

Avian Influenza A (H7N9) Virus Tabletop Exercise

Situation Manual

June 1, 2014

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE OVERVIEW

Exercise Name Avian Influenza A (H7N9) Virus Tabletop Exercise

Exercise Dates June 1, 2014

Scope

This is a Tabletop Exercise (TTX), scheduled to take place at Maritime Conference Center - 692 Maritime Boulevard, Linthicum Heights, MD 21090 for approximately three (3) hours). This TTX is an interactive, discussion-based activity focused on a pandemic outbreak. The TTX will focus on the primary care centers' ability to make high-level decisions and use emergency management concepts in response to a pandemic which will result in staffing/supply impacts and difficulty sustaining operational status.

The progressive scenario and corresponding prompts will aid and facilitate the exploration of the primary care center's understanding of emergency management fundamentals including the National Incident Management System (NIMS) and the relationship with their Incident Command System (ICS), the emergency planning process, the role of mutual aid agreements, and emergency public information. Ultimately, the TTX will highlight the need for a networked approach to preparedness and response.

The primary limitations of this exercise include the varied emergency preparedness/response backgrounds of the participants, their roles at the individual and organizational levels, as well as, the recognition that few primary care centers have individuals dedicated personnel to perform emergency preparedness duties independently of their other job functions and responsibilities.

Core Capabilities

The below associated core capabilities are based on the Office of the Assistant Secretary for Preparedness and Response's (ASPR) Healthcare Capabilities List¹: National Guidance for Healthcare System Preparedness.

- Healthcare System Preparedness
- Emergency Operations Coordination
- Responder Safety and Health
- Information Sharing

¹ Assistant Secretary for Preparedness and Response's Healthcare Capabilities List: National Guidance for Healthcare System Preparedness
<https://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>.

Objectives	<ol style="list-style-type: none"> 1. Review the ability for primary care centers to activate their emergency management and infectious control protocols. 2. Identify the ability of the primary care centers to establish an Incident Command System (ICS) and Emergency Operations Center (EOC). 3. Evaluate collaborative initiatives (E.g. Supplies, agreements, and advocacy) among community partners (E.g. primary care centers, Mid-Atlantic Association of Community Health Centers, public health agencies, community based organizations, vendors, hospitals, and healthcare coalitions). 4. Identify the primary care center’s communications processes and interoperability 														
Threat or Hazard	Pandemic														
Scenario	The World Health Organization (WHO) officials reported that recent human-to-human transmission cluster cases of Avian Influenza A (H7N9) Virus are present in several countries.														
Sponsor	The Primary Care Development Corporation (PCDC) under contract with the Mid-Atlantic Association of Community Health Centers (MACHC) has developed this Tabletop exercise. It provides participating primary care centers the opportunity to test their emergency management protocols by responding to a fictional pandemic event.														
Point of Contact (POC)	<table border="0"> <tr> <td>Name</td> <td>Jean Paul Roggiero, MPA, CEM</td> </tr> <tr> <td>Title</td> <td>Senior Program Manager, Emergency Management Program</td> </tr> <tr> <td>Agency</td> <td>Primary Care Development Corporation</td> </tr> <tr> <td>Street Address</td> <td>22 Cortlandt Street, 12th Floor</td> </tr> <tr> <td>City, State ZIP</td> <td>New York, NY 10007</td> </tr> <tr> <td>Office</td> <td>(212) 437-3932</td> </tr> <tr> <td>E-mail</td> <td>JRoggiero@pcdc.org</td> </tr> </table>	Name	Jean Paul Roggiero, MPA, CEM	Title	Senior Program Manager, Emergency Management Program	Agency	Primary Care Development Corporation	Street Address	22 Cortlandt Street, 12 th Floor	City, State ZIP	New York, NY 10007	Office	(212) 437-3932	E-mail	JRoggiero@pcdc.org
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GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to the Department of Homeland Security’s Assistant Secretary for Preparedness and Response’s Healthcare Capabilities List.

Exercise Objective	Core Capability
1. Review the ability for primary care centers to activate their emergency management and infectious control protocols.	Healthcare System Preparedness Responder Safety and Health
2. Identify the ability of the primary care centers to establish an Incident Command System (ICS) and Emergency Operations Center (EOC).	Healthcare System Preparedness
3. Evaluate collaborative initiatives (E.g. Supplies, agreements, and advocacy) among community partners (E.g. primary care centers, Mid-Atlantic Association of Community Health Centers, public health agencies, community based organizations, vendors, hospitals, and healthcare coalitions).	Emergency Operations Coordination
4. Identify the primary care center’s communications processes and interoperability	Information Sharing

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those taking part in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as Subject Matter Experts (SMEs) during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This will be a facilitated exercise, scenario-based, group discussion initiated and driven by a multimedia presentation and this SITMAN. After reviewing the developing scenario in each module, players will reflect on the corresponding prompts within their groups, detail any actions to be taken. Players will participate in the following 3 modules:

- Module 1: Recognition
- Module 2: Response
- Module 3: Escalation and Recovery

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in their corresponding primary care home group discussions.

