Avian Influenza A (H7N9) Virus
Tabletop Exercise

June 12, 2014
Today’s Agenda

9:20 am   Module One: Recognition

10:30 am  Break (10 minutes)

10:40 am  Module Two: Response

11:20 am  Break (10 minutes)

11:30 am  Module Three: Escalation and Recovery

12:10 am  Hot Wash

12:30 pm  Lunch and Closing Remarks
Administrative Information

- Fire Exits
- Restroom Locations
- Please put Cell Phones on vibrate
- If you get a call, please take call outside this room
What is a Tabletop Exercise?

- A tabletop exercise (TTX) involves senior staff, elected or appointed officials, or other key personnel in an informal group discussion centered on a hypothetical scenario.

Photo Credit: https://www.llis.dhs.gov/HSEEP
Participant Roles and Responsibilities

- The term *participant* encompasses many groups of people, not just those taking part in the TTX exercise.

  - **Facilitator:** Provides situation updates and moderate discussions. They also provide additional information or resolve questions as required.

  - **Players:** Primary Care Center 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:** 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.

  - **Evaluators:** Are assigned to observe and document certain objectives during the exercise.
Exercise Format

• Today’s tabletop exercise has three modules:
  – Module 1: Recognition
  – Module 2: Response
  – Module 3: Escalation and Recovery

• Each module begins with an update that summarizes key events occurring within that time period.

• After the updates, participants review the situation and engage in their corresponding primary care group discussions.

• After these updates, 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 Objectives

• Review the ability for primary care centers to activate their emergency management and infectious control protocols.

• Identify the ability of the primary care centers to establish an Incident Command System (ICS) and Emergency Operations Center (EOC).

• 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).

• Identify the primary care center’s communications processes and interoperability
Guidelines

• Respond based on your collective knowledge, experience and training

• Focus on *problem solving efforts*

• Respect all ideas and comments

• Try to stay on the topic

• Assume cooperation and support from other agencies

• Keep a list of planning gaps that need to be addressed and incorporated into the emergency management plan
Assumptions and Artificialities

• Are necessary to complete play in the time allotted and/or account for logistical limitations.

• Accept that assumptions and artificialities, they are inherent in any exercise.

• During this exercise, the following apply:
  – 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).

• Players will be asked to complete participant feedback forms

• The EEGs, participant feedback forms, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

• A debriefing session (“HotWash”), including a debrief survey, will be conducted at the end of the exercise to review some of the after action items.

• Individual primary care centers should develop their own After Action Reports.
Questions?
Module One: Recognition

Photo Credit: http://www.cdc.gov/flu/avianflu/h7n9-virus.htm
June 16, 2014: 10:30 AM

• 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.

Photo Credit: http://www.un.org/youthenvoy/un-agencies/who-world-health-organisation/
June 16, 2014: 10:30 AM (cont.)

• 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

Photo credit: [http://ewi.org/category/oil-gas/](http://ewi.org/category/oil-gas/)
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 (≥38°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.
Facility Discussion & Response
Module 1
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

• Describe how your Primary Care Center would respond to this Health Alert.

• Who is responsible for distributing this Health Alert to the rest of the staff?

• Does your primary care center activate its Incident Command System (ICS) at this time?
  ✓ If yes, is it partial or full activation?

• What are your criteria for activating primary care center ICS?

• What operations are considered essential functions for the viability of the primary care center?

• Will you re-assign staff to perform essential functions?
Break – 10 minutes

Photo Credit: http://www.amazon.com/Instant-Namyang-Popular-Absolutely-Delicious/dp/B00F860S2Q
Module Two: Response

Photo Credit: http://www.Youtube.com
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.
• 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.
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.
Facility Discussion & Response Module 2
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.

• Hospitals and clinics are 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

• What plans are you activating at this time?

• What are your response objectives?

• How do you notify staff, and patients of the activation?

• What hygiene practices do you encourage? How would you encourage them?

• What operations are considered essential for the viability of the primary care center?
Questions

• What are the next steps that the registration clerk must consider for:
  – Herself?
  – Her coworkers?
  – The patient?
  – The patient’s family?
  – Other patients in the waiting room?
Questions

• Can certain operations be postponed temporarily or indefinitely?

• Will you re-assign staff to perform essential operations?

• What local and regional response agencies are you contacting to address widespread healthcare staffing shortages?
Break – 10 minutes

Photo Credit:  http://www.amazon.com/Instant-Namyang-Popular-Absolutely-Delicious/dp/B00F860S2Q
Module Three: Escalation and Recovery

Photo Credit http://h1n1.net/pandemics/pandemic-definition/
November 2, 2014: 1:30 PM

- Numerous staff members begins 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 CDCs 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: 3:00 PM

• 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.
Facility Discussion & Response Module 3
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.
Questions

• Do you have enough in your “reserve” to support your primary care center’s fiscal and operational viability during this event?

• 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?

• 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.
Questions

• How would you evaluate and track employee illness and absenteeism?

• What modifications in paid time off and sick leave would you consider?

• Has your primary care center participated in stakeholders meetings for expanding PODs capacity with local and regional partners?
Questions

• Is there a process (this includes a referral system) in place to evaluate and monitor the mental health and spiritual needs of your staff?

• Does your primary care center have an Employee Assistance Program (EAP)?

• Does your primary care center have business interruption insurance?

• Would this scenario be covered in any way by your insurance?
Congratulations!

You have completed the Avian Influenza A (H7N9) Tabletop Exercise
Hot Wash

• What have you learned during this tabletop exercise?

• What are the primary care’s strengths?

• What are the gaps?

• What should your next steps in preparedness be?

• List and prioritize five short and long term actions for follow-up.
Lunch

Photo Credit: http://news.harvard.edu
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Thank You!