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Los Angeles County

**FORENSIC
EPIDEMIOLOGY
CONFERENCE**



COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

Public Health

January 19 and 20, 2005



Facilitator Training

Introduction

- **Facilitators ensure that group participants remain focused on a prearranged agenda or set of issues to attain stated objectives.**
- **Participants come from across traditional and nontraditional public health, medical emergency response, and public safety functional areas and represent a variety of jurisdictions.**
- **Participants regardless of their levels of experiences in their respective fields, should not prevent facilitators from conducting a professional discussion.**
- **The objective in assembling a facilitation team is not to try and match or surpass the professional qualifications of the participants, but to provide knowledgeable individuals who can moderate discussions and guide the various groups toward a common goal.**

General

- The biological terrorism scenario presents a situation and addresses topical areas in which most participants have had little actual experience.
- Although the initial response effort may parallel what the medical and emergency response personnel routinely face, there are subtle and pronounced differences due to the aspect of terrorism.
- As a result, these participants may resist the scenario, and approach it in a manner that they find more comfortable and change the situation according to their preference.
- A fundamental guideline for facilitators is to help participants commit to the construct and intent of the tabletop as soon as possible.

Scope

- Each Discussion Area begins with a situation briefing.
- Following the briefing, each group will caucus (for about 60 minutes) to discuss the impact of the situation from their jurisdictional perspectives, and to answer specific questions about the situation.
- At the conclusion of each caucus a spokesperson from each group may be called upon to summarize salient points from their discussion.
- The duty of the facilitator is to ensure that each group has a spokesperson, helps moderate the caucus discussions, and help summarize the discussions.
- In addition, a member of each group should be assigned to maintain notes and prepare the group's answers for submission.
- The emphasis will be on identifying strengths and weaknesses in the State and local approach to the situation.

Schedule of Events

Day One: January 19, 2005

8:30-8:45 a.m.	Welcome
8:45-9:00 a.m.	Health Officer
9:00-9:30 a.m.	L.A. County Role
9:30-10:00 a.m.	F.B.I.
10:00-10:15 a.m.	Coffee Break
10:15-10:45 a.m.	Public Health
10:45-11:15 a.m.	CA State Lab
11:15-11:45 a.m.	Public Health Law
11:45-12:30 p.m.	LUNCH
12:30-1:15 p.m.	L.A.P.D. Role
1:15-2:45 p.m.	Breakout Session Scenario #1
2:45-3:00 p.m.	Break
3:00-4:00 p.m.	Breakout Discussion
4:00-4:30 p.m.	NYC F.B.I. Public Health MOU
4:30-4:45 p.m.	Closing Highlights

Schedule of Events

Day Two: January 20, 2005

8:30-8:45 a.m.	Introduction
8:45-9:15 a.m.	L.A. County Fire - HazMat
9:15-9:30 a.m.	Breakout Instructions
9:30-9:45 a.m.	Break
9:45-11:00 a.m.	Scenario #2 Discussion
11:00-12:00 p.m.	Breakout Discussion Scenario #2
12:00-1:00 p.m.	LUNCH
1:00-2:15 p.m.	Orange County - Biofem
2:15-2:30 p.m.	Break
2:30-3:00 p.m.	TEW & Norwalk Move
3:00-3:30 p.m.	What Really Happens: The D.C. Anthrax Experience
3:30-3:45 p.m.	Closing Remarks

Conference Objectives

- **Demonstrate an understanding of the similarities and differences in PH and LE investigative goals and methods. Do you now feel that you have a fuller understanding of the interactions between LE and PH during investigations?**
- **Describe specimen collection and establishment of chain of custody of evidence. Do you now feel that you more fully understand the evidence chain of custody procedures?**
- **Coordinate public health and law enforcement activities during responses and investigations. Do you feel that the presentations and group discussions allowed you to have a greater understanding of PH and LE coordination activities during a response and investigation?**
- **Coordinate local, state, and federal resources. Do you feel that you have a better understanding of the type and level of coordination that may be needed between the levels of government?**
- **Describe on-scene control measures and interventions. Do you feel that on-scene control measures and interventions were adequately covered during this conference?**
- **Communicate and share information between law enforcement and public health. Do you feel that you have a greater understanding regarding the kinds and volume of information which is being shared or should be shared and communicated between investigating agencies?**

