

Welcome

On November 18, 2013, health care providers at community health centers, private physician's offices, and local emergency departments will began seeing previously healthy patients with complaints of abdominal pain throughout San Diego County.....



California Statewide
Medical and Health Training and Exercise Program

2013 Phase III: Tabletop Exercise



Exercise Purpose

To evaluate current response concepts, plans, and capabilities related to a medical surge of patients from a foodborne illness outbreak in the local community.

The exercise will focus on the coordination of surveillance activities and health system capabilities anticipated when managing a medical surge among community healthcare partners.

2013 Statewide Medical and Health Exercise Target Capabilities

- Emergency Operations Center Management
- Medical Surge
- Communications
- Emergency Public Information and Warning
- Public Health Epidemiological Surveillance

Crude Food

Player Handbook

Tabletop

Ground Rules:

- Do not contradict the Scenario (*Reality is relative*)
- Assume the scenario is real and that it will impact your community.
- Participate, share, and learn.
- Respect- allow others to finish their statements
- Follow communications etiquette- turn off phone sound, computers, etc.

Scenario

You are attending training at the Council of Community Clinics Conference room when your phone keeps going off Finally you answer it and your front desk staff lets you know patients are lining up out the door and it appears there is some sort of outbreak occurring. No information is available on the cause, or the extent of illness. Other members of your class are receiving similar calls and have made you aware their patients are complaining of abdominal pain. It appears the outbreak is happening all over San Diego County.

Break out session:

- For the next ten minutes discuss with the people next to you the following three concerns.

(Please identify someone to report back to the group)

1. Who do you need to contact? (How will you reach them)
2. What changes, if any, do you expect to occur at your clinic in response to the news?
3. Will you contact anyone outside of your organization? If so-who?

What did we find?

Emergency contacts-process?

Command activation-level?

Resources-needs?

Foodborne Illness Statistics

Each year in U.S., foodborne illness causes:

- 76 million gastrointestinal illnesses
- 325,000 hospitalizations
- 5,000 deaths



Background

What do these all have in common?

- Raw Clover Sprouts
- Pizza
- Cookie Dough
- Fresh Spinach
- Ground Beef Patties
- Shredded Romaine Lettuce



Background

Shiga Toxin producing E. Coli

- Gram Negative Bacteria
- Considered normal flora in intestines
- The incubation period is usually 3-4 days after the exposure, but may be as short as 1 day or as long as 10 days
- Diarrhea (often bloody) and Abdominal cramps
- Little or no Fever (less than 101F)

Impact of E. Coli Outbreaks

A large outbreak of Shiga toxin-producing *E. coli* infections in Germany in 2011

3,950 people were affected and 53 died, including 51 in Germany. 852 confirmed cases of hemolytic uremic syndrome (HUS) a type of kidney failure. Cases were reported in other countries including: Switzerland, Poland, the Netherlands, Sweden, Denmark, UK, Canada and the USA

<http://www.cdc.gov/ecoli/2011/ecoliO104/index.html>

European Food Safety Authority

Impact of E. Coli Outbreaks

Multistate Outbreak of Shiga Toxin *E. coli*

A total of 33 persons infected with Shiga toxin-producing *E. coli* were reported from five states

- 46% of ill persons were hospitalized. Two ill persons developed hemolytic uremic syndrome (HUS), a type of kidney failure, and no deaths were reported.
- Traceback investigations of pre-packaged leafy greens purchased by ill persons
- <http://www.cdc.gov/ecoli/2012/O157H7-11-12/index.html>

Tabletop Exercise Objectives

1. Evaluate the ability to utilize redundant communication modalities and processes internally and externally per policies and procedures within the exercise timeframe.
2. Evaluate the ability of medical and health partners to activate surge plans within established protocols.
3. Evaluate the ability of medical and health partners to participate in the California Statewide HAvBED Poll within one hour of the initial notification.

Scenario

You are now aware a foodborne illness is causing problems in your patient population and there are more patients than you can handle. The San Diego Health and Human Services Agency, Public Health Services Department is providing information on the exposure and is expecting the surge to continue. No definite source of the illness has been identified and your staff is telling you they are low running low on Phenergan, Atropine/Diphenoxylate and hand sanitizer. You have been dealing with the surge for a few hours and patients are still lining up out the door. San Diego Public Health Services has confirmed the outbreak is happening all over the state.

Break out session:

- For the next ten minutes discuss with the people next to you the following three concerns.

(Please identify someone to report back to the group)

1. What will you need to replace first?(How will you get more?)
2. What changes will you make to meet the demand?
3. Who will you contact outside of your organization? (What information will be exchanged?)

What did we find?

Emergency supply contacts-process?

Service levels and Triage?

Resources-Help available?

What tools do you have in place?

- Healthcare Coalition
- Mutual aid agreements with partners, MOUs, MOAs
- DHV, MRC, CERT, Volunteers
- Internal response-Local, Regional, State, Fed
- ICS, SEMS, NIMS



EOM



Tabletop Exercise Objectives

4. Evaluate the ability of medical and health partners to request, distribute, track, and return resources in accordance with the California Public Health and Medical Emergency Operations Manual, to include allocation of scarce resources.
5. Evaluate the ability of medical and health partners to validate and coordinate risk communication between command centers and partners during exercise play. (i.e., Emergency Operations Center, Nursing Home Command Center, Hospital Command Center, Department Operations Center.

Hot Wash

- What common gaps did we see?
- How can we solve issues identified?
- Who will be responsible?
- How long? Action timeline?
- Resource definition?
- What went well?
- What could be improved?

After Action Report (AAR)/ Improvement Plan(IP)

Improvement Plan

This IP has been developed for the Council of Community Clinics and CPCA as a result of the Training and Tabletop Exercise conducted on Wednesday October 30th, 2013 at 7535 Metropolitan Drive, San Diego, California.

Target Capability	Issue/Area for Improvement	Corrective Action	Staff-Primarily Responsible	Organization POC	Start Date	Completion Date
Target Capability 1: Emergency Operations Management	1. Staff is aware of EOPs but not familiar with ICS roles.	Activate plans/roles through exercises				
		Test individual roles within EOP				
Target Capability 2: Medical Surge	1. Formal agreements needed to support response	Obtain MOUs with partners for resources				
		Define needs and supply sources				
	2. Triage routing	Internal/external planning				
		Transfer agreement				
Target Capability 3: Communications	1. Resource requesting not clearly defined.	Request resources from partner organizations				
		Utilize MOHAC program for request				
	2. Partnership capability and resource sharing.	[Corrective Action 2]				

Thank You For Your Participation

Additional materials may be found on:

**California Statewide Medical and Health
Training and Exercise Program website:**

www.californiamedicalhealthexercise.com

