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INTRODUCTION

Purpose

This exercise gives participants an opportunity to evaluate current response concepts, plans, capabilities and tasks for a response to a Pandemic Influenza event in New York State. The exercise will focus on key Homecare Agency / responder coordination, critical decisions, and the integration of external assets necessary to save lives and protect public health following a pandemic event.

Scope

This exercise emphasizes the role of assets from within NYS Homecare Agencies and external partners / sources in response to the potential consequences of a pandemic. **Processes and decision making are more important than minute details.**

Design Objectives

Exercise design objectives are focused on improving understanding of a response concept, identifying opportunities or problems, and/or achieving a change in attitude. The exercise will focus on the following design objectives selected by the Exercise Planning Team, based on and from the Office of Homeland Security Target Capability List (TCL) and Universal Task List (UTL) for Medical Surge:

- Discuss activation of an Emergency Response Plan (HICS, COOP)
- Discuss and outline for implementation the management of personnel in support of surge needs
- Discuss implementation of occupational health response plan
- Discuss and list procedures to coordinate with regulatory bodies for relief relating to various requirements
- Work with Finance to implement billing & cost tracking.
- Discuss and outline combined knowledge of community partners' plans, assets, resources, and needs
- Discuss and list a plan identifying responsible parties & reporting requirements for monitoring general health trends and illness in patients, staff, animals & pets.
- Discuss the development of protocols for increasing surge capacity.

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- Discuss and identify surge assistance needs.
- Discuss & outline plans & collaborations for any necessary Alternate Care Site / Sheltering planning, Evacuation and Patient Locator (tracking) procedures.
- Discuss working with Public Health to coordinate care for individuals who have been isolated or quarantined.
- Discuss and outline plans & procedures for Demobilization (de-activation).

Exercise Structure

This will be a multimedia facilitated Tabletop Exercise (TTX). Players will respond to five (5) modules that will each address different objectives, or points of discussion to be completed by the participants, based on the scenario and injects provided.

Exercise Format

Each module begins with a situation briefing or update presented to the plenum. Following each module briefing, players, who have been organized into groups, will discuss key issues within their group.

Following each situation update, players will utilize a caucus period to review the module, and discuss the suggested questions at the end of each module as well as the response issues relevant to their group. Players should feel free to ask questions of other groups, and observers should periodically migrate between groups to foster communication. At the conclusion of each caucus period, a spokesperson from each group will be designated to present a synopsis of the group's discussion, issues, and recommendations. This facilitated discussion period will be moderated by a facilitator. At the end of the facilitated discussion, exercise facilitators will highlight key elements of each response phase.

Roles and Responsibilities

Players respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training and experience. Each group will need to choose a RECORDER to capture the decisions, discussions and events from the exercise, and will report out "results" after each module.

Observers support the functional groups in developing responses to the situation in the caucus sessions; however, they do not participate in the moderated discussion period.

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Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key planning team members will also assist with facilitation as Subject Matter Experts (SME) during the tabletop exercise.

Evaluators will not participate in the discussion periods, but will be present for the duration of the exercise in caucus groups and plenum sessions gathering data and writing notes about the players' responses in order to provide feedback for the exercise After Action Report (AAR).

Assumptions and Artificialities

In any exercise, a number of assumptions and artificialities may be necessary to complete play in the time allotted. During the exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There are no "hidden agendas" or trick questions.
- All players receive information at the same time.

Exercise Rules

There is no school solution. Varying viewpoints, even disagreements, are expected. This is intended to be a **safe, open, stress-free environment.**

- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training and experience.
- Your organization's positions or policies do not limit you. Make your best decision based on the circumstances presented.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.
- Assume cooperation and support from other responders and agencies.
- The situation updates, written material, and resources are the basis for discussion. There are no situational injects.

Additional Resources

During the exercise modules, record any specific information drawn from the decision making process. Please use the forms found in the appendices to this Situation Manual (SITMAN), as these will be collected from each group at the conclusion of the exercise.

