

Quick Response Team Process

Concept of Operations

The Department of Health Departmental Operations Center (DOC) will closely monitor changing conditions within the Commonwealth's post-acute and long-term care facilities. Facilities housing individuals who have been identified as positive, should report their status to the Bureau of Emergency Preparedness and Response through their [Regional Healthcare Coalition](#) (HCC)/ HAP Regional Manager.

The Healthcare Branch Director at the DOH DOC will convene the branch division managers (Acute Care, Hospitals, EMS, HAI, Others) to review criteria for potential response to the facility.

- A. The Healthcare Branch will conduct phone outreach to the facility for baseline information and to determine immediate needs.
- B. A field response may occur if any of the following criteria are met, including information obtained on the phone consultation:
 1. The facility has reported that an identified significant risk exists to residents and/or staff members; **AND**
 2. The facility/ unit has greater than 2 simultaneous presumed positives within the same facility/ unit; **OR**
 3. The facility has greater than 10 exposures¹ identified to a presumed positive; **OR**
 4. The facility has a history of infection control citations (State severity criteria noted as F-K under the F-880 tag²) from recent inspections.

The Healthcare Branch of the DOC will activate the Quick Response Team (QRT) based on the staffing assignment below, to report to the affected facility to provide an initial infection prevention and control risk assessment, assist with immediate needs and determine the need for additional resources. The QRT will report to the facility within 6 hours of notification³ and will meet with the facility's established incident management team. Within 2 hours of arrival, the QRT will conduct a facility assessment and determine next steps and unmet needs. The QRT will report back through the Healthcare Branch of the DOC for situational awareness.

It is not intended for the team to remain on-site beyond one established operational period (The on-site HAP Regional Manager will define the Operational Period if not already established). The facility will remain responsible for their internal incident management through the duration of the event.

¹ An exposure is defined as the current guidance provided by the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

² The information on the infection control F-880 tag can be found here: <https://www.licamedman.com/ftag/761/f880-infection-prevention-and-control>

³ In the event there are limited response resources, the QRT will respond to the request based on severity identified by the DOC Healthcare Branch.

Staffing

The Quick Response Team (QRT) will be comprised of team members from across the Commonwealth and will respond in two tiers:

1. Tier 1: Initial Response
 - a. HAP Regional Emergency Manager (closest available)
 - b. Healthcare Associated Infection Prevention Staff (closest or readily available staff)
2. Tier 2: Follow-on Response (if need identified by Tier 1)
 - a. PA DOH Public Health Preparedness Coordinator (PHPC)
 - b. Regional EMS Preparedness Coordinator
 - c. Fit-testing / PAPR J-I-T Training Team
 - d. State Medical Assistance Teams (SMAT)
 - e. Medical Reserve Corps
 - f. County / local / district office health department representative
 - g. County Emergency Management representative
 - h. Pennsylvania Emergency Management Area Office
3. Tier 3: Sustained Response (multiple operational period coordination)
 - a. Healthcare specific incident support team
 - b. All-Hazards incident support team
 - c. All-Hazards regional incident management team
 - d. PA State Incident Management Team

The QRT will be activated by the Healthcare Branch of the DOC and team members activated will be based on their geographic proximity to the affected facility. Back-up teams may be activated if need requires multiple QRT responses to a similar area.

Operational Considerations

1. Conduct a situational assessment of the facility clinical status.
2. Review materials and supplies inventory and determine immediate needs. This includes masks (surgical and respirators), gloves, gowns and hand sanitizer.
3. Conduct just-in-time training of PPE and respiratory protection.
4. Review current visitation and access control policies and consider restrictions.
5. Make recommendations for cohorting of residents and staff.
6. Gather and record information for visitor and staff contact tracing.
7. Make recommendations for staff quarantine.
8. Conduct a facility's infrastructure assessment to determine sustainability.
9. Confirm facility staffing sustainment plan.
10. Develop an incident management team within the facility and initiate an initial incident action plan.
11. Request assistance of regional incident management resources should it be necessary to provide support and coordination beyond the initial phases of response.
12. Report information and request any unmet needs to the DOH DOC and local/county emergency management.

Response Algorithm