After these primary care group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve emergency management efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities which are documented in Exercise Evaluation Guides (EEGs). Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MODULE 1: RECOGNITION

July 16, 2014: 2:30 PM

The World Health Organization (WHO) has warned Avian Influenza A (H7N9) Virus could be the next pandemic as the virus is spreading. Recent human-to-human transmission cluster cases of H7N9 are present in several countries. Cases in Europe and Arabian Peninsula have also been reported in persons who traveled from Southeast Asia. There have been a small number of cases in persons who were in close contact with those infected travelers. The U.S. Centers for Disease Control and Prevention (CDC) is collaborating with other countries and have sent teams to investigate.

July 23, 2014: 2:30 PM

The national and international press is giving the story wide coverage. The Obama Administration has declared Avian Influenza A (H7N9) a public health emergency. Avian Influenza A (H7N9) has been determined to be a threat to public health and national security (mortality rate is 30%) leading to the public health emergency declaration which allows for rapid development of diagnostic tools.

July 28, 2014: 2:30 PM

Local Department of Health and the CDC have instituted screening of travelers to and from affected countries. Local Department of Health has weekly teleconferences scheduled for healthcare facilities for updates and is requesting heightened surveillance via the Health Alert Network for persons presenting with the following illness:

- High fever ($\geq 38^{\circ}\text{C}$, 100.4°F) AND
- Respiratory signs or symptoms, including cough, shortness of breath or difficulty breathing AND/OR,
- History of travel from identified countries within 14 days before symptom onset; OR,
- Close contact with a symptomatic traveler who developed fever and acute respiratory illness within 14 days after traveling from identified countries or is a member of a cluster of patients with severe acute respiratory illness (e.g. fever and pneumonia requiring hospitalization) of unknown cause in which Avian Influenza A (H7N9) is being evaluated

Your primary care center continues to operate with no significant difficulties. However, you expect the situation to worsen and decide to prioritize operations.

Key Issues

- WHO officials have confirmed human-to-human transmission of Avian Influenza A (H7N9) in multiple countries. The mortality rate is 30%.
- There are no confirmed cases of Avian Influenza A (H7N9) in the United States.
- Media is giving wide coverage to the unfolding event.

- Obama Administration declared Avian Influenza A (H7N9) a public health emergency.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. Describe how your Primary Care Center would respond to this Health Alert.
2. Who is responsible for distributing this Health Alert to the rest of the staff?
3. Does your primary care center activate its Incident Command System (ICS) at this time?
 - a. If yes, is it partial or full activation?
4. What are your criteria for activating primary care center ICS?
5. What operations are considered essential functions for the viability of the primary care center?
6. Will you re-assign staff to perform essential functions?

MODULE 2: RESPONSE

September 9, 2014: 11:00 AM

CDC confirms cluster of Avian Influenza A (H7N9) cases in the West Coast and Mid-West, and suspected clusters are now being reported in 13 other states. Antivirals do not appear to be effective and vaccine is not yet available. Your primary care center is receiving inquiries from staff, patients, and local community partners regarding what plans are in place to prevent/mitigate the unfolding event.

September 16, 2014: 2:00 PM

Nationally, there are several areas of widespread activity and there have been cases reported in all 50 states. At this point, all Local, State and Federal Health agencies have activated their response plans. Local Department of Health holds daily conference calls and provides up to date information in addition to continuing to provide the medical community updates via the Health Alert Network.

October 1, 2014: 10:30 AM

Local Department of Health reports 15 confirmed cases. The World Health Organization (WHO) and Health & Human Services (HHS) announced a formal declaration of Pandemic. The local government provides reliable up-to-date information:

- Press conferences held daily on pandemic status and guidance provided
- Live operators respond to public questions through 311 telephone information service
- Local officials are implementing social distancing by closing schools, implementing curfews, and cancelling large gatherings.
- Heightened hygiene measures encouraged

The media sources (newspapers, TV news, radio, and internet) report on situation. Some of the information is alarming and contradictory. The CDC currently recommends that health care providers wear N-95 respirators when caring for patients suspected of Avian Influenza A (H7N9), and Powered Air-Purifying Respirators (PAPR) when performing invasive airway procedures such as intubation or deep suctioning on affected patients.

