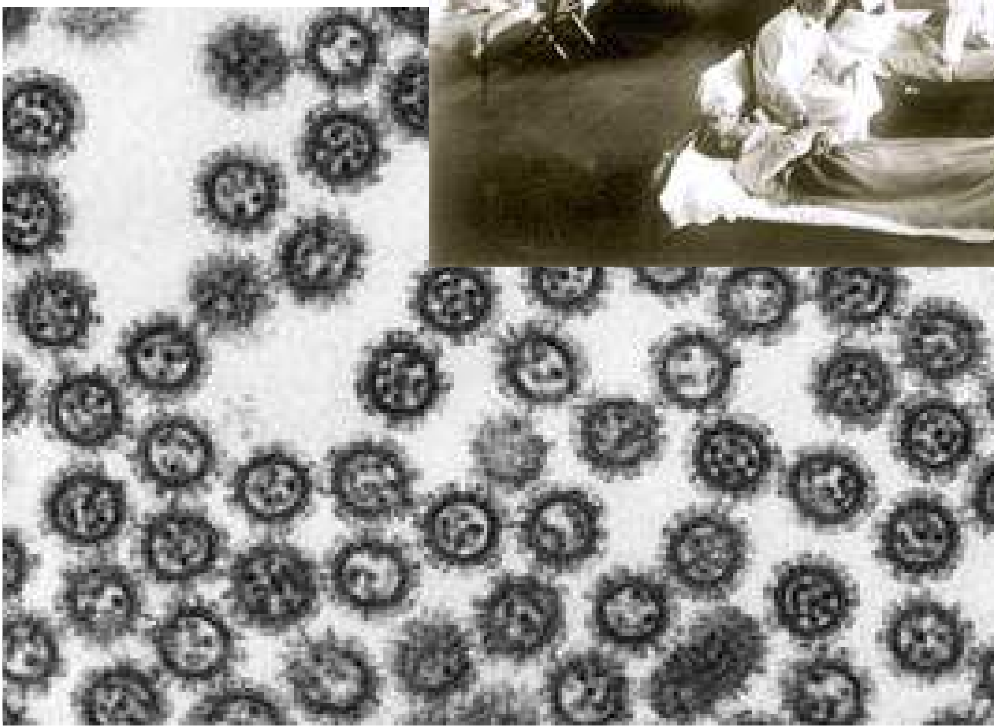
2008

Southwest Ohio Region
Pandemic Influenza Functional Exercise
Participant Guide



Agenda

Thursday, May 29, 2008

8:00	EOC/DOC Sign-in
8:15	Controller Introductions
8:20	Rules of Play
8:25	SITREP (Situation Report)
8:30	STARTEX (Exercise Begins)
12:00	ENDEX (End Exercise Play)
12:10	Player Hot Wash

Introduction

This guide provides information for exercise participants involved in the SW Ohio Region 2008 Functional Exercise. This guide provides information in advance of the player briefing and actual exercise and encourages questions about roles and responsibilities. It also provides the structure and rules for the exercise.

Purpose Statement:
The Regional Medical Response System (RMRS), Regional Public Health Agencies, and Regional Hospitals are hosting an exercise for Southwest Ohio on Thursday, May 29, 2008. This exercise will be known as "SW Ohio Region 2008 Functional Exercise." It is a Functional Emerging Infectious Disease Exercise being funded through grants provided by the Regional Hospitals and the Local Public Health Agencies.

This Participant Guide provides players with the basic information needed to participate in the exercise. It identifies the scope and concept of play for all players; identifies key exercise assumptions, artificialities, and simulations; provides exercise objectives; and other background information leading to the start of the exercise. This Participant Guide also explains the procedural aspects of exercise play, the role of controllers and evaluators, and the administrative and support requirements and procedures governing exercise play.

Administrative Handling Instructions
This handbook and any other reference material provided are for the purposes of this exercise. These materials provide background and administrative information for the discussions that will occur.
The information in this player guide addresses topics for discussion which are public in nature; however, participants are asked to use discretion about distributing to others to avoid fictional material from being taken out of context as fact.

Scope:
While the scenario will simulate that the incident is affecting the entire United States, exercise play will be centered on the Southwest Ohio Region. Players will coordinate operations and perform activities from one of the following operating environments: a jurisdictional emergency operations center (EOC), public health department operations center (DOC), Hospital Command Center (HCC), school emergency operations center, or their normal office setting.

