

**Section 10: Training and Education**

- I. Overview**
- II. Objectives**
- III. Activities by WHO Pandemic Period and CDC Interval**

**Appendix:**

10-A: Training Grid

### I. Overview

This section outlines the training and education activities of the NYSDOH Pandemic Influenza Plan to ensure that healthcare providers, public health staff, and healthcare facilities are appropriately trained on the issues relevant to a pandemic influenza outbreak, and have access to appropriate resources.

An effective response to a pandemic influenza outbreak requires rapid, appropriate public health and healthcare provider activities including: 1) surveillance, investigation, protective health measures; 2) vaccine and antiviral drug use; 3) healthcare and emergency response; and communications and public outreach. Critical content areas for training both the public health and healthcare communities will also include: 1) information about a circulating pandemic strain; 2) disease burden; 3) disease complications and mortality rates; and 4) disease control measures, including vaccines (and absence of), antiviral medications, and other treatment options. In addition, training around the psychosocial and mental health aspects related to the significant mortality, stress, grieving, and coping mechanisms needed during a prolonged event will be necessary. Should a pandemic influenza outbreak occur, additional methods for educating providers will need to be expanded, as the demand for information is anticipated to be significant. Education will also need to be provided about novel influenza viruses with pandemic potential that have not yet mutated to cause an influenza pandemic, but have some risk for human infections and limited human to human transmission, such as the highly pathogenic avian influenza (HPAI) Asian H5N1 strain.

### II. Objectives

- Ensure that the public health and healthcare communities are trained in appropriate strategies to recognize, treat, and report a pandemic influenza outbreak.
- Ensure that the public health and healthcare communities are trained to implement control measures in order to contain an outbreak.
- Ensure that all available learning methodologies are utilized to disseminate training and resource materials as widely as possible, and in as timely a way as possible.
- Conduct periodic exercises and drills to evaluate the readiness of the pandemic influenza plan, to ensure that staff involved in planning, response and/or recovery have both the appropriate skill sets, and are able to work in a coordinated manner with other parts of the Department, and other State, local and federal agencies.

### III. Activities by WHO Pandemic Period and CDC Interval

#### Interpandemic Period

##### **State Health Department:**

- Assess information needs of providers, including surveillance and reporting, diagnostics, transmission, exposure management, personal protective equipment, and isolation and quarantine (Investigation, Recognition).
- Develop a portfolio of educational resources for healthcare and human services providers on (Investigation, Recognition):
  - pandemic influenza preparedness and response
  - clinical and laboratory diagnostics
  - treatment options, including facilities, vaccine and antiviral drugs in short supply
  - infection control
  - isolation and quarantine
  - stigmatization management
  - travel control authority
  - legal issues
  - psychosocial issues for responders across disciplines
  - agencies' roles and responsibilities
  - resources and special needs of vulnerable populations, including children; the elderly; the physically and mentally disabled; those living in congregate settings; the homeless; immigrants and undocumented individuals)
- Review CDC materials, and adapt and revise as needed (Investigation, Recognition).
- Develop formal curricula and materials in multiple formats for professional audiences to complement materials produced by CDC and other organizations (see Appendix 10-A: Training Grid) (Investigation, Recognition).
- Participate in tabletop exercises and other collaborative preparations to assess preparedness, and to identify and resolve potential problems. Plan regional tabletops to identify gaps in planning, and provide a consistent mechanism to address those gaps (Investigation, Recognition).
- Educate partners regarding NYSDOH Pandemic Influenza Plan (OHS, SEMO, Training partners, law enforcement, NYSACHO). Contact key community partners and implement frequent updates (Investigation, Recognition).

##### **Local Health Departments:**

- Participate in tabletop exercises and other collaborative preparations to assess preparedness, and to identify and resolve potential problems. Participate in regional tabletops to identify gaps in planning, and provide a consistent mechanism to address those gaps (Investigation, Recognition).

