

# *Madison County Smallpox Tabletop Exercise*

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# INTRODUCTION

## *PURPOSE*

Today's Smallpox Tabletop Exercise offers participants an opportunity to gain an understanding of problems they could possibly face in response to a biological incident.

## *SCOPE*

This Tabletop Exercise for the Madison County area will focus on a terrorist attack involving a biological weapon. Although the initiating incident begins in Tallahassee, the effects of the terrorist attack will expand well beyond the Leon County area and require a state-level response. The exercise is intended to focus on the overall response and decision-making process and is not a test of detailed response procedures. The exercise will emphasize communication, emergency response coordination, resource integration, problem identification, and resolution.

## *OBJECTIVES*

1. **Local Decision-Making Process.** Exercise the local and regional decision-making process and identify areas needing refinements. Identify key actions to be taken by whom.
2. **Affected Area Access/ Quarantine.** Review Local, State and Federal operations for area access control and possible quarantine issues resulting from a bio-terrorist incident.
3. **City/County/State/Federal Agencies and Private/Public Sector Interface.** Examine the local interface among city/county/state/federal agencies in the conduct of crisis and consequence management activities. Examine Local, State, and Federal interactions with the private and public sector during the threat or actual occurrence of a biological Weapons of Mass Destruction event.
4. **Public Information and Media Control.** Discuss options to provide timely information to the population and assist in minimizing chaos. Review plans to preclude dissemination of conflicting data. Assess the adequacy of local plans for interface with and use of media resources. Discuss how media will be coordinated when State and Federal agencies are involved.
5. **Medical Monitoring/Surveillance.** Review the local medical, emergency medical transport, and public health department capabilities to recognize, identify, monitor and respond to an incident involving terrorist use of a biological weapons agent.
6. **Integration of Criminal and Medical Investigators.** Discuss ways to

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harmonize and enhance the respective efforts of the medical and law enforcement communities to identify the nature and cause of a terrorist-initiated biological weapons incident.

## **EXERCISE STRUCTURE**

### ***ROLES***

PARTICIPANTS respond to the situations as presented based on experienced and knowledge as well as the current plans and procedures utilized within their agencies.

OBSERVERS may support the participants in the group as they develop responses to the situation. However, they are primarily invited to observe the exercise and preparedness process.

FACILITATORS provide situation updates and moderate group discussions. They also provide additional information or answer questions, as required.

Although, participants as well as observers are encouraged to move among groups to ensure through provoking discussion, participants will be grouped into the following six functional areas for the purposes of this exercise:

- 1 Unified Command
- 2 Emergency Management
- 3 Public Information
- 4 Public Health
- 5 Law Enforcement
- 6 Fire Rescue

### ***EXERCISE MATERIALS***

Each exercise participant receives a Situation Manual (*this document*) that provides a written storyline or scenario to accompany presented situation updates. Following each corresponding module in the storyline are a series of questions provided to highlight pertinent issues for consideration. These questions are supplied as a catalyst for the group discussion. Participants are not required to answer every question nor are they limited to those topics.

Participants are encouraged to use their Situation Manual (SITMAN) as a reference throughout the exercise. To this end, resource materials are provided in the appendices of the SITMAN on agent information, local response details, and beneficial homeland security programs or information resources.

## **EXERCISE GUIDELINES**

- 1 This is not a test. Varying viewpoints, even disagreements, are expected. This is intended to be an open, low stress environment.
- 2 The exercise setting is the ideal opportunity to consider different approaches and suggest improvements to current resources, plans and training,
- 3 Responses should be based on current capabilities (i.e., you may utilize only existing abilities and assets).
- 4 You are not stuck in your group. Feel free to interact with other agency representatives and get answers when needed.

### ***EXERCISE ASSUMPTIONS AND ARTIFICIALITIES***

In any exercise, a number of assumptions and artificialities may be necessary to complete discussion within the time allotted. During the Madison County Tabletop Smallpox Exercise, the following apply.

- 1 There is no “Hidden Agenda”, nor any trick questions.
- 2 All participants receive information at the same time.
- 3 Participants should assume that all jurisdictions are implementing their plans, procedures and protocols.

