the patient's arrival (if no notification) of a patient suspected of Ebola or other special pathogen.
Reporting Element	Ebola Treatment Center
Data Source	Ebola Treatment Center Exercise or Real-World Event
Metrics	Numerator: Number of ETCs that can access their PPE supply within 10 minutes of transfer notification or upon the patient's arrival (if no notification) of patient suspected with Ebola or other special pathogen. Denominator: All ETCs in an awardee's jurisdiction.
Goal	100% of Ebola Treatment Centers
Definitions	Transfer Notification: The ETC receives notification from the health department, assessment hospital, or EMS of an incoming patient suspected of Ebola or other special pathogen. PPE Access: The ability to identify the location and have sufficient quantity of unexpired supply of PPE at the patient care location(s) (e.g., emergency department, intensive care unit, Ebola treatment unit). Sufficient: The extent to which the availability of PPE supplies meets the pre-identified needs (i.e., CDC Ebola guidelines , needs assessment, CONOPS).

Data Element	Description
Number	8
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure (Ebola)	Time, in seconds, from active monitoring/direct active monitoring (AM/DAM) patient's arrival to placement in isolation at assessment hospital.
Measure (OSP)	This measure does not apply for assessment hospitals addressing other special pathogens
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Coalition Exercise, or Real-World Event
Metrics	Start Time: Time in minutes and seconds of AM/DAM patient's arrival at assessment hospital. Stop Time: Time in minutes and seconds of AM/DAM patient's placement in isolation at assessment hospital.
Goal	Less than or equal to 60 seconds
Definitions	AM/DAM: Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation. Isolation: Precautions that are taken in a health care facility to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons. Isolation practices can include placement in a private room or with a select roommate, the use of protective barriers such as masks, gowns and gloves, a special emphasis on handwashing (which is always very important), and special handling of contaminated articles.

Data Element	Description
Number	9
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Time, in minutes, it takes an assessment hospital to identify and isolate a patient suspected with Ebola or other special pathogen following emergency department triage, as evidenced by a real-world case or no-notice exercise.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Coalition Exercise, or Real-World Event
Metrics	Start Time: Time of the initiation of an emergency room triage in minutes and seconds. Stop Time: Time the patient is placed in isolation in minutes and seconds.
Goal	Less than or equal to 5 minutes

Data Element	Description
Definitions	No-notice exercise: Unannounced exercise, including drills, functional, and full-scale exercises.

Data Element	Description
Number	10
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure (Ebola)	Proportion of health care facility and emergency medical services (EMS) workers in PPE, of those make contact with an AM/DAM suspected Ebola patient under investigation (PUI) after health department notification to the assessment hospital and/or EMS Agency.
Measure (OSP)	Proportion of health care facility and emergency medical services (EMS) workers in PPE that a patient suspected of an other special pathogen makes contact with after health department notification to the assessment hospital or EMS agency.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Coalition Exercise, or Real-World Event
Metrics	Numerator: The number of health care facility and EMS workers in PPE while in contact with an AM/DAM Ebola patient (or patient suspected of an other special pathogen) after notification to an EMS agency or assessment hospital. Denominator: The total number of health care facility and EMS workers in contact with an AM/DAM Ebola patient, after notification to an EMS agency or assessment hospital.
Goal	100% of health care facility and EMS workers <i>*Note that the goal is for no health care or EMS worker to be without PPE while in contact with an AM/DAM suspected Ebola patient after notification.</i>
Definitions	AM/DAM: Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation. Notification: Communication of a PUI or suspected patient to an assessment hospital. Start time: The assessment hospital or EMS agency receives notification from the health department of an incoming patient suspected of Ebola or other special pathogen, or patient's arrival (if no notification). Stop time: When discharge or transfer is completed.

Data Element	Description
Number	11
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.

