

Exercise-In-Confidence

For exercise-use only

Exercise *Talune* 2016

Facilitator's Guide

1 June 2016

I. Schedule Summary

Time	Activity
From 9:30 am	Registration, morning tea
10:00 am	Welcome by Dr Scott McKeown, Exercise Director
10:05 am	Introductions and briefing from Senior Sergeant Andrew Bennett, Exercise Facilitator
10:15 am	General Idea
10:30 am	Special Idea 1
11:10 am	Special Idea 2
11:35	Stretch break / coffee refill
11:40 am	Special Idea 3
12:35 pm	Lunch
1.15 pm	Special Idea 4
2.30 pm	Afternoon Tea
2:45 pm	Debrief
3.20 pm	Completion of Participant Questionnaires
3.30 pm	CLOSE

2. Exercise Aim

The aim of Exercise *Talune 2016* is to:

- practise, explore and validate the pandemic response arrangements described in the Tasmanian Health Action Plan for Pandemic Influenza (THAPPI 2016).

3. Exercise Objectives

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

4. Scope

The Exercise will be conducted as a discussion exercise. No resources will be deployed.

Participants will be provided with detailed information about the event to establish context and status of the exercise scenario.

The exercise will **not** require participants to make enquiries outside the information and documents provided through the exercise.

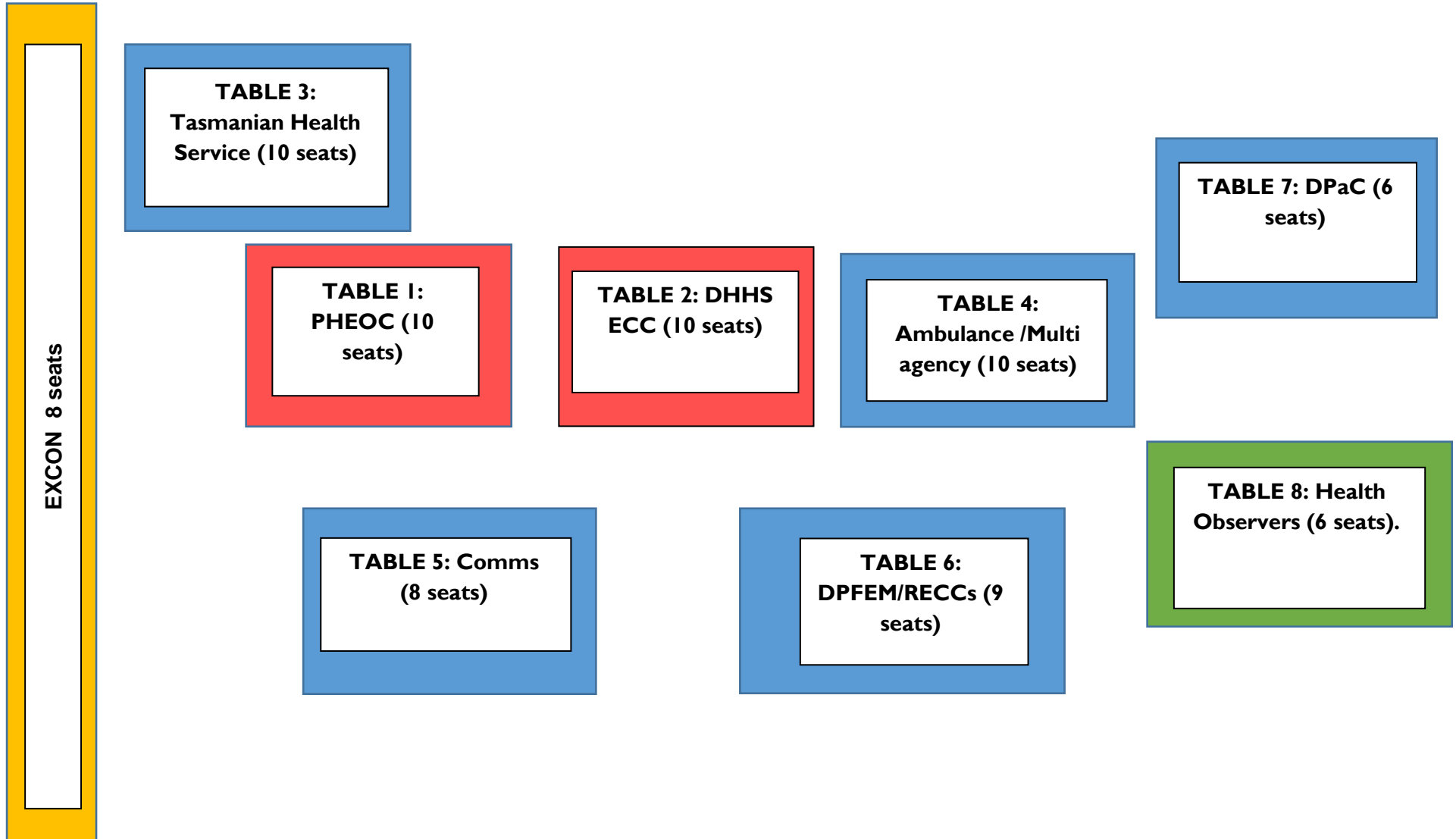
Participants will be instructed to answer questions and contribute to discussions assuming real-time availability of the state's resources, i.e. the resources available on 2 June 2016.

