

YOLO COUNTY HEALTH DEPARTMENT

PANDEMIC FLU DRILL

January 31 – February 2, 2006



PANDEMIC FLU DRILL PARTICIPANTS:

Yolo County Health Department Emergency Response Team:

Bette Hinton, Samrina Marshall, Cheryl Boney, Alida Hrivnak, Stan Kwan, Bruce Sarazin, Myrna Epstein, Donna Nevraumont, Wayne Taniguchi, Paul Bacigalupi, Lynne Foster, Ann Souter, Dana Henderson, Norma Springsteen, Tim Wilson, Anna Almeida Kane, Josh Jorgensen, Laurel Tam.

Participating Partner Agencies: CommuniCare Health Centers, Red Cross, UC Davis Cowell Student Health Center, UC Davis Emergency/Disaster Management, Woodland Healthcare, Yolo County Office of Emergency Services, Yolo County PIO.

THANK YOU!!!!

BACKGROUND



Concerns about the risk of an impending influenza pandemic or other large-scale disease outbreak are foremost in public health emergency planning. It is estimated that up to 35% of the population may become ill with more than 35,000 deaths in California depending on the infectivity of a pandemic influenza virus and its disease-causing potential. This level of disease activity would disrupt all aspects of society. In January 2006, The Yolo County Health Department conducted its second pandemic flu drill with the aim of further exercising and refining early pandemic response activities. Additional information regarding avian flu and public health emergency preparedness planning can be found at www.yolohealth.org.

Drill Goals and Objectives

The drill was developed as an “applied table-top” with multiple Health Department units and partner agencies invited to simulate their actual response to a public health emergency, such as pandemic flu. The **goal** of the drill was to exercise and refine the Health Department’s response to public health emergencies. For additional information or questions, about this drill, please contact Tim Wilson at (530) 666-8645.

The **objectives** of the drill were to exercise:

- Intra-/inter-agency communications and health alerting
- Intra-/inter-agency coordination of rapid disease detection response and control
- Laboratory response and timely facilitation of specimen testing
- Preparations for mass prophylaxis and/or vaccination

PLANNING & PREPARATION

The following partner agencies were invited to play a role in drill planning and response activities: large community clinics, local hospitals, the university clinic and Office of Emergency Services.

- All health care providers and emergency response partners were notified through our Health Alert Network and were encouraged to respond and verify receipt of alerts.
- Activity log sheets were distributed to all participating partner agencies and Health Department personnel to document and time all drill-related activities and capture comments and suggestions to improve emergency response.
- Throughout the drill, phone calls to the Health Department from community members, media and health care providers were simulated in multiple languages to further document and refine responses.

DRILL SCENARIO & PUBLIC HEALTH RESPONSE

DAY 1



Scenario: At 7:45am on January 31, 2006, the Health Officer received an alert through the California Health Alert Network (CAHAN) that the World Health Organization (WHO) had just confirmed two clusters of avian influenza (H5N1) illness in China (n=82) with an unknown number of deaths. Preliminary investigation suggested person-to-person transmission for most cases. No other cases were reported outside of China.

Public Health Response: The Health Officer convened the Emergency Response Team at 8:30 am to coordinate the Health Department's response. This Teams consists of representatives from several Health Department units, including Public Health Nursing, Public Health Laboratory, Environmental Health, Epidemiology, Emergency Preparedness, Health Education, as well as the Public Information Officer, Health Officer and Assistant Health Officer.

DAY 2

Scenario: On February 1, 2006, a CAHAN drill alert was received by all primary and secondary CAHAN personnel and by CAHAN coordinators in neighboring counties. The alert reported that avian influenza was now in the US. WHO confirmed several clusters of probable H5N1 illness in China, Vietnam and the US. The Centers for Disease Control and Prevention (CDC) and California Department of Health Services (CDHS) confirmed five known cases of avian influenza virus in the US: WA (2), NY (2), and CA (1). The California case was a 21-year-old college student in San Diego. Early reports suggested that the virus had mutated and was now transmissible person-to-person.



Public Health Response: The Health Officer convened the Emergency Response Team at 8:30. Members were advised by the Health Officer that avian influenza cases could be expected any day now. Team members planned how to respond to and manage increased call volume, prepare staff and health care providers to rapidly identify and investigate cases and their contacts, and coordinate rapid dissemination of health information messages to providers, emergency response partners and the public.