## **BACKGROUND**

Terrorism has hit home. Terrorist attacks targeting Americans have increased in the last decade with the first bombing of the World Trade Center in 1993, the Oklahoma City bombing in 1995, the Khobar Towers bombing in 1996, the U.S. Embassy bombings in Kenya and Tanzania in 1998, and the U.S.S. Cole attack in 2000. Now, the attacks of September 11, 2001 have brought terrorism to U.S. soil in an unprecedented and unexpected scale for which we were not fully prepared, despite our extensive domestic preparedness measures.

In the wake of the recent attacks and the ongoing recovery effort, the United States remains raced with a potentially more perilous threat: the use of chemical and biological weapons (CBW). The continuing anthrax threat that the nation has experienced since September 2001 demonstrates the varied capabilities of terrorists.

It is no longer implausible for a terrorist to acquire and utilize Weapons of Mass Destruction (WMD). While the technical difficulties implicit to an effective chemical or biological weapons attack remain significant, the mere possibility that they may be used in future attacks creates an atmosphere of fear and insecurity.

It is now more important than ever for jurisdictions to recognize and assess the WMD threat. Government officials and the response community need to be prepared to handle not only the initial response to such an incident but to anticipate the ongoing medical and mental health ramifications that these attacks have upon the victims, their families, their communities and the nation.

Continued planning, training and exercising as part of ongoing efforts to enhance the preparedness of our nation's communities to respond to such an attack can do much to improve the security of the American people.

## Module One - Incubation

### DAY ONE

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It is 4:00 p.m. today and several area news channels are gearing up for this evening's 6 p.m. news reports. At about 4:20 p.m., WTXL News receives an anonymous fax transmission from a group calling itself Apocalypse Front, claiming responsibility for releasing smallpox at the Florida State Capitol building several days ago while the House was in Session. The fax also states that the group plans on releasing more smallpox in the Panhandle area in the next few days.

WTXL News immediately contacts the Tallahassee Police Department (TPD). TPD takes custody of the fax and begins contacting other local law enforcement agencies, including the Madison County Sheriff's Office, as well as the Florida Department of Law Enforcement (FDLE), Madison County Health Department (MCHD) and the Florida Department of Health (FDOH), in an effort to verify its credibility.

FDLE contacts the FBI field offices in Tallahassee and Jacksonville and informs both offices of the details surrounding the fax.

In the meantime, WTXL News publicly announces that it received a fax during its 6 p.m. News broadcast and asks the question, "Should North Florida counties be shut down or be quarantined until this claim is investigated?"

### DAY TWO

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Based on information pertaining to the previous and suspected activities of Apocalypse Front provided to it by local and state law enforcement agencies, including the Tallahassee Police Department, several surrounding counties' Sheriff's Offices and the Florida Department of Law Enforcement's North Florida Regional Domestic Security Task Force, the Federal Bureau of Investigation determines that the claim of a previous attack and threat of a future attack are not credible. Though driven by what it claims in its literature to be a "higher moral agenda", Apocalypse Front has a reputation primarily for drug trafficking, larceny and armed robbery.

As a precaution, the FDOH urges Panhandle area hospitals to begin screening their patients for signs of possible smallpox infection. The FDOH also contacts the Center for Disease Control and Prevention (CDC) in Atlanta, Georgia, putting the agency on standby should a case of disease resembling smallpox present itself. The FDOH also dispatches several staff epidemiologists to assist in identification of the disease and the possible initiation of an epidemiological investigation. At the request of FDLE, medical technicians from the Leon County Health Department are dispatched to acquire swab samples from the Florida State Capitol building for analysis. The Speaker of the House makes a statement to the media that Florida will not be intimidated by terrorism and will "continue to do the peoples' work".

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Responding to media reports outlining the details of the fax, Public Information Officers representing agencies of the North Florida Regional Domestic Security Task Force begin efforts to coordinate a public statement informing citizens of the developing situation as well as how to look for any signs and symptoms of the smallpox infection. A press conference is scheduled for the following morning.

