The 2013 Statewide Medical and Health Exercise is sponsored by:

- California Emergency Medical Services Authority
- California Department of Public Health

In collaboration with:

- California Hospital Association
- California Association of Health Facilities
- California Primary Care Association
- California Emergency Management
- Response partners representing local health departments, emergency medical services, public safety and healthcare facilities
Welcome and Introductions

- Introduction of Participants (83)
  - Subject Matter Experts
    - Sandra Huang, MD Acute Communicable Disease and TB Controller
    - Elizabeth Rowan, Nurse Manager ACD
    - Ron Browder, Chief Environmental Health Protection Division and staff
- Housekeeping Issues
- Agenda Review
Overview of Today’s Agenda

- Ground Rules
- Exercise Purpose
- Exercise Targeted Capabilities
- Exercise Objectives
- Background on foodborne illness, E. Coli O157:H7
- General Background on Public Health & Environmental Health response to outbreaks
- TTX Scenario
- 4 Modules
- Planning for November Functional Exercise
Exercise Ground Rules

- Do not fight the scenario
- Assume the scenario is real and may impact the jurisdiction and the participants
- Participate in a collegial manner: share policies, plans and practices that may benefit others
Exercise Purpose

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

The exercise will focus on the coordination of health alert and case reporting activities and health system capabilities anticipated when managing a medical surge among community healthcare partners.
2013 Alameda County Medical and Health Exercise Target Capabilities

- Emergency Operations Center Management
- Communications & Information Sharing
- Medical Surge/Medical Materiel Management & Distribution
- Public Health Epidemiological Surveillance
Tabletop Exercise Objectives

**Capability: EOC/DOC/HCC Management**

1. To discuss Alameda County’s ability to organize and document situation status reports & develop & disseminate Incident Action Plans (IAP) during exercise
   
   a. Discuss the ability to implement the Incident Command System (ICS) in response to a food borne illness.

**Capability: Communications & Information sharing**

2. To discuss the ability to share all incident information with key partners (including receipt and confirmation of a health alert)
Tabletop Exercise Objectives

**Capability: Medical Surge/Medical Materiel Management & Distribution**

3. To discuss medical surge capacity and plan to deal with increased gastrointestinal illness, dehydration, and/or renal failure/dialysis including pediatrics.

4. To discuss resource requesting process and delivery for medical assets

**Capability: Public Health Epi Surveillance**

5. To discuss how organizations receive, complete, and return secure reportable case information to and from the Alameda County public health department
Alameda County focus

- EOC Management & Resource requesting
  - Feedback regarding real life testing of medical resource requesting from past AARs
  - Discuss a protocol for submission of medical resource request & fulfillment and communication between Med Health Branch @ EOC, Logistics @ EOC, and HCSA DOC Logistics resources

- Medical Surge – specific focus on pediatrics

- Public Health Surveillance
  - Discuss and evaluate redundant health alert systems
  - Discuss and evaluate ability to reach key partners (e.g., Infection Control Practitioners) and submission of secure case reports for surveillance
Tabletop Exercise

- The exercise consists of four modules plus an addendum for planning the November 21, 2013 Functional Exercise.

- Each module will identify the key issues followed by questions for discussion.

- Participants are encouraged to share their plans, policies, strengths and gaps as identified in the Organizational Self Assessments.
Exercise Ground Rules

- Be respectful: allow others to speak and finish their statements

- Follow communications etiquette: turn off cell phones, smart phones, computers and any other electronic data equipment
Foodborne Illness Statistics

Each year in U.S. foodborne diseases cause:

- 9.4 million cases
- 55,961 hospitalizations
- 1,351 deaths

(Emerging Infectious Diseases. Volume 17, Number 1. January 2011)
Background

What foodborne disease do these foods have in common?

- Raw sprouts
- Pizza
- Cookie dough
- Fresh spinach
- Ground beef patties
- Romaine lettuce
- Unpasteurized juice
Background

Shiga Toxin producing *E. coli* (*STEC*):

- Gram negative bacteria
- Non-shiga toxin producing *E. coli* are a normal flora in intestines – *STEC* is found in herbivores

- 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 101 degrees Fahrenheit)
Impact of *E. coli* Outbreaks

A large outbreak of Shiga Toxin-producing *E. coli* infections linked to sprouts occurred in Europe in 2011, resulting in 3,950 cases.

- 53 deaths (51 in Germany)
- 852 confirmed cases of hemolytic uremic syndrome (HUS) a type of kidney failure
- Cases were reported in Germany, Switzerland, Poland, the Netherlands, Sweden, Denmark, UK, Canada and the USA


*European Food Safety Authority*
Impact of Recent *E. coli* Outbreak

Multistate Outbreak of Shiga Toxin-producing *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.

