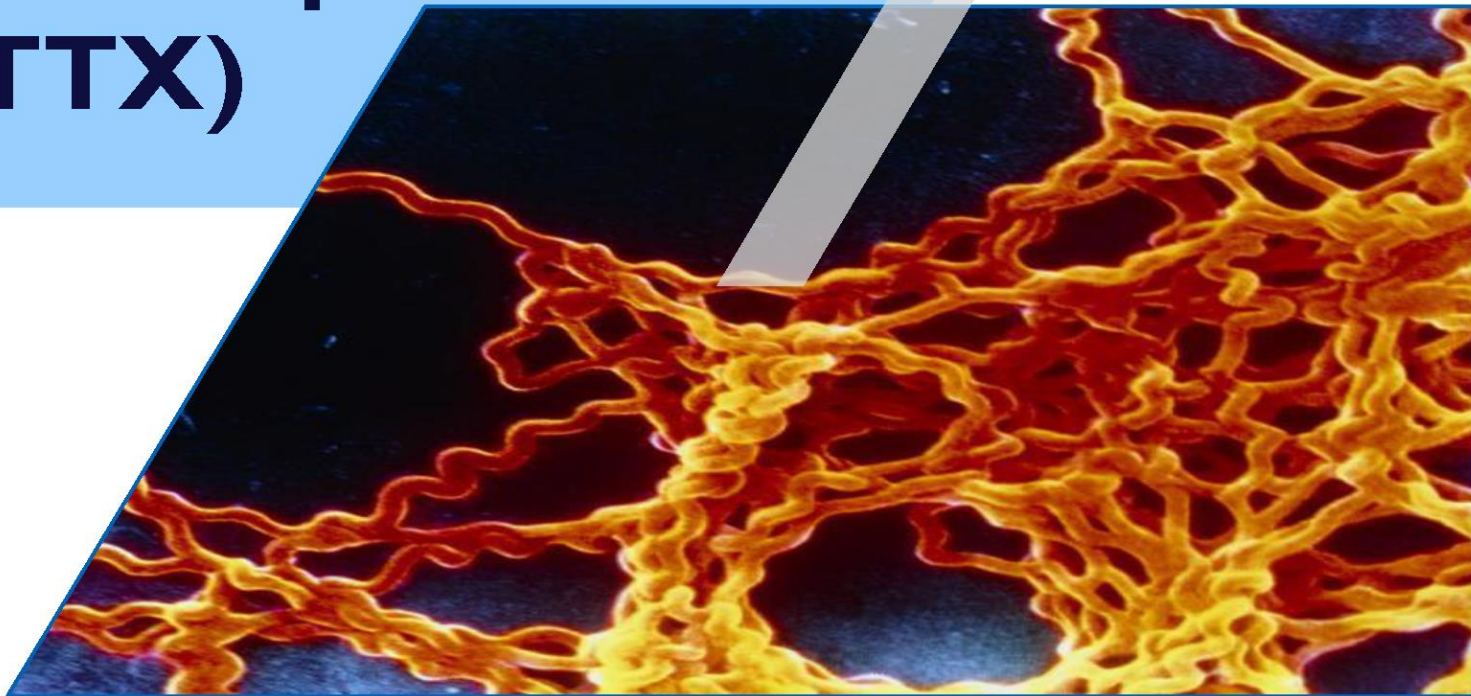


# Emerging Infectious Disease TTX: Emergency Resource Directory & Supply Chain Analysis

July 11, 2018

## Tabletop Exercise (TTX)



**Situation Manual (SitMan)**

VCOE: Conference Center  
5100 Adolfo Rd.  
Camarillo, CA 93012

This Situation Manual (SitMan) provides participants with all the necessary tools for their roles in the Tabletop Exercise. All participants may view the SitMan.