Law enforcement officials continue conferring with the FDOH in an effort to determine the best course of action regarding the safety of the Florida State Capitol Building.

### DAY THREE

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Local, County and state law enforcement agencies continue working with the FBI in an effort to track down the authors of the fax transmission.

Area medical facilities are logging an inordinate number of calls from the local population requesting information about smallpox. Some believe that the phenomenon is probably the result of an increased sensitivity to bio-terrorism threats among Floridians due to the anthrax episodes in 2001.

An anonymous tip points to the Tallahassee Community Hospital as the likely target for the second smallpox attack. Law enforcement officers move quickly to secure the facility. A sweep of the interior and the area surrounding the building yield nothing unusual. A Medical Technician from the FDOH takes a swab sample from the intake duct of the hospital's HVAC system for laboratory testing.

Meanwhile, several State Senators have complained privately that the Florida State Capitol building looks like a ghost town and they are having a hard time getting their work done with the massive staff shortages.

County 911 dispatch lines are becoming overloaded with questions relative to smallpox. It has been determined that approximately 200 Madison County residents work for the State of Florida. 30 of those work in the Capitol Complex. It has also been determined that 40 Madison County Central School students attended a tour of the Capitol on Day One. Local physician offices are reporting that they are being overwhelmed with parents concerned because their children had been in the Capitol. Several of the parents are demanding that preventative measures be taken for their children.

## Module One - Questions

### EMERGENCY MANAGEMENT

1. What preparations need to have been carried out at this point?
2. At what point would the non-health community be alerted to the situation?
3. Can you define the potential scope at this stage?
4. What is your recommendation to the local health care providers concerning actions they might need to take?

### FIRE AND EMERGENCY MEDICAL SERVICES

1. What preparations need to have been carried out at this point?
2. What is the role of fire and emergency medical services personnel in this incident?
3. Does this event require a change in any of your response procedures at this point?

### LAW ENFORCEMENT

1. What preparations need to have been carried out at this point?
2. What is the role of law enforcement in this incident?
3. Does this event require a change in any of your response procedures at this point?

### PUBLIC HEALTH

1. What preparations need to have been carried out to this point?
2. Can a presumptive diagnosis be made at this point?

### PUBLIC INFORMATION

1. What preparations need to have been carried out to this point?
2. Should a public information strategy be implemented at this time?

### UNIFIED COMMAND

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1. What preparations need to have been carried out to this point?
2. Would there be a Unified Command formed at this point?
3. What actions are you taking at this time?

## Module Two - Intensification

### DAY FOUR

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Area medical facilities are reporting high numbers of walk-in patients complaining of flu-like symptoms. Inundated physicians report to the Madison County Health Department (MCHD) that they are finding nothing unusual at this point in patient symptomology, and suspect that the population is experiencing paranoia fueled by speculative media reports.

The FDOH reports that the swab samples taken from the Florida State Capital Building two days ago have tested inconclusive for the presence of an orthopox virus.

### DAY FIVE

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Between 8:00 a.m. and 11:00 a.m., several employees from the Florida State Capitol Building arrive at the Tallahassee Community Hospital (three were transported by ambulance). All complain of excruciating headaches, nausea, fever, and present with a red rash covering both of their arms.

Given the circumstances and previous warnings by FDOH, the attending physician makes a presumptive diagnosis of smallpox, immediately isolates the patients, asks the hospital administration to request law enforcement assistance in securing the building, and notifies Leon County Health Department (LCHD) of each patient's symptoms.

The LCHD immediately notifies FDOH, which requests samples and informs the FBI and the CDC of unfolding events. FBI agents are dispatched from the Jacksonville Field Office to secure biological samples from the patients for transport to the CDC in Atlanta.

In the evening, several more employees working at the Florida State Capitol Building, who were examined two days prior, return to Tallahassee Memorial Health Care facility complaining of fever, chills, and back pains. The attending physician notes that most of the patients have a rash on both arms and their necks.

Complete Blood Count (CBC) and differentials for all of the patients show an extremely low platelet count. In each case, additional tests are scheduled to rule out chickenpox, contact dermatitis, syphilis, and drug eruptions. Based on this information and all of the observed symptoms, this physician also makes a presumptive diagnosis of smallpox and informs LCHD of his findings.

