

Local Public Health Community Preparedness Ebola TTX

Situation Manual

2014

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE OVERVIEW

Exercise Name	Local Public Health Community Preparedness Ebola TTX
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	This exercise is a Tabletop Exercise, planned for 4-5 hours. Exercise play is limited to City or Town agencies that would assist in the response to a confirmed Ebola case within the Community.
Mission Area(s)	Response, and Recovery
Public Health Preparedness Capabilities	<p>Community Preparedness</p> <p>Community Recovery</p> <p>Emergency Operations Coordination</p> <p>Emergency Public Information and Warning</p> <p>Information Sharing</p> <p>Non-Pharmaceutical Interventions</p> <p>Responder Safety and Health</p>
Objectives	<p>Discuss the ability of local health, public safety, municipal leaders and other local stakeholders to affectively respond to a confirmed case of Ebola within their community in accordance with current EOPs, SOGs, etc.</p> <p>Discuss the ability of local health, in collaboration with public safety, municipal leaders and other local stakeholders to meet the recovery needs of their community following a confirmed case of Ebola within their community in accordance with current plans.</p> <p>Discuss how local health, public safety and municipal leaders will direct and support the response to a confirmed case of Ebola in accordance with NIMS and current Emergency Operations Plans.</p> <p>Discuss the ability of local health, in collaboration with public safety and municipal leaders to develop, coordinate and disseminate information and notifications to the public following a confirmed case of Ebola within their community in accordance with current plans.</p> <p>Discuss how local health, public safety and municipal leaders will maintain situational awareness during the response to a confirmed case of Ebola in the community in accordance with current Emergency Operations Plans.</p>

	<p>Discuss how local health, in collaboration with public safety and municipal leaders will implement strategies for exposure control following a confirmed case of Ebola within their community in accordance with current local and state plans and guidance.</p> <p>Discuss the ability of local health, in collaboration with public safety and municipal leaders to develop guidelines and recommendations for personal protective measures to be taken during response to a confirmed case of Ebola within their community in accordance with current local and state guidance.</p>
Threat or Hazard	Confirmed case of Ebola in the Community
Scenario	A husband and wife have recently returned from a trip to Sierra Leone, when the wife falls ill and is transported to the local hospital with Ebola like symptoms.
Sponsor	This tabletop exercise was written by staff at the Massachusetts Department of Public Health, Office of Preparedness and Emergency Management for use by Local Public Health personnel in conjunction with their community partners.
Participating Organizations	Local Public Health, Public Safety, Elected Officials and other community partners that may have a role in the response and recovery of a confirmed Ebola case within the community.

GENERAL INFORMATION

Exercise Objectives and Public Health Preparedness Capabilities

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to Public Health Preparedness Capabilities, which are distinct critical elements necessary to achieve the specific mission area(s).

Community Preparedness

- Discuss the ability of local health, public safety, municipal leaders and other local stakeholders to affectively respond to a confirmed case of Ebola within their community in accordance with current EOPs, SOGs, etc.

Community Recovery

- Discuss the ability of local health, in collaboration with public safety, municipal leaders and other local stakeholders to meet the recovery needs of their community following a confirmed case of Ebola within their community in accordance with current plans.

Emergency Operations Coordination

- Discuss how local health, public safety and municipal leaders will direct and support the response to a confirmed case of Ebola in accordance with NIMS and current Emergency Operations Plans.

Emergency Public Information and Warning

- Discuss the ability of local health, in collaboration with public safety and municipal leaders to develop, coordinate and disseminate information and notifications to the public following a confirmed case of Ebola within their community in accordance with current plans.

Information Sharing

- Discuss how local health, public safety and municipal leaders will maintain situational awareness during the response to a confirmed case of Ebola in the community in accordance with current Emergency Operations Plans.

Non-Pharmaceutical Interventions

- Discuss how local health, in collaboration with public safety and municipal leaders will implement strategies for exposure control following a confirmed case of Ebola within their community in accordance with current local and state plans and guidance.

Responder Safety and Health

- Discuss the ability of local health, in collaboration with public safety and municipal leaders to develop guidelines and recommendations for personal protective measures to be taken during response to a confirmed case of Ebola within their community in accordance with current local and state guidance.

