METROPOLITAN EMERGENCY SERVICES BOARD
EMS EMERGENCY PREPAREDNESS SUBCOMMITTEE

LOCATION: MESB - 2099 UNIVERSITY AVE W, ST PAUL
May 6, 2026, 1 P.M.

1. **Call to Order** – Subcommittee Chair, Tyler Lupkes

2. **Roll Call** – Completed at Sign-In

3. **Approval of Agenda** – Lupkes

4. **Approval of Minutes of Previous Meeting (Page 3)** – Lupkes

5. **Presentation –**
6.
7. **Action Items –** None

8. **Discussion Items**

   A. Workgroup Updates – Lupkes
      i. EMS Taskforce
         1. Update- Hayes
      ii. Incident Response Plan
         1. Reunification, Accountability, Communications

   B. Training & Exercises – Hayes/Lupkes
      i. Task Force Leader
         1. 300 & TFL Classes- Lakes Region will host 1 class
      ii. Leadership Training- Part 1 & 2 offering
      iii. MAC Exercise Update

   C. MESB Reports & Updates – Hayes
      i. Grant Status
      ii. Training funding
      iii. Equipment
         1. MIR Bus to St Fair

   D. Pre-planning for EMS Agencies- Lesch

   E. Resources for Special Events – Lupkes

   F. EMS Services & MRCC Updates

   G. Special Events within the Region – Lupkes/Hayes

9. **Other Business**

10. **Adjourn**

Future Meeting Dates

METROPOLITAN EMERGENCY SERVICES BOARD
EMS EMERGENCY PREPAREDNESS SUBCOMMITTEE

LOCATION: MESB - 2099 UNIVERSITY AVE W, ST PAUL

May 6, 2026, 1 P.M.

July 1, 2026

September 2, 2026

November 4, 2026

Metropolitan Emergency Services Board
Emergency Preparedness Subcommittee
Draft Meeting Minutes
March 4, 2026

Committee Members:

Allina – Brent Baker
Anoka County – **Absent**
Burnsville Fire – Neal Dwyer
CentraCare - **Absent**
Cottage Grove EMS – **Absent**
Edina – Shawn White
EMSRB Rep – Charles Soucheray
HealthPartners – **Absent**
Hennepin County PH – Kristin Mellstrom
Hennepin EMS -Tyler Lupkes
Lakes Region EMS – Jakob Kostecki
Lakeview EMS – Jon Muller
Mahtomedi Fire – **absent**
Minneapolis Fire - **Absent**
M Health Fairview – Nick Lesch
MRCC EAST – Alisha Vars
MRCC WEST – Dan Klawitter
North Memorial Ambulance – **Absent**
Northfield EMS – **Absent**
Regions – **Absent**
Ridgeview EMS – Joe Dibenedetto
St. Paul Fire – Paul Jeseritz
University of Minnesota – Robert Ball
White Bear Lake – Bryan Eickelberg
Healthcare Coalition – **Absent**

Guest Attending: Ben Hall, *Allina*; Kevin Kane, *Fairview EMS;* and Kevin Malecek, *LSCFD*.

Others Attending:
Greg Hayes, MESB.

1. Call to Order
The meeting was called to order at 12:05 p.m.

2. Roll Call
Roll call was performed and a quorum was met.

3. Approval of Agenda
Motion made by Brent Baker, seconded by Robert Ball to approve the March 2026 EMS EP meeting agenda. Motion carried.

4. Approval of Previous Minutes
Motion made by Baker, seconded by Jon Muller to approve the November 2025 EMS EP meeting minutes. Motion carried.

5. Presentation
Presentation on the plan for the transportation of High Consequence Infections Diseases (HCID) by Fairview. The presentation covered the history of the plan as well a current operational planning effort. Refer to the Power Point attached.

6. Action Items – None

7. Discussion Items
A. Workgroup Updates
i. EMS Taskforce
Greg Hayes said the foundational document for all Minnesota EMS regions for the EMS Taskforce is in the building/workshop phase. Formalities with legal and regional approval once the working document is approved will take time.

ii. Incident Response Plan
Tyler Lupkes said the workgroup still needs to meet to continue discussion and workshopping the additional items for the Incident Response Plan. If you are interested in joining the group, please reach out to Hayes or Lupkes.

b. Training and Exercises
i. Metro Region AAR
The Metro region Annunciation After Action Report was completed. EMS agencies led important discussions.

ii. Task Force Leader
The Lakes Region will be hosting a Task Force leader class. Please reach out to Hayes for additional information.

iii. Advanced Hazmat Life Support
Hayes said the advanced hazmat life support class had full occupancy and was well received. Additional classes may be suggested and added in the future as there is remaining interest among those who weren't able to attend.

iv. Leadership Training
Hayes said the Prouty Project will hold an additional two classes for leadership training. One class, which will be held on April 29, will be the first installment of the class. Another class will be part two, which will be held for those who have previously completed part one.

v. MAC Exercise
The Metro Airport Commission will hold a simulated crash emergency response exercise in May of 2027. More information on this will be available as the exercise date gets closer.

C. MESB Reports and Updates
i. Open Meeting Law Update
Hayes gave an update on the open meeting law.

ii. Grant Status
Hayes said there are plenty of funds available. Please reach out to Hayes with training ideas.

iii. Training Funding
Please reach out to Hayes for training class needs and equipment. ICS 300 and 400 classes are wanted.

D. Resources for Special Events – None

E. EMS Services and MRCC Updates – None

F. Special Events within the Region
The EMS EP Committee members went around the table and discussed special events within the region.

8. Other Business – None

9. Adjournment
The meeting was adjourned at 2:48 p.m.

Fairview

High Consequence Infectious Disease (HCID) and NSPS Overview

March 4, 2026

PREPARE. PROTECT. RESPOND.

NSPS
Region 5 RESPTC

Nicholas Lesch, Assistant Chief – M Health Fairview EMS Operations

Sara Thul, MSN, RN RESPTC Outreach Specialist, University of Minnesota Medical Center

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Financial Relationships

The speakers have no relevant financial relationships or conflicts of interest to disclose.

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Agenda
NSPS & RESPTC Overview
Identify, Isolate & Inform
Region 5 Special Pathogen Notification and Transport Request
Education Offerings
NSPS in Activation

NSPS Overview

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

What is the NSPS?

