



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Hospitals and primary care centers are on the front lines for responding to large-scale infectious disease outbreaks, including those that may be spread intentionally as a bioterrorist attack. The healthcare system's ability to respond to the extraordinary demands following a bioterrorist attack would depend, to a large extent, on the system's pre-event preparedness planning for such events. One critical preparedness activity is the use of healthcare facility based drills to train staff on their roles and responsibilities in responding to a bioterrorism attack and to identify and address current gaps in emergency preparedness plans.

A bioterrorism event would have unique stressors for a hospital or primary care center's Emergency Management Plan including the need for rapid recognition of an unusual case or clusters of cases and the potential need to mobilize surge capacity to care for and isolate a large number of patients with a suspect or known illness from a highly contagious infectious disease.

Published evaluations of healthcare facilities testing their Emergency Management Planning with drills have revealed numerous flaws in established Emergency Management Plans and are often based primarily on managing a natural disaster rather than a bioterrorism event. A post-September 11th assessment of NYC's hospital emergency response capacity, conducted in 2001 by the Department of Health and Mental Hygiene (DOHMH), found that many NYC hospitals had developed bioterrorism sections of their Emergency Management Plans and had conducted staff trainings on biological threat agents but that few had held drills specifically designed to address the consequences of a bioterrorism event (Rosselli & Ackelsberg, 2001). Results from a recent General Accounting Organization (GAO) survey report showed a similar trend in hospital systems on a national level (GAO-03-924).

The reported lack of experience in conducting bioterrorism drills at hospitals and primary care centers may be due to their perceived planning/implementation costs and the lack of available, ready-to-use drill materials. While the cost of sophisticated field exercises may be prohibitive for many hospitals and primary care centers, tabletop exercises, in which key members of the hospital/primary care center leadership participate and work through the decision-making issues raised by a "fictional" scenario, may be an effective and relatively inexpensive method for testing preparedness plans.

In 2004, NYC DOHMH conducted tabletop exercises at ten hospitals and five primary care centers of varying sizes in each borough of New York City. Participating hospitals and primary care centers were asked to respond to one of three potential bioterrorism outbreaks (plague, anthrax, or smallpox) or one of two naturally occurring infectious disease epidemics (pandemic influenza or SARS).

Upon completion of the fifteen exercises, tabletop exercise tools and materials were assembled into a Toolkit for use by hospitals and primary care centers across the nation to assist them in the development and implementation of their own tabletop exercises.

The Toolkit is easily modified to account for the distinct geographic, patient, resource, and staffing challenges of each hospital and primary care center. The Toolkit has five chapters, which include step-by-step instructions on planning, conducting and evaluating a tabletop exercise. Chapter 5 contains five different disease scenarios which include a PowerPoint presentation, moderator notes, participant notes, injects, and an agent fact sheet.

We hope that your facility finds these materials useful for your ongoing emergency preparedness activities. NYC DOHMH appreciates your feedback regarding the applicability and usability of these materials. Please direct comments on the toolkit materials to Dr. Debra Berg (212) 788-4277 or email at dberg@health.nyc.gov. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Thomas R. Frieden". The signature is written in a cursive style with a large initial 'T' and 'F'.

Thomas R. Frieden MD, MPH
Commissioner, NYC DOHMH