In Madison, the following reports are being received. About 11:00 a.m., two employees of the Madison Correctional Institution report to the prison's infirmary stating they think they have food poisoning. They regularly eat breakfast at Denny's on Interstate-10 and State Road 53 in Madison, which they also did earlier today. Between 9:00 a.m. and 1:00 p.m. five people have stopped at the MCHD complaining of headaches and nausea. Three have a red rash. Five additional people have gone to local physicians offices with

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similar symptoms. The physicians have made presumptuous diagnosis of smallpox. Madison County Memorial Hospital calls the FDOH at 3:00 p.m. to report that a person stopped there seeking medical assistance for smallpox like symptoms. The ambulance service reports having responded to a car wreck along U S Highway 90. Also on the scene were members of the Madison County Sheriff's Office and Florida Highway Patrol. The driver of the car that had been speeding towards Tallahassee was found running from house to house. He was begging people to drive him to town because his daughter is sick, has a fever and a red rash. She is one of the Madison County Central School children who went to the Capitol on Day One.

## Module Two - Questions

### EMERGENCY MANAGEMENT

1. Can you define the potential scope at this stage? What constraints are you operating under?
2. How would populations with high vulnerability be monitored and/ or protected?
3. Is quarantine or isolation an issue at this point? Who would decide whether to isolate or quarantine a person, facility, or city? Is there a plan for this action?
4. What is your recommendation to the MCHD concerning actions they may need to take? Who should be considered infected?
5. What other county/ State Plans might be considered at this time?

### FIRE AND EMERGENCY MEDICAL SERVICES

1. What indicators (e.g. increased emergency medical services call volumes, cases reported to the Medical Examiner, etc.) serve as cues of an evolving emergency?
2. What plans exist for augmenting medical response capabilities with other departmental assets?
3. What Bio personal protective equipment is available to responders?
4. Does this event change any of your response procedures?

### LAW ENFORCEMENT

1. What indicators (e.g. absenteeism, flu symptoms, etc.) serve as cues of an evolving emergency?
2. What plans exist for augmenting staffing resources with other department assets and/ or mutual aid assets? How likely is it that they will be forthcoming?
3. Will law enforcement agencies be capable of honoring requests for increased security at medical facilities and other related venues?
4. What employee assistance efforts can be taken at this time to support Tallahassee or surrounding counties?

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5. What efforts are being taken to investigate this incident? Are these efforts being coordinated with the County or the County / State Health Department?
6. What plans do you have for protection of key players, officials, etc. as the public becomes more alarmed?

### **PUBLIC HEALTH**

1. Given the apparent regional nature of the incident at hand, how is medical information shared and how are regional medical strategies coordinated?
2. Can a presumptive diagnosis be made on the symptoms presented?
3. What tests would be given to a person presenting the symptoms described in the scenario?
4. How would patients be tracked?
5. Would you recommend imposing a quarantine or voluntary isolation?
6. What medical and public health assets are immediately available? Who controls these resources and how are private resources integrated?
7. What provisions exist for collecting data on new cases from private practice physicians?
8. How do you plan to deal with the total quantity of personnel and exposed county residents needing preventive treatment?
9. How are you coordinating efforts with other local physicians, fire / emergency medical services personnel and other agencies within the county?
10. What decontamination requirements are there for the county?

### **PUBLIC INFORMATION**

1. How do you expect the public to respond to this escalation?
2. Should the Public Information Strategy be changed at this time?
3. What impact will media coverage have on the public and your public health response?
4. With what agencies will you consult in order to provide accurate and timely information to the public?

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5. Who is in charge of what will be released, and who will be the spokesperson(s)?

### **UNIFIED COMMAND**

1. Would there be a unified command formed at this point?
2. Based upon input from the scenario and from the functional groups, what actions are you taking at this time?
3. Who is in charge of this incident?
4. Where is the Incident Command located?
5. What precautions are being taken to keep the command staff safe?
6. Does the State or Federal Government have a role in this event?
7. This could quickly become a very large event. Is this the time to plan for possible outside support from other regions? How long would it reasonably be before support could materialize?
8. How will you deal with the Chairman of the Madison County Board of Commissioners if he calls for a county wide “quarantine”, without talking with all parties concerned?

