

5/30/2011

**Four short scenarios to test various aspects of your emergency preparedness plan in different situations**

**EMERGENCY PREPAREDNESS  
TABLETOP "EXERCETTES"**

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**WHAT IS A TABLETOP EXERCISE?**

- ✘ People come together to review and discuss a hypothetical emergency situation
- ✘ Designed to allow participants to talk through plans and problems
- ✘ NOT designed to measure anyone's performance
- ✘ Serves as a springboard for further planning and more comprehensive exercise
- ✘ Can be custom designed to evaluate any part of plan

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**EXERCISE FORMAT**

- ✘ This scenario has several sections
- ✘ Discussion questions follow each section – please discuss your actions and thoughts with your colleagues
- ✘ At the end of the scenario, everyone will participate in a debriefing or "hotwash" to evaluate their performance and share identified gaps

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**EXERCISE ROLES**

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- ✘ Facilitator
  - + Provide instructions, tell the story, introduce the questions, guide the discussion
- ✘ Participants
  - + Immerse yourself as if the scenario were truly occurring in your agency, using resources that are available to you (Emergency Operations Plan, policies, procedures, references)
- ✘ Evaluator if possible

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**GROUND RULES**

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- ✘ Respond as if the scenario is real
- ✘ Play your role within the agency throughout the exercise
- ✘ Respond within the constraints or supports of your existing plan
- ✘ Operate within current resource constraints and realities

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**THE FOUR SCENARIOS**

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- Mystery Disease
- Radiation
- Evacuation
- Surge Capacity

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### LEARNING OBJECTIVES - #1

- ✘ Understand:
  - syndromic surveillance
  - mandated reporting of disease
  - role of the HCS in communicable disease investigation and identification

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### SCENARIO #1

- ✘ It's summer and the weather has been lovely. Everyone has been outdoors enjoying the best of what New York has to offer in the summer.
- ✘ One your patients is reported to have:
  - ✘ sudden fever
  - ✘ chills
  - ✘ headaches
  - ✘ diarrhea
  - ✘ muscle aches
  - ✘ joint pain
  - ✘ dry cough
  - ✘ progressive weakness
- ✘ The patient calls their doctor, is diagnosed with the flu, and receives antibiotics as a precautionary measure against secondary infections, and begins to recover.

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### #1 - MYSTERY DISEASE

- ✘ Another patient is reported to have the same symptoms, then another...
  - ✘ sudden fever
  - ✘ chills
  - ✘ headaches
  - ✘ diarrhea
  - ✘ muscle aches
  - ✘ joint pain
  - ✘ dry cough
  - ✘ progressive weakness
- ✘ Flu?

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### #1 MYSTERY DISEASE

- ✘ One patient's face and eyes redden and become inflamed.
- ✘ Inflammation spreads to the lymph nodes, which enlarge and suppurate (mimicking bubonic plague).
- ✘ Lymph node involvement is accompanied by a high fever.

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### MYSTERY LESION



And no...it's not Lyme Disease

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### WHAT IS THE MYSTERY DISEASE???

- ✘ The most common mode of transmission is via arthropod vectors such as ticks, although rodents, rabbits, and hares often serve as reservoir hosts.
- ✘ Waterborne infection accounts for 5 to 10% of all infections.
- ✘ Also be transmitted by biting flies, particularly the deer fly. Individual flies can remain infective for 14 days and ticks for over 2 years.
- ✘ Spread by direct contact with contaminated animals or material, by ingestion of poorly cooked flesh of infected animals or contaminated water, or by inhalation.
- ✘ The most likely method for bioterrorist transmission is through an aerosol.

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### WHAT IS IT????

Is this a disease you are mandated to report?

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### #1 - QUESTIONS

- ✘ How many patients will it take with the same cluster of symptoms before you take steps to identify and report the disease?
- ✘ Who would be responsible for initiating the investigation?
- ✘ Who would you call as part of the investigation?
- ✘ What role would the HCS play in your investigation?
- ✘ Would you upload information (pictures, data, etc.) to the HCS?
- ✘ Who in your organization is designated to do that?
- ✘ If the press calls, who talks with them?

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### #1 - PPE

- ✘ What personal protective equipment would you require your staff to wear until you have identified the disease?
- ✘ After?
- ✘ Do you have the appropriate PPE readily available?

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## # 1 - AIDES

- ✘ How will you approach this with your aides?
- ✘ How much will you tell them and what approach will you take:
  - ✘ Education?
  - ✘ PPE?
  - ✘ Use them as eyes & ears in the community?
- ✘ Will you tell all of them, or those just in the geographical area affected?