The National Special Pathogen System (NSPS) is a tiered System of Care with four facility levels (e.g., Level 1, Level 2, Level 3, Level 4) that have increasing capabilities to care for suspected or confirmed patients with High Consequence Infectious Diseases (HCIDs).

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Mission

To develop a coordinated network of high-quality special pathogen care dedicated to protecting patients, communities, and the health care workforce in the United States.

Vision

To save lives and protect the health care workforce through an agile and comprehensive special pathogen system of care.

ASPIRATIONAL GOALS

Zero

Preventable Deaths

after special pathogen infection

2 hours

Network Mobilization

after suspected special pathogen infection

100%

Have Access

to high-quality special pathogen care for all of the U.S. population

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Ebola Outbreak

COVID-19 Pandemic

2014

NETEC and 10 Regional Emerging Special Pathogen Treatment Centers (RESPTCs) established

2015

Special Pathogen Treatment Centers (SPTCs) and Assessment Centers established

2018

NSPS was established and NETEC is rebranded to encompass all special pathogens

2020

The Administration for Strategic Preparedness and Response (ASPR) tasked NETEC with developing the NSPS Strategy

2021

2022

3 new RESPTCs established

NETEC leads NSPS Strategy Implementation

2023 +

Consolidated Appropriations Act designates NETEC as the coordinating body of the NSPS

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Components of the NSPS

The NSPS is made up of a four-level tiered System of Care

Level 1 – *Regional emerging special pathogen treatment center and hub*

Level 2 – *Special pathogen treatment center*

Level 3 – *Assessment center*

Level 4 – *All healthcare facilities*

The NSPS Coordinating Body is led by NETEC and provides *services to* NSPS facilities such as…

Education & Training

Consultation and Assessment

Special Pathogen Research Network (SPRN)

International Partnerships & Programs

Additional partners, such as EMS and public health, are essential for the coordination of the System

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

NETEC's Activities Areas

CONSULTATION & ASSESSMENT

Empower hospitals to gauge their readiness using **self-assessment**

Provide direct feedback to hospitals via **on-site assessment**

Provide **on-site and remote guidance**

Provide **emergency on-call mobilization**

EDUCATION & TRAINING

Deliver didactic and hands-on simulation training via **in-person courses**

Provide self-paced education through **online trainings**

Compile an **online repository** of tools and resources

Develop customizable **exercise templates** based on the HSEEP model

RESEARCH NETWORK

Build a **central IRB process** for rapid implementation of clinical research protocols

Develop **policies, procedures, and data capture tools** to facilitate research

Create the infrastructure for a **specimen biorepository**

INTERNATIONAL PARTNERSHIPS

Organize, plan, and implement **strategic international collaborations**

Strengthen **relationships** with global special pathogens programs

Establish mechanisms to **facilitate sharing of best practices** and knowledge among special pathogens programs

Cross cutting, supportive activities

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Components of the NSPS

The NSPS is a **hub-and-spoke model** where 'hubs' (Level 1s) provide supporting centralized services to the 'spokes' within their domains (Level 2-4s)

NETEC	*Is the NSPS Coordinating Body and provides resources to NSPS members*
Level 1 RESPTCs	*Provides regional coordination and outreach, resources, & highly specialized care*
Level 2 SPTCs	*Provides highly specialized care for the duration of illness*
Levels 3 and 4	*Provides short term safe care and/or coordinates rapid patient transfer to a Level 1 or 2*

EMS and public health connects facilities throughout the NSPS.

Inspiration for a Tiered System of Care

The NSPS is inspired by other systems of care such as the trauma, stroke, and burn systems

The Trauma System has 3 different levels with increasing capabilities

The Stroke System has 4 different levels with increasing capabilities

The Burn System has a nationally coordinated network of specialized facilities

Tiered systems of care are common in healthcare

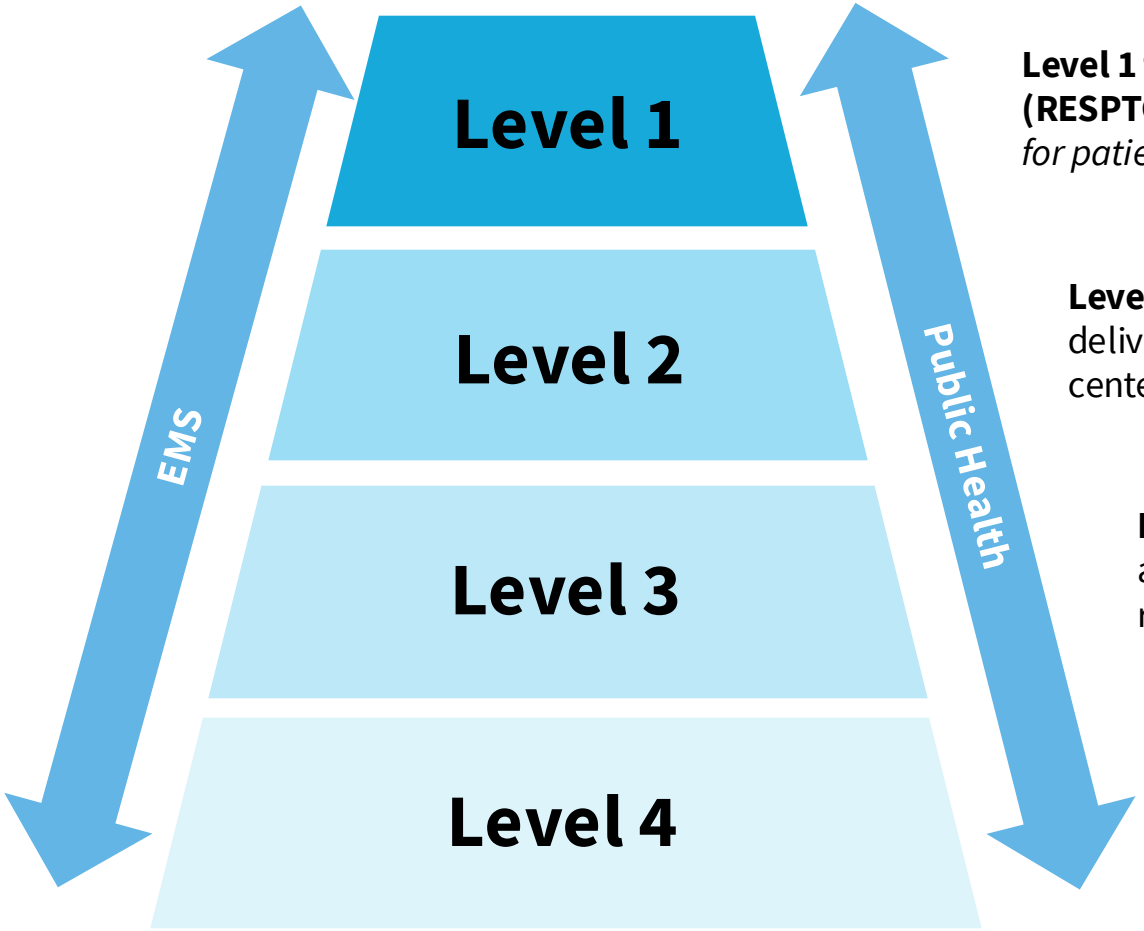
NSPS PREPARE. PROTECT. RESPOND.

