

Exercise *Talune* 2016

Exercise Concept

Version 0.D | April 2016

Summary

Title: Exercise *Talune 2016*

Date: 2 June 2016, 10.00 – 4.00 pm (time to be confirmed)

Venue: Hobart Function and Conference Centre, 1 Elizabeth St, Hobart

Lead Agency: Department of Health and Human Services (DHHS)

Sponsor: to be confirmed

Executive Summary

Exercise *Talune 2016* will be a single-day facilitated desk-top discussion exercise focussing on Tasmania's planned response to pandemic influenza within the broad emergency management framework, and guided by the Tasmanian Health Action Plan for Pandemic Influenza (THAPPI 2016) and the Australian Health Management Plan for Pandemic Influenza. The draft Health Emergency Communication Guidelines will also be considered.

Costings: A budget of \$5,000 has been allocated to Exercise *Talune 2016*, through the Building Community Emergency Capability project.

Contact: The main contact person for Exercise *Talune 2016* is:

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This document has been developed using the draft 'Managing Exercises a handbook for Tasmanian Government agencies 2016'.

1. Background

Through a grant from the Natural Disaster Resilience Program, DHHS is undertaking the Building Community Emergency Capacity and Capability Project. Major outputs of this project have been the review of the *Tasmanian Health Action Plan for Pandemic Influenza* (THAPPI) and development of THAPPI 2016, and review of Tasmania's Health Emergency Communication Guidelines.

Exercise *Talune 2016* will practice and validate the arrangements described in THAPPI 2016 and the *Health Emergency Communication Guidelines*.

The **Building Community Emergency Capability project steering committee** provided initial direction and endorsement of the project's aim, objectives and scope. Members are:

- Dr Mark Veitch (chair), Director of Public Health, DHHS
- Carole Owen, Director Public Health Services Programs and Priorities, DHHS
- Leanne Cleaver, Senior Public Health Advisor, DHHS
- Susan Powell, Director, Population Health Programs, Primary Health Tasmania
- Karen Linegar, Executive Director of Nursing, THS
- Belinda Fenney-Walch, Project Coordinator, DHHS.

2. Exercise Need

Exercise *Talune 2016* is required because:

1. Under the Tasmanian Emergency Management Plan, DHHS is the Response Management Authority (RMA) for pandemic influenza. DHHS gets few opportunities to activate emergency plans for incidents for which it is the RMA.
2. The arrangements described in THAPPI 2016 are significantly different to those used in the 2009 H1N1 pandemic, the most recent pandemic event.
3. Pandemic planning and preparedness is complex in that it involves many stakeholders, is based on many assumptions and differs from other emergency scenarios because of its widespread impact on people (all of Tasmania will be affected) and the longevity of a pandemic response.
4. Pandemic exercises and staff training were identified as treatment options through the Tasmanian State Natural Disaster Risk Assessment project.
5. Tasmania's health emergency communications guidelines have been further developed and are an important supporting document for THAPPI 2016.

3. Exercise Aim and Objectives

The aim of Exercise *Talune 2016* is to practice and explore the arrangements described in THAPPI 2016 to validate the effectiveness of those arrangements.

The objectives are:

1. To explore pandemic strategic decision-making.
2. To practice command, control and coordination arrangements
3. To explore the response roles and responsibilities outlined in THAPPI 2016
4. To explore the 2016 Health Emergency Communications Guidelines.

Each of these objectives has a number of sub-objectives, as outlined in Table I.

Table 1: Exercise Talune 2016 Objectives and Sub-objectives

Objective	Sub-objectives
1. To explore pandemic strategic decision-making.	a) Explore the likely triggers and governance for activating public health emergency Level 1, 2 and 3 responses, and the advantages and implications for the health and other sectors
	b) Explore decision making processes for selecting response activities
	c) Identify the likely triggers and governance for activating and managing THS influenza services
2. To practise command, control and coordination arrangements.	a) Explore and review the arrangements for the internal direction of organisations resources to support a pandemic response (<i>Command</i>)
	b) Explore the authority and arrangements for the overall direction of pandemic response activities across organisations (<i>Control</i>)
	c) Explore the arrangements for accessing resources during a pandemic response (<i>Coordination</i>)
	d) Review stakeholder engagement and liaison arrangements outlined in THAPPI 2016 (<i>Coordination</i>)
	e) Review the governance functions and interface between the DHHS Emergency Coordination Centre, the Public Health Emergency Operations Centre (EOC), the THS EOC and the Ambulance Tasmania EOC (<i>Coordination</i>)
3. To explore the response roles and responsibilities outlined in THAPPI 2016	a) Identify potential gaps in response planning
	b) Identify potential barriers to fulfilling response roles and responsibilities defined in THAPPI 2016
	c) Identify potential unintended consequences from planned response activities
4. To explore the draft 2016 Health Emergency Communications Guidelines	a) Identify inconsistencies between health sector and whole-of-government emergency communications plans
	b) Consider the triggers for requesting inter-agency communications support and activation of the Public Information Unit.
	c) Identify potential gaps in communications planning

4. Scope

Discussion of the following issues is **within the scope** of Exercise *Talune 2016*:

- pandemic response command, control and coordination arrangements, including the Public Health Emergency Operations Centre and the DHHS Emergency Coordination Centre
- response arrangements for a Level 1 and Level 2 emergency response, including activation arrangements, likely response strategies and the roles and responsibilities of participating organisations, including the First Few Hundred
- methods to engage stakeholders, including private hospitals and GPs, in the coordinated response
- potential triggers for a Level 3 emergency response and implications / key considerations for stakeholders
- the communications strategy and staffing arrangements
- the use and processes for accessing state stockpiles
- national commitments and liaison arrangements
- staffing arrangements for potential response strategies.