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# RADIATION

*Scenario # 2*



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## LEARNING OBJECTIVES - #2

- ✘ Understand:
  - Different types of radiation sources
  - Your role within the agency during an emergency
  - Importance of "time-distance-shielding" in exposure risk
  - Concept of shelter-in-place

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## #2 - RADIATION

The Situation:

- ✦ It's late at night and you hear on the news that there has been a radiation event and a cloud of radiation is drifting over parts of your agency service delivery area
- ✦ News media speculate it is a Radiological Dispersal Device (RDD) or dirty bomb, but the information is as yet unconfirmed
- ✦ A "dirty bomb" is one type of RDD that uses a conventional explosion to disperse radioactive material over a targeted area
- ✦ No one from your agency has notified you of what to do

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## #2 - RADIATION

**Radiological Radiation Device (RDD):**

- ✦ Most dirty bombs and other RDDs have very localized effects, ranging from less than a city block to several square miles. The area over which radioactive materials would be dispersed depends on factors such as:
  - Amount and type of radioactive material dispersed
  - Means of dispersal (e.g. explosion, spraying, fire)
  - Physical and chemical form of the radioactive material
  - Local topography, location of buildings, and other landscape characteristics
  - Local weather conditions

**Spread of a Radioactive Plume**

- ✦ If the radioactive material is release as fine particles, the plume would spread roughly with the speed and direction of the wind. As a radioactive plumespreads over a larger area, the radioactivity becomes less concentrated
- ✦ Atmospheric models might be used to estimate the location and movement of a radioactive plume

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## #2- QUESTIONS

- ✦ So...depending on your role within your agency, what would you do?
- ✦ Does your agency have a plan to manage this type of emergency?
- ✦ What are your responsibilities during an event of this type?
- ✦ What is the sequence of events that you can reasonably expect to unfold during this situation?
- ✦ What resources will you use to assist you?
- ✦ How much do you know about radiation types and dangers?

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## #2- QUESTIONS

- ✘ Are radiological disasters considered a possibility in your hazard vulnerability assessment?
- ✘ What would the potential sources of radiation be in your location?
  - ✘ Nuclear reactor leak
  - ✘ Nuclear bomb
  - ✘ Dirty bomb
  - ✘ Other (nuclear waste spill)
- ✘ What do you know about potassium iodide?

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## #2- RADIATION

Aides

- ✘ Do your aides know what sheltering-in-place is and when it should be utilized?
- ✘ Do they understand time-distance-shielding?
- ✘ How will you communicate with them to keep them informed during this critical time?

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# EVACUATION

Scenario #3

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### LEARNING OBJECTIVES - #3

- ✘ Understand:
  - Transportation assistance levels (TALS)
  - Different types of shelters
  - Importance of community partners

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### #3 EVACUATION

- ✘ Your agency receives a phone call from a person who identifies himself as calling from the local office of emergency management.
- ✘ He states that a flooding emergency is imminent and your patients will most likely need evacuating in certain low lying areas.

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### #3 - QUESTIONS

- ✘ Should you/how do you verify the identity and authority of the person calling?
- ✘ Who should receive that phone call?
- ✘ Upon verification of the person's identity and information, what would your next steps be?
- ✘ How do you identify who is at risk within your patient population?
- ✘ Staff?
- ✘ Who is responsible for evacuating the affected patients?

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### #3 - QUESTIONS

- ✘ Have you pre-identified patients by transportation assistance levels (TALs)?
- ✘ Have you pre-identified destinations for evacuated patients (shelters, families, hospitals, etc.)? Who has that information?
- ✘ Where should the evacuated patients go?
- ✘ Do you know how to locate local shelters?
- ✘ Do you know the types of different shelters?
- ✘ What should patients take with them?
- ✘ Pets?
- ✘ How will you track your patients once they evacuate and make sure they get the care they need while they are in the shelter?

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### #3 - AIDES & EVACUATION

- ✘ Have your aides been trained to assist patients evacuate?
- ✘ Do they know what the patient should take with them?

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# SURGE CAPACITY

*Scenario #4*

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### #4 LEARNING OBJECTIVES

- ✘ Understand
  - Concept and process of Surge Capacity
  - Importance of patient roster
  - Waivers

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### #4 - SURGE CAPACITY

The Situation:

- ✘ A catastrophic event is sending hundreds of people to the hospitals in your area. Many will be admitted and the hospitals are seeking to discharge everyone they possibly can to make room for more patients (surge discharge).

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### #4 - SURGE CAPACITY

- ✘ Suddenly, you're being flooded with referrals. Many insurance pre-authorizations and other regulatory requirements are being waived.
- ✘ HHS issues an 1135 waiver for the affected area.
- ✘ DOH asks LTHHCPs to step up and accept sub-acute patients normally served by CHHAs. Some LHCSAs are also asked to expand their scope of services.
- ✘ The demand for HHAs and PCAs is spiking while the impact (and thus their availability) of the event on these workers is unknown.

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### #4 - QUESTIONS

- ✘ What's your plan of action?
- ✘ What steps will your agency take to manage this situation?
- ✘ What is your triage process for reducing services to your current patients?
- ✘ What percent, do you think, could be discharged?
- ✘ Who will be tracking waived requirements? What process is in place for them to be communicated to staff to avoid unneeded work?
- ✘ What relationships do you have with hospitals that might make this process easier?

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### #4 - QUESTIONS

- ✘ Contracts – what arrangements do you have with agencies that you contract with in situations like this?
  - ✘ Staffing?
  - ✘ Supplies?
  - ✘ DME?
- ✘ What is your surge capacity?
- ✘ Day one, day two, day three...day 15?

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### "HOT WASH"

- ✘ What did you identify as problems or knowledge gaps during this program?
  - #1
  - #2
  - #3
  - #4
- ✘ What can you do to resolve those issues in the future?

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**CERTIFICATE OF PARTICIPATION**

✘ To receive a certificate of participation in this program, complete a brief After Action Report (AAR) and submit it to [mfallon@hcanys.org](mailto:mfallon@hcanys.org) or [asilver@hcanys.org](mailto:asilver@hcanys.org).

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