## EXERCISE OVERVIEW

<b>Exercise Name</b>	Emerging Infectious Disease TTX: Emergency Resource Directory and Supply Chain Analysis
<b>Exercise Dates</b>	July 11, 2018, 1100-1200
<b>Scope</b>	This Tabletop Exercise is a discussion-based exercise conducted in a low stress, no-fault environment. An exercise Facilitator will manage the flow of the exercise by presenting a scenario narrative in multiple modules. Players will have an opportunity to both respond to defined questions and discuss topics freely within an established time frame. Exercise play is limited to the presentations and discussions held by exercise participants. This Tabletop Exercise is planned for one hour at the Ventura County Office of Education Conference Rooms, 5100 Adolfo Road, Camarillo, CA 93012.
<b>Mission Area(s)</b>	Protection and Mitigation
<b>Core Capabilities</b>	<p>Planning</p> <p>Operational Coordination</p> <p>Intelligence and Information Sharing</p> <p>Risk and Disaster Resilience Assessment</p>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Discuss the ability of Coalition partners to request resources, including the activation of their respective Emergency Resource Directories (ERDs).</li> <li>• Utilize facility and Operational Area plans for resource request/sharing to identify potential duplications in resource suppliers.</li> <li>• Assess the vendors/suppliers' prioritization of healthcare facilities in the provision of resources during an event.</li> <li>• Analyze the supply chain vulnerabilities to determine access to supplies, amounts available in regional systems, and potential alternate delivery options.</li> <li>• Evaluate the need for resources during an emerging infectious disease event across the Operational Area.</li> </ul>
<b>Threat or Hazard</b>	Emerging Infectious Disease – Leptospirosis
<b>Scenario</b>	Emerging Infectious Disease (in alignment with 2018 SWMHE) Additional scenario information is provided in each of the modules.

**Sponsor**

Ventura County Health Care Coalition

**Participating  
Organizations**

All Coalition members are invited to participate in this Tabletop Exercise.  
A full listing of participating organizations will be available after the completion of the TTX.

**Point of  
Contact**

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## GENERAL INFORMATION

### Exercise Objectives and related Capabilities and Standards

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to HSEEP core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). Each core capability is also linked to the relevant Public Health Preparedness (PHEP) Capability and Healthcare Preparedness (HPP) Capability.

Exercise Objective	Core Capability	PHEP Capability	HPP Capability
Discuss the ability of Coalition partners to request resources, including the activation of their respective Emergency Resource Directories (ERDs).	<ul style="list-style-type: none"> <li>• Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Community Preparedness</li> </ul>	<ul style="list-style-type: none"> <li>• Foundation for Health Care &amp; Medical Readiness</li> </ul>
Utilize facility and Operational Area plans for resource request/sharing to identify potential duplications in resource suppliers.	<ul style="list-style-type: none"> <li>• Operational Coordination</li> <li>• Intelligence and Information Sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Operations Coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Health Care &amp; Medical Response Coordination</li> </ul>
Assess the vendors/suppliers' prioritization of healthcare facilities in the provision of resources during an event.	<ul style="list-style-type: none"> <li>• Risk &amp; Disaster Resilience Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Surge</li> </ul>
Analyze the supply chain vulnerabilities to determine access to supplies, amounts available in regional systems, and potential alternate delivery options.	<ul style="list-style-type: none"> <li>• Risk &amp; Disaster Resilience Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Materiel Management &amp; Distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Continuity of Health Care Service Delivery</li> </ul>
Evaluate the need for resources during an emerging infectious disease event across the Operational Area.	<ul style="list-style-type: none"> <li>• Operational Coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health Surveillance &amp; Epidemiological Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Health Care &amp; Medical Response Coordination</li> </ul>

**Table 1. Exercise Objectives and Associated Core Capabilities, PHEP Capabilities, and HPP Capabilities**

## Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing 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.
- **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 exercise will be a multimedia, facilitated exercise. The exercise day will begin with presentations from the following subject matter experts:

- **Laboratory Update:** Denise VonBargen, Director – VCPH Laboratory
- **Carbapenem Resistant Enterobacteriaceae (CRE):** Hannah Edmondson, Sr. RN – VCPH Communicable Disease
- **Medical Countermeasures (MCM) Plan:** Erik Hansen, Coordinator – VCPH EMS/EPO
- **Leptospirosis Overview:** Barbara Spraktes, Epidemiologist – VCPH EMS/EPO
- **Resource Request Review:** Jeff Vahl, Coordinator – VCPH EMS/EPO

Players will then participate in the following modules:

- Module 1: Identification and Protection
- Module 2: Analyzation
- Module 3: Mitigation

Each module begins with an update that summarizes key events occurring within that time period and any other information to enable participant discussions. After the updates, participants review the situation and engage in group discussions of appropriate issues. For this exercise, the discussions will take place as full plenum discussions, and not as separate functional groups.

