

## Tabletop Exercise Scenario: Opioids in a Shelter



### General Information

#### Exercise Objectives

- Discuss the coordination of epidemiologic investigations and information sharing.
- Discuss the dissemination and collection of incident specific information using proper communication procedural chains.
- Discuss which stakeholders within the jurisdictions across public health, medical, law enforcement and other disciplines should be included in information exchange.
- Identify inter-jurisdictional public health stakeholders that should be included in the information exchange.

#### Exercise Structure

This exercise is organized by the first three days that the shelter is open.

Each section summarizes key events occurring within that time period. After the updates, participants review the situation and engage in jurisdictional group discussions of appropriate prevention/protection/mitigation/ response/recovery issues. At the end of the jurisdictional group discussions, participants will engage in a moderated plenary discussion.

#### Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve prevention/protection/mitigation/response/recovery efforts. Problem-solving efforts should be the focus.

#### Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

*This exercise was developed as a part of the Georgia Hurricane Response Hub's Disaster Epidemiology workgroup. Funding for this activity has been provided to the National Network of Public Health Institutes (NNPHI) through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC – NU1ROT000004-01-00). NNPHI is collaborating with Rollins School of Public Health at Emory University and the CDC's National Center for Environmental Health on this project.*

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

### **Day 1: Shelter Opens**

The hurricane shelter has been open for one day and the aggregate form indicates that 1 male between that age of 19-64 was seen for chronic pain and slight agitation during the day shift. There are no infectious symptoms seen at the shelter during this shift.

The night shift aggregate form indicates that 1 male between the ages of 19-64, complaining of chronic pain and inability to sleep, was seen by nursing. NSAIDS were given and the resident returned to the general population.

#### **Shelter Nurse**

- What should the shelter nurse do at this point?
  - Document correctly each visit on the aggregate form and report any escalated symptoms in any resident to the DOC.
  - Document repeat visits from shelter residents.
  - Notify nurse on next shift about resident complaining of pain and returning for medication.

#### **Epidemiology**

- Is Epidemiology involved at this point?
- What questions or action should Epidemiology ask or take?
- Who ensures accuracy of aggregate forms during shift changes?

### **Shelter Open – Day 2**

After breakfast, the shelter nurse is approached by a resident for care. This resident was indicated on the aggregate form as a male age 19-64; he is agitated, experiencing sweats, body aches, fatigue, chills and complains of GI symptoms.

#### **Shelter Nurse**

- What should the shelter nurse do at this point?
  - Nurse should isolate the patient and gather additional information (name, DOB, date/time of onset of symptoms, other symptoms, info about family in the shelter, point of origin, contact information)
  - Nurse should contact operations section at the District Operations Center (DOC) and speak to Epidemiologist on staff.
  - Nurse should appropriately document information in the Shelter Surveillance Aggregate Form.

#### **Epidemiology**

- What questions should Epidemiology ask?
  - 2-week travel history?
  - Occupation?

- Underlying health conditions?
- What have their activities been while at the shelter?
- How did they arrive at the shelter and did they travel with any companions?
- Environmental exposures? (i.e. mosquitoes)

This is a 40-year-old male accompanied by his wife (38 years) and 19-year-old son. They arrived at the shelter on the first day it opened via bus. The nurse indicate that this person has not traveled in the last 2 weeks and cannot remember having any insect bites. He is a technician for a HVAC company in his home county. He has a history of chronic pain in his lower back and is prescribed opiates for treatment. He has a history of high blood pressure and complains of being stressed regularly on the job as well experiencing heightened stress from being displaced by the hurricane. He has a history of mental health treatment for depression and anxiety. He has had verbal confrontations with other residents and staff and has had trouble being overwhelmed by daily tasks such as waiting for meals and paces the shelter after lights out.

### Questions

- With the exposure information reported, what steps should be taken?
  - Patient does not particularly have any exposures of concern.
  - Epi would recommend seeing a physician if symptoms indicating acute process continues or escalates.
- Is there concern for other shelter residents, staff and/or volunteers?
  - Not at this time.
  - Patient should remain in isolation until GI symptoms resolve, at least 24 hours from last loose stool or instance of vomiting.

On night shift, shelter nursing staff notifies the DOC that they are calling EMS to transport two residents to the ER. The nurse reports that the 40-year-old previously isolated for GI symptoms had passed out on the way to either the water fountain or restroom. They attempted to wake the man's spouse to inform her and found that they could not wake her. Her breathing was shallow and slow and the nurse was having a hard time finding a pulse. EMS arrived and transported both residents to the nearest emergency facility. The couple's son accompanied them to the hospital.

Epidemiology has called ahead to the ER to re-evaluate the presence of any previous exposures or long-term health problems in both individuals. The son does not reveal anything that is not already known. He reiterates that his father does suffer from chronic back pain, depression and anxiety. Given the couple's symptoms on arrival, the hospital has elected to run a tox screen. The female resident quickly declined on the way to the hospital and was not able to be revived. Her husband was stabilized in ER and now on vent. Epidemiology has requested the results of the tox screen as they become available.

### Questions

- What should the next steps be?
  - Epidemiology awaits tox screen results from infection prevention.
- What communication needs are there for shelter residents? How should information be communicated?
  - Appropriate information should be provided through posted messages, printed fact sheets, and in a group or town hall setting.

- What communication needs are there for shelter staff and volunteers? How should information be communicated?
  - Appropriate information is shared via appropriate channels using ICS structure.
- What communication needs are there for the general public? How should information be communicated?
  - Coordination between DOC PIO and state EOC to distribute press release to media.
- What communication needs are there for partners? How should information be communicated?
  - Coordination between DOC and state EOC to distribute a health alert to partners.

### **Shelter Open – Day 3**

Tox screen results were faxed to the on-duty Epidemiologist. The tox screen indicated the presence of opioids. As a result of the tox screen, the son was questioned by hospital nurses about his parents' substance use history. The son disclosed that his parents had bought some pills in route to the shelter because his father had forgotten his prescription, narcotic pain pills at home. His mother normally does not take any medication and does not currently have any prescriptions. His father did give his mother some of his medication to calm her down from the stress of having to leave home and come to a shelter.

#### **Questions**

- What should the next steps be?
- Epidemiology should inquire if there are any additional pills and where they are located? Did the son take any pills? Were any pills given to shelter residents or staff?

After the father was admitted for continuation of care, the son returns to the shelter where he forfeited all remaining pills to the shelter nursing staff. No pills were given to any other shelter residents or staff. The son later returned to the hospital after gathering his family's belongings.

#### **Questions**

- What should the next steps be?
  - Epidemiology should obtain pill samples and coordinate with GBI Crime Lab for testing.
  - Epidemiology should request tox screen and obtain autopsy results once available of deceased mother.
- What communication needs are there for shelter residents? How should information be communicated?
  - Appropriate information should be provided through posted messages, printed fact sheets, and in a group or town hall setting.
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  - Coordination between DOC and state EOC to distribute a health alert to partners.