The following activities are **outside the scope** of Exercise *Talune 2016*:

- actual activation of response arrangements
- discussion of recovery arrangements
- discussion of strategies that may be implemented for a Level 3 emergency response
- discussion of antiviral usage and distribution strategy
- discussion about the mass vaccination strategy
- liaison with interstate and national agencies/committees
- subsequent discussion exercises undertaken by stakeholders to review internal pandemic response arrangements.

5. Style

The Exercise will be a single-day facilitated desk-top discussion exercise focussing on the response to pandemic influenza, including the standby stage.

Exercise players will be mid- to senior-level staff members who are able to effectively represent their agency's interests in a multi-agency emergency response and use the exercise experience to support pandemic preparedness within their agency. Exercise players will be supported by active observers also representing their agency. Liaison between players and active observers will be expected. There will be a number of non-active observers who will be instructed not to intervene in the exercise.

Two to three subject experts will be selected as a 'Red Team' to assist the Exercise Facilitator to identify statements that require further discussion.

It is expected that participants will undertake subsequent discussion exercises within their organisations to discuss their internal pandemic response arrangements.

6. Exercise Schedule

Exercise *Talune 2016* will be held on 2 June 2016, from 10:00 am to 4:00 pm.

7. Risk Management

As Exercise *Talune 2016* will be a desk-top discussion exercise, the risks are minimal. Table x outlines the main risks and their mitigation strategies.

Risk	Mitigation
Illness affecting the availability of participants and/or control team members.	Invite at least one active observer from each organisation, capable of filling in as a participant if necessary. Ensure each control team function is filled by at least two people.
Unrealistic responses provided during the exercise; insufficient exploration of pandemic response issues.	
'No duff' emergency incident affecting the availability of participants and/or control, evaluation or planning team members.	Given the small and inter-related composition of Tasmania's emergency management sector, it is accepted that a significant, multi-agency no-duff emergency may cause the Exercise to be postponed and there is no mitigating action.
Illness or injury from the Exercise	Standard health and safety information will be provided to participants at commencement of the Exercise.

8. Governance

PHS will coordinate and facilitate exercise planning and preparedness.

The **Exercise Sponsor** is the DHHS Secretary.

The **Exercise Director** is Dr Scott McKeown, Public Health Physician, DHHS

The **Exercise Facilitator** is Senior Sergeant Andrew Bennett, Counter Terrorism Unit, Department of Police and Emergency Management

The **Exercise Evaluators** are:

- Dr Peter Renshaw, Director of Clinical Services, THS
- Sergeant Heath Collidge, Counter Terrorism Unit, DPEM
- David Coleman, Scientific Officer, Communicable Diseases, DHHS.

The **Exercise Planning Team** is

- Leanne Cleaver, Senior Public Health Advisor, DHHS (Exercise Planning Team Leader)
- Belinda Fenney-Walch, Project Coordinator, DHHS
- Dr Peter Renshaw, Director of Clinical Services, THS
- Sergeant Heath Collidge, Counter Terrorism Unit, DPEM

9. Participating Organisations

The Exercise will involve representatives from the following organisations:

- PHS, DHHS (Health Protection and Health Improvement branches)
- Policy, Purchasing and Performance, DHHS
- Ambulance Tasmania, DHHS
- Corporate, Policy and Regulatory Services, DHHS
- Emergency Management, Tasmanian Health Service
- Clinical/ Medical Services, Tasmanian Health Service
- Nursing Services, Tasmanian Health Service
- GP Liaison Officer, Tasmanian Health Service
- Office for Security and Emergency Management, Department of Premier and Cabinet
- Department of Police and Emergency Management, including the State Emergency Service
- Local Government Association of Tasmania
- Primary Health Tasmania
- Red Cross Australia.

10. Resources Required

Exercise *Talune 2016* will be held at the Hobart Function Centre.

The following resources will be required:

- laptop, projector, screen and whiteboards
- large table to seat all players, with a row of seats behind the table, for active observers and evaluators, and a second row of seats behind the first row or at the back of the room for non-active observers
- a single break-out room (to be confirmed)
- Exercise documents
- Exercise supporting documents, including THAPPI 2016, the Australian Health Management Plan for Pandemic Influenza, the Tasmanian Public Health Emergencies Management Plan and the Tasmanian Emergency Management Plan.

Additional required resources will be identified through the planning process.

11. Proposed Budget

A budget of \$5,000 has been allocated to Exercise *Talune 2016*, through the Building Community Emergency Capability project.

Significant costs will include venue hire, catering, travel and potential reimbursement of individuals with specialist expertise.

12. Evaluation Strategy and Reporting Schedule

Exercise *Talune 2016* will be evaluated using the draft Tasmanian Exercise Framework Evaluation Methodology as a guide, by the identified Exercise Evaluators. The evaluation team will be responsible for planning, conducting and reporting the evaluation, with support from the Exercise Planning Team, in particular the Project Coordinator.

At the completion of the Exercise activities, the Exercise Facilitator will conduct a formal debrief to identify key issues, insights, gaps and potential treatment options. The outcomes of this debrief will feed into the Exercise Evaluation Report.

At the completion of the Exercise activities, an 'Exercise Evaluation Report' will be drafted that will include a summary of key issues/gaps/insights identified during the Exercise. The report will go through a validation/resolution process at an agency level. The final report will be submitted to the Exercise Director and the DHHS representative on the Interagency Exercise Coordination Group for consideration.

Follow-up action will be taken as appropriate in line with the draft Tasmanian Exercise Framework's Evaluation Findings Resolution Process.