Data Element	Description
Measure (Ebola)	Number of health care facility and EMS workers in PPE that an AM/DAM suspected Ebola patient makes contact with after health department notification until isolation.
Measure (OSP)	This measure does not apply for assessment hospitals addressing other special pathogens
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise or Coalition Exercise, or Real-World Event
Metrics	Number of health care facility and EMS workers in PPE that make contact with an AM/DAM suspected patient between the time of notification and isolation.
Goal	Less than or equal to 3
Definitions	<p>AM/DAM patients: Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation.</p> <p>Isolation: Precautions that are taken in a health care facility to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons. Isolation practices can include placement in a private room or with a select roommate, the use of protective barriers such as masks, gowns and gloves, a special emphasis on handwashing (which is always very important), and special handling of contaminated articles.</p> <p>Start time: The assessment hospital or EMS agency receives notification from the health department of an incoming patient suspected of Ebola or other special pathogen, or patient's arrival (if no notification).</p> <p><i>* Note: Health care facility and EMS involve all hospital or EMS personnel in the facility or transport unit in either clinical or non-clinical roles</i></p>

Data Element	Description
Number	12
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of emergency department staff trained at least annually in infection control and safety.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital
Measure	<p>Numerator: Number of emergency department staff trained at least annually in infection control and safety.</p> <p>Denominator: Total number of emergency department staff.</p>
Goal	100% of emergency department staff

Data Element	Description
Definitions	Infection control and safety: Policies and procedures used to minimize the risk of spreading infections, especially in health care facilities (e.g. identification/isolation principles, clinical protocols for laboratory and patient care while in PPE, and bodily fluid clean-up/containment).

Data Element	Description
Number	13
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of intensive care unit staff trained at least annually in infection control and safety.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital
Metrics	Numerator: Number of intensive care unit staff trained at least annually in infection control and safety. Denominator: Total number of intensive care unit staff.
Goal	100% of intensive care unit staff
Definitions	Infection control and safety: Policies and procedures used to minimize the risk of spreading infections, especially in health care facilities (e.g. identification/isolation principles, clinical protocols for laboratory and patient care while in PPE, and bodily fluid clean-up/containment).

Data Element	Description
Number	14
Part	A
Activity	Activity B: Assure Readiness of Assessment Hospitals.
Measure	Proportion of assessment hospitals that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of transfer notification or arrival, if no notification, of a patient suspected with Ebola or other special pathogen.
Reporting Element	Assessment Hospital
Data Source	Assessment Hospital Exercise
Metrics	Numerator: Number of assessment hospitals that can access their PPE supply within 10 minutes of transfer notification or arrival, if no notification, of a patient suspected with Ebola or other special pathogen. Denominator: Number of assessment hospitals in the awardee's jurisdiction.
Goal	100% of Assessment Hospitals

Data Element	Description
Definitions	<p>Assessment Hospital: Pre-designated facilities that are prepared to receive and isolate a PUI for Ebola and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed.</p> <p>Transfer Notification: The ETC receives notification from the health department, assessment hospital, or EMS of an incoming patient suspected of Ebola or other special pathogen.</p> <p>PPE Access: The ability to identify the location and have sufficient quantity of unexpired supply of PPE at the patient care location(s) (e.g. emergency department, intensive care unit, Ebola treatment unit).</p> <p>Sufficient: The extent to which the availability of PPE supplies can meet the pre-identified needs (i.e., CDC Ebola guidelines, needs assessment, CONOPS).</p>

Data Element	Description
Number	15
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure (Ebola)	Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation's (PUI) arrival at a coalition member facility.
Measure (OSP)	Proportion of frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a suspected patient arrival at a coalition member facility.
Reporting Element	Frontline Facility
Data Source	Coalition Exercise
Metrics	<p>Numerator: Number of frontline facilities that receive information about PPE quantities and locations of PPE from their coalition within 8 hours of a patient under investigation's (PUI) arrival at a coalition member's facility.</p> <p>Denominator: Total number of frontline facilities in the coalition.</p>
Goal	100% of frontline facilities
Definitions	Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola or other special pathogen patient encounter if a patient were to access the health care system.