[Link to CDC webpage](http://www.cdc.gov/ecoli/2012/O157H7-11-12/index.html)
Scenario

On September 27, 2013, health care providers at community health centers, private physician’s offices and local emergency departments began seeing previously healthy patients with complaints of abdominal pain throughout Alameda County.
Within one day 50 cases of bloody diarrhea reported

- Children’s Hospital reports - 5 pediatric patients with hemolytic uremic syndrome (HUS) & 30 patients with acute diarrhea requiring admission.

- Area hospital EDs received 22 adults & 30 pediatric patients with acute diarrhea requiring admission.

- Alameda County Medical Center, Kaiser Hayward & Valley Care report 9 pediatric HUS cases.

- At least 20 adult/pediatric patients have been reported at health care providers, community health centers, & private physician’s offices in the county.
Scenario (Continued)

- **Two days** after initial reports of abdominal pain & bloody diarrhea
  - 23 pediatric patients admitted to the ICUs with symptoms of decreased urine output, lethargy & persistent bloody diarrhea primarily at Children’s Hospital.

- Area hospitals have **50 adult/pediatric patients** presenting similar symptoms continue to be reported throughout the county.

- **Children’s Hospital has 5** more pediatric patients diagnosed with HUS. Area hospitals have 5 additional pediatric HUS Cases.

**Five days** after first reported case, 50 more patients have been identified with similar presenting symptoms at local hospitals, community health centers and private physician practices.
Module 1: Emergency Operations Center Management

Key Issues:

- Response is coordinated through the use of Incident Command System principles and Command Centers/Emergency Operations Centers

- Incident Action Plans are developed to guide and document the response

- Medical Health Operational Area Coordinator Program coordination via EOC Med/Health Branch & HCSA DOC
### Questions for Discussion

1. How does your organization implement Incident Command System principles to organize and guide response and recovery operations in an emergency?

2. How is your Command Center/Emergency Operations Center activated to support Incident Command System operations? Does the activation process utilize a written plan? What are the triggers for activation – would yours be activated at this point?

3. Is response to a large gastrointestinal illness outbreak different than for other types of scenarios? If so, how?
Questions for Discussion

4. How does your organization communicate and share information with other members of the incident management team or Command Center/Emergency Operations Center personnel? If procedures are in place, is the process regularly tested?

5. Does your organization know how to contact the MHOAC program?
Alameda County & City of Berkeley Public Health Department & Environmental Health have received dozens of reports of GI illness from the public and providers.

Clinicians have requested guidance from the local health department on appropriate protocols for specimen collection and laboratory tests to confirm the diagnosis.

ACPHD & BPHD are disseminating Health Alerts about the situation to clinicians. Health Care Services Agency has initiated a conference call to discuss activation of the Agency DOC and/or the Medical Health Branch of the EOC.
Module 2: Communications and Information Sharing

Key Issues:

- Internal and external communication between key response partners
- Use of redundant communication modalities
- Policy and procedure for dissemination of key messages is established within the facility/agency/department
- Utilize California Public Health and Medical Emergency Operations Manual and/or local situational intelligence/awareness within the exercise timeframe
<table>
<thead>
<tr>
<th>Questions for Discussion</th>
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<tr>
<td><strong>How does your organization receive and disseminate critical information (Health Alerts) internally?</strong></td>
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<tr>
<td>1. What are the communication methods to disseminate this information and measures to be taken during a medical surge due to foodborne illness? What mechanisms and/or technology are in place to receive and disseminate information internally and externally? Which work the best? (Fax, email, CAHAN, website review, text message, etc?) Which have you tested? How do your staff prefer to receive this information?</td>
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<tr>
<td>2. What is your plan to notify staff of a large outbreak event? What individuals or groups require notification? How is communication coordinated between Infection Control Practitioners, Disaster Coordinators and the local health department?</td>
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Scenario (Continued)

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<th>Ambulance companies are reporting an increase in call volume and extended delays in offloading patients at local emergency departments. Hospitals are experiencing continuing surge with increasing emergency department wait times. Parents are bringing in pediatric patients.</th>
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<tr>
<td>EMS continues to receive reports that clinics and hospitals are overloaded with patients with dehydration, and some hospitals are already at or beyond capacity for pediatric ICU care and some specifically for renal failure and dialysis.</td>
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<td>RDMHS reports that similar reports are coming in across the region and the state.</td>
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Module 3: Medical Surge/Medical Materiel Management & Distribution

Key Issues:

- Evaluate surge capacity and plan to deal with increased GI illness, dehydration, renal failure/dialysis.
- Activate Surge Plans – Hospitals are decompressing, large need for pediatric care.
- Large numbers of health care workers are not able to report to work
- Request and/or response to medical resource requests
Questions for Discussion

1. How do you plan for an influx of adult and pediatric patients including the access and functional needs population? What types of services can be altered, postponed or relocated to other sites? Have clinical providers been active in the decision making for alteration of services?