EXERCISE SCHEDULE

Welcome and Introduction Background Information & Scenario

Module 1 – Off to the Races

Situation Briefing
Key Activities / Tasks
Facilitated Group Discussions / Review

Module 2 – Man’s Best Friend

Situation Briefing
Key Activities / Tasks
Facilitated Group Discussions / Review

Break

Module 3 – Dog Day Afternoon

Situation Briefing
Key Activities / Tasks
Facilitated Group Discussions / Review

Module 4 – The Dog Days of August

Situation Update
Key Activities / Tasks
Facilitated Group Discussions / Review

Module 5 – Snoopy Come Home

Situation Update
Key Activities / Tasks
Facilitated Group Discussions / Review

Review and Conclusion (“Hotwash”)

BACKGROUND INFORMATION

Genesis of Terrorism Awareness in the U.S.

September 11, 2001, stands as a day that forever changed the way Americans view terrorism. The magnitude of the events shattered many long-held beliefs regarding the types of terrorist attacks the nation might face, and has effectively shattered the image of “Fortress America” for many citizens. As former Senator Sam Nunn wrote shortly after the tragedy, “The terrorists who carried out the attack of September 11th showed there is no limit to the number of innocent lives they are willing to take. Their capacity for killing was restricted only by the power of their weapons.”

As the nation worked to recover from the attacks on the World Trade Center, the Pentagon, and western Pennsylvania, this statement proved to be prophetic, as cases of anthrax exposure began to appear around the country. Cases first appeared in Florida, then New York and Washington, DC, and then in various locations across the country. No one has claimed responsibility for the release of anthrax, *the perpetrators have never been apprehended*, and the country remains on an overall higher state of alert. Security at buildings, airports, and other facilities has increased, and government officials warn of the danger of further attacks on the nation.

As the country responds and recovers from these attacks, citizens turn to political leaders with one question: “What will be next?” As the latest round in the war against terrorism begins, the nation’s leaders have reiterated the need for preparedness against all kinds of threats. Long-held taboos have been broken, and today’s terrorist has the potential to be far more deadly than ever before. The tools of the terrorist have evolved from pipe bombs and guns, to massive ammonium nitrate bombs, using airliners as flying bombs, and the dissemination of anthrax and other biological agents.

New and innovative ways to attack the U.S. and especially the general population seem to be key goals of terrorist organizations and individuals. While most traditionally desire the immediate consequences of the “flash-bang” type of attack, some more sophisticated and insidious methods are being developed. Avian Influenza is one of the “target” weapons that capable terrorists are believed to have been “playing with” for some time now, looking to cause a long-term, devastating effect on a population. The successful introduction of such a “bug” has proven difficult, however, due to the overall increased focus on preparedness efforts, including surveillance, prevention and vaccinations of society as a whole.

To counter this, ingenious organizations have moved on to experimenting with “other” influenza strains. In 1973 in Chile, there were several reported cases of influenza and seroconversion in human beings related to horses suffering respiratory distress and diagnosed with equine influenza; unfortunately, the isolated virus was not typed. In 1977, a serious outbreak was caused by strain H7N7, which is now believed to be extinct or present at very low levels. Another isolated equine virus, identified as H3N8, “sprang up” in Miami 1995. In 2004, China experienced an

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outbreak of a modified H3N8 subtype (which appeared to be a mutation of an avian influenza virus) that produced a high morbidity (80%) and mortality (30%). No human infections were reported by the respective governments, however, in any of these events.

Equine influenza is spread via aerosolized respiratory secretions and fomites, including contaminated inanimate objects and people moving between infected and uninfected horses. Clothing, equipment, surfaces, and hands should be cleaned and disinfected after exposure to horses known or suspected to be infected.

SCENARIO

October 2006 – Ithaca, New York

A highly contagious, sometimes fatal respiratory equine flu virus infecting dogs across the U.S. has been isolated by Cornell researchers. According to experts, this is the first time an equine virus that has been found to jump species has been documented. A genetically altered sub-type of the equine flu virus H3N8 was isolated at Cornell's College of Veterinary Medicine after Florida researchers sent fluid and tissue samples from greyhound race dogs that had died from a respiratory illness at a Florida racetrack in January 2006. The most probable source of the equine virus has been linked back to the previous (2005) horse racing season, especially the Triple Crown breeds. Horses from all over the world, particularly the Middle East and Spain, are among the suspected hosts. The Centers for Disease Control and Prevention (CDC) in Atlanta sequenced the virus' entire genome and found all the segments were from the equine virus. This is unusual, because flu viruses will often swap genetic material with other flu viruses when they jump species.