A tiered, national, coordinated System of Care that has increasing capabilities to safely and quickly care for suspected or confirmed patients with a special pathogen

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Tiered System of Care



Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

Level 4 facilities, or All Other Healthcare Facilities, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Additional partners, such as EMS and public health, are essential for the coordination of the System

Level 1 Facilities
Regional Emerging Special Pathogen Treatment Centers

Level 1 Role

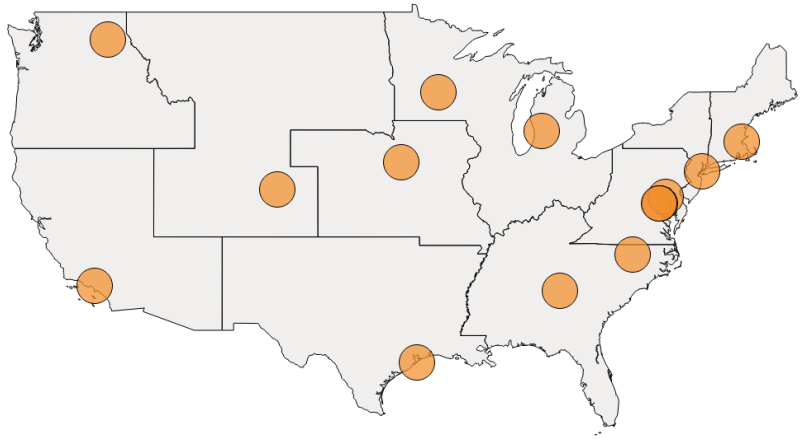
- Highly specialized care facilities
- Resource hubs for their Region
- Training & coordination leaders in their Region

Minimum Care Capabilities

- Care for HCIDs for the duration of illness
- Conducts training quarterly
- Isolation space for 2+ VHF patients; 10+ patients with airborne illness
- Provide care for adult, pediatric, OB, and neonatal patients

For more details on the specific capabilities, please see the NSPS minimum capabilities

13 Facilities



Funding & Status

Funded Annually

All 13 RESPTCs maintain capabilities and are currently federally funded through ASPR.

Level 2 Facilities
Special Pathogen Treatment Centers (SPTCs)

Goal of 75 Facilities
by 2026

Level 2 Role

- Specialized care facilities
- Primary patient care delivery centers
- Essential for building the care capacity of the NSPS

Minimum Care Capabilities

- Care for HCIDs for the duration of illness
- Conducts training twice annual on donning/doffing; annually on skills
- Isolation space for 1-2 VHF patients; 4+ patients with airborne illness
- Provide care for either adult, pediatric, or both

Funding & Status

Mixed-Method Funding

Pending funding opportunity for 75 Level 2 facilities

For more details on the specific capabilities, please see the NSPS minimum capabilities
**Please note that facility mapping is ongoing and not all regions are fully visualized*

Level 3 Facilities
Assessment Centers

Level 3 Role

- Widely accessible care delivery centers
- Conducts limited basic laboratory testing and clinical stabilization
- Coordinates rapid patient transfer

Minimum Care Capabilities*

- Care for HCIDs for 12-36 hours
- Conducts training annual on donning/doffing; just-in-time training at time of activation
- Has appropriate isolation space in ED or other accessible space (at least a single isolation space/neg pressure room)
- Can safely identify, isolate, initiate stabilizing medical care

For more details on the specific capabilities, please see the NSPS minimum capabilities
**Please note that facility mapping is ongoing and not all regions are fully visualized*

Goal of ~200 Facilities

Funding & Status

Mixed-Method Funding

Of the self-identified Assessment Centers who maintain capabilities, they may be funded in a variety of ways, though funding is generally limited.

Level 4 Facilities
All healthcare facilities

Level 4 Role

- Likely point of entry
- Arranges timely patient transfer

Minimum Care Capabilities*

- Can safely identify, isolate, inform, initiate stabilizing medical care
- Protects facility staff
- Arranges timely patient transfer

For more details on the specific capabilities, please see the NSPS minimum capabilities

All U.S. Facilities

Funding & Status

Not Applicable

Level 4 facilities encompass all other healthcare facilities across the U.S. and have the minimum new Joint Commission IPC required capabilities as appropriate.

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

High Level Capabilities Comparison

The table is intended to provide a high-level sample of quantifiable difference across levels and does not include all minimum capabilities.

Capabilities	Level 1	Level 2	Level 3
Care Duration	Duration of illness	Duration of illness	12-36 Hours
Capacity for VHF, airborne	2 VHFs 10 airborne	1-2 VHFs 4 airborne	1+ isolation space
PPE Supply	2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	3 VHF cases for 12-36 hours (before resupply)
Exercises	Quarterly	At least twice annually	At least once annually for mystery patient exercise
PPE Training	Quarterly	At least 2x annually	At least 1x annually
Skills Training	Quarterly	At least annually	--
Lab Testing Ability	Clinical lab testing	Clinical lab testing	Point-of-care onsite clinical lab testing

Joint Commission Regulatory Requirements

The Joint Commission (TJC) added new requirements specific to infection control and prevention of high-consequence infectious diseases (HCID) or special pathogens which went into effect July 1st, 2024.

IC.07.01.01 has two elements of performance (EP).

