EMERGENCY RESPONSE OPERATIONS
Core Capabilities

- **Strong operational model** that ensures clinical & fiscal rigor while maintaining the necessary flexibility to meet changing environmental demands underpins our methodology
- **Unique combination of extremely flexible teams** of health practitioners combined with fixed & mobile medical facilities, air ambulance services, and highly refined medical processes & procedures
- **Mature supply chain** established from over 20 years working globally in support of USG efforts
- Best-in-class in **field operations & management** services in conflict & post-conflict environments
- Ability to **expedite procurement processes** for emergency response (strategic framework agreements, Delegations of Authority & BPAs)
- **Logistics expertise** and strong network of regional freight forwarding partners & 4PL management
- Systems that are tailored to integrate with USG based on our experience supporting over **1,000 complex international disaster relief efforts** over the past 20 years
- **Existing contracting vehicles** for rapid procurement – OASIS Pool 1 UR, & USAID HASC IDIQ with the DCHA Bureau

Exceeding expectations while saving lives in Liberia during the Ebola outbreak

"It is rare to have a contractor exceed your expectations for quality and finish tasks ahead of deadlines...but PAE managed to do both... PAE met WHO standards on ETU management, clinical care, and ETU decommissioning. **PAE brought a skill set and professionalism that would be hard to match.** The imagination and creativity demonstrated by the leadership of PAE makes them adept at problem solving in highly fluid and dynamic environments." — Christopher Nikoa, USAID CO, CPAR 1/27/2017 from our Liberia Clinical and Non-Clinical Management of Ebola Treatment Units Response
The PAE/AMI team is a key partner within the National Response Framework and thoroughly familiar with the National Incident Management System

Key PAE/AMI competencies to COVID response:

- **Community-based response plans**: designed to support the community without draining necessary local resources

- **Gain and maintain situational awareness**: incorporate a robust command and control capability to monitor changing events and support an overall unity of effort with all organizations and agencies

- **Scalable and adaptable capabilities**: fully scalable in size and duration to adapt to meet ever-changing requirements across multiple localities to address response needs

- **Demobilization**: designed for an orderly and safe return of assets to their original state upon completion of operations
USAID Clinical & Non-Clinical Management of Ebola Treatment Units (ETU) Response

- Established and opened 9 ETUs capable of fully serving communities across Liberia within 60 days
- Leveraged supply chain network and active footprint in Africa to rapidly mobilize
- Deployed full medical teams to staff hospitals
- Provided all clinical and facility wrap-around services
- Established a robust supply chain throughout the country
- Procured $17M in equipment and materials within 30 days
- Provided training for local staff on clinical and non-clinical technical skills

60-Day Snapshot of Program:

<table>
<thead>
<tr>
<th>7 DAYS</th>
<th>30 DAYS</th>
<th>60 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Manager and support staff on the ground</td>
<td>100+ expats and 500 locals in-country opening ETUs</td>
<td>1,000+ trained staff actively providing support</td>
</tr>
</tbody>
</table>
Georgia World Congress Alternate Care Facility

- Constructed a 200-bed ACF in the Georgia World Congress Center within 6 days of NTP
- Leveraged global supply chain network to procure equipment and materials in short supply
- Hired local subcontractors to support the local economy
- Procured $25M worth of equipment and consumables in 6 days
- Mobilized over 218 clinical staff and support personnel in 3 days
- Provided all clinical/non-clinical wrap-around services

6-Day snapshot of mobilization

<table>
<thead>
<tr>
<th>0 DAY</th>
<th>2 DAYS</th>
<th>6 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAE-AMI personnel on the ground within hours of NTP</td>
<td>Equipment and consumables begin to arrive, infrastructure begins assembly</td>
<td>ACF at full operating capacity (FOC), 210 medical personnel on site</td>
</tr>
</tbody>
</table>

Each patient has a private room
Full WAS provided to support patients and staff
Navajo Nation COVID-19 Support

- Mobilized over 10 sites, 23 different COVID support activities
- Hired local subcontractors and personnel to the max extend to support/stimulate the local economy
- Procured $15M worth of equipment and consumables in 6 days
- Mobilized over 320 clinical staff and support personnel
- Provided all clinical/non-clinical wrap-around services throughout the nation

60-Day snapshot of mobilization

PAE personnel on the ground within hours of NTP

Activities in place:
- Chinle ACS
- 5 testing teams
- Call center
- Kayenta ISO ward

Activities in place:
- Chinle ACS
- 11 testing teams
- Call center
- Tuba City ISO ward
- Sicorro ISO ward
- Farmington ISO ward
- 6 log sites
- Lab

2020-2021 COVID-19 Response
(Navajo Nation, AZ & NM)
Southeast Athletic Conference Testing Program

- Coordinated & executed testing services for safe athletic events:
  - Referees (remote testing)
  - Athletes & staff (on-campus testing)

- Leveraged global supply chain network to procure equipment and materials in short supply