## Module Three - Escalation

### DAY SIX

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Preliminary testing at the state lab yields results that appear to be consistent with an orthopox virus. The FDOH halts analysis of the samples within the state lab, informing technicians conducting the analysis that they cannot leave until a preliminary diagnosis is received from the CDC.

Late in the day, CDC advises the FDOH that a preliminary analysis indicates the presence of **a virus consistent with the smallpox virus (variola major)**. The CDC notifies the World Health Organization (WHO) in Geneva, Switzerland of the smallpox cases in Florida.

The State Warning Point begins making follow-up emergency notifications (to its earlier notifications) including notification of the State Attorney General, the Jacksonville FBI Field Office, the Governor, the Florida Department of Health (FDOH), FEMA Region IV, and moves to fully activate the State Emergency Operations Center (EOC). The Governor is considering whether to request federal assistance through the FEMA Region IV office. The Chairman of the Madison County Board of Commissioners signs a disaster declaration and requests assistance from the state government.

The Jacksonville Field Office Weapons of Mass Destruction (WMD) Coordinator contacts the Strategic Information Operations Center (SIOC) at FBI Headquarters in Washington, D.C. The CDC also informs the FBI SIOC of these results. In addition to contacting the FBI, CDC notifies the Department of Health and Human Services (DHHS) Office of Emergency Preparedness (OEP) and office of the Assistant Secretary of Health (ASH) for bio-terrorism response matters. The FEMA Region IV office considers a limited activation of the Regional Operations Center (ROC), while FEMA headquarters is also contacted. The FBI and FEMA begin coordinating on possible crisis management and consequence management response options. The Department of Defense (DOD) also begins assessing the potential impact of these developments, and initiates the appropriate notifications and force protection conditions to domestic and overseas military installations. Lastly, the Department of Homeland Security is contacted and begins assessing the possible implications of this development for the President and coordinating with key Federal agencies and departments that will or could be involved in this response.

The CDC begins preparing doses of the smallpox vaccine for shipment to Florida, accompanied by a pharmaceutical stockpile technical response team and specialized epidemiological personnel.

Tallahassee Community Hospital, Tallahassee Memorial Hospital, all medical facilities in Madison County, as well as other medical facilities in north Florida, receive a call from the LCHD informing of the potential for infected or severely ill patients arriving in the

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coming hours and days.

At the Florida Division of Emergency Management, coordination the efforts of the State Emergency Response Team (SERT), considers the elements of a multi-faceted response including:

- 1 Communications Issues
- 2 Bolstering security at emergency rooms and medical centers in the affected areas.
- 3 Locating and informing out-of-town visitors.
- 4 Preparing Mass Vaccination Sites.
- 5 Limiting or suspending Interstate traffic.
- 6 Preparing local medical examiners and morgues for an influx of victims.
- 7 Integrating criminal epidemiological investigations.
- 8 Deciding event closure policies.
- 9 Determining other “Rules of Engagement”.
- 10 Staffing Issues.
- 11 Legal Ramifications
- 12 Continuity of Government.

Media reports continue to fuel growing public concerns.

State health personnel have received an initial shipment of smallpox vaccine and, along with the on scene CDC teams, are preparing to begin vaccinations of anyone suspected of having been exposed to the virus.

Medical personnel are debating possible strategies to maximize the effectiveness of smallpox vaccine that has recently arrived in Tallahassee for distribution through the area, to include the possibility of dilution. Some favor a universal vaccination of all staff and patients in hospitals where the suspected smallpox cases have presented; others favor the vaccination only of known face-to-face contacts of those individuals. One of the issues is “can all of the face-to-face contacts be located in time before they infect others?” “Experts” are debating the issues of quarantine vs. isolation as well as mass vaccination in the media. The Mayor of Greenville has gone to the media and stated that the Governor should have the Florida National Guard “start protecting the citizens from these terrorists”.

