Preparing for Public Health Emergencies: A Tabletop Exercise

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Today’s Objectives

• Demonstrate a tabletop exercise used by public health officials
• Identify issues typically emerging out of tabletops
• Identify how medical librarians can help to address these issues
• Define possible next steps for medical librarians
Purpose:

To provide a learning opportunity for public health officials and their local emergency counterparts prepare for and respond to large scale public health emergencies (natural or man made)
Types of Emergency Exercises

- Orientation
- Drill
- Tabletop Exercises
- Functional
- Full Scale
What is a Public Health Tabletop Exercise?

- Scripted scenario depicting a public health emergency
- Led by facilitator who asks a group (players) to respond to a series of incidents in the scenario
- Low stress, no right or wrong answer
- Examines the adequacy of the emergency response plans, policies and procedures and the key decision makers’ understanding and knowledge of the plans.
- Debriefing to discuss next steps
Types of Tabletops

- **Basic**: players respond to scenario as it unfolds, can be a mix of different disciplines, not necessarily key decision makers. More oriented to learning, rather than evaluation of current system.
- **Advanced**: players in own role as defined by the emergency response plan; typically those that would be involved in decision making; identifies gaps, inconsistencies, or duplications in policies, plans, or procedures.
Objectives of Tabletops

- Identify the policy issues associated with a public health emergency
- Identify gaps in local preparedness
- Discuss measures that can be performed at the local level
- Promote interagency collaboration & coordination
- Recognize the roles of public officials
- Identify training needs
Why policies?

- Clarity and consistency (backups)
- Saves time (avoids confusion about what to do or for making decisions)
- Avoids duplication/conflicts
- Enhances interagency partnerships
- Can use the same tabletop multiple times (the focus is on policy, not disease or scenario).
Examples of policy areas identified through table tops

• Communication
  – Vertically, horizontally, news media

• Resources
  – Manpower, material, technical assistance

• Data
  – Collection, analysis, mgmt, communication

• Coordination
  – Chain of command, leadership

• Legal
  – Medical, criminal, quarantine

• Systems
  – Interagency protocols, surveillance
Lessons Learned From Preparedness Tabletops

- LHDs often lack written policies or protocols.
- Each city or county is unique.
- Local agencies may not include PH in their plans.
- Emergency response policies are not well communicated between all agencies.
- Self assessment does not equal performance.
- Public health jargon often hinders communication.
- Emergency response policies often conflict, are outdated, or not well communicated.
Tabletop Demonstration

Schedule:
- Introduction: 15 min
- Exercise: 1 hr
- Groups identify issues: 20 min
- Discussion of the medical librarian's role & next steps: 30 min

Roles:
- Facilitator
- Tabletop players
- Note takers
Description of Exercise

The Scenario:
A fictional account of a large scale public health emergency created by bioterrorists.

Four Storyboards:
Background information to put the scenario into context. Facts known to all.
1. The Setting
2. The Investigation
3. The Terrorist Act
4. The Aftermath
Description of Exercise

The Exercise:
Scripted scenario on 17 slides (Update) containing a total of 24 separate incidents occurring over a 4 day period

The Debriefing:
- Identification of policy gaps
- Identification of useful information (effective responses)
- Next steps
Setting the Scene

Participation:
– Respond as a group as each incident emerges (think about the policy issues or themes embedded in each incident)
– You are to assume the roles of public officials from CEDAR county

Policy Issues:
– Focus on who, what, and when vs. how
– Identify gaps and strengths of the system rather than individual knowledge
– Respond in real time, if possible
Instructions to Remember

• Respond as a group as the information emerges
• Maintain your agency or community role throughout the exercise (think about how your agency, rather than how you, would respond)
• Focus on identifying policy issues rather than specific procedures
• Take notes for debriefing discussion
• Refer to handouts, as appropriate
Questions?
# Storyboard 1 – The Setting

<table>
<thead>
<tr>
<th>Elder County</th>
<th>Dogwood County</th>
<th>Hickory County</th>
<th>Pecan County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ash County</td>
<td>Cedar County</td>
<td>Oak County</td>
<td>Maple County</td>
</tr>
<tr>
<td>Fir County</td>
<td>Pine County</td>
<td>Elm County</td>
<td>Walnut County</td>
</tr>
</tbody>
</table>
Storyboard 1 – The Setting

- Cedar County
  - 150,000 residents
  - 1 major city of 40,000
  - 2 hospitals
  - 1 public water supply
  - Local health dept staff with 70 employees
Storyboard 1 – The Setting

• **Dogwood County**
  – Just north of Cedar County
  – 35,000 residents
  – Numerous water recreation areas
  – Multiple small water supplies
  – Local health dept staff of 25 employees
Storyboard 1 – The Setting

• **Pine County**
  – Just south of Cedar County
  – 15,000 residents
  – A Cedar County “bedroom community”
  – On the Cedar County water supply
  – Local health dept staff of 14 employees
Storyboard 1 – The Setting

• Maple County
  – Located 140 miles east of Cedar County
  – Site of the State Health Department
  – Site of the State Public Health Laboratory
  – State’s major university located in Maple County
  – 1,000,000 residents
Storyboard 1 – The Setting

• **Today is Friday, Sept 5** (before 3 day Labor Day weekend)

• **Major upcoming event:** An Economic Trade Summit is scheduled to be held in Cedar County on Friday, Sept 12. Two hundred high level government and business leaders from three states and a few foreign dignitaries have been invited to attend
Storyboard 1 – The Setting

- **Unusual current event**: On Friday evening, nurse hotlines, private providers in the area and the hospital ER’s are receiving increasing number of calls and visits from people complaining about gastrointestinal illness exhibiting common symptoms (**severe diarrhea, fever, abdominal cramps, chills, headache, bloody stools, nausea**). Most patients are middle aged adults. By early Saturday AM, the number of reported cases is up to 45 and 3 people are hospitalized for dehydration.
Questions?