Building Block Events:
Several building block drills, games, lectures, and exercises were held in 2007 and 2008 in a buildup to this year's main exercise event. Many of these building block events were separated from the main event because exercise planners wished to be able to more closely evaluate these response functions without additional exercise activities distracting evaluators

and players. Because of these building block events, players in the 2008 functional exercise **are not** required to develop a centrally located Joint Information Center, develop actual messages for public release, call out volunteers for mobilization, or perform any epidemiological data collection. These functions can be simulated. The results from the previous exercise events will be utilized throughout main exercise play to add additional realism to the scenario.

The following agencies will participate in the SW Ohio Region 2008 Functional Exercise:

Location	Location
Adams County General Health District	Hamilton County EOC
Adams County EOC	Hamilton County Public Health
Adams County Hospital	Highland County EOC
Bethesda North Hospital	Highland County General Health District
Brown County EOC	Highland District Hospital
Brown County General Health District	McCullough-Hyde Memorial Hospital
Brown County Hospital	Mercy Hospital Anderson
Butler County General Health District	Mercy Hospital Clermont
Butler County EOC	Mercy Hospital Fairfield
Cincinnati Children's Hospital Medical Center	Mercy Hospital Mt. Airy
Cincinnati Health Department	Mercy Hospital Western Hills
Cincinnati Public School System	Middletown Regional Hospital
City of Hamilton Health Department	Shriners Hospitals for Children, Cincinnati Burns Hospital
City of Norwood Health Department	Summit Behavioral Health Care
City of Springdale Health Department	Tristate County Animal Response Team
City of Sharonville Health Department	Tristate Medical Reserve Corps
Clermont County General Health District	The Christ Hospital
Clermont County EOC	The Fort Hamilton Hospital
Clermont County Citizen's Corps	The Jewish Hospital
Clinton County EOC	The University Hospital
CMH Regional Health System/Clinton Memorial Hospital	Veterans Affairs Medical Center
Deaconess Hospital of Cincinnati	Warren County Combined Health District
Drake Center	Warren County EOC
Drug and Poison Information Center	Greater Cincinnati Health Council
Good Samaritan Hospital	
Greenfield Area Medical Center	

Other agencies may have been invited locally, or may be invited to the exercise after this list was developed. The After Action Report will include a more complete list of participants.

Exercise Overview

Functional Exercise Definition – The functional exercise simulates an emergency in the most realistic manner possible, short of moving real people and equipment to an actual site. As the name suggests, its goal is to test or evaluate the capability of one or more **functions** in the context of an emergency event.

Key Characteristics of a Functional Exercise:

- Interactive exercise, designed to challenge the entire emergency management system. Can test the same functions and responses as in a full-scale exercise without high costs or safety risks.
- Usually takes place in an EOC or other operating center.
- Involves controller(s), players, simulators, and evaluators.
- Geared for policy, coordination, and operations personnel (the players).
- Players practice their response to an emergency by responding in a realistic way to carefully planned and sequenced messages given to them by simulators.
- Messages reflect a series of ongoing events and problems.
- All decisions and actions by players occur in real time and generate real responses and consequences from other players.
- The atmosphere is stressful and tense due to real-time action and the realism of the problems.
- Exercise is lengthy and complex; requires careful scripting, careful planning, and attention to detail.

The functional exercise makes it possible to test the same functions and responses as would be tested in a full-scale exercise, without the high costs or safety risks. The functional exercise is well-suited to assess the:

- Adequacy of plans, policies, procedures, and roles of individual or multiple functions.
- Individual and system performance.

- Decision-making process.
- Communication and information sharing among organizations.
- Allocation of resources and personnel.
- Overall adequacy of resources to meet the emergency situation.

Exercise Conduct:

Exercise injects will be given to various agencies during the exercise "Play Day," simulating actual activity and indicators leading to an influenza outbreak in the Region. Active exercise play is scheduled to begin at 8:30 a.m. and end at 12:00 p.m. on May 29, 2008.

The exercise will begin with an orientation conducted by an on-site Controller at each exercise location. This orientation will be followed by a situation briefing given by the EMA Director and the appropriate Public Health representative. During this briefing, players will be informed of the situation they are simulating for the exercise. Once the exercise has begun, players will receive updates to the simulated scenario either by the on-site Controller or through contact with a Simulation Cell (SIMCELL). Players should address any requests for information from all non-participating departments, agencies, jurisdictions, and organizations to the SIMCELL, which is located at the Hamilton County Regional Operations Center (ROC), 2000 Radcliff Drive, Cincinnati, Ohio 45204. Contact numbers for different simulated agencies within the SIMCELL are provided in the exercise directory.