DAY 3



At about 7:00am on Feb 2, 2006, the UC Davis Cowell Student Health Center called the Health Department to report a probable case of avian influenza as part of the drill. The call was transferred from County Communications to an on-call Environmental Health HAZMAT Specialist who contacted the Health Officer with the information. The case was a 19 year-old college student with recent travel history to China, severe respiratory illness, and flu symptoms with an ill family member hospitalized with H5N1 in Seattle. The young woman also tested positive for influenza A.

Response Summary: The Health Officer convened the Emergency Response Team immediately. Team members discussed the importance of continuing activities planned on Day 1 and Day 2 with anticipation of increased calls from the public. There was added discussion of preparing County employees for role as disaster workers, refining 12-hour shift procedures and increasing staff familiarity with NIMS and preparing for mass vaccinations and/or antiviral distribution.

DRILL RESPONSE / ACTIVITIES FROM DAY 1 to DAY 3

| | Disease Surveillance & Response and Control | Communication: Internal & Inter-agency | Communication: Public | Communication: Health Care Providers | Lab | Mass Vaccination Prophylaxis & Supplies |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Day 1: Efficient person-to-person transmission reported in China | <ul style="list-style-type: none"> Review Pandemic Flu Response Plan, isolation/quarantine, avian flu info, personal protective equipment, mass vaccination plan Prepare listing of additional health department staff to assist with pandemic flu response | <ul style="list-style-type: none"> Team convene Review Team communication plan (schedule updates, update Team emergency contacts) Update health dept staff, key County & partner agencies; advise to prepare for emergency at home Advise managers/supervisors (M/S) to review staff activities for coming weeks, prepare to cancel/reschedule meetings, vacation, etc, suspend leave for M/S Prepare to manage/disseminate updates to staff and health partners | <ul style="list-style-type: none"> Organize & disseminate public information as needed; coordinate with County PIO, State PIO, media | <ul style="list-style-type: none"> Organize / disseminate avian flu information to health care providers re: surveillance, infection control, treatment Coordinate with PIO, Nursing, Epi and CAHAN Frequent review of Epi-X/CDC and CAHAN web sites for updated materials and guidance Phone call to infection control coord. & hospitals | <ul style="list-style-type: none"> Reviewed supplies Sent specimen collection information to local labs | <ul style="list-style-type: none"> Contact local hospitals, CA Dept of Health Services (CDHS): check Tamiflu availability Review/re-stock emergency supply inventory as needed Check sources about possibility of rapid fit testing of respiratory mask; ensure potential investigators have been fit tested Review staffing for possible mass prophylaxis |
| Continuing Activities from Day 1 | | | | | | |
| Day 2: Avian Flu cases detected in U.S. | <ul style="list-style-type: none"> Review isolation/quarantine procedures, discuss with County Counsel Ensure investigation tools are available: questionnaire, phone lines, phone triage Contact OES re: recruiting volunteers to field phone calls Identify phone lines dedicated to receiving incoming staff calls | <ul style="list-style-type: none"> Update OES: OES placed EOC on standby, requested to keep fire, law, tribe, city managers, Red Cross informed Continue updating all personnel, key partner agencies, including Mental Health Response Team (ADMH) Advise managers/supervisors to cancel upcoming meetings and reassign HD staff Schedule Team meetings twice daily Set-up and test 1-800 teleconferencing capability for communication with partner agencies | <ul style="list-style-type: none"> Prepare & disseminate public information materials (phone scripts for clerical staff, press releases, etc) Prepare for press conference (PIO, Nursing) Update HD website Coordinate messages with city gov'ts, business community | <ul style="list-style-type: none"> Fax alert to health care providers re: infection control, specimen testing, prophylaxis Identify phone lines for incoming calls from health care providers | <ul style="list-style-type: none"> Field calls from labs re: specimen submission | <ul style="list-style-type: none"> Convene Nurses to review emergency supplies, NIMS, Nursing role in a disaster Just-in-time training for Health Ed. staff re: NIMS/SEMS and roles in mass prophylaxis clinics Consolidate staff & resources from satellite sites Contact mass vaccination clinic sites; determine if facilities are available < 24 hrs Contact persons already identified as subject experts regarding availability |
| Continuing Activities from Day 1 and Day 2 | | | | | | |
| Day 3: Avian flu cases reported in Yolo County | <ul style="list-style-type: none"> Contact University Health Center and confirm case status Begin case/contact investigation Coordinate just-in-time disease investigation training for Health Education staff Assess surge capacity needs (disease investigators, PHN, epidemiologists, phones) Consult with CDHS, subject matter experts, regional epidemiologists, regional public health nursing personnel as needed Plan for social distancing actions | <ul style="list-style-type: none"> Alert State Health Department, neighboring counties Request Board of Supervisors to declare state of emergency Dept Operations Center (DOC) activated Health Dept functions through SEMS/NIMS Prepare staff for 12 hour shifts (assign backups, begin scheduling) CAHAN alert to all staff, key County personnel, emergency response partner agencies Review of Team communication plan-schedule Team updates as needed | <ul style="list-style-type: none"> Continue phone triage, update scripts, recruit and train volunteers Coordinate press releases, press conferences and press updates (coordinate messages with County PIO, State PIO) Updated HD website with web links and 1-800 phone info Assure regular updates | <ul style="list-style-type: none"> CAHAN alert to health care providers and emergency response partners with plan to send regular updates and health guidance Assure regular updates and guidance | <ul style="list-style-type: none"> Coordinate specimen transport to State Lab in Richmond | <ul style="list-style-type: none"> Set up Tamiflu prioritization team |