**Healthcare Partners:**

- Participate in tabletop exercises and other collaborative preparations to assess preparedness, and to identify and resolve potential problems. Participate in regional table-tops to identify gaps in planning, and provide a consistent mechanism to address those gaps. (Investigation, Recognition)

**Pandemic Alert Period**

**State Health Department:**

- Identify partner organizations to assist in dissemination of education materials, and assure current contacts, willingness to collaborate and coordinate, and ability to distribute materials in various formats. (Investigation, Recognition)
  - Medical Society of the State of New York
  - New York State Nurses Association
  - New York State Dental Association
  - Community Health Centers Association of New York State
  - Healthcare Association of New York State
  - New York State Association of Homes and Services for the Aging
  - New York State Association of County Health Officials
  - Empire Associations of Adult Homes and Assisted Living Facilities
  - Home Care Association of New York State
  - Hospice and Palliative Care Association of New York State
  - New York State Association of Health Care Providers
  - New York Coalition for Quality Assisted Living
  - Tribal nations
- Coordinate with partner organizations in preparation for, and appropriate provider and public health responses to, a case of novel virus infection or outbreak of pandemic influenza, including the roles and responsibilities of the different sectors involved, and how the public health system will respond. (Investigation, Recognition)
- Prepare and begin distribution of materials to increase knowledge of public health and healthcare communities, including (Investigation, Recognition):
  - definition of pandemic influenza
  - surveillance and reporting criteria of possible cases of novel virus infection
  - differences between an influenza pandemic and an avian influenza strain with pandemic potential
  - infection control measures
  - patient management strategies
  - community containment measures
  - travelers' advisories and alerts
  - rationale for prioritization of limited vaccine and antiviral medications
  - policies on how long to test
  - disaster mental health and psychological first aid

- Identify and utilize multiple avenues (HIN, HPN, teleconferences, mass e-mail, mass mailings, webinars, videoconferences, etc.) to distribute training materials to public health and healthcare providers. (Investigation, Recognition)
- Identify subject matter experts for formal education programs. (Investigation, Recognition)
- Identify training methodologies to be utilized, and confirm availability and technical quality. (Investigation, Recognition)
- Initiate formal education sessions with public health and healthcare communities (see attached appendix for target audiences, content areas) utilizing all available methodologies (audio and video conferences, webcasts, HAN alerts, satellite downlinks, etc.). (Investigation, Recognition)
- Disseminate information to partners, public health and healthcare communities on an ongoing basis. (Investigation, Recognition)

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  - New York State Nurses Association
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  - New York State Association of County Health Officials
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- Disseminate information to partners, public health and healthcare communities on an ongoing basis. (Investigation, Recognition)

### **Pandemic Period**

#### **State Health Department:**

- Review and modify materials, as appropriate. (Recognition, Initiation, Acceleration)
- Continue formal education and training sessions. (Recognition, Initiation, Acceleration)
- Communicate lessons learned to healthcare providers and public health agencies on effectiveness of clinical and public health responses. (Initiation, Acceleration, Peak, Deceleration, Resolution)
- Communicate with public health and healthcare providers about the next likely pandemic wave responses. (Initiation, Acceleration, Peak)

#### **Local Health Departments:**

- Continue formal education and training sessions. (Recognition, Initiation, Acceleration)

#### **Healthcare Partners:**

- Continue formal education and training sessions. (Recognition, Initiation, Acceleration)

