

## **Pandemic Influenza Tabletop Exercise**

The exercise will address the following:

1. Explore how hospitals will identify and possibly share resources (e.g. staff, supplies, and equipment) as needed during an influenza pandemic through their affiliated networks or geographical relationships.
2. Determine how decisions will be made to distribute limited clinical care assets as the pandemic reaches its peak (e.g. ventilators, isolation beds, and other critical hospital supplies) and which patients or facilities will have access to these resources.
3. Explore how hospitals will augment surge capacity to handle patient influx during an influenza pandemic.
4. Examine how government resources (city, state and Federal) can support the hospital community during an influenza pandemic.
5. Examine the local interface among city, county, state and Federal agencies (e.g. information sharing, dissemination to media resources) in the conduct of response activities during a public health crisis.
6. Examine local, state and Federal interactions with the private and public sector during an influenza pandemic.
7. Explore how the recommendations for use of antiviral agents and various infection control issues (e.g. isolation; Personal Protective Equipment (PPE); and availability of PPE supplies for healthcare workers, hospital staff, and EMS staff) will impact clinical care surge capacity.

**Objectives:**

- Establish a consistent pandemic threat assessment and response baseline for the Florida health care delivery system
- Clarify the role of state and local government with respect to healthcare delivery support before, during and after an influenza pandemic
- Facilitate specific functional dialogues between the various healthcare stakeholders
- Capture pandemic planning best practices across the specific functional areas
- Create models to advance regional coordination and preparedness

**Scenario:**

The scenario for this exercise involved a severe outbreak of respiratory illness identified in a small village in Sri Lanka. With increased surveillance, new cases were documented in surrounding areas. Laboratory analysis of viral isolates concluded that the illness was caused by the Influenza A H5N1 virus. Over the course of several months, the virus was tracked from Sri Lanka to various other parts of Southeast Asia, New Zealand and Japan. It then quickly spread around the globe to become a true pandemic.

Though there were reported cases in all age groups, young adults were most severely impacted, as the case-fatality rate neared 24%. There were limited government stockpiles of antiviral drugs which led to great public outrage. Widespread disruption in society led to a variety of problems and issues that participants were challenged to address.

**PHASE 1, 2, AND 3 QUESTIONS ARE DESIGNED FOR A LARGER MULTIDISCIPLINARY GROUP.**

**QUESTIONS FOR FUNCTIONAL GROUPS, IE PUBLIC HEALTH, HOSPITALS, LAW ENFORCEMENT, ETC FOLLOW PHASE III QUESTIONS.**

**Phase 1 Questions:**

- Who is leading the public health response and what are the roles and responsibilities of the persons who report to this individual?
- What are the key issues the health department needs to address at this point?
- Who are the key partners with whom these issues need to be addressed?
- What specific assistance will (county/city) need from external agencies/organizations?
- What steps are being taken to prepare the provider community and the general public for the events of the next 2-3 months?
- What kinds of messages need to be crafted for the public before the outbreak occurs and in response to predictable issues once the outbreak occurs?
- How are you working with local media so they will help your efforts?
- How are non-English speaking populations being addressed?
- What plans do you have in place to step up surveillance activities? Where will additional staff needed for extra workload come from?
- On what medical care-related areas does public health need to collaborate with the hospitals, emergency rooms and outpatient providers?
- What plans been developed to vaccinate priority groups after first shipments of vaccine arrive?
- Are plans in place for mass vaccination? If so, in what locations and who will staff them?
- What is the policy for handling dead birds??

## Phase 2 Questions:

- How do you plan to address anticipated staff shortages in the health department; what essential functions must remain in place? Who decides how limited staff and other resources are allocated?
- What essential services must be maintained in the county? How will resources be allocated and accounted for in order to maintain these services? Who decides these issues?
- What role is public health playing with respect to hospitals and the prospect of facilities being overwhelmed? Are you tracking availability of beds?
- How are laboratory services being prioritized to deal with the high demand as well as staff shortages?
- You are receiving daily inquiries about the number dying of influenza. How are you responding? How severe is the pandemic in your area and how do you know this?
- In anticipation of soon receiving vaccine that will be targeted for health-care workers and first responders, how are you addressing public concerns about lack of vaccine?
- Health care workers and first responders express concern about exposure. What advice can be given?
- What are your plans to manage the very small supply of antiviral medications received from \_\_\_\_ (state, CDC)?
- How will you prioritize who gets antiviral medications, and how will you distribute these medications?
- What are the primary responsibilities of 911 dispatch, sheriff, police, and fire departments? What resources will they need?
- At what point will you decide whether schools will be closed and whether public gatherings and events will be cancelled? How will you balance school closures with the impact on the workforce when parents stay home with children? Who will be involved in making these decisions?
- Do we plan to open alternate treatment facilities? Who makes that decision?? How many will we need? Where will they be located?? What will be their function? How will they be staffed?

