

EXERCISE TALUNE 2016

EVALUATION ASSISTANTS AIDE MEMOIRE

Purpose of the evaluation

The main themes to be considered through the evaluation process are:

- Would the command, control and coordination arrangements described in THAPPI work and are they understood by agency representatives?
- Are pandemic response strategic decision-making processes clear and workable?
- Do agencies understand their roles and responsibilities? Are they comfortable with them?
- Are there any significant response roles that have not been allocated to an agency?
- Are there barriers to agencies/units performing their allocated roles?

Before the exercise:

- Review the Exercise Plan, with special emphasis on the objectives and sub-objectives. **Note, the Exercise Plan must be kept private and is only for viewing by Exercise Control members and Evaluation Assistants.**
- Familiarise yourself with the *Tasmanian Health Action Plan for Pandemic Influenza 2016*.
- Familiarise yourself with the exercise evaluation tool/template.

Just before the start of the exercise:

- Look out for people assigned to your syndicate and direct them to the table.
- Introduce yourself to the evaluator assigned to your syndicate group.

Syndicate	Evaluation Assistant	Evaluator
PHEOC	(Names deleted)	David Coleman
DHHS ECC		
Tasmanian Health Service		Dr Peter Renshaw
Ambulance Tasmania/Multi-Agency		
Communications		Sergeant Health Collidge
DPFEM/Regional Emergency Coordination Centres		
DPaC		

During the exercise:

- **Observe** the exercise, especially discussions within your assigned syndicate, and record your observations on the relevant template. Focus on how easy or difficult it was for syndicates to answer questions, points of confusion, conflict or disagreement/agreement etc rather than duplicating information scribes will record on the butcher's paper.
- Sometimes recording information by 'what's good' and 'what's bad' works well.
- Don't feel obliged to write lots of notes. That may be off-putting for participants. Spend most of your time sitting back and listening.
- Also bear in mind the P2OST2E Model, which will be used by evaluators when they analyse information collected and categorise issues and identify causal factors.

The P2OST2E Model

Category	Scope / description of category
People	roles, responsibilities and accountabilities, skills
Process	includes plans, policies, procedure, processes
Organisation	structure and jurisdiction
Support	infrastructure, facilities, maintenance
Technology	equipment, systems, standards, interoperability, security
Training	capability qualifications/skill levels, identify courses required
Exercise Management	exercise development, structure, management, conduct

During downtime or after completion of the exercise:

- Progress the completion of the evaluation templates.
- Complete the participant questionnaire.
- Receive participant questionnaires from participants on your table.
- Provide your evaluation notes to the relevant evaluator.

Exercise Talune 2016 Objectives and Sub-objectives

Objective	Sub-objectives
1. To explore the control command and coordination arrangements outlined in THAPPI 2016.	<p>a) Validate the arrangements for the overall direction of response activities, as described in <i>THAPPI 2016</i>.</p> <p>b) Explore the command arrangements to be activated by DHHS, the THS and Primary Health Tasmania to enable these organisations to undertake roles allocated to them, as described in <i>THAPPI 2016</i>.</p> <p>c) Explore the arrangements for accessing additional resources during a pandemic response, including the stakeholder engagement and liaison arrangements outlined in <i>THAPPI 2016</i>.</p> <p>d) Review the functions of and interface between the DHHS Emergency Coordination Centre (ECC), the Public Health Emergency Operations Centre (PHEOC), the THS Emergency Operations Centre and the Ambulance Tasmania Emergency Operations Centre.</p>
2. To explore pandemic response strategic decision-making processes.	<p>a) Explore the likely triggers for activating public health emergency Level 1, 2 and 3 responses, and the likely consequences across sectors</p> <p>b) Explore the decision-making processes for activating and deactivating response activities including public health measures and flu services.</p>
3. To explore the response roles and responsibilities outlined in THAPPI 2016.	<p>a) Validate the roles and responsibilities assigned to participating organisations in <i>THAPPI 2016</i>. (<i>Have the right roles and responsibilities been assigned to the right organisations?</i>)</p> <p>b) Identify potential gaps in response planning.</p> <p>c) Identify potential barriers to stakeholders undertaking allocated roles, as outlined in <i>THAPPI 2016</i>.</p> <p>d) Identify potential unintended consequences from implementing the response activities outlined in <i>THAPPI 2016</i>.</p>
4. To explore the draft Health Emergency Communications Guidelines.	<p>a) Identify inconsistencies between health sector and whole-of-government emergency communications plans.</p> <p>b) Identify potential gaps in communications planning and preparedness.</p>