2. What is the operational area plan during a medical surge, including the pediatric population? How does the plan address mutual aid? How does the plan coordinate from local to regional to State level?

3. Which partner organizations can assist in providing services that you must alter or suspend due to a medical surge? Do you have Memoranda of Understanding signed with these partner organizations?
Questions for Discussion

4. What is the operational area resource requesting process? What is the operational area process to request resources to the region or the State? Are these processes regularly tested?

5. How does Alameda County Health Care Agencies request track and/or return resource?
Resource Requesting
Multiple reported cases have now been lab confirmed with E. Coli O157:H7 infection at the public health lab.

Clinical and public health labs are overwhelmed with specimen testing requests and need guidance as to how to prioritize the testing.

All cases in a Sensitive Occupation or Situation – which includes Health Care Workers, food handlers, and childcare personnel and attendees, must be restricted by the Public Health Dept. until cleared.
Scenario (Continued)

The Alameda County Public Health & Environmental Health Departments collaborate together to receive reports of suspected cases and conduct case investigations to assess the scope of the situation and identify the common source. A case definition is agreed upon for case reporting.

An updated Health Alert with case definition, lab prioritization guidance, and case reporting instructions is issued.
Acute CD STEC Investigation

- Normal investigation vs. outbreak investigation
- Sensitive Occupation or Situation – what are they and why do we need to know?
- What data do we need to be able to prioritize cases?
- What do we do with this data?
Module 4: Public Health

Epidemiological Surveillance

Key Issues:

- Epidemiological surveillance and investigation coordinated with the health care partners
- Implement control measures
Questions for Discussion

1. Alameda County Public Health Department would provide information and guidance regarding the Shiga Toxin-producing *E. coli* outbreak. Do you know how to report cases to the health department?

2. Which position(s) in your organization would serve as the liaison with the public health department for reporting cases and following up on investigation requests?
   
a. Does public health have the correct 24/7 contact information for these liaisons?

   b. Do your liaisons have 24/7 contact information for Public Health & Environmental Health?
Questions for Discussion

3. Does your organization have CAHAN access? If we set up a folder to upload a case line list (excel spreadsheet), could your liaison submit information that way. Or, can you send an email attachment with confidential patient information securely to us (AcuteCD@acgov.org)?

4. How do your laboratories submit & transport specimens to the public health laboratory urgently? How do laboratories determine how to prioritize the work when overloaded? Does your lab have any surge capacity plans?
Questions for Discussion

5. Who would coordinate with public health regarding restriction and/or exclusion of employees? How would this be coordinated with your staffing plans?
Conclusion of Discussion-Based Tabletop
November Exercise
Issues for Consideration

Exercise Level of Play:

- What level of exercise play do the organizations/agencies represented today anticipate for the November 21, 2013 exercise?

- Examples include communications drill, functional and full scale exercises, level of play may include use of simulated patients, movement of patients to healthcare facilities, activation of the joint information center, provision of mutual aid, etc.

- Will your organization/agency activate its Command Center/Emergency Operations Center?
Issues for Consideration

Exercise Times/Duration:

- Exercise play is being developed to include a message to begin the exercise. Participants may begin exercise play at their discretion but are strongly encouraged to collaborate with local/operational area partners.
- Can participants estimate their hours of exercise play at this time?
- # facilities to receive a requested asset?
Issues for Consideration

Exercise Customization:

- Discuss organization/agency impacts from a medical surge due to foodborne disease

- Who in your organization will be responsible for reporting cases in the event of a large outbreak? What are the roles & responsibilities of your Infection Control Practitioner(s) if you have one?

- Ensure exercise customization is included in the Master Scenario Events List
Testing of Policy and Procedures:

- Are there any plans, policies or procedures which individual departments or organizations/agencies would like to test? Examples include: utilities management, patient surge, fatality response, continuity of operations plans, etc.

- Identify the plans to be tested that should be included in the customization of the Master Scenario Events List.
Role of State Agencies

On November 21, 2013, the California Department of Public Health and the California Emergency Medical Services Authority will open the Medical and Health Coordination Center (Formerly the Joint Emergency Operations Center).

The California Emergency Management Agency is anticipated to participate by opening the State Operations Center and the Regional Emergency Operations Centers to support local and regional exercise play.

This will provide the opportunity for local participants to request additional resources, submit and receive situation status reports and respond to California Health Alert Network (or other notification systems) messages and receive further direction.
Thank You
For Your Participation

Additional materials may be found on:
www.acphd.org/phep/exercises
http://www.acphd.org/ems

California Statewide Medical and Health Training and Exercise Program website:
www.californiamedicalhealthexercise.com