### **Phase 3 Questions:**

- Hospitals are full, and there are severe staff shortages. The least ill patients are being sent home. Have any plans been made for provision of home health care?
- What special issues need to be considered related to various populations such as persons who are geographically isolated, non-native speakers, hearing impaired persons, the elderly, and others with already limited access to healthcare?
- How will the deceased be safely and respectfully handled, and how will religious beliefs be addressed?
- National recommendations have been issued stating that health-care workers and first responders are the highest priority groups for vaccination when the vaccine first becomes available. As you make plans to begin vaccinating, how are you responding to the angry public that wants vaccine, and in particular to panicked parents?
- Because you will not be able to vaccinate every health-care worker and first responder in your jurisdiction, how are you determining which health-care workers are eligible in this first round of vaccination?
- Health-care workers are demanding that their family members also receive vaccine. How are you responding to this?
- How do you plan to safeguard and monitor your vaccine?
- What mental health needs of citizens, health workers, emergency responders, and others must be considered and addressed? How will this be accomplished?
- Hospitals and Medical Clinics are demanding increased security as several near riots have occurred as patients are demanding medications and vaccines. Do we have enough law enforcement personnel to support the requests?

## **Questions for functional groups**

### **Public Health**

Over the course of the current pandemic, up to 35% of the local population may become ill. Most people will have a typical course of illness consisting of 3 days of severe febrile illness, followed by a few days of milder symptoms and 1, 2, or more weeks of convalescence. These illnesses will result in a marked surge in demand for outpatient medical services, as well as antiviral medications and over-the-counter remedies. Health education may reduce the impact on outpatient care providers.

- Does your community have a plan to educate local residents on subjects such as how to care for milder cases at home, symptoms pointing to the need for professional medical care, who will be at higher risk of serious illness, and where to go for medical care if residents do not have a regular source of medical care?
- When should the educational program begin?
- Who would be the best spokesperson(s) for the educational program?
- Who has (should have) primary responsibility for developing local health communication programs?

## Hospitals

Hospital capacity is being rapidly (if not already) exceeded. What approaches to expansion of capacity will be used in your community?

- Open alternate or expand current facilities? Will the newly available beds in these facilities meet the need?
- Will there be adequate staffing, equipment and services to make the newly available beds usable for patient care?
- Will admission criteria be modified?
- Will discharge criteria be modified? Cancel elective procedures?
- Other measures?
- How will changes in standards be addressed from a legal point of view?

Respiratory failure associated with pneumonia is the major cause of death in influenza. Patients having a co-morbid illness such as diabetes, chronic obstructive pulmonary disease, or heart disease are at high risk of developing pneumonia. Influenza patients at risk of death due to respiratory failure will require a minimum of 10 days of intensive care, including ventilator support. In most hospitals the need for ventilators will exceed what is available.

- What recommendations would you make for establishing priority of access to ICU care and mechanical ventilation? Would such priorities have any meaningful impact on who does or does not receive ICU care?
- What problems would be encountered in expanding availability of ICU care and mechanical ventilation?
- If you knew with certainty that your community was going to suffer an influenza pandemic with the projected impact, what would be your preparedness recommendations to meet the shortfall in ICU beds? How do these recommendations differ from current preparedness plans?
- Will available radiology and laboratory (microbiology and clinical) services be adequate to meet the demand? Will providing service for expanded or ancillary facilities create problems?

Staff shortages, particularly in nursing, have been a problem in previous influenza epidemics.

- Are good data available on the size of the potential pool of various skills that may be available to meet the surge in need?

- Will there be authority to waive credentialing requirements for persons with the necessary skills but who are not currently licensed?
- Has your jurisdiction looked into legal issues that may affect your ability to use volunteers and other non-credentialed staff?
- Is changing nurse/patient ratios a reasonable short-term option?
- Using volunteers and/or patient family members?
- Sharing staff between facilities?
- Other approaches?

## **Fire Rescue**

Requests for patient transport have surged, and increased demand will be sustained for weeks. In many communities, the system is staffed on a historic call volume basis with about a 20% surge capacity at a cost of a moderate increase in response time. This surge capacity is difficult to maintain on a sustained basis.

- What is the average daily number of requests for patient transport services in your community? What is the surge capacity? Could the system handle a surge of 30% or more requests on a daily basis during the peak period? How long can this increased level of response be sustained?
- Is there a priority system in providing patient transport? Who decides the priority? What criteria are used in making the decision?
- Is there a mutual aid agreement if requests for patient transport cannot be met? In your opinion, would this agreement be workable during an influenza pandemic?
- What alternative sources could be used for patient transport?
- Are there areas that are chronically underserved for which special plans need to be made?

## **Public Safety**

Disruptions in public order at health care facilities and clinics may occur as a result of behaviors related to anxieties of persons seeking care for their loved ones.

- Have plans been made to enhance security in times of emergency?
- How many points of entry are there? Do you have security staff to cover all areas?
- Will traffic control be a potential problem?
- Will parking availability be adequate?
- Will security be adequate to protect supplies of critical shortage materials and equipment?
- If large numbers of law enforcement personnel are affected, who will provide the necessary services?