Participant Roles

As noted earlier, the functional exercise involves players, simulators, controllers, and evaluators. In a small jurisdiction or organization, one or two people may serve as controller, simulator, and evaluator. In larger jurisdictions, many more people may be necessary.

Players
The players in a functional exercise are people who hold key decision-making or coordinating positions and would normally function in the operations center.
By operations center, we mean the central location that is designated in a real emergency for policy decisions, coordination, control, and overall planning. For a governmental jurisdiction, it would be the EOC; for a volunteer agency or private sector entity it would be the central location from which key decision makers operate in an emergency situation.

Controllers
Controllers manage the flow of the exercise. Controllers provide key data to players and may prompt certain player actions to ensure exercise continuity. Controllers are the only participants who will provide information or direction to the players. Controllers may employ compressed time or space to ensure exercise continuity and completion.

As a part of the control process, a **SIMCELL** will be used to respond to player requests for information from non-participating departments, agencies, jurisdictions, and organizations, and to prepare and inject information to maintain the flow and direction of the exercise.

Evaluators.
Evaluators analyze the effectiveness of plans, policies, and procedures through observing player activities. Evaluators should be aware of pertinent Federal, State, and local response plans to ensure pertinent documentation is submitted for review and inclusion in the After-Action Report (AAR) and Improvement Plan. The AAR/Improvement Plan will be developed to help identify and track improvement actions resulting from the observations made during the exercise.
Evaluators work as a team with controllers. They record events and ensure documentation is submitted for review and inclusion in the AAR/Improvement Plan. As a rule evaluators do not interact with players. All questions raised during the exercise should be referred to the on-site Controller.

At the end of the event simulation, participants will be given the opportunity to share their perceptions of the community's strengths and weaknesses and identify areas for improvement. Issues identified as areas for improvement will be recorded and included in the After Action Report.

Exercise Rules

- Players are expected to perform their roles as if this were an actual emergency. They should refer to all available plans and standard operating procedures and coordinate their activities with the appropriate supervisors, peers, and interdisciplinary colleagues.
- Maintain a log of your activities. This log may include documentation of activities missed by a controller or evaluator.
- If an actual emergency occurs during the exercise, controllers will immediately suspend exercise play and evaluate the situation. The Exercise Director and Senior Controller will then decide if the exercise can be safely resumed.
- Understand the scope of the exercise. If you are unsure about a certain organization's or agency's participation in the exercise, ask a controller.
- If parts of the scenario seem implausible, do not complain. Recognize that the exercise has objectives that must be satisfied and potentially requires doing things that may not be realistic. Respond to exercise events and information as if they are actually happening.
- Do not engage in non-exercise related conversations with the controllers. If you are asked a question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but follow up with an answer at the earliest possible time.
- Do not engage in conversations with evaluators.

Controllers will only give you information they are specifically designated to disseminate from their assigned area. You are expected to obtain other necessary information through interface with other players or the SIMCELL.

Exercise Assumptions

The following assumptions must be made in order to ensure that the exercise is as realistic as possible. It is intended that exercise events progress in a logical and realistic manner and that all exercise objectives be evaluated during exercise play.

- Exercise participants have knowledge of their own department and agency response plans and procedures.
- Participants will respond in accordance with existing plans, policies, and procedures. In the absence of appropriate written instructions, participants will be expected to apply individual initiative to satisfy response and recovery requirements.

- Discussion of disaster response plans, policies, and procedures during the exercise will depict actions that would be expected to occur under actual response conditions and, therefore, will provide a sound basis for evaluation.
- Participants may use real-world data and information support sources.

Exercise Artificialities

Participants must accept that some information or situations are artificial in order to discuss the topics around the objectives of the exercise.

- The scenario is plausible and events could occur as they are presented.
- Time skips may occur between scripts in order to advance the discussion and achieve the objectives.
- There are no hidden agendas or trick questions.
- All players will receive information at the same time.

Players need to assume all non-playing agencies are appropriately initiating their own response plans.

Exercise Objectives

The following functions have been chosen as areas for evaluation in this exercise:

1. **Incident Command System (ICS), Unified Command System (UCS), and Area Command.** Demonstrate the ability to implement an ICS and Area Command if appropriate and transition to a UCS, and effectively direct, coordinate, and manage a response to an emerging infectious disease incident.
2. **Emergency Operations Centers.** Demonstrate the ability to activate, staff, and utilize an EOC to coordinate and support multilevel agencies responding to an emerging infectious disease event.
3. **Medical Surge.** Demonstrate the ability to expand necessary resources to handle the increased patient load demonstrated by the emerging infectious disease incident simulated in the exercise.