LESSONS LEARNED

1) COMMUNICATE * COMMUNICATE * COMMUNICATE

Intra-agency: Need to update all staff throughout the day (by email, phone, in-person) to avoid duplication of effort and strengthen the response. Team updates were scheduled each day of the drill. Daily Emergency Response Team meetings were crucial to keep all units informed and on task.

Inter-agency: It is essential to have a clear plan to update our medical providers, emergency response and government partners on a regular basis

Public: Same with the public - need a clear plan to provide regular updates to the public and business community

2) COORDINATE ALL PUBLIC INFORMATION THROUGH THE PUBLIC INFORMATION OFFICER

With so much information passing through the Health Department in the form of CAHAN alerts, press releases, guidance to health care providers, web site updates, etc. coordination of information through the PIO is vital in getting consistent and accurate information out.

3) DRILL and TRAIN for EMERGENICIES regularly

Specific aspects of public health emergency response were identified as areas requiring future training and planning (e.g., disease investigation, communications) in the near future. An increased level of understanding of Health Department roles in a public health emergency was observed and expressed by participants. There is a need for a designated person in charge of training plans and respiratory fit testing.

4) TAKE ACTION ON LESSONS LEARNED

Working groups should be established to focus on areas identified in the drill as needing more work. Lead persons/units must be identified to address areas that need improvement. Timelines for completion should be defined.

5) KNOW WHERE ALL WRITTEN RESOURCES ARE LOCATED

Written resources need to be regularly updated and easily accessible

What Went Well:

- Good internal communications/notifications through daily Team briefings, phone, email and CAHAN and scheduled Emergency Response Team updates
- Good communication with key partners
- Good documentation of activities by staff
- Good organization of available avian flu information ahead of time
- Good communication with state/regional colleagues (CCLHO, PIO, Lab, Nursing, Epi),
- Good interaction with media (newspaper played along with the PIO)
- Good legal authority primer PowerPoint shared with Team
- Health Department personnel emergency contact information is routinely updated every 6 months, so was current at time of drill
- County Counsel familiar with isolation and quarantine regulations and willing to assist
- Mass vaccination Points of Distribution (PODS) reported they would be available to set up clinics within 24 hours if needed
- Good teamwork of multiple decisions in mock emergency situation

What Gaps We Uncovered:

TRAINING

- Incorporate “disaster worker” roles and responsibilities in County’s new employee orientation
- Review NIMS and DOC roles and responsibilities annually for Health Department staff (planned June ‘06)
- Develop “just-in-time” training and materials (handbook, job aid sheets) for disease investigators, clinic managers with annual training
- Train staff on redundant communications equipment annually (Done March ‘06)
- Cross train with Red Cross, mental health, and other medical and emergency response partners
- Timeline for future drills: get input from HD staff regarding needs and deficiencies
- Training should involve role-playing and interactive training
- Suggestion for future drills: small group role playing (“socio dramas”)

COMMUNICATIONS

- Phone triage needs to be worked out (who is lead?, surge? scripting?)
- Phone logistics: status of 1-800 number, look into voice recording to route calls
- Make sure persons answering phones routinely have updated bilingual translator lists
- Make sure all staff needing cell phones have them and develop plan to distribute them
- Health Alerting Network: resolve provider contact info issues (clinic contacts? email? phone? how do we keep updated?); update CAHAN contact info
- Identify lines dedicated to incoming staff calls and calls from health care providers
- Confirm key personnel (PIO, HO) have identified backups and that backups have access to all necessary resources and contact information
- Do anything special for businesses? Special populations (pregnant women, children)
- Clarify procedure for health alerting: (ie. routine advisories, Public Health newsletter, health alerts) – identify person responsible for updating health alert contact lists, decide who goes onto which list

