



AppHealthCare
Caring for our Community

Measles and PFAS/GenX Table Top Exercises

Situation Manual
November 8th, 2019

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	AppHealthCare Annual Training Measles and PFAS/GenX Table Top Exercise
Exercise Date	November 8 th , 2019
Scope	This exercise will be conducted at 2:30PM on November 8 th , 2019. This Table Top Exercise (TTX) emphasizes the role of Public Health Preparedness & Response (PHP&R), Immunization Branch, Regional Labs, Local Health Departments (LHD) and the State Epidemiological Teams to test public health and healthcare capabilities of emergency operations coordination, public information, information sharing, and epidemiology.
Mission Area(s)	Mitigation and Response; Epi Team
Core Capabilities	Capability #3: Emergency Operations Coordination Capability #4: Emergency Public Information & Warning Capability #6: Information Sharing Capability #13: Public Health Surveillance & Epidemiological Investigation
Objectives	<ul style="list-style-type: none">• To increase preparedness for response to public health emergencies• Review, discuss and practice the following preparedness and safety procedures and protocols:<ul style="list-style-type: none">○ Personal Protective Equipment (including Blood Borne Pathogens and Exposure Control)○ HIPPA○ Hazardous Communication○ Safety Manual○ Public Health All Hazards Plan○ Medical Countermeasures○ Cultural Diversity and Health Equity• Demonstrate the public health professional's roles in an emergency• Identify the strengths and weaknesses of our current plans, policies and protocols• Identify further training needs for our public health workforce to be equipped for all situations
Threat or Hazard	Measles Outbreak and an Environmental Emergency
Scenario	See below Exercise 1 and Exercise 2
Sponsor	AppHealthCare
Participating Organizations	AppHealthCare, State Epidemiology, NC Western Region Preparedness Coordinators, Local Emergency Response, State Laboratory, PHP&R, and Emergency Management (Alleghany, Ashe, and Watauga).
Point of Contact	Jennifer Schroeder, jennifer.schroeder@apphealth.com

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

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 visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Facilitators:** Facilitators provide situation updated 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 evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following two table top exercises:

- TTX 1: Measles Outbreak
- TTX 2: PFAS/GenX Scenario

Each TTX begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions of appropriate mitigation and response issues. For this exercise, the functional groups are split up by tables.

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise Format

- Form one group for TTX 1 and one group for TTX 2
- Each group will designate the following roles
 - Note Taker
 - Time Keeper
 - Computer User Resource: One person with access to a laptop to access plan, policies and protocols for reference
 - Reporter (Feel free to rotate this role)
- Scenarios and target questions are provided
- Debrief at the end of the exercise

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 mitigations and response efforts. Problem-solving 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.

- 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.
- During the scenario, participate in the role that you would fill during daily operations and/or when a public health response occurs
- Using the documents and materials provided discuss the scenarios from the point of view of your Local Health Departments (LHD)s.
- Write any questions you have on the index cards provided and hold them up so that they can be collected.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. 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).

TABLE TOP EXERCISE 1: MEASLES OUTBREAK SCENARIO

November 8th, 2019: On November 8th, 2019, local public health officials were notified by providers at Appalachian State University Health Services of suspected measles infection of a 20-year-old student. The student informs medical personnel that he recently returned from traveling with friends across Europe for a month. He returned home a few days ago and thinks he's having a reaction to something he might have eaten. He is experiencing a fever, runny nose, cough and rash on his back, neck and face. Various tests were run but everything came back as inconclusive. The nurse suspects that it could be measles, so she asks the student questions about his vaccination records, which he is unsure of. The university does not have his vaccination records because he is a part-time student, only taking morning classes. AppHealthCare is made aware of the situation and advises Appalachian's medical director, EHS&EM, and the director of University Communications of the suspected case of measles.

The State Communicable Disease Branch (CDB) was notified and facilitated contact between YOUR County Health Department and the Immunization Branch (IB). Specimens were sent to the State Lab for confirmation.

November 9th, 2019: Measles was confirmed in the two suspected cases by testing at the State Laboratory of Public Health (SLPH).

November 10th, 2019: Case interviews revealed the following groups of people to be exposed:

- Friends the ill student traveled with
- Hospital staff
- Students/faculty of the classes the ill student attended

Questions

What are the key issues?

Who should you contact next?

What if a patient calls to schedule a sick visit who is a part of this exposed group? What if the patient comes into the office to schedule the appointment?

What guidance are you giving to hospital staff?

How do you facilitate laboratory confirmation?

At what point is an isolation order discussed?

Are you isolating anyone? At what point? Who? How would you isolate?

Has an EPI Team meeting been called?

Do you have enough staff to begin this response?

What does continuity of care look like for AppHealthCare?

Do you implement incident management? If so, what types of incident management teams/positions do you create?

What partners need to be notified?

What is your contact tracing strategy?

What is your LHD communication strategy? Public Communication?

What are your plans for determining susceptible persons?

Do you have a process in place to issue verbal and written quarantine orders?

After working through this scenario what are you concerned about? What more information do you need?

TABLE TOP EXERCISE 1: PFAS/GENX SCENARIO

November 8th, 2019: On November 8th, 2019, local public health officials were notified by the Occupational and Environmental Epidemiology Branch (OEEB) that Alleghany, Ashe, and Watauga all have heightened levels of GenX.

Questions

What are the key issues?

Who should you contact next?

What guidance are you giving to staff? Environmental?

How do you facilitate laboratory confirmation?

Has an EPI Team meeting been called?

Do you have enough staff to begin this response?

Do you implement incident management? If so, what types of incident management teams/positions do you create?

What partners need to be notified?

What is your LHD communication strategy? Public Communication?

What are your plans for determining susceptible persons?

Do you have a process in place to issue verbal and written water warnings?

After working through this scenario what are you concerned about? What more information do you need?

AFTER-ACTION REVIEW AND DEBRIEF

Debriefing Ground Rules

- Respect colleagues. Refrain from personal remarks or assigning blame.
- Be honest and willing to share your knowledge and experience.
- Keep discussions about individual performance within the group.
- Read through the background information and consider the discussion questions.
- Avoid getting bogged down in small details, think about the big picture.
- Provide paths forward and solutions where possible.
- Observe the time limits allotted for the debriefing.

PURPOSE: Debriefings are productive when properly structured. This discussion guide provides an outline of key points to cover during the debriefing session.

DIRECTIONS: Use these questions as a starting point for a debriefing discussion after an incident/event.

- List at least three things that worked really well. Identify the successful actions that can be replicated in future incidents/events?
- List at least three things that did not work as planned and analyze why. Determine how they can be done differently.
 - List any plans, procedures, communication materials, tools, or templates that need revision or development.
- After working through this scenario what are you concerned about? What more information do you need?