## DAY SEVEN

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The Jacksonville FBI Field Office has established a Command Post in Tallahassee and a sub-post in Madison and is preparing to create a Joint Operations Center (JOC). The FEMA Region IV Regional Operations Center (ROC) is fully activated, and given the uncertainty over whether additional smallpox exposures are located across the country, FEMA Headquarters is considering a Level 2 activation of ROC’s throughout the entire country. Intelligence from national and international sources continues to be collected,

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processed, and evaluated at the FBI SIOC and throughout the intelligence community in an effort to identify the perpetrators of what is now assumed to be a terrorist attack. Miami and Tampa hospitals are starting to report a high number of patients with flu like symptoms asking for treatment.

Some responders in surrounding communities are questioning whether their mutual aid contracts should remain valid under the current circumstances. They do not want their families put at risk after they (the responders) have been sent to work in the affected area. Citizen groups are demanding that the entire populations of Leon, Columbia, Gadsden, Lafayette, Hamilton, Jefferson, Liberty, Suwannee, Wakulla and Madison counties in Florida and several counties in southern Georgia be vaccinated.

The media is reporting that many minorities feel that vaccines are intentionally being withheld due to low socioeconomic status and racial discrimination. Also, many elderly residents are refusing to take vaccines for fear of possible debilitating side effects.

Area medical centers are now struggling with an influx of symptomatic patients while health officials attempt to keep physicians informed of plans for vaccinations and treatment. The Governor, the State Attorney General, and other senior state officials, continue meeting to discuss plans and details for the closure of airports, seaports, roads, public venues, etc. The Governor has made a public request for calm and stated he is declaring a State of Emergency and requesting Federal assistance in specific functional areas.

## DAY EIGHT

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The Madison County Sheriff's Office continues to field an increasing number of calls from distraught citizens and their family members. Many are calling local news organizations in an attempt to verify details of the situation.

The FBI-led investigation into the alleged terrorist attack and threat has yielded the names and addresses of several individuals believed to have been previously associated with Apocalypse Front. An initial search of one of the properties reveals several possible targets. Documents discovered include information regarding the upcoming FDLE Regional Domestic Security Task Force meeting in Orlando, as well as an address in Ft. Lauderdale, Florida. Subsequent questioning of these individuals leads law enforcement officials to begin planning a raid on a Ft. Lauderdale residence.

## DAY NINE

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Ft. Lauderdale Police Department, FDLE, and FBI raid the Ft. Lauderdale address and a 54-year-old male suspect is taken into custody. Equipment and materials related to a dissemination device are found, along with handguns and ammunition. During their search of the premises, investigators find maps, and plans of the ventilation systems of several Florida State University Administration buildings bearing handwritten notes.

## DAY TEN

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Seven of the Florida State Capitol Building employees, which have been isolated and under constant surveillance at Tallahassee Community Hospital for the past five days, are now presenting virtually all symptoms of a full-blown smallpox infection. The majority of their bodies are covered in painful pustules, and in addition to a persistent high fever, they are all in a constant state of delirium.

By day six, sixty (60) students in Madison County schools are symptomatic. The call volume to the MCHD, Madison County Emergency Medical Services and the Madison County Sheriff's Office have risen to 180 per hour. Fifty people have tried to go to Tallahassee or Valdosta Hospitals and have been turned back.

By afternoon the population is angry and demanding action. They have listened to media speculation on whether the first shipment of vaccine should be localized in Tallahassee since it has the largest population. There are lines of cars on Interstate-10 and U S Highway 90 at the county lines, demanding to go to Tallahassee and "get that vaccine" for their families. Some emergency personnel are refusing to report for upcoming shifts unless they have assurances that they and their families receive inoculations, stating they will not leave their families unprotected.

