



**Home Care Alliance of Massachusetts:
Table Top Disaster Drill**

June 24, 2015

bringing care home since 1920

Purpose of a Disaster Drill

- Review your existing disaster plan to determine if there are any potential hazards or vulnerabilities not already identified
- Identify any policies, procedures, needs & issues relating to resources, data, communication, coordination, training
- Gain skills in preparing for & responding to a health-related disaster
- Familiarize players with roles, functions & plans
- Promote team building

Steps in a Table Top Drill

- Identify and gather stakeholders
- Identify disaster scenario
- Discussion of potential issues
- Discussion of potential solutions
- Update the disaster plan and roles of each of the stakeholders

Ebola Table Top Drill

October 29, 2014



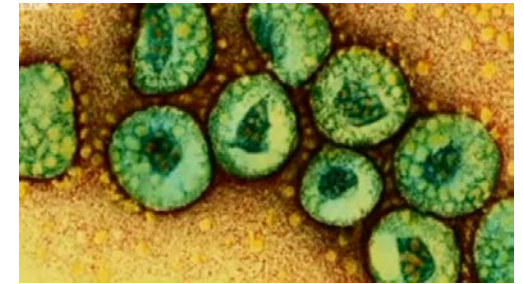
MERS Table Top Drill



- Resource:
www.cdc.gov/coronavirus/mers

Middle East Respiratory Syndrome (MERS)

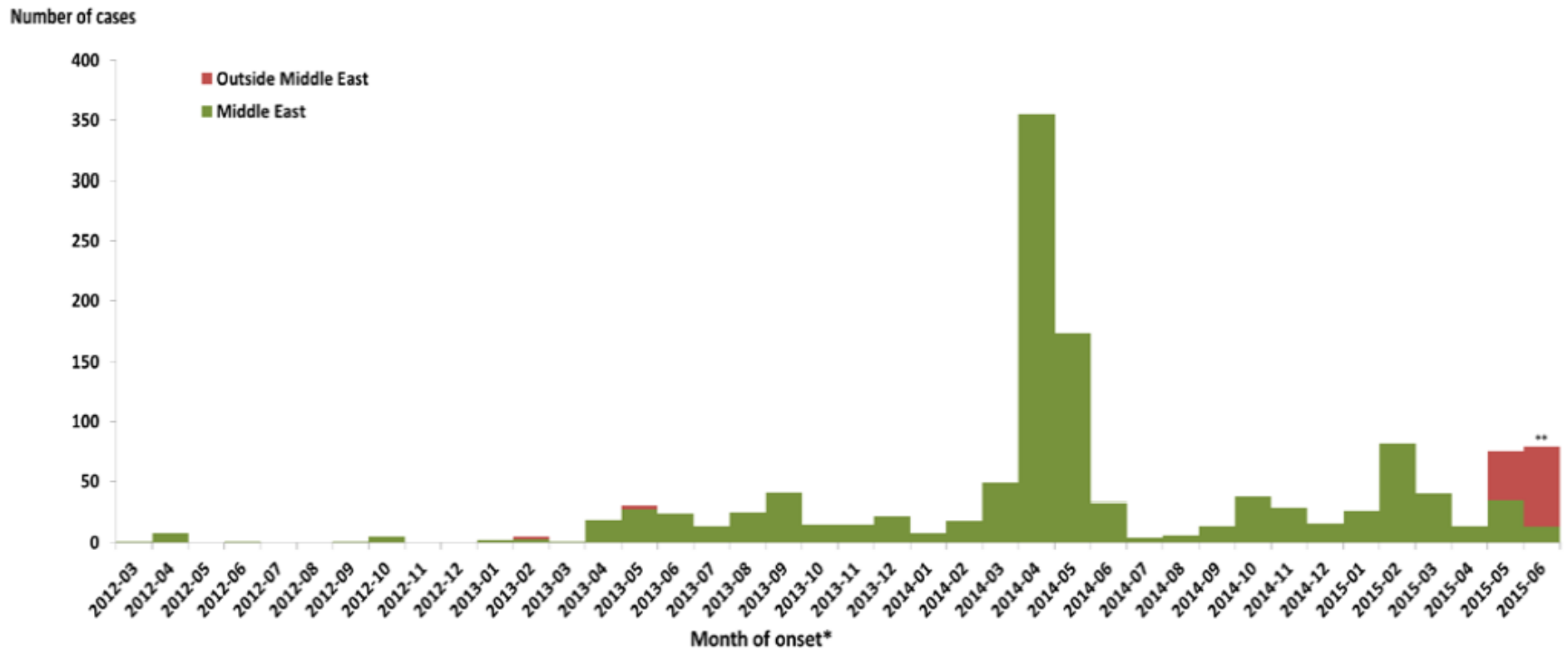
- Viral respiratory illness
 - MERS-CoV
- First reported in 2012 in Saudi Arabia
- Bats and **camels** implicated in transmission
- May 2015 - Republic of Korea experiencing the largest outbreak outside of the Arabian Peninsula