## **Mortuary Services**

Pandemic influenza will create an unusual demand for mortuary services. Bodies will need to be processed from hospital and out-of-hospital sources.

- Who is responsible for announcing an expedited process of body handling?
- How will medical autopsy process be modified by the appropriate medical examiner?
- Are resources available to manage bodies that cannot be processed quickly through the hospital, medical examiner, funeral home and burial process?
- What authority would suggest an expedited process for funerals and burials?
- What authority could process bodies if a regional crematory was not properly disposing of bodies?
- Who is responsible for deaths in the home? Are autopsies required, and if so, can a waiver be obtained?

## **Administrators**

Pandemic influenza will create a financial burden on the community and the health care system. General business conditions will deteriorate. The health care system will endure higher costs and reduced revenues. What planning can be done to mitigate short- and long-term financial effects?

- Is the system prepared to finance unusual expenses for workup and care of influenza victims?
- Is the health system capable of paying for higher staff costs, overtime, and loss of regular staff?
- What resources can be activated to compensate for decreased revenues as the day-to-day patient volume is eliminated?
- Given that health care systems likely cannot request pre-payment, how will hospitals manage to cover costs until reimbursement occurs?
- Is the local system capable of guaranteeing payment to other service and equipment vendors needed to manage the outbreak, even in crisis conditions?

## **Questions for mixed groups**

The national impact of the pandemic has limited availability of pharmaceuticals, medical supplies, and equipment.

- What would be the best approach to assure equitable distribution of needed materials among health-care providers?
- Should the needs of health-care providers be tracked at some central point, and should ordering of new supplies and equipment be coordinated? If this is desirable, who should have the responsibility?

## **Key Groups: Public Health, Hospitals, EMA**

The mental health and social service needs created by the pandemic will be great. Coping with deaths of loved ones, arranging for care of seriously ill persons, and other demands will cause more mental anxiety than many can handle.

- What would be priority needs for mental health and social services? How would you rate their priority in relation to patient care needs?
- Does your community have a plan to provide for a surge in mental health and social services needs? In your opinion, is the plan adequate to meet the potential needs posed by an influenza pandemic?
- What factors might limit provision of adequate services?
- Who should participate in preparations to address mental health and social service needs?
- Have the special needs of those providing health care and other essential services been considered?
- Who will or should coordinate provision of these services?
- What is the role of voluntary and religious organizations? Is someone responsible for coordinating their efforts?

## **Key Groups: Public Health, Red Cross, Hospitals, Mental Health, EMS**

As in any emergency, communications will be an essential component of the response to an influenza pandemic.

- What process is in place to improve the consistency and timeliness of health care information released to the health-care providers and the general public?
- What agency or organization will be empowered to release appropriate information?
- Is that same agency the designated central communications hub?
- Does your community have secure communications for transmission of sensitive information between hospitals, the emergency management agency, emergency medical services, and the health department?
- Is there redundancy in the communication system?
- Should a central communications hub be established?

## **Key Groups: Public Health, EMA, Hospitals, EMS**

Pandemic influenza will be widespread; many geographic areas will be affected simultaneously. Thus, unlike a focal disaster, every community must be prepared to meet many of the response challenges with limited help from surrounding communities or from state and federal resources. Some potential problem areas have been identified, as follows: 1) shortfalls of ICU beds, ventilators, and other critical care items; 2) shortages of antiviral agents and antibiotics for treatment of secondary bacterial infections; 3) needs for ancillary or “non-traditional” treatment centers”; and 4) high demand for social and counseling services.

- What are channels and procedures are available for requesting emergency help from state and federal resources?
- Who is empowered to request state and federal resources, and to specify what resources are needed?

How would requests for assistance be managed in a metropolitan area that extends over multiple counties in more than one state?

## **Law Enforcement**

Law enforcement workforce has been heavily affected by illness and absenteeism (taking care of ill family members). Security issues related to medical care rationing, inability to obtain basic services, and general unrest exist, with sporadic looting, increased domestic violence, and frequent episodes of armed family members accosting health care delivery personnel. Infrastructure issues such as rolling brown outs (power), shortages of food and gasoline, and intermittent problems with water quality, have threatened social structure and breakdown of society. Many persons have been out of work for greater than two months. Social services cannot keep up with basic needs of food and shelter in affected populations. Crime has risen dramatically.

1. What plans are in place to contain and impact increased social unrest and crime?
2. Who specifically has the ability to impose limitations of public activity, such as curfew? What is the threshold to impose curfew?
3. What specific measures are in place to support the LE workforce during epidemic illness?

## **Public Infrastructure**

All public and private entities have workforce impact similar to those above. 30% are out due to illness, or caring for family members who are ill.

1. What plans are in place to continue providing essential services such as power and water?
2. How much inventory is on hand to continue production of energy? Water?
3. Will public transportation be available?
4. Are businesses providing essential resources to the producers of energy and water developing plans in conjunction with our essential services providers to continue delivery of these resources?
5. Are workforce issues being planned for, in order that employees and their families will have adequate support should they be affected by the flu?
6. Will banking institutions continue services without interruption?