SUPPLIES AND PERSONAL PROTECTIVE EQUIPMENT

- Refine materials: emergency log sheets, forms, scripts, templates
- Nursing Emergency Kits: make sure nursing bags are complete, identify person responsible for reviewing supplies
- Inventory – re-stock, update, rotate (Nursing bags, HRSA supplies, etc.)
- Personal Protective Equipment- need to: establish plan for annual fit testing, acquire better fitting masks, plan for alternative ways to fit-test in emergency and in the field

OTHER

- Need to work out 12-hour shift issues/procedures (literature search – are there ideal shifts?)
- Remind other County departments to prepared for 12 hour shifts
- Address worker safety issues, basic food and supplies for employees
- Tracking: prepare for tracking cases, contacts, isolation/quarantine, mass vaccination
- Set up subgroup to work through prioritization of limited anti-virals or vaccine dissemination (review State and Federal guidelines and updates)

| INFLUENZA PREPAREDNESS CORRECTIVE ACTION PLAN | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|
| ISSUE | LEAD PERSON(S) | TIMELINE |
| Public information <ul style="list-style-type: none"> • Coordinate with County PIO/PIO Team • Templates (press releases, phone scripts, etc) • Everyone will run public info (inc. web site updates) by PIO • Let HD Flu Team know what help PIO needs to get all this done | Public Information Officer | May 2006 |
| Work through logistics of handling increased call volume (phone tree, call forwarding, staffing, etc.) | County Communications | June 2006 |
| Translator access – make sure all clerical staff have access to HD bilingual pay staff list, (direct staff analyst to provide Clerical w/ list) | Personnel Analyst | DONE |
| Identify dedicated lines for providers and partners to call YCHD in emergency | Emergency Preparedness (EP) Coordinator | DONE |
| Finalize and exercise DOC plans (assign staff to roles and train staff on DOC operations and protocols) | EP Coordinator | June 2006 |
| Respiratory Mask Fit testing issues : back up, HD person trained to administer, additional fit testing equipment for N95 masks | EP staff/intern | July 2006 |
| Revise/Update flu plan based on drill (to reflect stages of investigation) and new state and federal flu plans | Epidemiologist | May 2006 |
| Just-in-time handbook and training for disease investigators | Epidemiologist / Public Health Nursing (PHN) | June 2006 |
| Just-in-time handbook and training for mass vaccination/prophylaxis staff | SNS Coordinator | May 2006 |
| 12-hour shift procedures: spell out how shifts will work, hours, info for other depts. | EP Coordinator | July 2006 |
| “Worker Safety” – Security (consider use of volunteers/reserves, auxiliary law enforcement) | EP staff, Fiscal Dept; County General Services | June 2006 |
| “Worker safety” – mental health liaison | No lead identified | - |
| Update nursing bags and come up with plan to routinely check bags, add plastic locks | PHN / Immunization Coordinator | May 2006 |
| Health alert template for avian flu – keep updated in case need to send out | PHN Supervisor/ Assistant Health Officer | ONGOING |
| Vaccination/Prophylaxis prioritization team – review state and federal guidelines and develop HD policy | PHN Director | June 2006 |
| Tracking systems for cases/contacts, isolation & quarantine, mass prophylaxis/vaccination | Epidemiologist | June 2006 |
| Surge capacity (Health Department): all Managers/Supervisors devise division-specific plans to maintain essential functions (<i>e.g.</i> , PAP, Vital Records, etc), and assignment of volunteer staff | Health Officer | June 2006 |
| Surge capacity (hospital preparations): expanding facilities, staff and supplies | EP Coordinator will coordinate w/ HRSA team | June 2006 |
| Nursing and Emergency Preparedness staff orientation: disaster worker, infectious disease control, personal protective equipment and annual updates | PHN and EP Training Coordinator (to be hired) | Aug 2006 |
| New employee training (SEMS/NIMS, Epi/Disease Investigation); coordinate with HR so all new county employees get disaster worker orientation | EP Training Coordinator (to be hired) | Aug 2006 |
| Develop materials for those taking care of the sick at home in event of overwhelmed health care system | Assistant Health Officer | May 2006 |