Worldwide situation

Since April 2012 and as of 10 June 2015, 1 288 cases of MERS-CoV (including 498 deaths) have been reported by health authorities worldwide (Figure 1, Table 1).

Figure 1. Distribution of confirmed cases of MERS-CoV by month and probable place of infection, March 2012 – 10 June 2015 (n=1 288)



* If the month of onset is unknown, month of reporting has been used.

** Data for June 2015 are incomplete.

Resource: Rapid Risk Assessment: Middle East Respiratory Syndrome (MERS-CoV). 11, June 2015. European Centre for Disease Prevention and Control. <http://ecdc.europa.eu/en/publications/Publications/middle-east-respiratory-syndrome-coronavirus-rapid-risk-assessment-11-June-2015.pdf>

MERS Symptoms

- Wide clinical spectrum:
 - URI: Fever, chills, non-productive cough, dyspnea, myalgia, headache, runny nose, sore throat
 - Nausea/vomiting, diarrhea, abdominal pain
 - Rapid progression to pneumonia, acute respiratory failure, multi-organ failure
 - Atypical: Mild or no symptoms (most likely to recover)
- 35% patients with MERS die – most had an underlying chronic medical conditions

MERS Transmission

- Thought to spread via respiratory secretions but not well understood
- All cases have spread through **close contact** by caring for or living with an infected person
- Any age affected
- Incubation period usually 5-6 days (range 2-14 days)

People at Increased Risk

- Recent travelers from the Arabian Peninsula and South Korea
- Close contact with a recent ill traveler from the Arabian Peninsula
- Recently in a Korean healthcare facility
- Close contact with confirmed cases
- Contact with camels

Prevention and Treatment

- Prevention
 - No Vaccine
 - Good hand hygiene
 - Good respiratory hygiene practices
- Treatment
 - No specific anti-viral treatment
 - Symptomatic relief
 - Vital organ function support for severely ill

Advisory
Middle East Respiratory Syndrome (MERS)
Arabian Peninsula, Republic of Korea
June 11, 2015

Massachusetts Department of Public Health

Boston Public Health Commission

Criteria for Suspecting MERS - Person Under Investigation (PUI)

Fever *and* pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence)

AND

A history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, *or* close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days of such travel.

OR

A history of being in a healthcare facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset.

Fever *and* symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)

AND

A history of being in a healthcare facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula or the Republic of Korea in which recent healthcare-associated cases of MERS have been identified.

OR

Close contact with a confirmed MERS case while the case was ill.

Infection Control



- CDC Updated Guidance June 2015
- Source Control: Triage for risk, isolate those at risk, potentially infected patient wears a face mask
- **Standard, contact, and airborne precautions**
 - NIOSH certified N95 respirator

Table Top Drill Objectives

- Identify & discuss policy issues that would arise during a MERS virus outbreak
- Identify & understand measures that are necessary at the local level
- Recognize the roles of various public officials & departments
- Illustrate the communication & teamwork needs
- Identify gaps in local preparedness policies
- Identify additional training needs

Overview Exercise

- It is late November and flu season is underway, several MERS cases have been identified in Massachusetts.



