

# Coronavirus Disease 2019 (COVID-19)

# Pre-Deployment Processes: COVID-19 Considerations

Updated June 9, 2020

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Pre-deployment processes, including the pre-deployment briefing, Just-in-time (JIT) training and equipping the team, are discussed in more detail in the RRT General Guidance, *Section 4.3* <sup>3</sup>. Given the concerns for COVID-19 transmission, additional pre-deployment processes may include addressing concerns associated with COVID-19 responders through counseling and the provision of sensitization materials for family members and the community <sup>11, 12</sup>. Additionally, a medical pre-deployment screening may be instituted to ensure RRT members do not have underlying medical conditions that might put them at higher risk for severe illness from COVID-19 <sup>9</sup>. Additionally, if not instituted as part of an RRT readiness process in the Non-Emergency Phase, if the RRT member will require a respirator, they should have an initial fit test for the appropriate model/style/size respirator as dictated by local, national and/or international guidance <sup>13</sup>.

# **Pre-Deployment Briefing**

The purpose of the pre-deployment briefing is to provide situational awareness including the latest information on the COVID-19 outbreak and response to deploying RRT members so that they can be effective and safe in the field. Considering COVID-19 transmission, this can be done remotely but often occurs in person due to the need to equip the RRT around the same time as well as confirming the RRT members can properly don and doff personal protective equipment (PPE) <sup>14</sup>. The following information can be considered for inclusion in a COVID-19 pre-deployment briefing:

- General information about the status of the outbreak:
  - WHO Novel Coronavirus (COVID-19) Overview
  - CDC COVID-19 Overview
- Latest COVID-19 surveillance data and/or situation reports. This may include local/country specific reports as well as:

- WHO Situation Reports
- Johns Hopkins University COVID-19 Case Mapping
- Previous response efforts prior to the RRT deployment including any RRT debriefings from previous teams returning from the field or reports from local public health authorities
- Standardized tools and equipment to use in the field (3 Equipping the team), such as:
  - COVID-19 case investigation forms (WHO ► 'Z', CDC ► )
  - Analytic software (e.g. Microsoft Excel<sup>®</sup>, Epi Info, Go.Data 
     ✓, etc.)
  - o COVID-19 laboratory sample collection methods Table 2
  - o COVID-19 media materials for the community and healthcare facilities (e.g. pamphlets, posters, etc.) Table 2
  - Local, national, and international guidelines
    - WHO COVID-19 Technical Guidance 🖸
    - CDC COVID-19 Guidance Documents
  - Reporting mechanisms identifying the leadership structure and communication responsibilities at all levels. For
    example, daily RRT reporting by the team leader to the emergency coordination unit (i.e., a public health
    emergency management program using an Incident Management System or country-equivalent system)
  - o Objectives that are clear and well-defined and lead to concrete activities in the field (Table 3)
  - o Indicators or metrics for measuring response effectiveness (Table 3)
  - Update on current safety and security situation, including emergency evacuation plans as well as the following for COVID-19:
    - Practicing proper hand hygiene and wearing of PPE as directed can be included as an activity for all RRT members <sup>14, 15</sup>
    - RRT member self-monitoring protocol including how to monitor for signs and symptoms, frequency of checking (e.g. daily fever checks), how this should be documented and guidance on who to report to if they become ill (e.g. medical clinic, RRT leadership, etc.) 16
  - It is Important to highlight resilience information including appropriate protective strategies (e.g. peer support systems and healthy sleeping habits) and available resources to support the mental and behavioral health of the RRT team members while in the field <sup>17, 18, 19</sup>
- CDC's Emergency Responders: Tips for taking care of yourself
- Center for the Study of Traumatic Stress Coronavirus and Emerging Infectious Disease Outbreaks Response 🖸
- SAMHSA's Tips for Disaster Responders: Preventing and Managing Stress 🖸

# Just-in-time Training

JIT training provides technical information, such as biological and epidemiologic characteristics of the COVID-19 transmission as well as role-specific pertinent information for COVID-19. Considering COVID-19 transmission, JIT training can be provided as e-learning modules, quick webinars, or as reference materials to be reviewed remotely or en route to the field if time does not allow for a more formal training. If the pre-deployment is occurring in-person, JIT training can be provided simultaneously.