With close to 100 percent of dogs exposed to the virus becoming infected and about 80 percent of infected dogs showing symptoms, the flu could be spreading throughout the country. Although originally documented in greyhounds at tracks and kennels, it is now a major outbreak infecting all breeds of dogs in New York State. It is possible that the equine virus has been infecting dogs for some time, although the symptoms are very similar and could be mistaken for common "kennel cough", a bacterial disease related to pertussis (whooping cough) in children.

There is no evidence of the virus jumping to humans, and there are no expectations of it doing so. The director of the virology center at Cornell's Animal Health Diagnostic Laboratory, Wayne Carbone, cautions that "the newly discovered flu virus must be closely monitored" and "that of all animals, dogs have the most intimate contact with humans on a daily basis, so the potential for human infection has to be in the back of our minds."

January 2007 – Centers for Disease Control and Prevention (CDC), Atlanta

The CDC has announced that the H3N8 subtype appears to be a mutation of an avian influenza virus. Speculation is that the mutation was somehow purposefully manufactured by unknown sources and introduced into the equine population as a vector for introduction into the U.S population via pet dogs. Because it has so easily jumped species to dogs, all dog owners and handlers are required to obtain screening and effect isolation of their animals until further notice. It is recommended that any dogs exhibiting symptoms and that cannot be positively quarantined be immediately euthanized and properly disposed of at the discretion of local government agencies.

MODULE 1 – OFF TO THE RACES

March - May 2007

The CDC has confirmed, along with the World Health Organization (WHO) that the H3N8 subtype that was transferred from horses to dogs, has again jumped species and has infected human beings through canines. The number of human cases in northeastern New York State is increasing rapidly.

The WHO has issued a Phase 3 Pandemic Alert - human infections with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Key Activities (identified from Target Capability: Medical Surge, Activities 2 & 4)

- **Incident Management**
- **Surge Staffing Procedures**

Task

*Based on the information provided, you will have **15 minutes** to consider the objectives / points of discussion being raised in Module 1. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.*

MODULE 1

QUESTIONS

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Groups are required to address every question in this section. (It is suggested that each group divide into sub-work groups that focus on a specific discussion point).

Group Discussion Points

1. Discuss activation of an Emergency Response Plan:
 - *Is there a plan utilizing HICS (Healthcare Incident Command System), or ICS (Incident Command System) to support medical surge? If so, describe the plan's activation procedures, policies & systems for supporting medical surge (how, who, when, where, etc). If not, how is a plan activated, or initiated, within your respective organizations?*
 - *Is there a COOP (Continuity of Operations Plan)? What is it? Discuss / describe your respective plans (or lack of any).*

2. Discuss and outline for implementation the management of personnel in support of surge needs:
 - *Implementation of staff call-in procedures*
 - *Identification & implementation of "Just-In-Time" training*
 - *Activation procedures to manage staff throughout the incident*
 - *Development of procedures for maximum utilization of staff resources*

3. Discuss implementation of occupational health response plan:
 - *Infection Control*
 - *Anti-Virals, Immunization Priorities*

MODULE 2 – MAN’S BEST FRIEND

June 2007

Limited human-to-human transmission has begun in the northeastern and southern portions of New York State.

The WHO has issued a Phase 4 Pandemic Alert: Small clusters with limited human-to-human transmission, but spread is highly localized suggesting that the virus is not well adapted to humans.

Key Activities (identified from Target Capability: Medical Surge, Activities 1 & 2)

- **Pre-Event Mitigation & Preparedness**
- **Incident Management**

Task

*Based on the information provided, you will have **15 minutes** to consider the objectives / points of discussion being raised in Module 2. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.*

MODULE 2

QUESTIONS

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Groups are required to address every question in this section. (It is suggested that each group divide into sub-work groups that focus on a specific discussion point).

Group Discussion Points

1. Discuss and list procedures to:
 - *Coordinate with regulatory bodies for relief relating to:*
 - Privacy Requirements
 - Maintaining Documentation
 - Maintaining Oversight / Supervision
 - Working with Transportation Restrictions
 - Working with Geographical Restrictions
 - Altered Standards of Care
 - Scope of Practice
 - *Work with Finance to implement billing / cost tracking*
2. Discuss and outline combined knowledge of community partners' plans, assets, resources, and needs.
3. Discuss and list a plan identifying responsible parties and reporting requirements for monitoring general health trends and illness in patients, staff, animals and pets.