## 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 response and recovery 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 discussed and evaluated.
- The scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

## Exercise Evaluation

Evaluation of the Workshop is based on the discussions that take place with regard to identified objectives and aligned capabilities. 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: IDENTIFICATION AND PROTECTION

### Scenario

#### *[One Month Pre Exercise]*

- Southern California has been experiencing above average rainfall for several weeks. Additionally, meteorologists have reported record high temperatures this past month.
- Several reports surface detailing a large number of cases of an influenza-like illness (ILI) in the Caribbean. The first reports come from Puerto Rico, and within a week there are reports from Dominican Republic, Haiti, and Cuba. It is unclear, at this time, whether the symptoms are indicative of a novel influenza strain, part of a particularly bad flu season, or something else.
- A 29-year-old female and her 33-year-old boyfriend present to **[a local walk-in clinic]** in **Ventura County**. Both patients report flu-like symptoms, including headaches, muscle aches, and fevers. The male reports abdominal pain, diarrhea, and a mild fever. The couple is discharged the same day.
- In Puerto Rico, the first fatality is reported of a 47-year old female who was admitted to the hospital with the symptoms, including high fever, headache, and vomiting.
- The 33-year old male presents to **[a local emergency department (ED)]** two days after his visit to the walk-in clinic, reporting a worsening of symptoms, particularly his fever. Labs are ordered and stool sample is obtained. He is hospitalized overnight due to his fever of an unknown origin.

#### *[One Week Before Exercise]*

- More cases of the ILI are reported across Caribbean. Health officials have ruled out influenza and are beginning to test specimens for a variety of illnesses, including the Meningitis, Hepatitis, and Nipah virus.
- Puerto Rican health officials release a statement warning the public about the illness and reminding them of the following:
  - Avoid wading, swimming, bathing, swallowing, or submersing head in potentially contaminated freshwater (rivers, streams) especially after periods of heavy rainfall or flooding.
  - Avoid contact with floodwater, and do not eat food contaminated with floodwater.
  - Keep rodent populations (rats and mice) or other animal pests under control. Do not eat food that may have been exposed to rodents and possibly contaminated with their urine.
- Multiple fatalities are reported across Puerto Rico, Dominican Republic, and Haiti.
- The local U.S. media are reporting widely on the epidemic sweeping the Caribbean, and there are concerns amongst the public in **Ventura County**. California Department of Public Health begins messaging alerts via the California Health Alert Network (CAHAN).



- The U.S. Department of State releases travel alerts for those traveling to and from Puerto Rico, Dominican Republic, and Haiti.
- In **Ventura County**, hospitals and health clinics are reporting an uptick in the number of patients presenting with influenza-like illness (ILI). Long Term Care Facilities also are experience an increase in residents with ILI.

## Discussion Questions

Please address the following discussion questions, taking into account existing planning, training, and resources at your facility and within the county and region. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

### Coalition Partner Tables:

1. Does your organization have an emergency preparedness plan to address incidents like this?
2. If so, what components are included in the plan?
3. If so, does that plan address potential staff and supply shortages, including appropriate Personal Protective Equipment (PPE)?
4. What action planning procedures and forms are used to document and guide the response and recovery process?

5. How does your facility/agency become aware of this event? What communications are conducted to internal staff (both on-duty and off-duty) and external partners? What system(s) are used?
  
6. What are your immediate facility/agency concerns and resource priorities?
  
7. There is an influx in staff and/or family members becoming ill. How are you handling staff that cannot come in or have to leave early? Does this affect your ability to provide patient care?
  
8. As the increase in patients presenting with ILI symptoms continues, you begin assessing your resources (personnel, equipment, services, etc.).
  - a. **Inventory:** Do you have supplies in your disaster cache that would support your response to this event?
  
  - b. **Emergency Resource Directory:** Do you have agreements (i.e. like-facilities, corporate system) or contracts for provision of supplies (i.e. vendors) that support the provision of the resources needed to respond to this event? If so, please list the vendors and/or organizations and the request they would be filling?

**County Table:**

1. Does your plan address potential staff and supply shortages, including appropriate Personal Protective Equipment (PPE) for response to this event?
  