# PANDEMIC INFLUENZA TRAINING GRID

## PART 1: PUBLIC HEALTH PARTNERS

COMMAND AND CONTROL	NYSDOH STAFF	LHDs	BEHAVIORAL HEALTH PROVIDERS	LAW ENFORCEMENT	VOLUNTEERS	FUNERAL DIRECTORS, MEDICAL EXAMINERS, CORONERS
Commerce system	X	X	X		X	X
Risk communication for partners	X	X	X		X	X
ICS training	X	X	X	X	X	
Legal issues	X	X	X		X	
Preparedness and response	X	X	X	X	X	X
Agencies' roles and responsibilities	X	X				
<b>SURVEILLANCE/LAB</b>						
ECLRS	X	X			X	
Reporting criteria (Epi and Clinical)	X	X	X		X	X
Case investigation/contact tracing/implementation of control measures	X	X			X	X
Surge Capacity	X	X			X	X
Antiviral regimens	X	X	X		X	
Infection Control	X	X	X	X	X	X
Isolation and Quarantine	X	X	X	X	X	X
Specimen collection and transport	X	X				
Packaging and shipping	X	X				
Diagnostics	X	X				
Length of time to test						
<b>HEALTHCARE PLANNING</b>						
ICS training	X	X	X	X	X	X
Modifications in Standards of Care	X	X	X			
Prevention and control of infection	X	X	X	X	X	X
Annual vaccination campaigns	X	X	X	X	X	X
Antiviral regimens	X	X	X		X	X
Cohorting of patients	X	X	X			
Surge Capacity	X	X			X	X
Reporting	X	X	X		X	X
Cross-training of clinical personnel	X	X	X		X	X
Containment measures to prevent transmission	X	X	X	X	X	X
Just-in-time-training for non-clinical personnel (triage, transportation, food distribution, ADLs, etc.					X	
Prioritization of antivirals/vaccine	X	X	X	X	X	X
Separation/triage of ill patients						
Differentiation of "worried well"			X			
FluSurge	X	X				
HERDS	X	X				
Healthcare proxies/End-of-Life decisions			X			
Provision of medical care with scarce resources	X	X				
Identification of early symptoms	X	X	X		X	

	<b>NYSDOH STAFF</b>	<b>LHDs</b>	<b>BEHAVIORAL HEALTH PROVIDERS</b>	<b>LAW ENFORCEMENT</b>	<b>VOLUNTEERS</b>	<b>FUNERAL DIRECTORS, MEDICAL EXAMINERS, CORONERS</b>
<b>COMMAND AND CONTROL</b>						
Epidemiology of pandemic influenza	X	X	X	X	X	X
Risks of aerosolized procedures						
Personal protective equipment	X	X	X	X	X	X
Worker Restriction Policies	X	X		X		
Environmental disinfection	X	X				X
<b>INFECTION CONTROL</b>						
Personal Protective Equipment	X	X	X	X	X	X
Triage - first Points of Contact						
Droplet precautions/respiratory hygiene/cough etiquette	X	X	X	X	X	X
<b>CLINICAL GUIDELINES</b>						
Screening/assessment/management of infected patients	X	X	X			
Role of provider	X	X			X	
Travel history	X	X				
Antiviral treatment regimens	X	X	X		X	
Adverse events	X	X	X			
Case definition	X	X				
Reporting guidelines	X	X	X		X	X
<b>VACCINE PROCUREMENT/TREATMENT/USE</b>						
Overview of vaccine production	X	X	X	X	X	
Safety monitoring	X	X	X	X	X	
Vaccine adverse events reporting system (VAERS)	X	X	X	X	X	
Investigational New Disease protocols	X	X				
Priority groups	X	X	X	X	X	X
Guidance on allocating and targeting pandemic influenza vaccine (DRAFT)						
Training of non-licensed persons to administer vaccine	X	X				
<b>ANTIVIRAL PROCUREMENT/TREATMENT/USE</b>						
Overview of treatment vs. prophylaxis	X	X	X	X	X	X
Personal protective equipment	X	X	X	X	X	X
Management of cases of novel influenza strain	X	X				
Prioritization hierarchy	X	X	X	X	X	X
Contraindications	X	X				
Adverse events monitoring/Med Watch	X	X				
Investigational new drug protocols	X	X				
Practices that reduce development of resistance	X	X				
Specifications for tracking/distribution/efficacy/safety of antivirals						
<b>TRAVEL-RELATED DISEASE AND COMMUNITY CONTAINMENT</b>						
Isolation and quarantine at home/special facilities	X	X	X	X	X	
Community containment strategies	X	X			X	X
Awareness level of CDC/WHO travel advisories	X	X	X	X	X	X
Epi investigations and travel history	X	X				
<b>WORKFORCE SUPPORT</b>						
Stress and traumatic grief	X	X	X	X	X	X