Data Element	Description
Number	16
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure	Proportion of frontline facilities that have received coalition-funded training.
Reporting Element	Coalition
Data Source	Coalition
Metrics	Numerator: Total number of frontline facilities that received coalition-funded training. Denominator: Total number of frontline facilities in the coalition.
Goal	75% of frontline facilities received coalition-funded training
Definitions	Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.

Data Element	Description
Number	17
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients.
Measure	Proportion of EMS agencies engaged in all phases of the Ebola and other special pathogen preparedness process, of those that are required to execute the awardee's CONOPs that are.
Reporting Element	Coalition
Data Source	Coalitions and awardee
Metrics	Numerator: Number of EMS agencies engaged in all phases of Ebola and other special pathogen preparedness process, of those required to execute the awardee's CONOPs. Denominator: Number of EMS agencies that are required to execute the awardee's CONOPs
Goal	100% of EMS agencies
Definitions	EMS agencies required to execute the awardee's CONOPs: EMS agencies that will provide 9-1-1 emergency medical services to suspect Ebola patients' homes or other locations; inter-facility EMS agencies that will transport suspect or confirmed patients with Ebola between frontline health care facilities, assessment hospitals, Ebola treatment centers, regional Ebola and other special pathogen treatment centers, and airports. All Phases of the Ebola and other special pathogen Preparedness Process: All Phases includes planning, training, exercising, and responding with other Ebola preparedness partners.

Data Element	Description
Number	18
Part	A
Activity	Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola and other special pathogen patients.
Measure	Proportion of coalitions within an awardee's jurisdiction that participate in the Health care-Associated Infection (HAI)/Infection Control advisory group
Reporting Element	Coalition
Data Source	Awardee
Metrics	Numerator: Number of coalitions participating in the HAI Advisory group. Denominator: Number of coalitions within an Awardees jurisdiction.
Goal	80% of coalitions participate in HAI Advisory Group
Definitions	HAI Advisory Group: An advisory committee charged with making recommendations on the prevention of health care-associated infections.

Part B

Data Element	Description
Number	19
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola and other special pathogen patient care.
Measure	Time from confirmation of patient with Ebola or other special pathogen at assessment hospital or ETC to notification by the health department and/or transferring hospital (assessment hospital or ETC) to the health department in the state/jurisdiction where the regional Ebola and other special pathogen treatment center is located about the need for patient transfer.
Reporting Element	Part B awardee
Data Source	Assessment Hospital, Ebola Treatment Center or Part B Exercise
Metrics	Start Time: Time of confirmation of patient with Ebola or other special pathogen in minutes and seconds. End Time: Time of notification by the Health Department and/or transferring hospital (assessment hospital or ETC) to the health department in the state/jurisdiction where the regional Ebola and other special pathogen treatment center is located about the need for patient transfer (in minutes and seconds).
Goal	Within 30 minutes
Definitions	Confirmation: Laboratory-confirmed diagnostic evidence of Ebola virus or other special pathogen.

Data Element	Description
Number	20
Part	B

Data Element	Description
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola and other special pathogen patient care.
Measure	Proportion of member states/jurisdictions in the region that have participated in the development of the regional CONOPS.
Reporting Element	Part B awardee
Data Source	Part B awardee
Metrics	Numerator: Number of states/jurisdictions within a region that participated in the development of the regional CONOPS. Denominator: Number of states/jurisdictions in the region.
Goal	100% of states/jurisdictions in the region
Definitions	Participation: The involvement in the development, implementation, exercising, and sustainment of the regional CONOPS.

Data Element	Description
Number	21
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.
Measure	Proportion of states/jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals or ETCs to the regional Ebola and other special pathogen treatment center.
Reporting Element	Part B awardee
Data Source	Part B awardee
Metrics	Numerator: Number of States/jurisdictions with a current written and signed transfer agreement. Denominator: Number of states/jurisdictions in the HHS region.
Goal	100% of states/jurisdictions
Definitions	Transfer Agreement: Written, signed document that denotes a formal willingness to transfer patients from assessment hospitals or ETCs to regional Ebola and other special pathogen treatment centers.

