



Exercise Silent Thunder

What: Yuma County Pandemic Flu Table Top Exercise

Where: Yuma County Public Works

Date: 26 Sep 06

Time: 0900hrs- to 1600hrs

Aim

The aim of exercise Silent Thunder is to highlight the force structure that is needed to minimize the impact of a pandemic flu event in Yuma County.

Objectives

The overall objectives are as follows:

1. To define a capable force structure.
2. To initiate a continuity of operations planning in private and public agencies.
3. Define the role of volunteers and specifically VOAD in this threat environment.
4. Develop a list of essential private businesses.
5. Define the procedures for the shelter and care of non-resident populations.
6. Determine the process for conditioning the population to this threat environment.

Exercise Overview:

The exercise will be a six-hour interactive, facilitated exercise. The tabletop will focus on responses to a pandemic flu event. The timeline for the event is February 2007. RV parks are at 100% capacity and the agricultural industry is approaching peak production. Players will be organized into multi-jurisdictional groups and will receive information in four modules:

- Module One – Early warning and initial actions
- Module Two – Organizing for operations
- Module Three – Conduct of operations

- Module Four – Recovery

Format

Seating will be arranged in five groups. Each group will be comprised of a mixture of responders, elected officials, appointed officials, public agency representatives and private agency representatives.

Facilitator Instructions

For this exercise the facilitator will fill two roles. First they will guide the discussions and second, they will serve as evaluators.

The facilitator will pose the questions that are listed in each module to the group and will record the response(s) provided by them. The facilitator will also serve as a referee as necessary by moving heated discussions off line or by bringing in subject matter expertise to provide clarification. Each facilitator will be required to keep the group on topic and on time.

Evaluation will be in the form of collecting critical information provided by the group and recording it both for presentation during the open discussion period and for the after action review.

Much of what will be discussed will be tactical or opinion and therefore it is possible to have several different solutions for any of the questions we ask. In many cases there is no single right answer. Facilitators will need to bring all of these opinions out to be shared not only with the group but also in open discussion.

During a planning session for a European theater based operation. General Patton asked his staff if they all agreed with the planning option that had just been presented. It was unanimous, they all agreed with the plan. Patton ordered them to start over. He said that if they were all thinking the same way then none of them were thinking at all.

Appoint a scribe and a spokesperson for the group.

Module One: 0900 - 1000

Early warning and initial actions:

Timings: 20 minutes for group discussion, 10 minutes to record findings and issues, 20 minutes for open discussion.

- Show the short video.
- How is a pandemic flu identified in Yuma?

How do we know if we are in a pandemic event? Health personnel in the group will act as SMEs. How do we know if the pandemic flu event more closely resembles 1968 than it does 1918?

- What is the initial warning process?
Who is responsible for alerting the public and the elected and appointed officials? Is there a priority? Is there such a thing as a rapid onset pandemic flu event or will we have lead time?
- What conditioning processes can we take to prepare our citizens to meet a pandemic flu disaster?
The citizens that live in hurricane and tornado prone areas are conditioned to prepare for, respond to and recover from a disaster. This conditioning is also seen in some wild fire areas. Part of this is because it is seasonal and prior to the season significant effort is made to tell the public to be ready. This is conditioning.
- In the initial warning stages what tools are available to the health department to assist in minimizing the impact?
This should be a wide ranging discussion on what is available: Social distancing and when it might be ordered? Can it be ordered? Isolation and quarantine and would it be implemented at this early stage? Would schools be ordered to close? If so who issues that order?
- What tools are available to the local government?
Are these tools actions such as canceling events? Leading education/conditioning efforts?
- Would activation of the EOC be ordered?

Facilitator: Keep the discussion focused on the preparedness and the warning process. What we are attempting to do is seek a discussion on the various tools available to us and to ensure that all attendees understand how a pandemic flu event would be identified.

Module Two: 1000 - 1115

Organizing for operations: The pandemic flu event has begun.

Timings: 30 minutes for group discussion, 15 minutes to record findings and issues, 20 minutes for open discussion

- What are the casualty, absentee and fatality estimates for the county?
Try to hit some middle ground. We want our groups to be informed but we do not need to leave the gate open for chicken little. The 1918 event was catastrophic. The 1968 event was little more than a bad flu season. Discuss this with your group.
- What would the county operational structure look like? Are private agencies included in this structure? Where would this group or groups be located?

Who can we expect to be involved? There is room here to get down to naming individuals. Is the EOC activated? Why or why not? What other centers might be setup? Why or why not? Discuss what would be established in each of our communities and the county.

- What support would this structure require? Where is the staff drawn from? Would volunteers be used? If so how would they be identified? How would their credentials be verified? How would we manage the volunteers?

Remembering the casualty estimates and using the groupings established above, discuss how 24/7 operations might be achieved. Do we need to go to 24/7 operations? Would these groups be in existing facilities? If not what they need in ways of IT support, feeding, rest, family support, etc?

- How does the group or groups communicate?

If we establish command centers, etc. in different locations how does the county EOC, if activated, speak with other centers or command posts? How are policy decisions made? Do we bring the policy makers together?

- Are response and operations staff placed on restrictions? If so what are these?

If we establish the EOCs, other Centers, CPs, etc. do we isolate the people that are staffing them? If so what is the impact and is it achievable? Will people remain isolated if, for example, the remainder of the county is still working to keep commerce, etc. moving? If we isolate people does that include elected officials? If not why not?

- What support can we expect to receive from the state and federal agencies?

Facilitator: Keep the discussion focused on what a force structure may look like. When discussing restrictions, have the group discuss the consequences of those restrictions. This will get people past the doctrine of restrictions and into the tactics of it. What is the impact on isolating personnel from an essential service for example. Explore with the group the probability of seeing support from state and federal agencies in Yuma.

