

Continuation Guidance – Budget Year Five Attachment G Focus Area G: Education and Training June 14, 2004



## **Continuation Guidance – Budget Year Five Attachment G Focus Area G: Education and Training**

**CRITICAL CAPACITY #16**: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers (including mental health care) in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including Centers for Public Health Preparedness, other schools of public health, schools of medicine, academic health centers, CDC training networks, and other providers.

## **RECIPIENT ACTIVITIES:**

- 1. Support a Focus Area G Coordinator.
- 2. Implement a learning management system capable of collecting and reporting data on all training and educational activities as well as sharing "best practices" with other public health agencies. (See <u>Appendix 4</u> for IT Functions #1-5.)
- 3. **CRITICAL BENCHMARK #25:** Implement a training plan, which ensures priority preparedness training is provided across all Focus Areas to the state and local public health workforce, healthcare professionals, and laboratorians. (LINK WITH CROSS CUTTING ACTIVITY EDUCATION AND TRAINING, <u>Attachment H</u>)
- 4. Collaborate with Centers for Public Health Preparedness, other schools of public health, schools of medicine, and academic health centers to develop, deliver, and evaluate competency-based training to enhance preparedness. Describe activities and training provided in collaboration with CDC-funded Academic Centers for Public Health Preparedness. (LINK WITH CROSS-CUTTING ACTIVITY INVOLVEMENT WITH ACADEMIC HEALTH CENTERS, Attachment H and HRSA CRITICAL BENCHMARK #5: EDUCATION AND PREPAREDNESS TRAINING)
- 5. Continue to develop and provide education and training sessions on all components of the smallpox response plan, especially smallpox disease identification and reporting, contact tracing, training of vaccinators, training people to read "takes", and recognition and management of adverse events after vaccination of public health and health care response teams, and other individuals who may be involved in a response (key healthcare workers, key public health workers, key security staff needed to maintain public order, key EMS staff needed to transport ill patients, key hospital staff, key private physicians and their staff who may be occupationally at risk).



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- 6. Following exercises, assess and address training needs for smallpox preparedness as it pertains to large-scale vaccination clinics with special emphasis on emergency department personnel, intensive care unit staff, general medical staff (including physicians who will likely encounter adverse events), infectious disease specialists, security personnel, housekeeping staff, other healthcare providers, and public health staff.
- 7. Develop and regularly update a community-based online inventory that lists all available technical, clinical, epidemiological, and other expertise that could provide needed services during a smallpox outbreak. (See <u>Appendix 4</u>, IT Function #7) (LINK WITH FOCUS AREA E)
- 8. Identify staff needed to support large-scale clinic operations. This includes: vaccinators, security personnel, traffic control staff, vaccine/pharmaceutical storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox or antibiotic dispensing clinic, in accord with previously issued CDC guidance, <u>Guidelines for Smallpox Vaccination Clinics (Annex 2)</u> and <u>Smallpox Vaccination Clinic Guide (Annex 3)</u>.
- 9. Train staff needed to support large-scale clinic operations. This includes: vaccinators, security personnel, traffic control staff, vaccine/pharmaceutical storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox or antibiotic dispensing clinic, in accord with previously issued CDC guidance, <u>Guidelines for Smallpox Vaccination Clinics (Annex 2)</u> and <u>Smallpox Vaccination Clinic Guide (Annex 3)</u>.

**ENHANCED CAPACITY #12**: To provide directly or through other organizations the ongoing systematic evaluation of the effectiveness of training, and the incorporation of lessons learned from performance during bioterrorism drills, simulations, other exercises, events, and evaluations of those exercises.

## **RECIPIENT ACTIVITIES:**

1. Develop and implement formal evaluations and competency reviews to assess performance of the public health, healthcare delivery, and laboratory workforce in responding to a public health emergency. Include an analysis to identify performance gaps and a strategy to implement recommended improvements. Collaborate with statebased and national public health and healthcare professional organizations and agencies. (LINK WITH HRSA CRITICAL BENCHMARK #5: EDUCATION AND PREPAREDNESS TRAINING)