2. What action planning procedures and forms are used to document and guide the response and recovery process to this event?
  
3. How does your agency become aware of this event? What communications are conducted to internal staff (both on-duty and off-duty) and external partners? What system(s) are used?
  
4. What are your immediate agency concerns and resource priorities?
  
5. There is an influx in staff and/or family members becoming ill. How are you handling staff that cannot come in or have to leave early? Does this affect your ability to coordinate and communicate with internal/external partners?



## MODULE 2: ANALYZATION

### Scenario

#### [Week of Exercise]

- A 41-year old man presents to [local ED] with a fever of 104°F, headache, and body aches. Considering the reports from the Caribbean, the physician conducts an extensive travel history review with the patient. It is revealed that the patient is a humanitarian international aid volunteer who just returned from a trip to Haiti seventeen (17) days earlier. The man reported having conducted aid work on water projects and having drunk non-boiled, unfiltered water from the local source.
- (incubation period up to 30 days) The man also reports that he rescued a dog that he had purportedly fallen in love with on his humanitarian trip to Haiti. He reports that he is training the dog to be a service/therapy dog and has been taking the dog for walks around the neighborhood. Additionally, he has been volunteering at a [nursing home] with the therapy dog to provide emotional support to the residents.
- There is [XYZ elementary school] in the 41-year old man's neighborhood. The man reports passing through school grounds on his evening walks with the dog. The [XYZ elementary school] has a consistent rodent population in its surrounding grounds.
- Later that day, an 8-year old girl is brought to [a local hospital] with a fever of 101°F and chills. It is confirmed that the child is a student at a [XYZ elementary school] who reports having gardened in the school garden.

#### [Week of Exercise]

- Four additional third graders are brought to [local clinic, urgent care, or hospital] reporting similar symptoms. One third grader, a 7-year old boy, was hospitalized at the ED with a high fever.
- Three patients of an independent living ward in a [nursing home] (one, a dialysis patient; one, an owner of a dog who reportedly often digs in the soil surrounding the facility; and one, who reportedly grows vegetables in a garden on the property and often shares with other residents) are now being treated at [insert a local hospital] for similar symptoms.
- Multiple staff members are reporting in sick at local clinics, hospitals, long term care, health departments, and other agencies across **Ventura County**.

### Discussion Questions

Please address the following discussion questions, taking into account existing planning, training, and resources at your facility and within the county and region. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

#### Hospital/Healthcare Tables:

1. Would this event trigger activation of your continuity plan?

2. What other resources would be needed for this scenario?
  
  
  
  
  
  
  
  
  
  
3. What agreements/contracts would you activate (i.e. who would you call for the resources needed)?

**Activity:** Call those vendors/suppliers now and ask the following:

- a. Do you have contracts to provide the same **[resource/service]** to other facilities/organizations within Ventura County? If so, how many?
  
  
  
  
  
  
  
  
  
  
  - b. How much of this **[resource/supply]** do you stockpile? Which of these **[supplies/resources/services]** do you outsource/receive from a third-party? Does this third-party have a plan for continuity of services (i.e. provision of the resource during an influx in demand)?
  
  
  
  
  
  
  
  
  
  
  - c. What is your capacity to deploy this resource? How long would it take for me to receive this resource in an epidemic event when this resource is heavily requested?
  
  
  
  
  
  
  
  
  
  
  - d. What position is my facility/organization on your priority list during an epidemic event when this resource is heavily requested (i.e. will others receive **[resources/supplies]** prior to my facility/organization)?
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4. Do you anticipate needing to request any resources from the County?

**County Table:**

1. Would this event trigger activation of your continuity plan?
2. What other resources would be needed for this scenario?
3. What agreements/contracts would you activate (i.e. who would you call for the resources needed)?

**Activity:** Call those vendors/suppliers now and ask the following:

- a. Do you have contracts to provide the same **[resource/service]** to other facilities/organizations within Ventura County? If so, how many?
- b. How much of this resource/supply do you stockpile? Which of these **[supplies/resources/services]** do you outsource/receive from a third-party? Does this third-party have a plan for continuity of services (i.e. provision of the resource during an influx in demand)?
- c. What is your capacity to deploy this resource? How long would it take for me to receive this resource in an epidemic event when this resource is heavily requested?