Data Element	Description
Number	22
Part	B
Activity	Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.
Measure	Proportion of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air (including ground transfers from aircraft and to facility) to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise.
Reporting Element	Part B awardee

Data Element	Description
Data Source	Part B Exercise or Real-World Event
Metrics	Numerator: Number of states/jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions by ground or air (including ground transfers from aircraft and to facility) to a regional Ebola and other special pathogen treatment center, in a real-world event or exercise (tabletop exercise, at a minimum). Denominator: Number of states/jurisdictions in the HHS region.
Goal	100% of states/jurisdictions
Definitions	Not applicable.

Data Element	Description
Number	23
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Proportion of rostered/covered staff at the regional Ebola and other special pathogen treatment center that received quarterly training in infection control and safety, and patient care for a patient with Ebola or other special pathogen.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Regional Ebola and other special pathogen treatment center
Metrics	Numerator: Number of rostered/covered staff that received quarterly training in infection control and safety, and patient care for a patient with Ebola. Denominator: Number of rostered/covered staff.
Goal	100% of rostered/covered staff
Definitions	Rostered/covered staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). Infection control and safety: Policies and procedures used to minimize the risk of spreading infections, especially in health care facilities (e.g. identification/isolation principles, clinical protocols for laboratory and patient care while in PPE, and bodily fluid clean-up/containment).

Data Element	Description
Number	24
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Time it takes for the on-call team to report to the unit upon notification of an incoming patient with Ebola, as evidenced by a real-world event or no-notice exercise.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Part B Exercise or Real-World Event

Data Element	Description
Metrics	Start Time: Time (in hours and minutes) of notification of on-call team that a confirmed patient with Ebola is being transferred to their facility in a real-world event or no-notice exercise. Stop Time: Time (in hours and minutes) for the on-call team to report to the unit.
Goal	4 hours
Definitions	On-call team: Group of individuals that are pre-designated to staff the Ebola treatment unit at the time of the patient's scheduled arrival. Notification: The regional Ebola and other special pathogen treatment center receives notification from the health department or another health care facility that a patient confirmed with Ebola or other special pathogen is being transferred to their facility. No-notice exercise: Unannounced exercise, including drills, functional, and full-scale exercises.

Data Element	Description
Number	25
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Proportion of rostered/covered staff contacted by the regional Ebola and other special pathogen treatment center within 4 hours upon notification of an incoming patient with Ebola, as evidenced by a real-world event or no-notice exercise.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Part B Exercise or Real-World Event
Metrics	Numerator: Number of rostered/covered staff contacted by the regional Ebola and other special pathogen treatment center within 4 hours upon notification of an incoming patient with Ebola or other special pathogen. Denominator: Total number of rostered/covered staff at the regional Ebola and other special pathogen treatment center.
Goal	100% of rostered/covered staff
Definitions	Notification: The regional Ebola and other special pathogen treatment center receives notification from the health department or another health care facility that a confirmed patient with Ebola is being transferred to their facility. Rostered/covered staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). Contact: The hospital successfully contacted the staff member (and received a response) by phone, email, or automated alert system. No-notice exercise: Unannounced exercise, including drills, functional, and full-scale exercises.

Data Element	Description
Number	26
Part	B
Activity	Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogens treatment centers.
Measure	Time until a regional Ebola and other special pathogen treatment center is ready to admit a patient confirmed with Ebola and other special pathogen (adult or pediatric patient), as evidenced by an exercise or actual patient transfer.
Reporting Element	Regional Ebola and other special pathogen treatment center
Data Source	Part B Exercise or actual patient transfer
Metrics	Start Time: Time (in hours and minutes) that the regional Ebola and other special pathogen treatment center is notified of the need to transfer and admit a patient with confirmed Ebola or other special pathogen. Stop Time: Time (in hours and minutes) when the regional Ebola and other special pathogen treatment center is ready to admit the patient.
Goals	Within 8 hours of notification
Definitions	Not applicable.

