

HPCNTX TSA-C & D PANDEMIC INFLUENZA TABLETOP AND FULL FIELD EXERCISE 2008

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LOCATION: TSA-C & D, ONSITE AT VARIOUS HOSPITAL LOCATIONS

[TT: MAR 11 AT 2PM AND FFE: MAY 12 AT 2PM]

(VERSION 1.0)

Agenda



- *[5 minutes]* Overview and Objectives
- *[10 minutes]* Unfolding Situation-Decisions and Responses
- *[10 minutes]* Later Developments-Decisions and Responses
- *[10 minutes]* Debriefing and Self-Evaluation Process
- *[10 minutes]* Question and Answer Session

Overview and Objectives



- Exercise Objectives - What are your primary responsibilities?
- What responsibilities do you have related to WMD and pandemic influenza preparedness?

Tabletop Exercise Goal



- To exercise the relationships between hospitals, state and local public health agencies and their healthcare delivery partners in response to a WMD and pandemic influenza emergency. To stress and test local hospital DECON capabilities

Specific Objectives

- Exercise the joint response capabilities between hospitals, public health agencies and their healthcare delivery response partners in the following response categories:
 - Event Notification
 - Staff Recall and ED Triage Staging
 - DECON capability and metering through put
 - Surveillance & Epidemiology
 - EOC Command, Control & Communications
 - Risk Communication
 - Surge Capacity
 - Contamination and Disease Prevention & Control

Expectations



- ❑ No hospital or health department is fully prepared for this type of public health emergency
- ❑ Open and honest dialog and feedback are encouraged throughout the exercise
- ❑ Participants should feel free to ask questions of one another and challenge each other's assumptions
- ❑ No one will be singled out or punished for what they say during the exercise
- ❑ You will act on what you learn



Initial Assumptions -
LEAD UP ACTIONS
Decisions and Responses

Early Spring 2008 – (Now)



- There have been no major public health emergencies in HSR 2 [TSA-C & D] during the last several months
- The regular flu season in the fall of [2007] begins, and the number of flu cases is mild to average (comparable to most other years)

Mid- December 2007 (Hx)

- Atypical outbreaks of severe respiratory illness are discovered in various areas in Indonesia
- At first, the Indonesian government attempted to contain the outbreaks on its own
- The global community became aware of the outbreaks through rumors that the Indonesian government initially denied but later confirmed
- Initial laboratory results from Indonesia's National Influenza Center indicate that the outbreaks are due to influenza A, subtype H5

Late January 2008 (Hx)

- Isolates from Indonesia are sent to the WHO Reference Laboratory at the US Centers for Disease Control and Prevention (CDC) for sub-typing. WHO and CDC both identify the outbreak virus as a subtype H5N1
- Outbreaks of the illness begin to appear throughout Southeast Asia in Hong Kong, Malaysia, and Thailand
- Young adults appear to be the most severely affected. The average attack rate in these countries is 25%, and the average case fatality rate is 5%
- Results of the WHO investigations indicate extensive person-to-person transmission of the virus, over at least 4 generations of transmission
- WHO officially declares transition to pandemic alert level 5

Early February 2008 (Hx)



- Appropriate viral isolates are sent to the U.S. Food and Drug Administration (FDA) and the CDC to begin work on producing a reference strain for vaccine production
- Influenza vaccine manufacturers are placed on alert; however, it will be at least 6 months, perhaps more, before a vaccine will be available for distribution
- At this time there are no known cases of the illness in the U.S., and no evidence of infection in U.S. birds
- The CDC uses the Health Alert Network (HAN) to update state and local health departments on the situation and advises them to step up surveillance efforts

March 11 and May 12, 2008 - Today!