- d. What position is my facility/organization on your priority list during an epidemic event when this resource is heavily requested (i.e. will others receive **[resources/supplies]** prior to my facility/organization)?
  
4. Do you anticipate needing to request any resources from Mutual Aid?
  
  
  
  
  
  
  
  
  
  
5. Describe the plan for Behavioral Health Services in the County. How are these resources being requested and coordinated?
  
  
  
  
  
  
  
  
  
  
6. How would a proclamation and/or activation of MHCC change your organization's response?
  
  
  
  
  
  
  
  
  
  
7. How is the EMSA/Public Health Department managing the medical surge of patients with ILI?
  
  
  
  
  
  
  
  
  
  
8. How are you tracking patients with ILI throughout this event?



## MODULE 3: MITIGATION

### Scenario

#### **[Day before Exercise]**

- The 8-year old girl that presented at **[a local hospital]** on July 5<sup>th</sup> died. The media report on the fatality. Worried parents of other students at the elementary school who participated in gardening activities are calling in to the local health department, and some are bringing their children to local healthcare facilities, even if they are not showing symptoms.
- The dialysis patient from the independent living ward in the **[nursing home]** also died, and the other two patients from her nursing home are in critical condition.
- In addition, there are multiple **[County, City, Agency, Facility]** employees reporting similar symptoms. Multiple staff members are impacted.

#### **[Day of Exercise]**

- The County has established a health screening station at the elementary school to assist in evaluating students, faculty, family, and community members who may have contracted the illness. Behavioral health staff were asked to be present at the screening station to provide mental and emotional support to impacted individuals.
- A joint press conference is held at the elementary school's health screening station to update the public and media on recent developments related to spread of the ILI, such as reported fatalities and guidance for staying healthy. Representatives from multiple agencies, including public health, behavioral health, and the healthcare sector, are participating in the press conference.

### Discussion Questions

Please address the following discussion questions, taking into account existing planning, training, and resources at your facility and within the county and region. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

#### **Coalition Partner Tables:**

1. Based on this scenario, what are your agency/facility's mitigation priorities?



**County Table:**

1. Based on this scenario, what are your agency’s mitigation priorities?
2. What efforts would your agency take to address this event (i.e. educational literature/videos on symptoms and preventative measures for the public)?
3. How is your organization communicating ongoing incident information with external response partners, media, and the public?
4. Based on potential gaps identified in Module 2, Question 3 (Activity), what strategies could you implement – as an organization – to mitigate these gaps?
5. Based on potential gaps identified in Module 2, Question 3 (Activity), what strategies could we implement together – as a coalition – to mitigate these gaps?
6. How are any requested resources returned and/or reimbursed?

## APPENDIX D: PARTICIPANT FEEDBACK

Please enter your responses in the form field or check box after the appropriate selection.

Name (optional): \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

Discipline-type \_\_\_\_\_

### Part I: Recommendations and Corrective Actions

1. What were your expectations for responses received from vendors, what were unexpected gaps, and/or what were you surprised to hear?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Based on the discussions today, what are the top three strengths for your facility/organization and/or the Ventura County Health Care Coalition:

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

3. Based on the discussions today, what are the top three areas for improvement for your facility/organization and/or the Ventura County Health Care Coalition:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. Based on the presentations and discussions today, identify any equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

5. Is there anything you discussed in the Tabletop Exercise that the evaluator(s) might not have been able to record or topics that needed additional time for discussion?

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## Part II: Assessment of Exercise Design and Conduct

Please rate, on a scale of 1 to 5, your overall assessment of the Workshop relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
The Tabletop Exercise was well structured and organized.	1	2	3	4	5	1	2	3	4	5
Participation in the TTX was appropriate for someone in my position.	1	2	4	4	5	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5	1	2	3	4	5
This TTX provided information and/or training that allowed my agency/facility to discuss and improve capabilities.	1	2	3	4	5	1	2	3	4	5
After this TTX, the Coalition is better prepared to respond to an epidemic/emerging infectious disease event.	1	2	3	4	5	1	2	3	4	5
After this TTX, I plan to make updates to a plan or changes to a facility process/protocol/emergency resource directory.	1	2	3	4	5	1	2	3	4	5

## Part III: Participant Feedback

Please provide any additional comments on today's Tabletop Exercise

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