1 “The hospital develops and implements protocols for high-consequence infectious diseases or special pathogens. The protocols are readily available at the point of care and address: [Identify, Isolate, and Inform]”

2 “The hospital develops and implements education and training and assesses competencies for the staff who will implement these protocols.”

Level 4 Role –Lab

- Contact your local state or public health department prior to collecting any specimens.
- Center for Disease Control direction on Laboratory Testing for Patients with a Suspected VHF or High-Consequence Disease https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/index.html

University of Minnesota RESPTC

- NSPS Level 1 RESPTC since 2015
- Ability to care for 2 adult or pediatric VHF patients
- Ability to care for 10 airborne isolation patients
- Provide outreach and education throughout Region 5
- On-Unit laboratory
- Staff- volunteer based & extension of their floating cluster

University of Minnesota RESPTC

- Quarterly drills and exercises
- Multi-disciplinary team

Photo credit: E.B. Floersh, University of Minnesota

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Level 2 STAND AWARD

Role of NSPS Level 2 Facilities

Awarded facilities will:

- Work toward achieving or maintaining **NSPS Level 2 minimum capabilities** with NETEC and RESPTC network support, assessment, and training
- Deliver safe, specialized care for patients with HCIDs for the **duration of their illness**
- Accept patients from within their HHS region, and if needed, from outside their jurisdiction or even outside the U.S.
- Serve as an expert resource during surge
- Partner with Level 1 facilities in their region
- Join a **Community of Practice** with facilities nationwide

Funding at a Glance

- **Award amount:** $500,000 per facility
- **Sites Awarded:** 54 throughout US
- **Grant performance period:** January 2, 2026 – June 29, 2026

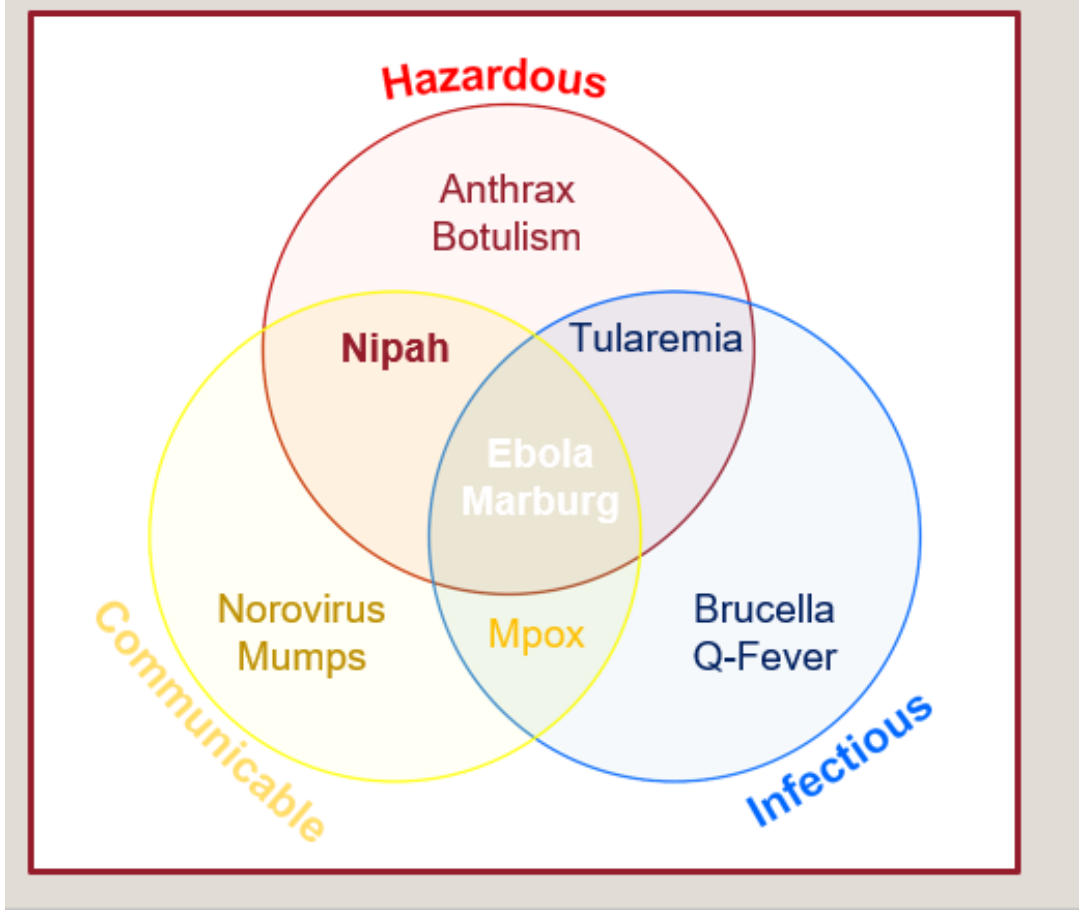
• Region 5 Awardees:

- **Nationwide Children's Hospital: Columbus, Ohio**
- **Indiana University Health: Indianapolis, IN**
- **Rush University Medical Center: Chicago, IL**
- **Lurie Children's Hospital: Chicago, IL**
- **University of Wisconsin Health Hospital: Madison, WI**

Special Pathogen Overview

Reason for Concern

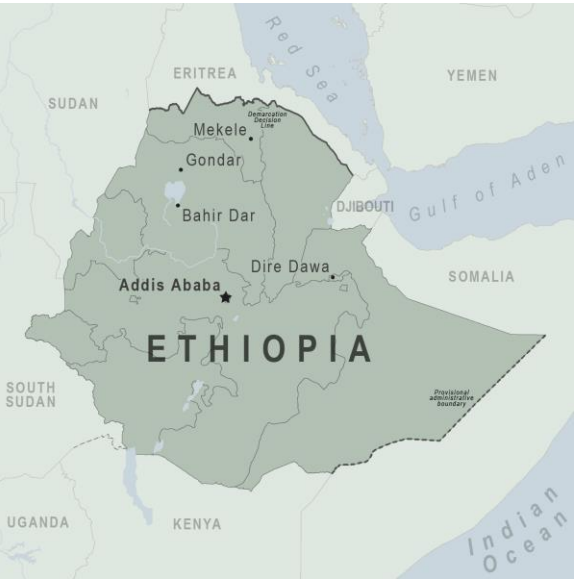
The diseases that encompass all three categories are Viral Hemorrhagic Fevers and are transmitted person to person.