- ✓ Many patients said that they were in town when an armored truck collided with a school bus, overturning and spilling “slightly wet” twenty-dollar bills. The armored truck company says that they have lost approximately \$500,000.00 in the incident due to “onlookers” at the scene grabbing up all the money
- ✓ First Responders and First Receivers are assessing the threat and are responding to the incident per the regional plan. The on scene incident commander has notified the RMOC that the incident has occurred and the level and extent of the MCI

Today



- The CDC uses HAN to report localized outbreaks of the illness (due to influenza H5N1) confirmed in *[two states distant from north Texas where the exercise is taking place]*
- Recent reports from the CDC's Influenza Surveillance System suggest that there is no reason to suspect the illness has yet reached us

Today



- The national media continue to cover pandemic flu stories
- The local press contacts the [*local public health agency*] to inquire about what the health agency and its healthcare partners are doing to prepare

Today



- DSHS HSR 2/3 sends a notification of a regional outbreak of Pandemic Influenza. PHIN Alert/ Notification sent and a regional alert posted to EMSystem for TSA- C & D, HSR 2
- County Health Departments craft notifications and send alerts to hospitals
- Hospitals report that less patients are arriving with SLUDGEM symptoms but ER's are still filling to capacity with "flu-like" patients and worried well

Decisions to be made



1. What are the specific key tasks that hospitals and public health agencies and their healthcare response partners need to carry out to step up surveillance and correctly diagnose the threat?
2. What command structure is appropriate at this point, e.g., a formal Hospital Incident Command System (HICS), informal HICS, other, or no official structure at this point?

Decisions to be made (HPIO's)



1. Which partner agency has primary responsibility for communicating with the media?
2. What are the key things that need to be done to ensure proper management of risk communications across partner agencies?
3. What are the key messages the public should be told at this point in time?



Later Developments- Decisions and Responses

Decisions to be made



1. What key epidemiological steps should be used to follow up with potential cases and their contacts?
2. What should partner agencies be doing at this point to control the spread of disease?

Mid-Spring 2008



- The CDC begins shipment of vaccine across the country. It has identified health care providers, elderly, and people with chronic diseases as priority populations
- Two doses of the vaccine will be required
- *TSA-C and D* receives an initial shipment of [100,000] doses to vaccinate high priority groups
- More vaccine is expected in the coming weeks

Decisions to be made



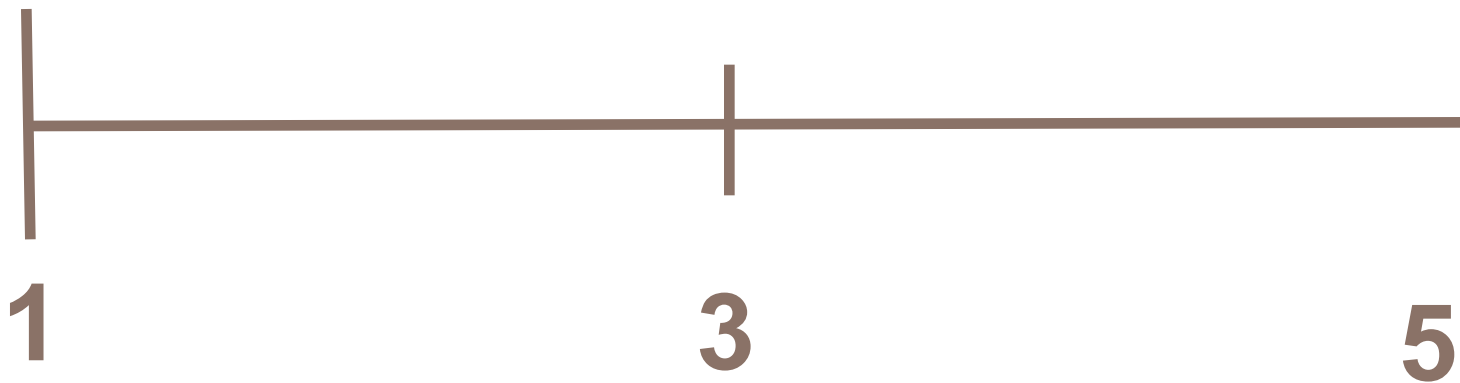
1. What partner agency has primary responsibility for vaccine coordination, management, and distribution?
2. Which individuals should receive the vaccine first?
3. Where and how should the vaccine be administered?