Lunch: 1130 - 1300

Module Three: 1300 - 1430

Conduct of Operations:

Timings: 40-50 minutes for group discussion, 10 minutes to record findings and issues, 30 minutes for open discussion.

- What are the casualty, absentee and fatality estimates for the county?
This is just a reminder for the group on the casualty estimates prior to discussing the conduct of operations. Include in the discussion the estimate of the number of beds that would be required, the number of ventilators, etc.?
- What is the surge capacity of our acute care system? When we have reached that capacity what are our options?
YRMC has a defined surge capacity. Do we know what that is? If the group says that once we hit our capacity they would redirect patients have them discuss where they would be redirected to. Would YRMC set up a secondary care facility? If not what are our options for establishing an acute care capability outside of YRMC? What about ventilators? Where would we get additional ones from?
- What are the isolation and quarantine orders that can be used? Who orders them and how is this done? What are the limitations of these if any? Do other agencies in the county have the capacity to order a restriction on movement and association?
Define these orders and what they mean, who issues them and how are they issued. Can these orders be changed by the state or federal agencies or governments? Do the orders stay in place until removed by the issuing authority or is there an expiration mechanism? Can we isolate and entire community? Does the Sheriff's office or other elected officials have the authority to order isolation or limitations on movement and gathering? For all of this discuss the impact of those orders on commerce, etc.
- What processes are currently in place or could be put in place that would ensure some measure of continued service to the communities?
Continuity of Operations (COOP)! Continuity of Government! Business Continuity! Ask the groups if they have any of these plans in place in their communities or agencies.
- Do we prioritize services for fire, ambulance, police, etc. if essential agencies are reduced in strength? If so how are the priorities established?
Given the casualty estimates we discussed above, would we prioritize responses? Would this mean responses only to the most severe situations? How are these priorities established and who has input into this policy decision? What options are available to us? For example, if the garbage collection companies are down to minimum effectiveness would we be able to perform that function or would we let it lapse?
- In the time available develop a short list of essential services both private and public?

Manage the time on this task. The group can either work together or individually. Have them list what they think is essential to continuity of operations.

- How is a priority list for vaccination and treatment developed? In the time available arrange your essential services into a short priority list.

Is the priority list established by CDC, state or local authorities? How detailed is that priority list? Does it go to detail of naming positions? For example, three members of the Board of Supervisors.

When discussing which agencies are at the top of the priority list have the group define who in a particular agency should be at the top of the priority list. For example, if health services is a priority do we vaccinate only doctors or do we vaccinate one doctor and six nurses? Consider each agency in the top of the priority list. Which members of the Board of Supervisors or City Councils would be on the priority list?

- How do non-resident populations fit into our priority for treatment and vaccination?

In this question please go into a discussion of winter visitors and residents of Mexico. If CDC establishes vaccine distribution based on census data how do we deal with winter visitors? Are there measures that we could take now to deal with cross border surge? What could we expect in the way of assistance in dealing with non-resident populations?

- Do we have a mass fatalities capability in Yuma?

Where do we hold the remains of people that have died in Yuma? What facilities could be used? How do we deal with the repatriation of remains of foreign nationals? Briefly discuss what Family Assistance means and what we have in place to deal with family assistance.

In the event that we have families where both parents or the primary care providers have died what do we have in place to deal with those individuals whether they are children or special needs people?

Facilitator: This should be a discussion of the tactics or the “how to” in this type of event. Be frank about capabilities and limitations. Do not settle for doctrinal responses such as “when we reach capacity we would redirect” ask where to, would the redirect facility be at capacity, etc. Isolation and quarantine discussions should include the impact of those orders on the community, what options are available if they are not being followed, how long are they enforced, do they end with the individual or can they be applied across a wide section of the county. Can we isolate an entire community.

Have the group list essential services. List those that are agreed to but also list the stand alone suggestions. Once the list has been established discuss the process of establishing a priority list for treatment and vaccination.

How do we deal with non-resident populations in areas of priorities for treatment, sheltering, repatriation, etc.

Module Four: 1430 - 1530

Recovery:

- What long term recovery and support actions should we be planning for? Who coordinates recovery operations?

I am not sure we can define this completely. Some of the known factors are that we are likely to meet financial loss criteria for a disaster.

- What role would volunteer organizations play in recovery operations?

Long term recovery will likely be filled by our VOAD agencies.

- What is the role of medical insurance providers in a pandemic flu event?

The medical insurance providers state that billing would not change. How do we recover costs for none insured, or under insured people?

- What are the cost recovery options available to private response and private support agencies?

Their traditional option is to bill the requesting agency. We have asked ADEM and Homeland Security to look into developing a disaster response contract with these agencies but that will likely take some time.

- What recovery assistance would we expect to receive for state and federal governments and agencies?

Facilitator: This discussion should result in the group understanding the issues of getting businesses open again, connecting family members with each other, repatriation of foreign nationals, orphans, cost recovery, family assistance, etc. Have the group name the volunteer organizations that they think would participate in this effort.

Hotwash 1530-1600

Key Principles We Will Need

Selection and maintenance of the aim – Principle of War

Know your people and promote their welfare – Principle of Leadership

Seek and accept responsibility – Principle of Leadership

Lead by example – Principle of Leadership

Seize and maintain the initiative – Principle of War

Speed – Principle of the Attack

Maintain momentum – Principle of the Attack

Flexibility – Principle of the Attack and Defense

Depth – Principle of the Defense

Surprise – Principle of the Ambush (Note: Surprise is not a principle of leadership)

All of these and more are needed to overcome a disaster such as a pandemic flu event.