Marburg Virus

Current Situation:

- November 14, 2025 Ethiopia Ministry of health reported first Marburg outbreak
- As of January 26, 2026: 14 lab confirmed cases & 9 deaths- **Declared END of Outbreak**



Recent Outbreaks:

- Tanzania January-March, 2025: 10 confirmed & probable cases all resulted in deaths
- Rwanda Sept-Dec, 2024: 66 cases, 15 deaths

Ethiopia - Traveler view | Travelers' Health | CDC

CCHF

Recent Outbreaks:

- Tanzania January-March, 2025: 10 confirmed & probable cases all resulted in deaths
- Iraq, July-Sept 2025: 114 cases with 12 deaths

Tanzania Maps & Facts - World Atlas

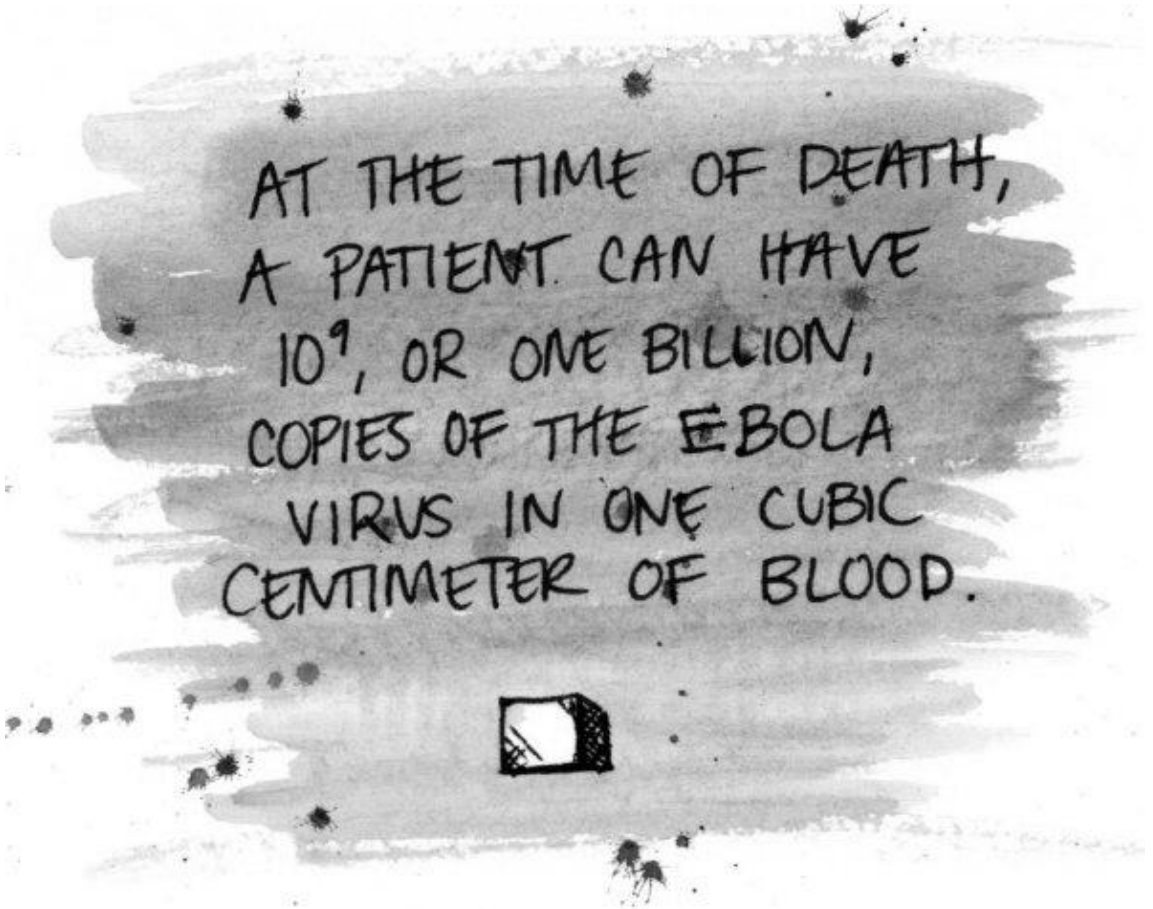
NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

VHF Study

	Reservoir	Symptoms	Treatment/Prevention	Transmission	
Ebola virus (47/141 reports)	Fruit bat, Africa	"Dry" symptoms: fever, weakness, muscle aches (including headache), rash "Wet" symptoms: diarrhea, vomiting, bleeding	Monoclonal antibody **Vaccine**	Contact with blood/body fluids of an infected animal or **human**	
Lassa fever (24/141 reports)	Rat, Africa		Ribavirin Not vaccine-preventable		Inhaling dust contaminated with infected rats' urine
Marburg virus (13/141 reports)	Fruit bat, Africa		Investigational monoclonal antibody Not vaccine-preventable		
Crimean-Congo hemorrhagic fever (4/141 reports)	Cattle, sheep, goats, small mammals, ticks; Middle East, Asia, Africa		No specific treatment Not vaccine-preventable		Bite of infected tick

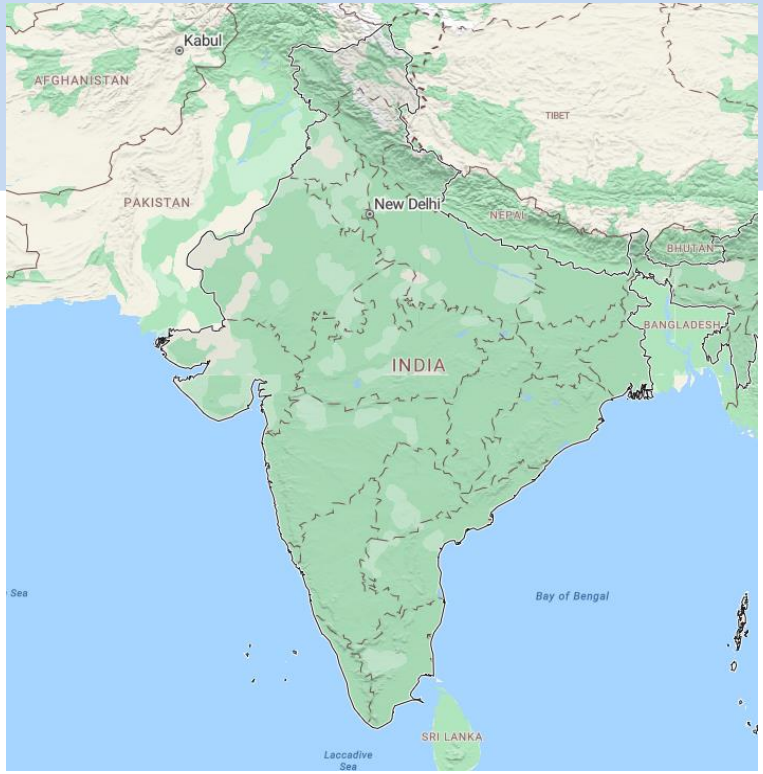
Belhadi A et al *PLOS Neglected Tropical Diseases* (2022)