Overview Exercise

- To protect public safety, many people who have been in contact with these cases have been have been quarantined.



Overview Exercise

- There is a noticeable increase in the number of persons presenting to ERs and clinics with symptoms consistent with MERS.
- Phones at physician offices and health departments are ringing constantly due to fear about the MERS virus. More people are seeking medical care than actually need it.



Overview Exercise

- DPH reports that one of the patients with MERS is a resident in Your Town.
- The patient had been home for four days before diagnosis with his wife and three children (ages 8, 10 and 14) all of whom attend public school and high school in “Your Town”. The patient’s wife works part-time at a florist shop in “Your Town”.

Role Identification

1. What are the **essential services** that must be maintained by your entity?
2. What are the **key issues** affecting your entity and how will they be addressed?

Questions

Who is leading the public health response?

What are the key issues the town health department needs to address at this point?

Who are the key partners with whom these issues need to be addressed? What specific assistance will the town need from external organizations?

Questions

What steps should be taken to prepare the community and general public for future events over the next 3 to 4 weeks?

What special issues need to be considered related to communicating with various populations such as persons who are geographically isolated, non-English speaking, hearing impaired, and the elderly?

How does public health need to collaborate with the hospitals, emergency rooms and outpatient providers?

Questions

Health care workers and first responders express concern about exposure. What advice can be given?

Have any plans been made for provision of food, other basic necessities and health care for people who must limit their exposure to others or who have been quarantined?

If necessary, at what point will the decision regarding school closures (for sanitizing, etc.) and cancellation of school and/or public gatherings or events be made?

Questions

How will a balance be established when school closures impact the workforce (parents staying home with children)?

How do you plan to address anticipated staff shortages in your organizations?

- a) What essential functions must remain in place?
- b) Who decides how limited staff and other resources are allocated?

Questions

What are the primary responsibilities of 911 dispatch, police and fire departments? What resources will they need?

How will the deceased be safely and respectfully handled, and how will religious beliefs be addressed?

What mental health needs of citizens, health workers, emergency responders, and others must be considered and addressed?
How will this be accomplished?

Next Steps

- Establish a coordinating committee
- Establish Roles & Responsibilities (incident command control & management procedures)
- Identify emergency personnel, resource mobilization and needs
- Training-Response Plan
- Isolation-Quarantine Procedures
- Epidemiologic Investigation
- Specimen Collection and transport
- Hazmat Providers-Decontamination Procedures
- Information Mgt and Communication

Are We Ready?

In any disaster or crisis, we find gaps in the best of plans. However, not planning or preparing is not an option when public health and safety is at risk.

We have all taken a major step in preparing today by attending this table top disaster drill.

We thank everyone for their participation and hope we have provided information and resources to each other that we **never** have to use.

N95 Respirator

- <https://www.youtube.com/watch?v=Tzpz5fko-fg>

References

- Centers for Disease Control and Prevention (2015). *Middle East Respiratory Syndrome (MERS)*. Retrieved from www.cdc.gov/coronavirus/mers
- European Centre for Disease Prevention and Control (2015). *Rapid Risk Assessment: Middle East Respiratory Syndrome (MERS-CoV)*, 11, June 2015. Retrieved from <http://ecdc.europa.eu/en/publications/Publications/middle-east-respiratory-syndrome-coronavirus-rapid-risk-assessment-11-june-2015.pdf>
- Massachusetts Department of Public health (2015). *Advisory Middle East Respiratory Syndrome (MERS) Arabian Peninsula, Republic of Korea , 11, June 2015*. Retrieved from <http://www.mass.gov/eohhs/docs/dph/cdc/advisories/mers-advisory.pdf>
- RBC Limited, Home Care Alliance of Massachusetts (2014). *Home Health Care & Hospice Emergency Preparedness Workbook Sample Policies and Tools*