4. **Community Containment.** Demonstrate the ability to protect the health of the population through the use of measures that will slow or contain the spread of disease.
5. **Mass Prophylaxis.** Demonstrate the ability to protect the health of the public through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals) to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

Exercise Scenario

Introduction: The scenario for the 2008 functional exercise is a continuation of the scenario used in the previous functional exercise in 2006. Below is a brief overview of what occurred in the previous exercise. Questions related to last year's scenario should be referred to the SIMCELL.

Beginning in January 2008, small outbreaks of Avian Influenza demonstrating limited human to human contact began occurring in Indonesia. Initial genetic testing by the World Health Organization (WHO) showed no genetic mutations in the H5N1 virus and the WHO remained at Pandemic Alert Phase 3.

By January 31, 2008, human to human spread of Avian Influenza began occurring in small clusters in remote villages in Indonesia. Genetic testing showed a mutation in the virus allowing for easier viral attachment in the human upper airway. The WHO increased the Pandemic Alert status to Phase 4, and distributed oseltamivir to affected villages in an attempt to halt the disease spread. The Centers for Disease Control and Prevention (CDC), working with the WHO, sent teams to Indonesia to evaluate the situation and assist local public health authorities in their response. The total number of cases in Indonesia increased to 250 with 85 deaths. The Indonesian government mobilized its armed forces to attempt to quarantine the affected areas of the country.

In addition to sending teams to Indonesia, CDC also sent out the United States stockpile of antiviral medications to each state. Upon receiving its cache of antivirals, The Ohio Department of Health distributed these antiviral medications to local county based delivery sites. These antivirals remained staged at the local health district level until needed locally. These antivirals were utilized in SW Ohio's initial response and no additional antiviral supplies are available at the local level.

By February 2008, the Avian Influenza had spread to Jakarta and other large cities in Indonesia. Other countries in the world had stopped accepting travelers from Indonesia. A small number of cases had occurred in China, Vietnam, and Thailand. The WHO increased its status to Phase 5. The total number of cases increased to 2200 with 750 deaths. While the virus remained susceptible to oseltamivir, attempts at utilizing the drug to halt the

spread of the disease were not successful. The CDC has begun active disease surveillance throughout the United States.

President Bush activated the federal Pandemic Influenza Plan and offered medical and support assistance to the affected countries in Asia. He announced an accelerated program to develop the Avian Influenza Vaccine, but mass vaccine production remained six months away. The federal government imposed medical screening on all arriving air passengers from the affected countries in Asia. Pharmacies began running out of supplies of medications, masks, and gloves.

In March 2008, small numbers of cases of Avian Influenza had occurred in Europe, Africa, and the United States. The WHO announced that Avian Influenza had become a pandemic and declares a pandemic Phase 6. Initially, cases in the United States were limited to two clusters epidemiologically linked to travelers from endemic areas. Isolation of the affected patients and quarantine and prophylaxis of their contacts halted further spread. The CDC has activated its Pandemic Influenza Emergency Operations Center. Worldwide, the number of cases has increased to 120,000 with 23,000 deaths.

By April 2008, the estimated number of cases worldwide had increased to over one million, with over 200,000 deaths. Trade between Asia and Europe and the United States had been greatly reduced. Cases had been reported in all areas of the world except New Zealand, some small Pacific islands, and Antarctica.

In the United States, outbreaks occurred in Los Angeles, New York, and Miami. The medical systems of the affected cities were quickly overwhelmed and the local governments asked for assistance from the federal government. The CDC sent teams to the affected cities to assist the local public health agencies with their response. Additional SNS supplies of antiviral agents and personal protective equipment were been sent to the affected cities, but were used for "treatment only, not for prophylaxis". Hospitals and emergency services were reporting severe shortages of personnel due to absenteeism, further stressing the medical system. The total number of cases in the United States by April 30, 2008 was 1600, with 190 deaths. The CDC announced that, without effective intervention, the number of influenza cases and deaths in the United States can be expected to increase exponentially.

The Greater Cincinnati Region identified four initial cases at our hospitals over the past several days. Child "Y" who was seen at Children's Hospital; Mr. "J" who was seen at Mercy Anderson; Mr. "L" seen at Middletown Regional (Atrium now); and Mrs. "K" seen at Mercy Clermont. Laboratory tests sent to Ohio Department of Health confirmed that these patient samples were positive for H5N1 which being referred nationally as the "Indonesian Flu."