AT THE TIME OF DEATH,
A PATIENT CAN HAVE
10^9, OR ONE BILLION,
COPIES OF THE EBOLA
VIRUS IN ONE CUBIC
CENTIMETER OF BLOOD.

Nipah Virus

Current Situation:

- India: West Bengal State, January 26, 2026: 2 lab-confirmed cases of health care workers from the same hospital
- Bangladesh: February 3, 2026: 1 lab-confirmed case



Map: Microsoft Bing Maps

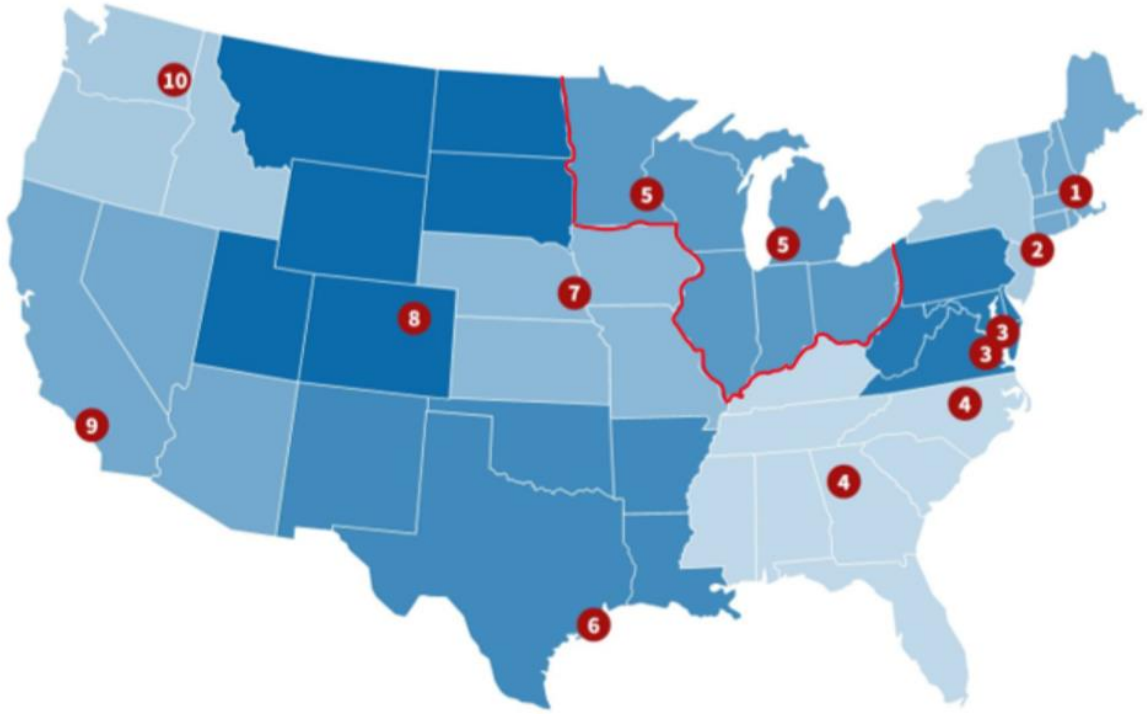
NSPS Region 5 RESPTC
Corewell Health
University of Minnesota Medical Center

Regional Response

PREPARE. PROTECT. RESPOND.

RESPTC/Level 1 Overview

Level 1 Facilities: Regional Emerging Special Pathogen Treatment Centers (RESPTCs)