By day eight three hundred people have shown up at the Madison County High School demanding immunizations for their families. Between 10:00 a.m. and 12:00 p.m. 120 calls for ambulance response for "smallpox" have been received in addition to 12 calls for traffic accidents. Calls are being received at Emergency Management from families of residents, requesting immunization and transport to a safer location. A call is received from Cherry Lake advising two residents have possible smallpox symptoms. The Food Lion supermarket in Madison requests assistance. Three of their employees just walked out to "take care of their families". The store is experiencing "panic buying" and there has been one altercation in the store and many arguments and threats. Citizens groups are demanding inoculations. They are openly threatening members of the Board of County Commissioners, Emergency Management, Health Officials and their families if they "don't do something". There are 65 smallpox patients and 1,500 high risk exposure patients at the county schools.

By day eleven, patient populations have increased. Twenty five of the smallpox patients have been confirmed through testing. Five of them have marked respiratory difficulties requiring assisted breathing. Armed assaults have been made at various county locations with demands for immunization for their children.

## Module Three - Questions

### EMERGENCY MANAGEMENT

1. What are the notification procedures following an official identification and confirmation of smallpox? Is there a system in place to ensure notification to the full emergency management support structure?
2. Is it possible to gauge the scope of the disease and the contamination at this point?
3. Should prophylaxis or mass vaccination measures begin and if so, in priority will these individuals be given the vaccine?
4. Will there be a requirement for sheltering or feeding at treatment sites? How will information about the status of victims be received, collected and reported?
5. Based on the severity of the situation, what assistance would you request from the State and Federal governments?
6. What are reasonable response times and levels of commitment from external resources?
7. Will this attack force the closure of Madison County's transportation centers? What about Florida's 13 international airports, 14 deepwater seaports, interstate border areas, or extensive railroad network?
8. What is your final recommendation for the Governor concerning the Florida Continuity of Government Plan?

### FIRE AND EMERGENCY MEDICAL SERVICES

1. What are the notification procedures following identification and confirmation of smallpox? Is there a system in place to ensure notification to the full public safety response support structure?
2. What are the immediate public safety priorities?
3. What special precautions will your responders be told to take when responding to a possible bio-infected site?
4. How might this incident impact other services?
5. What staffing issues are you experiencing and how do you plan to manage staffing resources?
6. What is the responsibility of fire and emergency medical services for responding

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to a bio-terrorist incident under the Comprehensive Emergency Management Plan (CEMP)?

7. What special equipment do you have to protect your responders from this bio agent?

### **LAW ENFORCEMENT**

1. What are the notification procedures following identification and confirmation of smallpox? Is there a system in place to ensure notification to the full law enforcement support structure?
2. Are quarantine and isolation measures preferred? Will assistance be needed to maintain order?
3. How and by whom will the bio-terrorism investigation be conducted?
4. What is the responsibility of Law Enforcement responding to a bio-terrorist incident under the Comprehensive Emergency Management Plan (CEMP)?
5. What is the role of FDLE and the North Florida Regional Domestic Security Task Force?
6. Do you have a coordinated staffing plan for supporting Public Health run Points of Distribution (POD's) for the required pharmaceuticals? What about staffing for alternate treatment sites?

### **PUBLIC HEALTH**

1. What are the notification procedures following identification and confirmation of smallpox? Is there a system in place to ensure notification to the full medical support structure?
2. What surveillance procedures are in place to monitor the scope and progression of the disease?
3. How will the scope of the contagion be monitored? Are quarantine and isolation measures an option?
4. What actions are being taken to prepare for cases of secondary transmission?
5. Will alternate care facilities or casualty collection points be established? If so where? Who will manage and staff them?
6. Which Federal counterparts would you be in communication with and how?

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7. Do you have a plan for operating the Points of Distribution or alternate treatment sites?
8. Now that the disease appears to be in other areas of the state, what is the impact on the support you expected from the State Government?

### **PUBLIC INFORMATION**

1. What strategy will be used to control public panic and to encourage self-imposed quarantine or isolation?
2. How will mass vaccination and prophylaxis priority issues be determined and how can the media help or hinder the process?
3. How will relevant information be relayed to non-English speaking populations?
4. Can or would the media be used to directly disseminate information?
5. Can a Public Information Officer (PIO) be effective in encouraging people to limit and track their contacts?