Pandemic Stages and Emergency Response Levels

This is an extract from THAPPI 2016

National pandemic stages, Tasmanian health emergency response levels and the associated control and coordination arrangements

National stage	Tasmanian Emergency Response Level	Incident Control	Coordination mechanism
<p>Response: Standby Sustained person-to-person transmission overseas; no cases detected in Australia.</p>	<p>Standby</p> <ul style="list-style-type: none"> • Medium impact on PHS (surveillance, communications and preparedness activities) • Low impact on health services broadly. 	Not required.	PHS Incident Management Team.
<p>Response: Action</p> <p><i>Initial Action</i> – cases detected in Australia, information about the disease in the Australian context is scarce making it difficult to predict the level of impact and tailor the response accordingly</p> <p><i>Targeted Action</i> – cases detected in Australia; enough is known about the disease in the Australian context to tailor measures to specific needs.</p>	<p>Level 1 Response</p> <ul style="list-style-type: none"> • Medium to major impact on PHS (surveillance, communications and preparedness activities) • Low to medium impact on health services broadly; able to be managed within available resources. 	Incident Controller is DPH.	PHEOC.
	<p>Level 2 Response</p> <ul style="list-style-type: none"> • Medium to major impact on PHS • Major impact on health services, able to be managed with prioritisation and coordination of available resources. 	Incident Controller is DPH.	DHHS ECC with <ul style="list-style-type: none"> • PHEOC • THS EOCs • Ambulance Tasmania EOC.
	<p>Level 3 Response</p> <ul style="list-style-type: none"> • Major impact on PHS • Severe impact on health and community services with consequences across other sectors requiring a whole-of-government coordinated response. 	State Controller supported by the State Health Commander.	State Control Centre with <ul style="list-style-type: none"> • DHHS ECC • PHEOC • THS EOCs • Ambulance Tasmania EOC • Regional ECCs.
<p>Response: Stand-down</p>	<p>Stand-down: Public health threat can be managed within standard arrangements.</p>	Not required.	PHS Incident Management Team.

Stakeholder Response Roles and Responsibilities: Summary

(This matrix is an extract from THAPPI 2016)

	DHHS	THS	AT	PHT	GP	CPhr	DPaC	DPFEM	LC*
Incident control, strategic direction and statewide planning	M	S	S	S			S	S	
Direct and coordinate the public health response	M								
Implement the public health response	M	S	S	S	S	S	S	S	S
Provide broad direction of the operational health response	M								
Coordinate the health response and health sector consequence management	M	S	S	S					
Coordinate the operational health response (including regional and local area responses) under broad direction of the Incident Controller	S	M	S	S					
Provide influenza health services	S	M	S	S	M	S		S	S
Establish THS Flu Services (facility-based and outreach services)	S	M		S					S
Provide out-of-health facility clinical care and transport to health services			M						
Manage the Tasmanian Medical Stockpile and the NMS for Tasmania	M	S							
Develop strategies and processes for distributing and dispensing antivirals	M	S		S		S			
Prepare and distribute public information	M	S	S	S	S	S	S**	S	S
Prepare and distribute information to stakeholders	M	S	S	S			S	S	S
Monitor pandemic impact across the general practice sector	S			M	S				
Coordinate the pandemic mass vaccination program	M	S		S					
Provide pandemic vaccination services	S	S	S	S	M	S			S
Provide personal support services for people in formal home quarantine/isolation if required, on referral from PHS	S	M					S	S	S

Key: AT = Ambulance Tasmania; PHT = Primary Health Tasmania; GP = General Practice sector; CPhr = community pharmacies; DPFEM = Department of Police, Fire and Emergency Management, including the SES; LC = Local Councils; **M** = main responsibility; S = supporting role

* The roles and responsibilities of local councils may vary from council to council, as per mutual THS/local council arrangements.

** The distribution of information to the public will become the main responsibility of DPaC in a Level 3 response.