MODULE 3 – DOG DAY AFTERNOON

Mid-July 2007

Increasing numbers of human-to-human transmission is being reported throughout the New York State and the rest of the country. Animal Control experts are attempting to enforce complete isolation and quarantine of all dogs, statewide, and the destruction of any animal exhibiting flu-like symptoms, or whose owners have acquired the disease.

The WHO has issued a Phase 5 Pandemic Alert: Larger clusters of human-to-human spread, however still localized. This suggests that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Key Activities (identified from Target Capability: Medical Surge, Activities 1 & 3)

- **Pre-Event Mitigation & Preparedness**
- **Bed Surge Capacity**

Task

*Based on the information provided, you will have **15 minutes** to consider the objectives / points of discussion being raised in Module 3. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.*

MODULE 3

QUESTIONS

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Groups are required to address every question in this section. (It is suggested that each group divide into sub-work groups that focus on a specific discussion point).

Group Discussion Points

1. Discuss the development of protocols for increasing surge capacity:
 - *Implementation of surge discharge*
 - *Patient prioritization plans (altered standards of care)*
 - *Memorandums of Understanding (MOU's) for patient transfer*
 - *Increasing staff numbers, including contracts*

2. Discuss and identify surge assistance needs:
 - *Identify gaps in supplies and personnel*
 - *Identify and execute any mutual aid agreements*
 - *Identify procedures and resources for maximum utilization of supplies and Durable Medical Equipment (DME's), including ventilators*

MODULE 4 - THE DOG DAYS OF AUGUST

August 2007

The numbers of human-to-human transmission throughout the State has increased dramatically. Hospitals and other healthcare facilities are overwhelmed.

We are in a Phase 6 Pandemic: there is increased and sustained human-to-human transmission in the general population.

Key Activities (identified from Target Capability: Medical Surge, Activity 1)

- **Pre-Event Mitigation & Preparedness**

Task

*Based on the information provided, you will have **15 minutes** to consider the objectives / points of discussion being raised in Module 4. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.*

MODULE 4

QUESTIONS

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Groups are required to address every question in this section. (It is suggested that each group divide into sub-work groups that focus on a specific discussion point).

Group Discussion Points

1. Discuss / outline plans and collaborations for any necessary alternate care site / sheltering planning, evacuation and patient locator (tracking) procedures.
2. Discuss working with Public Health to coordinate care for individuals who have been isolated or quarantined.

MODULE 5 – SNOOPY COME HOME

October 2007 - ?

The pandemic phases and several cycles have been completed. No new human-to-human infections have been reported in over a month. The overall mortality rate for this pandemic has been slightly under 30% (28.5). Hundreds of thousands of dogs have been euthanized and disposed of in accordance with Federal, CDC and Animal Control guidelines. The quarantines and public gathering enforcement laws have been lifted. Movement towards normal operational modes and recovery has begun.

Key Activities (identified from Target Capability: Medical Surge, Activity 8)

- **Demobilization**

Task

Based on the information provided, you will have 15 minutes to consider the objectives / points of discussion being raised in Module 5. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.

MODULE 5

QUESTIONS

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Groups are required to address every question in this section. (It is suggested that each group divide into sub-work groups that focus on a specific discussion point).

Group Discussion Points

1. Discuss and outline plans and procedures for the following De-Activation (demobilization) activities:
 - *Transition from surge to normal operations*
 - *Discharge of surge patients*
 - *Reconcile billing / reimbursement issues with Finance*
 - *Conduction of After Action Reviews*

ENDEX

NOTE: This SITMAN was created, prepared and distributed solely for use by the New York State Department of Health, Office of Public Health Preparedness – Health Emergency Preparedness Program and the Home Care Association of New York State, Inc (HCA), and the respective exercise participants, during the “Triple Crown Flu” Tabletop Exercise held on July 25th, 2007 in Albany, New York. The following members of the aforementioned agencies comprised the core Design Team, Facilitators and Evaluation Team for this HSEEP compliant exercise:

***Eugene Lucchese, MEP/CIC – NYSDOH HEPP, Exercise Director
Alexis Silver, Director of Development & Special Projects, HCANYS, Inc.
James Soto, Associate Director, NYSDOH BEMS Disaster Preparedness Unit***

Any questions or concerns regarding this SITMAN should be directed to:

***Eugene Lucchese, MEP/CIC
Exercise Coordinator
NYSDOH Office of Public Health
Health Emergency Preparedness Program
547 River Street
Troy, NY 12180
(518) 474-2893
efl03@health.state.ny.us***