The Mayor of Cincinnati learned of 12 families who had returned from an affected area and asked to implement quarantine on those families after testing to determine exposure. Two of

those families were determined to live in Hamilton County and three families in Norwood (a separate city from Cincinnati).

The Ohio EMA and Ohio Department of Health recommended that all Emergency Operation Centers activate to help coordinate the response to the public health emergency.

All area hospitals began reporting an “At-Capacity” status and many private practice physicians began hearing that the hospitals were declining direct admits.

The Governor declared a Statewide Emergency and recommended that all Emergency Operations Centers activate in support of the Public Health emergency.

The Pandemic Influenza response Plans for each jurisdiction and agency were activated and Departmental Operations Centers were activated at each LHD with Incident Command established and staffed across the region.

Local and National Media began requesting information about the emergency even requesting names, ages, and diagnosis for each patient under the Freedom of Information Act.

The Governor requested the Strategic National Stockpile Antiviral drugs from the CDC but was informed that all twelve “Push Packs” had been deployed.

Many Childcare Centers in the Region began to close due to staff illnesses. Employee absences at hospitals, LHD’s, and emergency responder organizations began to take a toll on the ability to continue responding as usual. These agencies also began receiving more and more calls from their staff reporting illnesses and inability to report for work. Local private practice offices, private ambulances, and health clinics also began seeing employee absenteeism.

Hospitals began calling local Law enforcement agencies to report to their waiting rooms for unruly patients and family members.

Hospitals other than Children’s Hospital requested help finding diapers, formula, and other supplies to handle the influx of pediatric patients that they were forced to accept due to the excessive capacity at all hospitals region wide.

Hospitals began to run out of key medical supplies.

Private Practice physicians were refusing to sign death certificates and suggesting that the Coroner sign them.

EMS workers, and/or their family members, associated with the index cases are reporting flu like symptoms and an inability to work.

2008 Scenario Introduction:
This year's scenario picks up shortly after the events listed above. In order to address all objectives, the timeframe in question is intentionally vague. At the onset of this exercise, assume that the current resources available in your facility are available for exercise response, unless specifically indicated otherwise in an exercise inject. If you have further questions regarding the current status of the exercise scenario, please contact the SIMCELL.

Antiviral caches have been exhausted, though manufacturers are in the process of developing more. The Indonesian Flu Vaccine is still several months away, and the world continues to be in WHO Phase 6: Pandemic Period. The United States remains in its first wave of influenza patients.
The CDC has determined that the nation is currently in Pandemic Severity Index 3, with a national case fatality ratio of 0.89%. The CDC Director has also stated that certain areas of the country are being hit harder than others, and may be experiencing Pandemic Severity Index Level 4. Southwest Ohio has seen an increase in recent deaths, and is seeing a case fatality ratio of 1.67%. The overall illness rate estimates, both nationally and locally, range from 22.91% to 30.11%. CDC also warns that data is becoming difficult to gather quickly due to staffing stresses.

In Southwest Ohio, Public Health has instituted several community containment protocols: voluntary isolation is recommended, schools, universities, and daycares closures have been initiated (no time frame designated), and the public is being encouraged to avoid large gatherings until further notice.

Based on initial data from international health care systems, certain antiviral medications are proving to be more effective than others in lowering mortality rates in influenza patients. Oseltamivir has proven the most effective antiviral in early studies, but large studies have not been done to confirm this data. Antiviral use does not decrease illness time, but does indicate an overall decrease in fatality rates if administered quickly.

The progression of events in this year's scenario will be accelerated somewhat to allow participants to address issues that may not occur as rapidly in a true pandemic event. Contact the SIMCELL for further information regarding any of these scenario statements.

Communications Plan

All spoken and written communications will start and end with the phrase, "This is an exercise."

Players will use the existing communications assets available at each exercise location (i.e. - telephones, computers, and face-to-face visits). Locations should not be equipped with any equipment that is not already required through existing emergency plans and procedures. Players will use email, fax, or telephone for receiving and responding to injects. A large majority of injects from the SIMCELL to players will be sent via email. Players will be directed in many cases to respond within a specific timeframe to the SIMCELL with information regarding how the inject was addressed. Players are encouraged to send inject responses for each inject back to the SIMCELL. This is to enhance After Action Reporting and documentation that an activity took place. A controller may directly oversee communications of this type. It is also important to ensure the player clearly explains to the agency/individual they are contacting that this request is for exercise use only and is not an actual incident. In no instance should exercise communication interfere with real-world communications.

An exercise directory is available which provides a primary contact point for each participating location, and for the SIMCELL.

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