Conference Participants

- **Planners**
- **Players**
- **Facilitators**
- **Subject Matter Experts (SMEs)**
- **Recorders**
- **Observers**

Facilitator's Responsibilities

- Focusing the group's discussions on the specific areas/questions identified.
- Keeping group discussions at the appropriate level.
- Eliciting resolutions to issues arising from the scenario.
- Ensuring a group spokesperson is designated and prepared to report on group discussions during the plenary session.
- Monitoring the group recorder and preparing notes on the group's discussions to support preparation of the breakout group speakers' session summation.

Facilitator's Preparation

- Review the applicable plans, policies, and procedures.
- Review and understand conference objectives.
- Review the Conference Handbook and its reference documents.
- Develop a familiarity with the scenario.
- Develop a personal strategy for facilitating the group.
- Review the conference summary format and help summarize your group's activities for inclusion in the post-conference summary.

Facilitator's Guidance

- Each breakout group will be a mixture of professional disciplines from multiple locations (i.e., city, county, State, Federal).
- At the start of the first breakout/caucus period, facilitators should briefly explain their role, and players should introduce themselves.
- Facilitators provide a brief overview of player requirements, address each question, designate a member to prepare written notes of the discussion, and identify a group spokesperson(s).
- Facilitators monitor time during breakout period.

Facilitator's Guidance

During the breakout caucus period:

- Remember that the players are the SMEs.
- Your pre-conference preparation will have allowed you to give the issues more thought than the players, so you must provide direction to generate discussion.
- When the players direct questions to you, deflect them to others for a response to avoid becoming a player.
- Ensure discussions remain within the scope of the given Discussion Area.
- Do not allow discussions to drag on.
- Involve all participants; do not allow one or two to monopolize the discussion.
- Assist the group by summarizing a point, restating a key discussion point, and asking specific individuals to comment.

Facilitator's Principles

- Adequate preparation is the best safeguard against serious problems.
- Understand what the group expects of you, and let them know what you expect of them.
- Be flexible.
- There are no wrong player answers.
- Do not be too serious when you confront a problem.
- Make sure the group understands that you and they share the responsibility for the success or failure of the session.
- Be honest at all times.

What Can Go Wrong and What to Do About It

“Situations that Try Trained Facilitators”

- **People are not participating.**
- **Some participants are causing interruptions.**
- **The material is too simple/complex for the group.**
- **The group criticizes the facilitator.**
- **There is not enough time to do what you had planned.**
- **There is more time than you planned for.**
- **Too few or too many people show up.**
- **Facilities are inadequate for your purposes.**
- **Temptation to dominate proceedings with your own opinions.**
- **Arguments break out in the group.**
- **You have been misrepresented to the group, or they to you.**

Scenario Information

- There will be two scenarios during the conference.
- During each scenario, the players will be given information regarding the situation at strategic intervals.
- During the breakout discussions, questions will be asked to the players in order to address issues that occurred during the exercise pertaining to, Public Safety, Public Health, and Laboratory procedures.

Scenario #1

This scenario involves many school aged children who have become ill with a mysterious gastrointestinal disease after a school field trip to a nearby Nature Center with ponds and other water sources.

It has been discovered that a couple of water tanks within Los Angeles County have been broken into. An unclaimed backpack has been found with several containers and an unknown powder nearby. From this information, terrorism is suspect.

After careful investigation, the agent is *cryptosporidium parvum*. However, it is a naturally occurring agent within one of the water sources at the Nature Center and terrorism is not the culprit. There is one death as a result.

After the exercise, questions will be asked to the players in order to address issues that occurred during the exercise pertaining to, Public Safety, Public Health, and Laboratory procedures.

Cryptosporidiosis Facts

Cryptosporidiosis is a diarrheal disease caused by microscopic parasites of the genus *Cryptosporidium*. It is a disease that directly affects the GI, biliary, and respiratory tracts.

It has been identified worldwide and has occurred in humans, cattle and other domesticated animals. It is generally identified by fecal smears that contain the oocysts or by intestinal biopsy sections.