Debriefing and Self-Evaluation

5-Point Scale

1 = Flawed or worst response
(Considerable improvement necessary)



5 = Ideal or best response
(No improvement necessary)

Surveillance (Best Score = 5)

- **THE IDEAL:** All hospitals/agencies involved in the response:
 - ▣ Articulated a clear, unified plan for stepped-up surveillance efforts
 - ▣ Understood their respective role in stepped-up surveillance efforts.
 - ▣ Articulated how their surveillance efforts dovetailed with other partner agencies
 - ▣ Demonstrated the ability to effectively collect, share, and evaluate surveillance information in a timely manner

Epidemiology (Best Score = 5)

- **THE IDEAL:** All hospital/agencies involved in the response:
 - ▣ Demonstrated the ability to frame relevant follow-up questions based on surveillance findings
 - ▣ Launched a unified epidemiologic investigation of an intensity and aggressiveness commensurate with the public health threat at each stage
 - ▣ Demonstrated ability to apply epidemiologic methods in crafting successive queries as hypotheses were developed, rejected, or came into greater focus

DECON



- **THE IDEAL:** All hospitals involved in the response:
 - ▣ Demonstrated the ability to set up triage and DECON in a time frame relevant follow-up questions based on observer findings
 - ▣ Launched a unified ED HERT Triage/DECON team that aggressively triages, assess and DECON's patients in a manner outlined in the OSHA First Receivers Manual

Command, Control & Communication

(Best Score = 5)



- **THE IDEAL:** All hospital/agencies involved in the response:
 - ▣ Set up a command structure that was commensurate with the threat during each stage of the exercise
 - ▣ Identified an agreed-on leader
 - ▣ Demonstrated the ability to effectively communicate with one another
 - ▣ Presented a unified response plan that was coordinated seamlessly across partner agencies

Risk Communications

(Best Score = 5)

- **THE IDEAL:** All hospitals/agencies involved in the response:
 - Worked together to carefully develop and disseminate risk communications messages
 - Identified a cross-agency public information leader and spoke to the media with “one voice”
 - Articulated a plan to proactively communicate with the media
 - Developed clear and consistent messages across agencies based on facts
 - Demonstrated ability to effectively communicate with vulnerable communities

Surge Capacity

(Best Score = 5)

- **THE IDEAL:** All agencies involved in the response:
 - Were able to identify the availability of resources for emergency transport, emergency department care, beds, ventilators, and staff
 - Developed plans to share resources
 - Had clear relationships with one another, including memorandums of understanding and pre-established plans for dealing with limited staff and resources
 - Anticipated the need to increase patient care capacity and articulated a logical unified strategy for increasing capacity
 - Discussed plans to actively use volunteers to assist

Disease Prevention and Control

(Best Score = 5)

- **THE IDEAL:** All agencies involved in the response:
 - Considered strategies to balance competing needs for more information versus the need for rapid action to control the disease from spreading
 - Possessed knowledge of, or were readily able to access, indications and contraindications for vaccination or prophylaxis
 - Applied available guidelines and developed a rational process to determine who should receive vaccination/prophylaxis

Action Plan Development – part 1



- What are the biggest gaps or challenges in preparedness you see resulting from this exercise?
- Which problem areas should be deemed highest priority?
- Identify three important gaps that could lend themselves to an action plan?

Action Plan Development – part 2



- Outline a plan for how you might begin to make improvements to your response.
- What initial steps can you take?
- Can you identify a change agent for each of these steps?
- How can you reassess yourself to ensure that improvements have worked?

Questions?

- Please visit our website for all training materials at www.hpctx.com
- First Receivers handbook can be found at: http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html
- CDC Guidance on PAN FLU can be found at: <http://www.cdc.gov/ncidod/EID/vol11no08/04-1317.htm>
- The Emergency Response Guidebook can be found at: <http://hazmat.dot.gov/pubs/erg/guidebook.htm>