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.
- **Observers.** 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.
- **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. Players will participate in the following three modules:

- Module 1: Initial Case
- Module 2: Expanding Problem
- Module 3: Getting Back to Normal

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in whole group discussions of appropriate response and recovery issues. For this exercise, the functional groups to include from the community, include but are not limited to:

- Local Public Health
- Local Elected Officials
- Local Law Enforcement
- EMS personnel
- Local Fire personnel
- Local Dept. of Public Works

- Other Community Members as needed

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.
- Respect the observations, opinions and perspectives of others as the discussions will explore a variety of policies, decisions, actions and key relevant issues from different sources.
- Participate openly in the discussions following each of the modules – ask questions, share thoughts and offer problem solving suggestions as necessary

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 evaluated.
- 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, and associated functions which are documented in Exercise Evaluation Guides (EEGs). Evaluation is an essential element of a successful exercise and provides an objective assessment of the discussions during the exercise. The goal of evaluation is to validate strengths and identify opportunities for improvement among participating organizations. In addition to the EEGs, 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: INITIAL CASE

Day One: 8:00 am

Mrs. Cooper, a 42 year old business woman with family and business in Sierra Leone, was taken to a nearby hospital via ambulance with fever, chills and malaise symptoms which started three days ago, but her fever increased overnight.

She and her husband arrived home to MA five days ago from Sierra Leone. Mrs. Cooper travels frequently to Africa for business. Her husband Mr. Cooper, a native of Sierra Leone, accompanied her in the ambulance to the hospital. Their 2 school aged children were left at home with a sitter.

Upon arrival at the hospital, Mrs. Cooper has a temperature of 101.6 F, shortness of breath, headache and muscle pain. This morning vomiting, diarrhea and abdominal pain began.

Mrs. Cooper denies contact with any Ebola infected persons, but did have contact with a family member ill with what she believed was malaria.

Given Mrs. Cooper's symptoms and travel history the ED physician contacts the State Epidemiologist on-call for guidance. The State Epi suggests that they isolate Mrs. Cooper, implement infectious disease precautions and send a specimen to the lab for testing.

Day One: 6:00 pm

The initial testing conducted at the State Lab comes back positive, therefore, the second specimen is sent to CDC for confirmatory testing.

A representative from MDPH contacts the Health Agent in your community to inform them of the confirmed case of Ebola in the community and provides them with initial background information.

Key Issues

- Initial confirmed case of Ebola in the Community
- Waiting for additional confirmatory testing from CDC
- Patient was ill for 3 days prior to going to the hospital
- Patient lives with her husband and 2 school aged children

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

- What actions would local Public Health take at this point?
- Who will take the lead on the local response?
- Who would need to be notified and how?
- What are the key issues that need to be addressed at this point and who will the health department partner with to address them?
- What requests for assistance may be made to the State at this time?

MODULE 2: EXPANDING PROBLEM

Day Two: 11:00 am

Mr. Cooper calls 911 from home after he develops a fever of 102° and a hacking cough.

This new suspect case is reported to DPH and CDC. CDC recommends rule out testing for malaria.

Contact tracing for both Mrs. and Mr. Cooper are needed to determine the close contacts of both of them during their probable infectious period, followed by the recommended fever monitoring twice daily for 21 days for each of the contacts after their last known exposure to either of the Coopers.

Day Two: 2:00 pm

Mr. Cooper's sister, who was watching the couple's children, calls the hospital to inquire about her brother. Upon learning of his condition, she is told not to leave the house, along with the children and that someone will be there soon to meet with her. The family also has a two year old beagle named Fenway.

Around the same time, the hospital and State are notified by CDC that Mrs. Cooper's specimen tested positive for Ebola by the CDC lab as well.

The EMS Crew that transported Mrs. Cooper to the hospital learns from hospital staff that Mrs. Cooper in fact has Ebola. They immediately notify their Supervisor and demand to know what will be done for them and how others will be protected.

Day Two: 5:00 pm

The local news crew has somehow learned about the Cooper's and have shown up at Town Hall to interview the Town Administrator, for the evening news, to determine what steps the Community will take to ensure residents are safe.

Day Two: 6:30 pm

Following the evening news, concerned parents flood the school department and police station will calls to close the schools and get treatment for the children that were possibly infected by the Cooper's children.

Police also begin to receive calls from the Copper's neighbors asking if it is safe for them to go outside and when the area will be decontaminated.

Key Issues

- Mr. Cooper has also been admitted to the hospital with Ebola like symptoms.

