

- **Joanna Mills – IP Director, John Muir Health (Contra Costa)**
 - **Rebecca Alvino – IP Director, UC Davis (Sacramento)**
 - **Munira Shemsu – Public Health Representative (Alameda)**
 - **Amy Dubois – Public Health Representative (San Mateo)**
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Section 1: Defining Resilience (10–16 min) Panelists: Joanna Mills, Rebecca Alvino

“To ground our discussion: what does *resilience* truly mean in infection prevention when we’re talking about HCIDs?”

If needed, probe:

- **Q: “What lessons from COVID-19 most define resilience today?”**
- **A: Resilience depends on:**
 - clear surveillance systems
 - strong communication pathways
 - staffing and surge plans
 - regular training and drills
 - coordination with public health

Section 2: Early Detection (16–24 min)

To Public Health- Panelists: Munira Shemsu, Amy Dubois

“From a Public Health perspective, what are the key early warning signals that facilities should never miss when it comes to a potential HCID?”

To IP/Clinical Lead- Panelist: Rebecca Alvino

“Early recognition is where everything starts.”

- **Q: “What are the most common breakdowns in identifying a potential HCID?”**
- **A: The speakers emphasized early recognition of suspected HCIDs.**
 - Key warning signs include fever, travel or exposure history, unusual or severe symptoms, illness clusters, illness in healthcare workers, abnormal labs, and public health alerts.
 - Triage should be standardized and based on epidemiologic risk, not assumptions about a patient’s background.

Panelist: Joanna Mills

- **Q: “How do you operationalize *identify–isolate–inform* without overwhelming the system?”**
- **A: Once a suspected case appears, the first priorities are:**
 - isolate the patient

- notify the right teams quickly
- coordinate with public health
- activate the response plan

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Section 3: Infrastructure (26–34 min)

Panelists: Joanna Mills, Rebecca Alvino

“To our operations and facilities experts:”

- **Q: “What infrastructure is truly non-negotiable?”**
- **A:** Communication was identified as the most important infrastructure need.
 - The panel stressed that contact lists, escalation paths, and command structures must be current and tested.
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- **Q: “What are your workarounds when ideal conditions—such as AIIR—are not available?”**
- **A:** If an airborne isolation room is not available:
 - isolate the patient as safely as possible
 - limit the number of staff involved
 - use available space and tools to reduce exposure
 - move quickly to activate the larger response

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Scenario:

“You have a suspected HCID but no negative pressure room—what should happen in the first 10 minutes?”

Section 4: PPE & Workforce (34–40 min)

To Clinical/Nursing Operations: Panelists: Rebecca Alvino, Joanna Mills

- **Q: “Where are we still seeing PPE failures despite pandemic experience?”**
- **Q: “How do you maintain competency for low-frequency, high-risk events?”**
- **A:** PPE remains a weak point even after the pandemic.
 - Failures still happen at the point of care, especially in high-pressure settings like the ED.
 - The panel recommended repeated, practical training, designated response staff, and easy access to guidance.

To Public Health: Panelists: Munira Shemsu, Amy Dubois

Q: “If a facility is experiencing challenges with PPE during a high-consequence infection, how can Public Health best support?”

- A:Public health can help with more than supplies.
 - It can provide consultation, coordination, testing guidance, conservation strategies, and training support.
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Section 5: Communication & Command (40–48 min)

Panelists: Joanna Mills, Rebecca Alvino

“To leadership and emergency preparedness:”

- **“What should occur within the first hour of a suspected HCID case?”**
- **“Where does communication most often break down?”**

Probe:

“What is the role of infection prevention—leading, advising, or embedded within incident command?”

Section 6: Public Health Coordination (48–56 min)

Panelists: Munira Shemsu, Amy Dubois

“To Public Health:”

- **“What do you expect from facilities immediately when an HCID is suspected?”**
Walk us through communication, coordination, surveillance, testing, reporting.
- **“What most commonly delays an effective response?”**
- **What lesson from COVID still has not been fully operationalized?**
- **What is the most common system-level vulnerability you see across facilities when it comes to HCID readiness?”**

Probe:

“What information is critical during the first call to Public Health?”

Closing (73–75 min) Panelist: Rebecca Alvino and Amy Dubois

“One final takeaway—what is one action organizations should take in the next 90 days to strengthen HCID readiness?”

- **The main closing message:**
 - use the next 90 days to review the plan, run an exercise, and make sure the right people know their roles before a real HCID event happens.