<b>COMMAND AND CONTROL</b>	<b>NYSDOH STAFF</b>	<b>LHDs</b>	<b>BEHAVIORAL HEALTH PROVIDERS</b>	<b>LAW ENFORCEMENT</b>	<b>VOLUNTEERS</b>	<b>FUNERAL DIRECTORS, MEDICAL EXAMINERS, CORONERS</b>
Psychological issues of mass fatalities	X	X	X		X	
Coping strategies	X	X	X	X	X	X
Personal resilience	X	X	X	X	X	X
Services available in emergencies	X	X	X	X	X	X
<b>HIGHLY PATHOGENIC H5N1 AVIAN INFLUENZA IN NON-HUMAN ANIMALS</b>						
Overview of HPAI	X	X	X		X	
<b>PUBLIC HEALTH INFORMATICS</b>						
Commerce System	X	X	X		X	
Health Emergency Response Data System	X	X				
Electronic Clinical Laboratory Reporting System	X					
Communications Directory	X	X				
Geographical Information Systems	X	X				
Nosocomial Outbreak and Reporting Application	X	X				
Communicable Disease Electronic Surveillance System	X	X				
Emergency Department Surveillance System	X	X				
Syndromic Surveillance System	X	X				
Medical/Professional Volunteer Database	X	X			X	
NYSDOH Staff Emergency Contact and Volunteer Database	X					
Clinic Data Management System	X	X				
Dashboard	X					

# PANDEMIC INFLUENZA TRAINING GRID

## PART 2: HEALTHCARE PARTNERS

COMMAND AND CONTROL	FACILITY-BASED RNs	FACILITY-BASED ICPs	HOSPITALS	CHCs	LTCFs	LABS	VETs	HOSPITAL SUPPORT STAFF	PRIVATE PROVIDERS	EMS
Commerce system	X	X	X	X	X	X				X
Risk communication for partners	X	X	X	X	X	X	X	X	X	
ICS training	X	X	X	X	X	X		X		X
Legal Issues		X	X	X	X					
Preparedness and response							X		X	X
Agencies's roles and responsibilities			X	X	X					X
<b>SURVEILLANCE/LAB</b>										
ECLRS			X			X				
Reporting criteria (Epi and Clinical)	X	X	X	X	X	X	X		X	X
Case investigation/contact tracing/implementation of control measures	X	X	X	X	X	X		X		X
Surge Capacity		X	X	X	X					X
Antiviral regimens	X	X	X	X	X		X		X	X
Infection Control	X	X	X	X	X	X	X	X	X	X
Isolation and Quarantine	X	X	X	X	X	X	X		X	X
Specimen collection and transport		X	X	X	X	X	X		X	
Packaging and shipping		X	X	X	X	X	X		X	
Diagnostics	X	X	X	X	X	X	X		X	X
Length of time to test			X			X	X		X	
<b>HEALTHCARE PLANNING</b>										
ICS training	X	X	X	X	X	X		X		X
Modifications in Standards of Care	X	X	X	X	X	X	X		X	X
Prevention and control of infection	X	X	X	X	X	X	X	X	X	X
Annual vaccination campaigns	X	X	X	X	X	X	X	X	X	X
Antiviral regimens	X	X	X	X	X		X		X	X
Cohorting of patients		X	X	X	X		X		X	X
Surge Capacity			X		X					X
Reporting	X	X	X	X	X	X	X		X	X
Cross-training of clinical personnel		X	X	X	X		X		X	X
Containment measures to prevent transmission	X	X	X	X	X	X	X	X	X	X
Just-in-time-training for non-clinical personnel (triage, transportation, food distribution, ADLs, etc.)		X	X		X			X		
Prioritization of antivirals/vaccine	X	X	X	X	X	X	X	X	X	X
Separation/triage of ill patients			X	X	X		X		X	X
Differentiation of "worried well"			X	X	X				X	X
FluSurge			X							
HERDS		X	X		X					
Healthcare proxies/End-of-Life decisions			X		X					X
Identification of early symptoms	X	X	X	X	X		X		X	X
Risk Communication	X	X	X	X	X		X	X	X	X
Epidemiology of pandemic influenza	X	X	X	X	X		X		X	
Risks of aerosolized procedures	X	X	X				X		X	
Personal protective equipment	X	X	X	X	X	X	X	X	X	X
Worker Restriction Policies		X	X	X	X					
Provision of medical care with scarce resources	X	X	X	X	X			X	X	X
Environmental disinfection		X	X	X	X	X		X		