- Contract tracing needs to be conducted for both Mr. and Mrs. Cooper.
- Mr. Cooper’s sister and two children are quarantined in the couple’s home, along with the family dog; however, they can not stay there since it is possibly contaminated.
- EMS personnel that transported Mrs. Cooper are concerned for their safety as well as that of their families and fellow co-workers who also transported Mr. Cooper.
- The media has learned of the situation and wants to know what the community is going to do to keep residents safe.
- Following the evening news a level of hysteria begins to set in with parents whose children go to school with the Cooper’s children as well as the Cooper’s neighbors who are concerned for their safety.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

- How does the new potential case change what the community is doing to respond to events?
- What additional community partners may be brought into the response to assist?
- How is information being shared among all the various agencies to maintain situational awareness and a common operating picture?
- Does the local community have the necessary resources to quarantine the family and the family’s dog for a 21 day period?
- Does the local community have the necessary resources to conduct the contact tracing that is needed and the resulting monitoring for 21 days?
- Are there specific isolation or quarantine orders to be considered for the family and contacts and who can enforce them?
- How will the community address the concerns of first responders about potential exposure and what additional guidance or recommendations will be made for additional PPE?

- How will the community address the concerns of parents and neighbors that fear they were exposed by having contact with the family?
- How will the community develop, coordinate and disseminate information to the public?
- Who will the community work with to clean the couple's home and surrounding area? Are there other areas or property that may need to be cleaned and where will you get that guidance from.
- How will any hazardous waste from the home, such as soiled linens and trash, be disposed of and who will do this?
- What requests for assistance may be made to the State at this time?

MODULE 3: GETTING BACK TO NORMAL

Several days have passed and while Mrs. Cooper's condition has somewhat deteriorated, Mr. Cooper remains stable and show some signs of improvement.

Contact tracing continues, as well as monitoring of contacts. The immediate family remains quarantined and has not shown any signs of sickness.

Calls to 911 have increased slightly, taxing Fire and EMS personnel as well as the supply of PPE

Many parents are still keeping their children home from school, even though they did not have direct contact with the Cooper children.

Business owners are seeing a slight decline in business and are concerned people are staying away from the community due to fear of catching Ebola.

Local and national media are a constant presence throughout the community which is hindering the community's ability to get back to normal, given the constant reminder.

Key Issues

- Contact tracing continues, as does monitoring of contacts.
- None of the immediate family members have become symptomatic.
- Fire and EMS personnel are becoming taxed by increased calls and PPE supplies are running low.
- Fears in the community are still very high and won't be easing any time soon with all the media focused on the community.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

- Does the community have the necessary resources to maintain contact tracing and monitoring for extended periods?
- How will the community address the issue of overworked first responders and low supplies of PPE, locally and regionally given the current situation?
- How will the agencies work together to help the community recover from these events and bring a sense of normalcy?
- Is there any additional guidance and or resources that can be provided by the State to assist communities faced with this situation?

APPENDIX A: EXERCISE SCHEDULE

Note: The listed start/time periods are recommended. Start/End times can be adjusted for your TTX. Total time: 3.5 hours.

Time	Activity
[Month Day, Year]	
8:00am–8:30am	Check-in/Registration
8:30am-8:45am	Welcome and opening remarks, review objectives and exercise structure
8:45am-8:55am	Background on Ebola
8:55am-9:40am	Begin Exercise - Module 1: Initial Case
9:40am-9:55am	Break
9:55am-10:50am	Module 2: Expanding Problem
10:50am-11:30am	Module 3: Getting Back to Normal
11:30am-11:50am	Hot Wash
11:50am-noon	Closing Comments

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
State	
Local Jurisdiction	
Other Partners	

APPENDIX C: RESOURCES

Resource	Resource Location
MPDH Ebola Website	http://www.mass.gov/dph/ebola
CDC Ebola Website	http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html
WHO Ebola Website	http://www.who.int/csr/disease/ebola/en/
Hinton State Laboratory Epidemiologist On-call	617-983-6800

APPENDIX D: ACRONYMS

Acronym	Term
AAR	After Action Report
CDC	Center for Disease Control
ED	Emergency Department
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
MDPH	Massachusetts Department of Public Health
NIMS	National Incident Management System
OPEM	Office of Preparedness and Emergency Management
PPE	Personal Protective Equipment
SOG	Standard Operating Guidelines
TTX	Tabletop Exercise