Part A: IMPACT

Data Element	Description
Number	27a
Part	A
Activity	Impact
Measure	<p>Please rate your level of agreement with each of the following statements:</p> <p>A. My state/jurisdiction, including coalitions, frontline health facilities, and inter-facility transport providers, was prepared for an Ebola event in or before July 2014.</p>
Reporting Element	Awardee
Data Source	Awardee
Goal	N/A
Metrics	<p>1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared</p>
Definitions	<p>Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.</p> <p>Inter-facility transport providers: Staff that supports the transport between two entities, for example, between an assessment hospital and an ETC.</p>

Data Element	Description
Number	27b
Part	A
Activity	Impact
Measure	<p>Please rate your level of agreement with each of the following statements:</p> <p>B. My state/jurisdiction, including coalitions, frontline health facilities, and inter-facility transport providers, is prepared for an Ebola event after July 2014</p>
Reporting Element	Awardee
Data Source	Awardee
Goal	Mean above 4.0 or 100% of awardees are Adequately Prepared or Very Prepared

Data Element	Description
Metrics	1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared
Definitions	Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program. Inter-facility transport providers: Staff that supports the transport between two entities, for example, between an assessment hospital and an ETC.

Data Element	Description
Number	28a
Part	A
Activity	Impact
Measure	Please provide a written response in 250 words or less: A. Describe the impact of the Hospital Preparedness Program (<i>Ebola Preparedness and Response Activities</i> Funding) on the overall preparedness of your state/jurisdiction for an Ebola or other special pathogen event. This may include capabilities developed as a result of funding or guidance from this program or other synergies you experienced. In addition, describe any impacts translate to all-hazards preparedness.
Reporting Element	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	Not Applicable
Definitions	Not Applicable

Data Element	Description
Number	28b
Part	A
Activity	Impact
Measure	Please provide a written response in 250 words or less: B. Describe any remaining gaps in the overall preparedness of your state/jurisdiction for an Ebola or other special pathogen event. Note: Gaps are not limited to the existing capabilities.
Reporting	Awardee
Data Source	Awardee

Data Element	Description
Metrics	Free Text Narrative
Goal	Not Applicable
Definitions	Not Applicable

Part B: IMPACT

Data Element	Description
Number	29a
Part	B
Activity	Impact
Measure	Please rate your level of agreement with each of the following statements: A. My region was prepared for an Ebola event in July 2014.
Reporting Element	Awardee
Data Source	Awardee
Metrics	1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared
Goal	N/A
Definitions	Not Applicable

Data Element	Description
Number	29b
Part	B
Activity	Impact
Measure	Please rate your level of agreement with each of the following statements: B. My region is now prepared for an Ebola event.
Reporting Element	Awardee
Data Source	Awardee
Metrics	1 - Not prepared 2 - Slightly prepared 3 - Moderately prepared 4 - Adequately prepared 5 - Very prepared
Goal	Mean above 4.0 or 100% of awardees Adequately Prepared or Very Prepared
Definitions	Not Applicable

Data Element	Description
Number	30a
Part	B
Activity	Impact
Measure	Please provide a written response in 250 words or less: A. Describe the impact of the Hospital Preparedness Program <i>Ebola Preparedness and Response Activities</i> Funding) on the overall preparedness of your region for an Ebola or other special pathogen event. This may include capabilities developed as a result of funding or guidance from this program or other synergies you experienced. In addition, describe any impacts translate to all hazards preparedness.
Reporting	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	N/A
Definitions	Not Applicable

Data Element	Description
Number	30b
Part	B
Activity	Impact
Measure	Please provide a written response in 250 words or less: Describe any remaining gaps in the overall preparedness of your region for an Ebola or other special pathogen event. Note: Gaps are not limited to existing capabilities.
Reporting Element	Awardee
Data Source	Awardee
Metrics	Free Text Narrative
Goal	N/A
Definitions	Not Applicable

Glossary

All Phases of the Ebola and Other Special Pathogen Preparedness Process: All Phases includes planning, training, exercising, and responding with other Ebola preparedness partners.