The mode of transmission is via the fecal-oral route, which includes person-to-person, animal-to-person, waterborne and food borne transmission. You can not become infected through contact with blood.

The symptoms for cryptosporidiosis include, watery diarrhea, dehydration, weight loss, stomach cramps or pain, fever, nausea and vomiting.

Symptoms of cryptosporidiosis generally begin 2 to 10 days after becoming infected with the parasite.

Those who are most likely to become infected include, children who attend day cares, child care workers, parents of infected children, international travelers, backpackers and hikers who drink unfiltered/untreated water, swimmers who swallow water while swimming in contaminated waters.

There is no treatment other than rehydration that has been proven effective. Most people who have a healthy immune system will recover without treatment.

Prevention measures include, isolating infected individuals, practicing good hygiene, avoiding food and water that might be contaminated and if contamination is suspect boil water for 1 minute and use water filters that can remove particles 0.1-1.0 micrometers in diameter.

Scenario #2

This scenario involves a greater number of exposed and ill individuals. Most were in attendance at the annual Los Angeles County Boat Show in the convention center.

Thousands of people attend the Boat Show, many of whom report to their physicians, hospitals and clinics for proper medical attention. Many report with flu-like symptoms, including high fevers, aches and pains, nausea, and difficulty breathing.

After noticing increasing rates of this illness, physicians, hospitals and clinics contact the County of Los Angeles Department of Health Services – Public Health.

Treatment for many of the patients show no positive results, and patients are experiencing greater difficulty breathing and pulmonary edema.

After discussions with local and state public health and medical officials, officials with the CDC now strongly suspect a toxin-based disease outbreak. Most likely caused by aerosol exposure to a toxin.

The agent specified for causing the illness is the Ricin toxin from *Ricinus communis*, known to come from the castor bean.

Federal, State, and local public health officials advise city and State officials that based on several factors, that this is most likely a deliberate bioterrorist attack.

Ricin Facts

Ricin is a poison that can be made from the waste left over from processed castor beans. It can be in the form of powder, a mist, or a pellet, or it can be dissolved in water or weak acid. It is a stable substance, and can withstand very hot or very cold temperatures.

Ricin can be found worldwide. However, accidental exposure to ricin is highly unlikely.