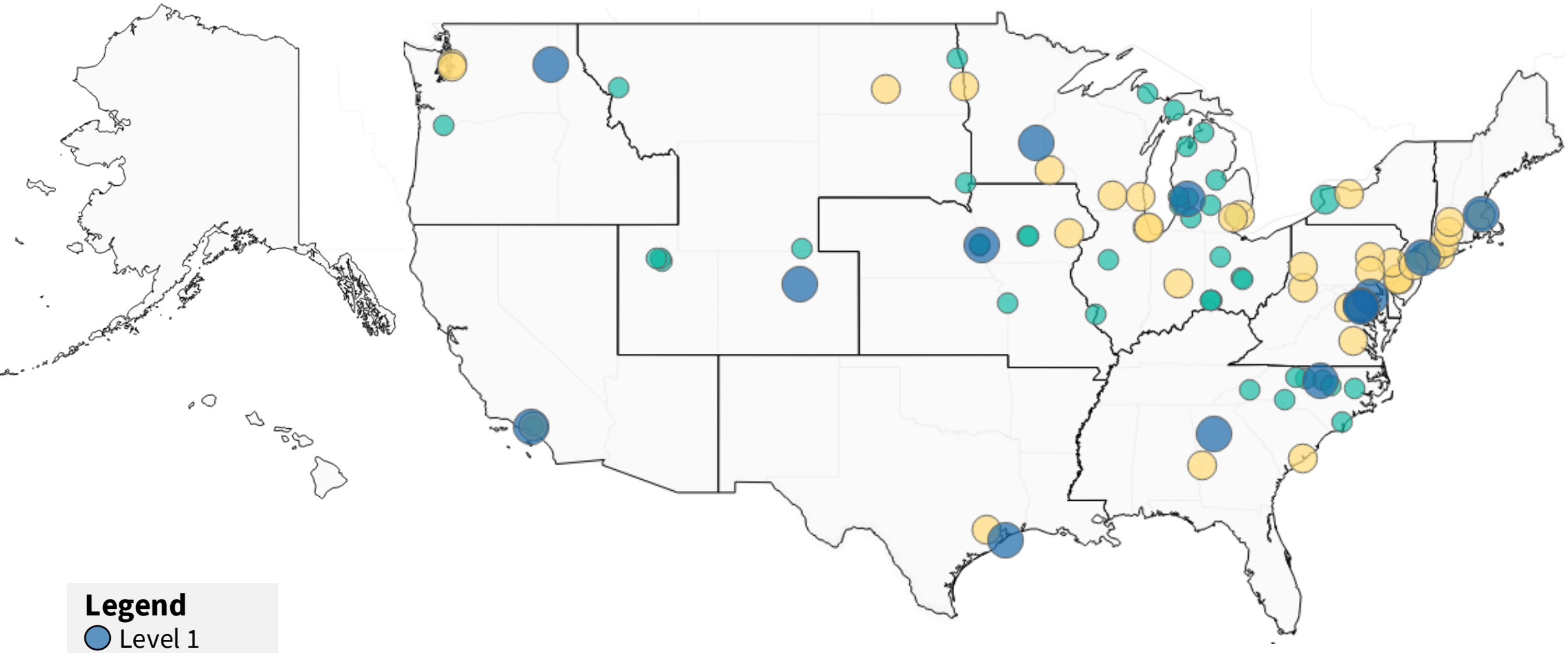
1. **CT, ME, MA, NH, RI, VT**
   Massachusetts General Hospital
2. **NJ, NY, PR, VI**
   NYC Health + Hospitals / Bellevue
3. **DC, DE, MD, PA, VA, WV**
   Johns Hopkins Hospital
   MedStar Washington Hospital Center
4. **AL, FL, GA, KY, MS, NC, SC, TN**
   Emory University Hospital
   UNC Health
5. **IL, IN, MI, MN, OH, WI**
   University of Minnesota Medical Center
   Corewell Health
6. **AR, LA, NM, OK, TX**
   University of Texas Medical Branch
7. **IA, KS, MO, NE**
   University of Nebraska Medical Center/Nebraska Medicine
8. **CO, MT, ND, SD, UT, WY**
   Denver Health & Hospital Authority
9. **AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW**
   Cedars-Sinai Medical Center
10. **AK, ID, OR, WA**
    Providence Sacred Heart Medical Center & Children's Hospital

NSPS Region 5 RESPTC
Corewell Health
University of Minnesota Medical Center

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

System of Care State Map



Legend
- Level 1
- Level 2
- Level 3

Last updated January 2025. Please note that data collection is in progress and not all regions are fully visualized

Identify, Isolate, Inform

- After isolation, it is essential to notify the appropriate authorities—hospital infection control and local or state public health departments.
- Timely reporting enables contact tracing, implementation of community protection measures, and access to critical resources and support.

Great Lakes Healthcare Partnership

- The GLHP's primary goal is to enhance the region's ability to respond to and recover from significant incidents and emergencies that impact healthcare delivery.

- The GLHP works on developing and sharing emergency preparedness plans, resources, and best practices, and fosters collaboration among healthcare organizations and emergency management agencies

State Primary Points of Contact:

Minnesota: 24/7 on-call: 651-201-5414 or 1-877-676-5414

What will they ask?

- Provide Situational Report:
  - Personal information
    - Name, age, gender, pregnancy status, suspected/confirmed HCID
  - Countries visited and dates of travel in each
  - Symptoms / Condition
    - Stable, improving, or worsening
    - List of symptoms and onset dates
  - A description of exposure (examples: animal exposures, healthcare exposures, etc.)
  - Confirm that blood was drawn and where it was sent off for testing and for what pathogens

Great Lakes Healthcare Partnership

- **Health Department** may:
- Held arrange transport/ambulance service. Will include police transport if needed.
- Identify/Notify potential receiving hospital(s).
- Will notify/contact ASPR/HHS, CDC, other state health departments if needed.
- Discuss testing process/lab work and transporting sample to state public health lab for presumptive positive.
- Connect Frontline Facility to receiving hospital and/or RESPTC/NETEC for support.

Great Lakes Healthcare Partnership

- **Frontline Facility** will:
- Expect to care for patient for a minimum of 8 hours.
- Log staff contacts with patient, specimens, and waste.
- Sequester waste in preparation for removal.
- Escalate any operations/logistics questions to health department; patient care questions to RESPTC/NETEC.

NSPS in Activation

PREPARE. PROTECT. RESPOND.

Special Pathogen Recent Event – Lassa Fever

- October 2024, An American citizen returned from Liberia to their home in Iowa.
- Patient was not symptomatic during travel
- 8 days after his return ⟹ presented to local emergency department with fever, headache, and myalgia.
- Symptoms did not trigger the travel screen within the electronic healthcare record.
- Patient lived in a single multi-generational home

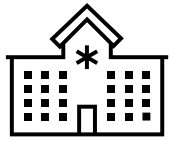
NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

NSPS in Activation – Lassa Fever

Context

An American citizen, returned from Liberia, was cared for at 3 different healthcare facilities in Iowa, and eventually succumbed to Lassa Fever.



5

Healthcare facilities involved

172

EMS & healthcare workers exposed

Zero

Transmitted infections due to PH & NSPS success

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Timeline of Events

OCT 7
Patient (Y) returns to Iowa from Liberia

OCT 15
Y develops fever, headache, myalgia

OCT 22
Y presents to emergency department

EMS transport to Community Hospital B. Abx started, malaria (-)

OCT 26
EMS transport from Hosp B to Hosp C w/ worsening delirium and VS. Direct admit to ICU

OCT 27
Y w/ progressing hypotension, MODS. ID assessment raises Lassa fever concern. IA public health contacted. RESPTC contacted and response team deployed.

OCT 27
Test sent to NE Public Health Laboratory

OCT 28 (0100)
BioFire GFSP positive for Lassa.

OCT 28
Patient expires. RESPTC team on site. Remains prepared for cremation.