CDC is assisting the WHO's Health Emergencies Programme on the creation of online, open-access COVID-19 RRT specific training materials \( \text{T} \) that can be adapted to a country's COVID-19 response context. Once finalized, these trainings will include COVID-19 technical modules on IPC, active case finding and contact tracing, RRT composition and roles,

occupational safety and health, data management, environmental cleaning, laboratory sample management, and risk communications and community engagement  $^{20,21}$ .

There are several other global initiatives for compiling and developing COVID-19 training materials for RRTs. Although the external trainings are not officially endorsed by CDC, they are included here to illustrate the breadth of resources available to be adapted for a COVID-19 RRT JIT training. Some examples include (in alphabetical order):

- Assist International COVID-19 Resources 
   ☐
- CDC Training for Healthcare Professionals [2]
- European Centre for Disease Prevention and Control (ECDC) COVID-19 Basics (Video Trainings)
- Global Outbreak Alert and Response Network (GOARN) COVID-19 Knowledge Hub
- OpenWHO ☑
- Project Hope COVID-19 Training for Health Care Workers: Preparedness and Response 🖸
- Train Learning Network ☑
- WHO Simulation Exercise ☑

Maintaining an up-to-date resource database for JIT trainings can save time and effort in deploying a COVID-19 RRT. *Table 2* highlights some open-access JIT trainings relevant to a COVID-19 RRT sorted by role. The external trainings are not officially endorsed by CDC but are provided to illustrate examples of materials that may be useful prior to deployment or while in transit. As trainings may become obsolete over time, updated guidance may supersede the trainings presented below.

Role	Resource/Training
Epidemiology	<ul> <li>CDC Interim Guidance for Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposures</li> <li>GOARN Go.Data COVID-19 Knowledge Hub ☐</li> </ul>
	<ul> <li>WHO Considerations for investigations of cases and clusters of COVID-19 ☐</li> <li>WHO Global surveillance for human infection with COVID-19 ☐</li> </ul>

#### Laboratory

- CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for COVID-19
- CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with COVID-19
- University of Nebraska Medical Center (UNMC) Choosing appropriate
   PPE
- UNMC Donning and Doffing ☐
- UNMC Nasopharyngeal Specimen Collection
- WHO Interim Guidance Laboratory testing for COVID-19 in suspect human cases
- WHO Laboratory biosafety guidance related to COVID-19
- WHO Assessment tool for laboratories implementing COVID-19 testing 

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#### Infection Prevention Control

- CDC Trainings for Healthcare Workers: IPC Recommendations
- CDC Trainings for Healthcare Workers: Optimizing Strategies for healthcare PPE
- OpenWHO Standard precautions: Hand Hygiene ☑
- OpenWHO How to put on and remove PPE
- OpenWHO Severe Acute Respiratory Infection Treatment Facility Design ☑
- Train Learning Network PPE
- WHO Basic Hygiene and Transmission
- WHO Healthcare Facility-based IPC 🖸

## Case Management

- American College of Physician's: COVID-19 Clinical Response and Resources
- CDC Evaluating and Testing persons for COVID-19
- CDC Operational Considerations for Containing COVID-19 in non-US Healthcare Settings
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19
- WHO Community-based healthcare, including outreach and campaigns, in the context of the COVID-19 pandemic 

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- WHO Severe Acute Respiratory Management

# Social Mobilization/Risk Communication

- CDC Crisis and Emergency Risk Communication (CERC) Overview for COVID-19
- CDC COVID-19 Resources for Communicators
- ECDC Infographics/leaflets about COVID-19 ☑
- GOARN Risk Communication & Community Engagement COVID-19
   Knowledge Hub ☑
- Social Science in Humanitarian Action Platform: Key Considerations for online information, mis- and disinformation in context of COVID-19
- WHO Mythbusters: COVID-19 Advice for the public 
   ☐
- WHO Risk Communication & Community Engagement Readiness and Response Guidelines 
  ☐

Table 2



JIT training is one component of a larger RRT training paradigm as mapped out in the RRT General Guidance, *Section 3*<sup>3</sup>. If RRT training did not exist prior to COVID-19 transmission, JIT training should be used as the RRT onboarding training for new RRT members in the RRT Emergency Phase.