Additionally, to prevent further spread of disease, the CDC recommends airborne infection isolation for all cases. The local healthcare and private sector is impacted by staff shortages.

October 1, 2014: 10:30 AM

A 52 year-old male patient and his 26 year-old daughter walk into center. At the front desk they are both coughing and seem somewhat short of breath.

- A woman in the waiting area notices what is happening.
- She points it out to her friend who also looks concerned.
- Both women arrived at the same time as the couple and they start asking other patients if they are worried and what they should all do.

Key Issues

- Healthcare workers have become infected with Avian Influenza A (H7N9) and several have died.
- Hospital admissions are climbing and elective surgeries are postponed.
- Healthcare system as a whole is prioritizing patients with severe life-threatening symptoms. Others are asked to recuperate at home.
- Certain businesses are experiencing higher consumer demands and a reduction in deliveries from suppliers. While at the same time many businesses are experiencing declining sales.
- Some of your staff report that they must stay home with children who have been dismissed from school.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What plans are you activating at this time?
2. What are your response objectives?
3. How do you notify staff, and patients of the activation?
4. What hygiene practices do you encourage? How would you encourage them?
5. What operations are considered essential for the viability of the primary care center?
6. What are the next steps that the registration clerk must consider for:
 - a. Herself?
 - b. Her coworkers?
 - c. The patient?
 - d. The patient's family?
 - e. Other patients in the waiting room?

MODULE 3: ESCALATION & RECOVERY

November 2, 2014: 4:30 PM

Numerous staff members begin to feel ill while at work. They are feverish, have headaches, and feel weak.

December 25, 2014: 2:00 PM

The Obama Administration announces a vaccine for Avian Influenza A (H7N9) and CDC's Strategic National Stockpile (SNS) is activated and vaccine will be delivered to all states in the U.S. Local municipalities has announced that it will activate its Points of Dispensing (PODs) sites to dispense the vaccine to its residents upon receiving its first shipment of the vaccine. This will include the distribution of vaccines to primary care centers via local Department of Health.

January 6, 2015: 10:00 AM

Your primary care center receives notification from local Department of Health that it will send vaccines to your facility. It was communicated that vaccination must be distributed according to POD guidance to eligible members of the community including your staff.

Key Issues

- The situation has made an impact to primary care staff at all levels.
- Avian Influenza A (H7N9) Vaccine has been created and local municipality has announced that it will activate its PODs sites to dispense the vaccine to residents upon receiving its first shipment of the vaccine.
- This will include the distribution of vaccines to primary care centers via local Department of Health.

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Questions

1. Do you have enough in your “reserve” to support your primary care center’s fiscal and operational viability during this event?
2. Does the primary care center have a plan for managing personnel who are at increased risk for complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location?
3. Does the primary care center’s plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units.
4. How would you evaluate and track employee illness and absenteeism?
5. What modifications in paid time off and sick leave would you consider?

6. Has your primary care center participated in stakeholders meetings for expanding PODs capacity with local and regional partners?
7. Is there a process (this includes a referral system) in place to evaluate and monitor the mental health and spiritual needs of your staff?
8. Does your primary care center have an Employee Assistance Program (EAP)?
9. Does your primary care center have business interruption insurance?
10. Would this scenario be covered in any way by your insurance?

APPENDIX A: EXERCISE SCHEDULE

Note: Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Time	Activity
May 22, 2014	
9:15 am	Registration
9:30 am	Welcome and Meeting Overview
9:40 am	Module 1: Recognition
10:30 am	Break (10 minutes)
10:40 am	Module 2: Response
11:20 am	Break (10 minutes)
11:30 am	Module 3: Escalation and Recovery
12:10 am	Hot Wash
12:15 pm	Closing Remarks

APPENDIX B: ACRONYMS

Acronym	Term
AAR	After Action Report
ASPR	Assistant Secretary for Preparedness and Response
CIMS	City Incident Management System
EAP	Employee Assistance Program
EEGs	Exercise Evaluation Guides
EOC	Emergency Operations Center
HAN	Health Alert Network
HHS	Health & Human Services
ICS	Incident Command System
MACHC	Mid-Atlantic Association of Community Health Centers
PARP	Powered Air-Purifying Respirators
PCDC	Primary Care Development Corporation
POD	Point of Dispensing
SMEs	Subject Matter Experts
SitMan	Situation Manual
SNS	Strategic National Stockpile
TTX	Tabletop Exercise
WHO	World Health Organization