Actively monitored or directly actively monitored (AM/DAM): Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation.

Assessment Hospital: Pre-designated facilities that are prepared to receive and isolate a PUI for Ebola and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed.

Confirmation: Laboratory-confirmed diagnostic evidence of Ebola virus or other special pathogen.

Contact: The hospital successfully contacted the staff member (and received a response) by phone, email, or automated alert system.

Doffing: The removal of used PPE; this is a high-risk process that requires a structured procedure, a trained observer, and a designated area for removal to ensure protection.

Donning: The administration or act of putting on PPE.

EMS agencies required to execute the awardee's CONOPS: EMS agencies that will provide 9-1-1 emergency medical services to suspect Ebola patients' homes or other locations; inter-facility EMS agencies that will transport suspect or confirmed patients with Ebola between frontline health care facilities, assessment hospitals, Ebola treatment centers, regional Ebola and other special pathogen treatment centers, and airports.

EMS/ Inter-facility transport unit: Entities identified in the awardee's CONOPS responsible for transport of an actively monitored or directly actively monitored (AM/DAM) patient to an Ebola assessment facility or to provide inter-facility transport (i.e., from a frontline facility to an Ebola assessment/treatment facility or from an Ebola assessment facility to an Ebola treatment facility).

Frontline Facility: Frontline facilities are hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program.

Health care Associated Infection (HAI)/Infection Control Advisory Group: An advisory committee charged with making recommendations on the prevention of health care-associated infections.

Infection control and safety: Policies and procedures used to minimize the risk of spreading infections, especially in health care facilities (e.g. identification/isolation principles, clinical protocols for laboratory and patient care while in PPE, and bodily fluid clean-up/containment).

Inter-facility transport providers: Staff that supports the transport and patient care during transport between two locations, for example, between an assessment hospital and an ETC.

Isolation: Precautions that are taken in a health care facility to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons. Isolation practices can include placement in a private room or with a select roommate, the use of protective barriers such as masks, gowns and gloves, a special emphasis on hand washing (which is always very important), and special handling of contaminated articles.

Just-In-Time (JIT) training: Training that is conducted to as a refresher to prepare for a patient with Ebola or other special pathogen, including donning and doffing, facility-specific protocols and procedures, and care/treatment protocols.

No-notice exercise: Unannounced exercise, including drills, functional, and full-scale exercises.

Notification: The definition of notification may vary relative to the context of the measure.

On-call team: Group of individuals that are pre-designated to staff the Ebola treatment unit at the time of the patient's scheduled arrival.

Participation: The involvement in the development, implementation, or sustainment of the regional CONOPS.

PPE: Devices or equipment designated to provide protection while providing care for a confirmed or suspected patient with Ebola.

PPE Access: The ability to identify the location and have sufficient quantity of unexpired supply of PPE at the patient care location (e.g., emergency department, intensive care unit, Ebola treatment unit).

Sufficient: The extent to which the availability of PPE supplies meets the pre-identified needs (i.e., [CDC Ebola guidelines](#), needs assessment, CONOPS).

Rostered/covered Staff: Individuals that have been pre-identified to provide ongoing care and treatment to patients with confirmed Ebola or patient under investigation (PUI). The use of the terms "rostered" or "covered" varies from facility to facility.

Trained: Individuals who have completed Ebola and other special pathogen infection control and safety training to specifically include proper donning (putting on PPE) and doffing (taking off PPE) methods. See [CDC PPE guidance](#).

Transfer Agreement: Written, signed document that denotes a formal willingness to transfer patients from assessment hospitals or ETCs to regional Ebola and other special pathogen treatment centers.