# **Equipping the Team**

Equipping the team for COVID-19 should focus on the technical/scientific supplies, as well as the operational and the safety (e.g. PPE) supplies. Below is a sample equipment list for COVID-19 RRT members deploying to the field. This list should be adapted to the local/national guidance as well as to the context of the COVID-19 response in the country. Extra check boxes have been added to encourage adaptation. The different categories generally align with specific roles on the team, but some overlap is expected. When adapting the list, consider what materials may be available for procurement in the field versus what needs to be procured from headquarters and carried by the RRT to the field. Please see sample equipment

Sample equipment checklist for deploying COVID-19 RRT members

#### **Team Overall**

- List of key contacts (local officials, external partners, national stakeholders, etc.)
- Most recent situation report (ensure it is regularly received)
- Money to finance team activities
- Map (if available) and list of healthcare facilities, by type
- Mobile phone with sufficient credit to stay in contact with team members and emergency coordination unit

#### **Epidemiology**

- National guidelines for COVID-19 response (WHO/CDC guidelines where national guidelines are not available)
- National data to reference/comparison with local data (if national COVID-19 RRT)
- Computer with data analysis software (MS Excel<sup>©</sup>, EpiInfo, etc.)
- Copies of COVID-19 RRT surveillance/epidemiology training materials (printed and electronic copies)
- Standardized line list templates with key variables (printed and electronic copies)
- Hospital patient registers with key variables
- Case definitions (printed and electronic copies)
- Case investigation forms (printed and electronic copies)
- Notebook and writing utensils
- Camera, to take photos of hand-written line lists or other documents for later analysis
- GPS for healthcare facility coordinates

### Laboratory

- National guidelines for laboratory protocols and testing (if don't exist, include WHO protocols)
- Sample collection job aids
- Laboratory training materials (printed and electronic copies)
- Laboratory request form
- Gloves
- N95 masks
- Gowns
- Face shields
- Head covers/shoe covers if collecting samples
- Specimen collection supplies (swabs, sterile transport tubes, sterile saline, sputum collection cup may vary depending on type of test administered)
- Transport media
- Cold packs/cooler (per assay requirements)
- Specimen collection bags
- Laboratory coats (disposable if appropriate)
- Permanent markers
- Laboratory tape/labels
- · Packaging and shipping materials

#### Infection Prevention and Control

- Surgical masks and respirators (e.g. N95 mask)
- Face shields or goggles
- Gloves
- Gowns
- Other PPE per national guidelines
- Alcohol-based hand rub (if available)

- Soap
- Handwashing stations with covers and spigots
- Healthcare facility evaluation checklist
- Social mobilization/information education and communication materials
- Cleaning and disinfection supplies (e.g. bucket, cloths, 0.1% sodium hypochlorite or other disinfectant, 0.5% chlorine for large spills)

## Case Management - Patient Care

- Medications for disease treatment (per local and/or national guidelines)
- Medical supplies for patient treatment (e.g. needles, intravenous tubing, oxygen tubing, oxygen tanks, etc.)
- Supplies to assess patient status (e.g. pulse oximeter, blood pressure cuff, etc.)

### Case Management - Health Facility

- National guidelines for COVID-19 clinical care, healthcare facilities, etc.
- RRT case management training materials (printed and electronic copies)
- Clinical care posters/media for healthcare facility staff
- Case investigation forms (printed and electronic copies)

### Social Mobilization/Risk Communication- Household/ Community

- Brochures, factsheets, posters specific to COVID-19
- Health education/health promotion materials for distribution
- Information on access to nearest healthcare facility and pharmacies
- Megaphone
- Photo and video equipment (per local guidance and attitudes toward photography and filming) including lenses, batteries, chargers, memory cards, and storage for media
- Awareness of recent/historical events impacting a community's willingness and ability to engage in preventative behaviors
- Risk communication materials developed for previous outbreaks to be used as reference

#### Social Mobilization/Risk Communication - Health Facility

- National guidelines for outbreak response
- Patient management posters for COVID-19
- Educational posters and/or pamphlets for patients, caregivers, and contacts (if appropriate)
- Awareness of recent/historical events impacting health facility staff and patients (e.g. shortages of PPE in the area)