- Hired locally for greater operational flexibility and cost reduction

- Mobilized over 118 clinical staff and personnel in 4 days

- Coordination between local and regional labs

- Expanding testing to vaccine administration

4 Day snapshot of mobilization

0 DAY
PAE personnel on the ground within hours of NTP

2 DAYS
Equipment and consumables begin to arrive, infrastructure begins assembly

4 DAYS
Testing at full operating capacity (FOC), 118 medical personnel on site

Pictures are prohibited of the actual testing
Canadian Mobile Respiratory Care Unit Program

SNC-Lavalin/PAE has developed options for providing Provincial and Territorial health care providers a flexible modular solution for addressing surge capacity requirements. Our solutions have received the approval of Canada and we stand ready to engage Provincial and Territorial partners in the Deployment Assessment process. During the Deployment Assessment, our team will work with you to configure a solution that responds directly to the needs of your jurisdiction.

**Structures / Facilities**

We provide three building system technologies to offer a flexible solution that can be configured for any deployment request: Containerized, Modular and Medical Pods.

**Support & Services**

We provide a range of materials and services that are needed to support the needs of the local healthcare provider and offer high-quality support services at any deployment location in Canada.

**Equipment & Consumables**

**Utilities**

**Operate & Maintain**
AZ Department Health Services

- St Luke’s
- Tucson Convention Center

* Neither isolation ward/ACS have been activated
PAE understands the importance of collaborating closely with our clients to develop the best possible solution for their needs

- Work with organizations to establish protocols
- Ensure safety of staff
- Ensure safety of guests
- Record and analyze data (HIPAA compliant)
- Reassess and implement enhancements as required

Establish protocols using CDC guidance, existing Casino procedures, and PAE’s extensive COVID 19 experience

- Initial testing of all staff via PCR test
- Monitor staff twice daily
  - Manual temperature & pulse oximeter
  - Establish bar code system for data tracking efficiency
- If staff member shows symptoms, perform Rapid Antigen test for quick response
  - If test positive, then PCR test to confirm results
- All staff get tested monthly via PCR test
- Place air collection monitoring devices at the entrance
  - Collects air samples as people walk past
  - Samples concentrate biological particles into liquid
  - Then be tested for COVID-19

- Place thermal imaging device at guest entrance; individuals are screened as they walk past
- If imaging device indicates a high temp, follow up with manual temperature check and pulse oximeter
- If symptomatic, then Rapid Antigen test for quick response
  - If guest tests positive, they (and any others they arrived with) will be turned away
  - If person tests negative, they may enter building
Overall Challenges

• State plans are broad and rely on traditional vaccine delivery systems such as – major healthcare systems, pharmacies, and established clinics

• Little flexibility to reach rural, underserved and establish mass vaccination community-based clinics, mobile and drive-thru clinics across the state or county; unable to handle throughput volumes needed to reach vast majority of population within 12 months

• Major healthcare infrastructure utilized for ultra-cold storage acting as hubs and then pushed to spokes for vaccine point of delivery (PODs)

• Need for scalable information management system to register patients across the state and link into state immunization registry
**Strategy**

**BLUF:** PAE can help penetrate the hard-to-reach populations that traditional hubs (hospitals & pharmacies) have difficulty reaching

**PAE has developed a flexible, adaptable and scalable approach that is able to:**
- Augment vaccine distribution from hubs to spokes and PODs (last mile delivery)
- Establish mobile, community-based and drive-thru clinics based on vaccine availability and population eligibility
- Provide patient portal registration, integration into state immunization registries and 3rd party billing for insurance reimbursement via an interoperable healthcare management system
- Provide vaccine inventory management
- Provide help with vaccine allocation

**PAE leverages 10 months of COVID-19 response**
- Robust clinical recruiting infrastructure
- Established models and protocols for vaccine dispensary
- Currently operating in multiple states, tribal nations, & counties across U.S.
- Rapid mobilization ramping up quickly
- Integrate with existing infrastructure & public programs
- Coordinate with federal, state, tribal, and local governments and organizations

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**Vaccine Site Setup**

- Staffing based on vaccine administration site size & patient population
- HIPAA compliant patient registration system
- Expeditionary setup to ensure effective social distancing throughout the whole vaccine administration process
- Patient privacy during the 15-minute observation period
Positive discriminators to COVID response:

• **C2 (gain & maintain situational awareness):** incorporate a robust command and control capability to monitor changing events and support an overall unity of effort with all organizations and agencies.

• **Designer CONOPs (scalable & adaptable capabilities):** fully scalable in size and duration to adapt to meet ever-changing requirements across multiple localities to address response needs distributed ops.

• **Rapid mobilization:** ability to rapidly mass and focus resources (people, equipment, supplies, services).

• **Safety focus:** no COVID cases for our staff even with constant exposure.

• **Operational integration:** single ‘belly button’ for all activities.

• **Logistics:** ability to support and sustain agencies and operations in any environment.

• **Interagency coordination:** can coordinate, execute and support operations at all levels of the National Response Framework.

• **Designer CONOPs (economy of force):** individual operational plan to solve a client’s specific issue.
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