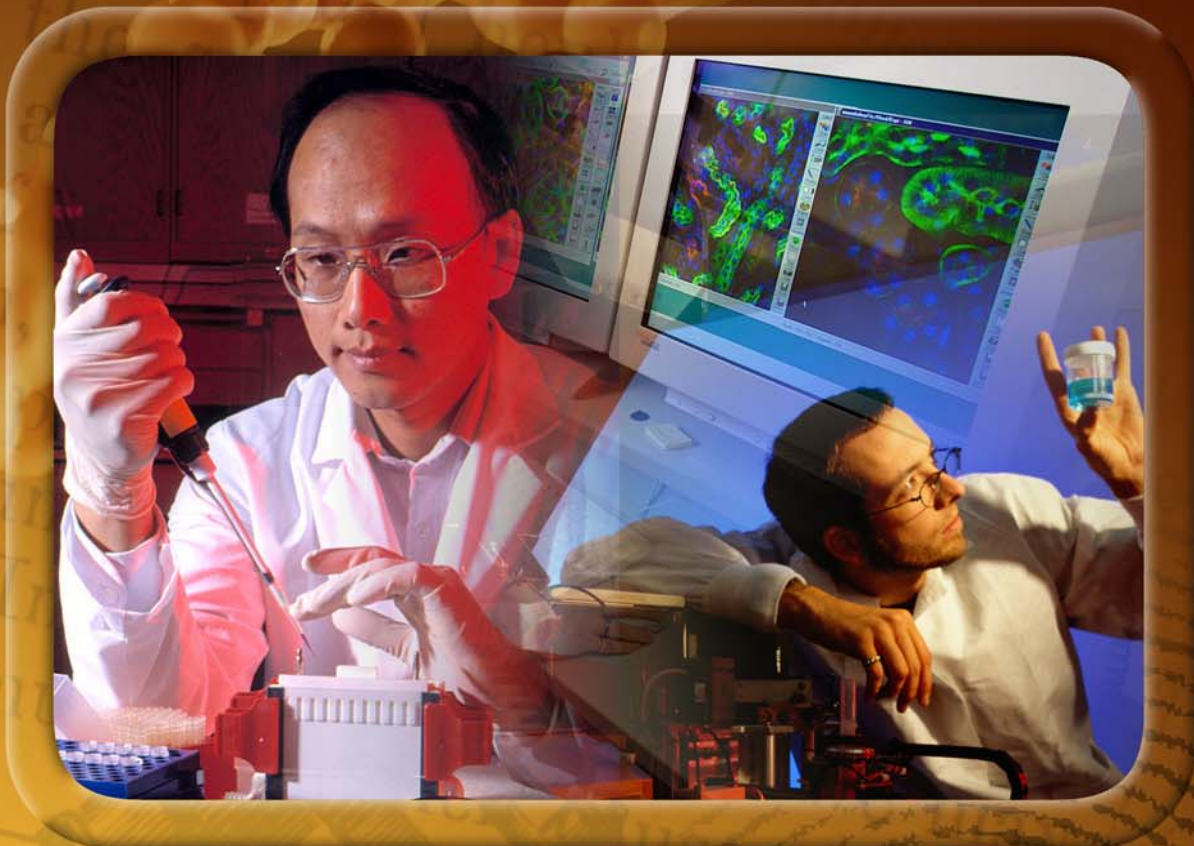
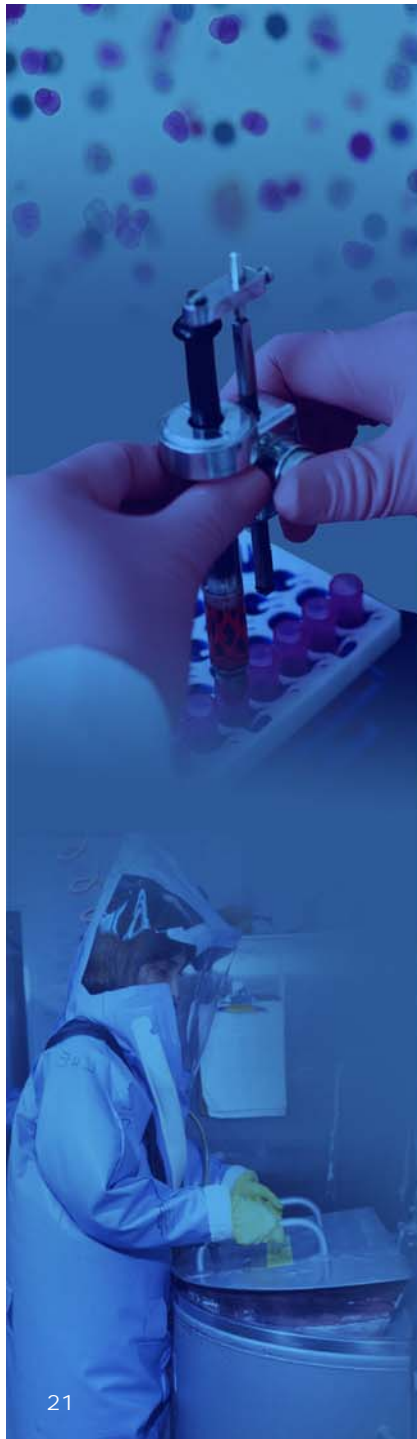
Ricin can be inhaled, swallowed with water or food, or injected. Depending on the dose, ricin can be very deadly.

Ricin works by working within human cells and causing cell death. The effects depend upon the route of entry.

There is no antidote for ricin, so the main form of treatment if possible is expelling the toxin from the body as soon as possible. The key to survival is avoiding ricin exposure in the first place.

The signs and symptoms of ricin exposure vary according to route of entry.

- **Inhalation:** People experience respiratory distress, fever, cough, nausea, and tightness in the chest. Heavy sweating, with a bluish appearance in the skin and pulmonary edema may follow.
- **Ingestion:** People who ingest the ricin toxin, often experience vomiting, diarrhea and severe dehydration with low blood pressure. Other signs or symptoms may include hallucinations, seizures, and blood in the urine.



Questions?