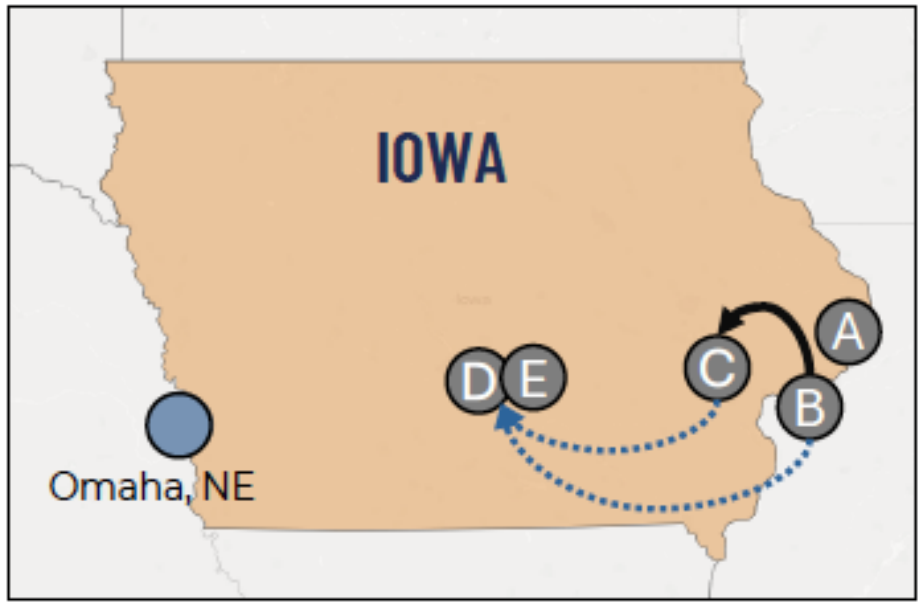
OCT 29
Contact tracing. 180 contacts at 3 med facilities, 3 EMS, 5 labs, family, and community

OCT 29-NOV 3
RESPTC teams provide assistance on site at hospitals and EMS agencies in Des Moines and Eastern Iowa

NOV 3-NOV 20
5 individuals under monitoring develop s/s that warrant Lassa testing. EMS transports to Hospitals C and D. All tests (-)
IA PHL onboards GFSP

NOV 20
Contact tracing winds down. No secondary cases

Map of the Lassa Case



MAP OF THE CASE

- A — Level 4 facility - patient initially presented and discharged
- B — Level 4 facility - patient presented & was admitted
- C — Level 2 facility - patient was transferred in declining condition
- D E — Level 3 facilities – suspect patients were evaluated & tested
- R7 RESPTC facility - provided regional support & training
- EMS - transported patient with Lassa from facility B to C
- EMS - transported suspect cases from B & C to D & E

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

How the NSPS Successfully Responded

Elements of Preparedness & Response

Prepared to Activate
IA hospitals & EMS practiced similar scenarios together and with the Level 1 in Omaha

Long-Standing Relationships
Partners in Region 7 built a foundation of trust that enabled quick coordinated response

NSPS Coordination
All levels of the NSPS, from Level 1-4 and EMS, coordinated a rapid, united response

"Our success [in response] was because of the groundwork that was laid over the past decade."
– NETEC Leader

NETEC facilitated national coordination & real-time information sharing

Level 1 or RESPTC to provided just-in-time training, technical assistance, & regional coordination

Level 2 & 3 collaborated with NSPS partners and cared for confirmed patient & suspect patients

EMS provided transport for patients & suspect cases to higher levels of care and for assessment & testing

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

The Catastrophic Risk

What could've happened if we weren't prepared…

Health-Worker Shortage
Over 150+ healthcare workers were exposed, threatening health-worker shortages at rural facilities

Breakdown of 911 Services
EMS personnel were exposed, with the potential to overwhelm & breakdown 911 and EMS services

Rural Community Impact
Est. 170 individuals were exposed, risking health system overload, severe socio-economic disruptions, and lives lost.

Training Opportunities

NSPS Region 5 RESPTC

UNIVERSITY OF MINNESOTA MEDICAL CENTER

Sample Agenda

- NSPS & RESPTC Overview
- Infection Prevention's Role in System Preparedness
- Special Pathogen Overview
- Identify, Isolate, Inform
- Wrapping a patient for Transport
- Case Study: identification, triage, and notifications related to suspected HCID patient
- Category A Waste Management
- PPE Considerations: PPE selection, donning & doffing, breach management, spill clean-up or ambulance wrap

NSPS Region 5 RESPTC

UNIVERSITY OF MINNESOTA MEDICAL CENTER

Learning Objectives

- Describe the National Special Pathogens System (NSPS).
- Differentiate capabilities between a Level 1, 2, 3, and 4 facility as recognized by the NSPS.
- Discuss the role of Infection Preventionist's role in HCID preparedness.
- Review what constitutes a Special Pathogen.
- Define the Identify, Isolate, Inform Process.
- Identify considerations needed for Waste Management of Category A waste.
- Recognize proper donning and doffing of personal protective equipment (PPE) required to care for a patient with a suspected HCID.
- Describe PPE breach management processes.
- Simulate the presentation of patient with a suspected HCID at a local facility, including the appropriate steps for isolation, escalation, and notification of relevant organizations.

Upcoming Trainings

Full-day HCID Training In-Person

- Bloomington, MN: April 21 & 22, 2026
- Fergus Falls, MN: May 5, 2026
- St. Cloud, MN: June 18, 2026 (TENTATIVE)
- Virginia, MN: June 30, 2026

NSPS Region 5 RESPTC | Corewell Health University of Minnesota Medical Center

Project Echo Session- hosted by Corewell Health

Upcoming Sessions

THU
05
MAR

Identify, Isolate and Inform in the Emergency Department

11:00 am - 12:00 pm CT

Program: Region 5 Emergency Preparedness and Response Learning and Action Network ECHO

By Corewell Health Research Institute

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

NSPS Region 5 RESPTC

Corewell Health
University of Minnesota Medical Center

Closing/Questions

Resources

- **Region V RESPTC Regional Outreach Program (UMMC in Minneapolis, MN and Corewell Health in Grand Rapids, MI)**
  - Special Pathogens Support: Intake Form
  - Have questions? Email DEPT-UMMC-SPU@Fairview.org or SPU@corewellhealth.org

Questions:

Newsletter Subscription:

- **National Emerging Special pathogens Training and Education Center (NETEC)**
  - https://netec.org

NSPS Region 5 RESPTC | Corewell Health University of Minnesota Medical Center