### **UNIFIED COMMAND**

1. Based upon input from the scenario and from the functional groups, what actions are you taking at this time?
2. Who is in charge at this point; the Mayor; the Governor; the FBI; CDC?
3. What agencies are involved at this point?
4. How is all of this being coordinated?
5. Federal assets and agencies will be playing a major support role; how are they integrated into the process?
6. Once this emergency expands in scope throughout the region, will your operation split or expand?

## Module Four - Response

Confirmed Smallpox cases in the area, by county, are as follows:

Leon County, 272  
Gadsden County, 44  
Madison County, 114  
Hamilton County, 19  
Lafayette County, 7  
Suwannee County, 47  
Jefferson County, 14  
Wakulla County, 65

Also, there are 212 cases in Orlando, Florida. Miami and Tampa hospitals are 99% sure they have at least thirty to forty cases (each) that have not been officially confirmed. The State Government has been forced to relocate its offices and the legislative body is outraged at this act of terrorism. Many State legislators have demanded immediate action by the Governor to protect the citizens of Florida.

Several cases of flu among regional airline employees in Atlanta, GA, are suspected of being smallpox. This means the disease may have gotten out of Florida at this point.

Supplemental Federal assistance has arrived and the CDC has released an additional 250,000 doses of vaccine to the State, and has deployed specialized teams to assist the State.

In addition to the Florida Law Enforcement investigation, a massive national criminal investigation is underway. The nation's law enforcement, intelligence and medical investigative agencies are working around the clock.

A number of public facilities across the region have closed or curtailed their hours. Many individuals fear contagion and therefore are staying close to home. Restaurants, movie theaters and shopping malls are empty all over the state.

Tourism has come to a virtual halt. A meeting is convened at the County and State levels to focus on a Statewide Tourism Recovery Plan and Public Information Plan. The impact of the attack on the local economy is staggering. The real estate market and local taxes are in need of proactive attention.

One of the most challenging issues facing officials is the short and long-term management of the surviving victims. Many victims are disappointed at the amount of support that they have received both financially and psychologically as compared to the victims of the September 11, 2001 attack.

## Module Four - Questions

### EMERGENCY MANAGEMENT

1. What are your current priorities?
2. What external resources are still required?
3. Does contamination pose a short or long term hazard?
4. How will human remains be safely and respectfully handled and disposed?
5. Should you be looking at the long-term implications to this problem while you are still in the Response stage? Should the economic impact be part of your purview, i.e., the development of a Regional and Statewide comprehensive tourism/ economic recovery plan?

### FIRE AND EMERGENCY MEDICAL SERVICES

1. What are your current priorities?
2. How will you manage an on-going staffing shortage that may only get worse as the time passes?
3. How will agencies coordinate to assist with the epidemiological and criminal investigation?
4. How would your agency prioritize responses to those suffering from smallpox symptoms?

### LAW ENFORCEMENT

1. What are your current priorities?
2. How will you conduct a coordinated epidemiological and criminal investigation?
3. Now that it is apparent that the Florida Legislative body was the target of the attack what security measures will be implemented to protect Florida's State Congressmen and Senators from a future attack?
4. How does being the target affect the mental health of the Legislative support staff?
5. What employee assistance will be provided?

### PUBLIC HEALTH

## **Madison County Smallpox Tabletop Exercise**

1. What procedures would be followed to identify and track victims?
2. Who will be responsible for long-term medical treatment and monitoring of the exposed?
3. What type of information would you find necessary to gather in an epidemiological investigation?
4. Does your agency have staff members that are currently trained to assist in an epidemiological investigation?
5. How will Mental Health requirements be determined and met?
6. What will be done with the infected remains of the deceased? Will special handling of the bodies be required?

### **PUBLIC INFORMATION**

1. How can effective public information assist with tourism and economic recovery?
2. What message should be given to the regional population to assure them that the affected counties are now as safe as anywhere else?
3. Will they believe you?
4. How can you best use the political leadership to get this message to the public?

### **UNIFIED COMMAND**

1. Based upon input from the scenario and from the functional groups, what actions are you taking at this time?
2. At what time can the command of the incident be terminated?
3. How is the hand off of responsibilities conducted and with whom?