<b>INFECTION CONTROL</b>	<b>FACILITY-BASED RNs</b>	<b>FACILITY-BASED ICPs</b>	<b>HOSPITALS</b>	<b>CHCs</b>	<b>LTCFs</b>	<b>LABS</b>	<b>VETs</b>	<b>HOSPITAL SUPPORT</b>	<b>PRIVATE PROVIDERS</b>	<b>EMS</b>
Personal Protective Equipment	X	X	X	X	X	X	X	X	X	X
Triage - first Points of Contact		X	X	X			X		X	X
Droplet precautions/respiratory hygiene/cough etiquette	X	X	X	X	X	X	X	X	X	X
<b>CLINICAL GUIDELINES</b>										
Screening/assessment/management of infected patients		X	X	X	X		X		X	X
Role of provider	X	X	X	X	X		X		X	X
Travel history		X	X	X	X		X		X	X
Antiviral treatment regimens	X	X	X	X	X		X		X	X
Adverse events		X	X	X	X		X		X	X
Case definition		X	X	X	X		X		X	X
Reporting guidelines	X	X	X	X	X		X		X	X
<b>VACCINE</b>										
<b>PROCUREMENT/TREATMENT/USE</b>										
Overview of vaccine production	X	X	X	X	X	X	X		X	X
Safety monitoring			X	X	X		X		X	X
Vaccine adverse events reporting system (VAERS)			X	X	X		X		X	X
Investigational New Disease protocols			X	X	X		X		X	
Priority groups	X	X	X	X	X	X	X	X	X	X
Training of non-licensed persons to administer vaccine			X	X	X					
<b>ANTIVIRAL</b>										
<b>PROCUREMENT/TREATMENT/USE</b>										
Overview of treatment vs. prophylaxis	X	X	X	X	X	X	X		X	X
Personal protective equipment	X	X	X	X	X	X	X	X	X	X
Management of cases of novel influenza strain			X	X	X		X		X	X
Prioritization hierarchy	X	X	X	X	X		X		X	X
Contraindications	X	X	X	X	X		X		X	X
Adverse events monitoring/Med Watch			X	X	X		X		X	X
Investigational new drug protocols			X	X	X		X		X	
Practices that reduce development of resistance	X	X	X	X	X		X		X	X
Specifications for tracking/distribution/efficacy/safety of antivirals			X	X	X		X			X
<b>TRAVEL-RELATED DISEASE AND COMMUNITY CONTAINMENT</b>										
Isolation and quarantine at home/special facilities	X	X	X	X	X		X		X	X
Community containment strategies	X	X	X	X	X					X
Awareness level of CDC/WHO travel advisories	X	X	X	X	X		X		X	X
Epi investigations and travel history	X	X	X	X	X		X		X	X
<b>WORKFORCE SUPPORT</b>										
Stress and traumatic grief	X	X	X	X	X	X	X	X	X	X
Psychological issues of mass fatalities	X	X	X	X	X	X	X	X	X	X
Coping strategies	X	X	X	X	X	X	X	X	X	X
Personal resilience	X	X	X	X	X	X	X	X	X	X
Services available in emergencies	X	X	X	X	X	X	X	X	X	X

<b>HIGHLY PATHOGENIC H5N1 AVIAN INFLUENZA IN NON-HUMAN ANIMALS</b>	<b>FACILITY-BASED RNs</b>	<b>FACILITY-BASED ICPs</b>	<b>HOSPITALS</b>	<b>CHCs</b>	<b>LTCFs</b>	<b>LABS</b>	<b>VETs</b>	<b>HOSPITAL SUPPORT STAFF</b>	<b>PRIVATE PROVIDERS</b>	<b>EMS</b>
Overview of HPAI			X	X	X	X	X		X	X
<b>PUBLIC HEALTH INFORMATICS</b>										
Commerce System			X	X	X		X		X	X
Health Emergency Response Data System			X							
Electronic Clinical Laboratory Reporting System			X		X					
Communications Directory										
Geographical Information Systems										
Nosocomial Outbreak and Reporting Application		X	X		X					
Communicable Disease Electronic Surveillance System		X	X		X					
Emergency Department Surveillance System			X							
Syndromic Surveillance System			X							
Medical/Professional Volunteer Database	X	X	X	X	X		X		X	
NYSDOH Staff Emergency Contact and Volunteer Database										
Clinic Data Management System			X							
Dashboard										