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

- discussion of recovery arrangements
- discussion of antiviral usage and distribution strategy
- discussion of the mass vaccination strategy.

5. **Syndicate Groups and Room Layout** *(names of players deleted)*

6.



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7. Details of Exercise

Item	Time	Synopsis	Notes	Time
#01	9:30	Registration, morning tea		30 min
#02	10:00	Welcome	Dr Scott McKeown Why the exercise is important. Aim and Objectives	5 min
#03	10:05	Participant briefing	<p><i>Thank everyone for attending.</i></p> <p><i>Explain the exercise venue: emergency exits, toilets, continuous tea / coffee.</i></p> <p><i>Brief participants and observers on how the exercise will be facilitated:</i></p> <ul style="list-style-type: none"> • Non-adversarial process, to encourage discussion about pandemic response arrangements in Tasmania • No trick questions, no witch hunt; the exercise evaluation report will not include participant names • Deliberately high level. We encourage individual agencies to run internal discussion exercises to discuss their response arrangements in more detail after today. (If anyone would like electronic copies of the resources used today, please talk with Belinda) • Assume you have the resources that are at your disposal in the real world, today. • The Aim of this exercise is to practise, explore and validate the pandemic response arrangements described in the Tasmanian Health Action Plan for Pandemic Influenza (THAPPI 2016). • Each table has a situation manual on it with useful resources including: <ul style="list-style-type: none"> ○ an abbreviation list ○ the Tasmanian Health Action Plan for Pandemic Influenza ○ the Australian Health Management Plan for Pandemic Influenza 	10 min

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			<ul style="list-style-type: none">• On the EXCON table, there is also<ul style="list-style-type: none">○ the Plan for the Delivery of Integrated Emergency Management within the DHHS and Tasmanian Health Service○ the Tasmanian Public Health Emergencies Management Plan• We have nine tables.<ul style="list-style-type: none">• One is an observer table, and there are also observers on a number of syndicate tables. Observers: you are here to observe not participate in the whole-group or syndicate discussions. Those on the Health Observer table are encouraged to complete the syndicate exercises and record your notes on the butcher's paper. Your notes will be used in the evaluation process.• One table is the EXCON table.• The other tables are syndicate groups.• Table 1 is Public Health Emergency Operations Centre, including Dr Mark Veitch, Acting Director of Public Health.• Table 2 is the DHHS ECC• Table 3 is the Tasmanian Health Service• Table 4 is Ambulance Tasmania, Tas Water, Tas Networks, Red Cross Australia and the Council of Churches• Table 5 is Communications• Table 6 is Regional Emergency Management Committees (DPFEM/LGAT, local council)• Table 7 is DPaC• On each syndicate table, there is an Evaluation Assistant – please put your hands up. They will not provide input to the discussion or be scribes. They are there to record their observations of the day.• There are also three evaluators here – Dr Peter Renshaw, Senior Sergeant Heath Collidge and David Coleman. They will work with the project team to develop an Evaluation Report using observations of	
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			the discussions had today, information recorded on butchers' paper and the participant questionnaire.	
#4		Icebreaker	<u>Man Flu Clip</u>	15 min
#5	10.15	General Idea	BELINDA: Outline the General Idea: Power Point	
#6	10:30	Special Idea I (Standby Stage)	<p>Hand out Special Idea I. Provide 5 minutes for syndicate groups to read and consider this.</p> <p>BELINDA to provide a summary</p> <p>We've got sustained human-to-human transmission of influenza A(H5N1), meaning it's become a new human influenza virus. It's spreading in six countries across two continents: Asia and North America. No cases have been identified in Australia.</p>	5 min
#7	10:35		<p>Questions to Dr Mark Veitch, Director of Public Health</p> <p>I. What are you doing? What are your main priorities?</p> <ul style="list-style-type: none"> • What are the key elements of the response? <i>Surveillance, getting prepared to activate PHEOC and public health measures to minimise the impact of disease, national meetings</i> • Do we have an Incident Controller in Tasmania? <i>Probably not</i> • How is the response being coordinated? <i>Incident management team</i> • What are you communicating to who? <ul style="list-style-type: none"> • <i>information to hospitals and GPs re situation, testing protocols and infection control</i> • <i>information to SEMAG/SEMC re developments</i> • <i>public communications; risk communications</i> 	5 mins

Note: text in red and italics provides an outline of the expected responses.

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#8	10.40	Special Idea 1 (Standby Stage) continued	<p>Syndicate Activity.</p> <p>In your syndicate groups, you have 20 minutes to consider the questions written below Special Idea 1.</p> <ol style="list-style-type: none"> 1. What is your Agency/Unit's priorities in responding to the emerging threat? 2. What information does your Agency/Unit need and how would you expect to receive it? <p>Nominate a scribe to record information, and use the butcher's paper marked <i>Special Idea 1</i>.</p>	20 min
#9	11:00		Syndicates report back: What are your main points to report back? (1 minute each)	10 mins
#10	11:10	Special Idea 2 Initial Action, No cases in Tasmania	<p>Hand out Special Idea 2. Provide 2 minutes for syndicate groups to read and consider this.</p> <p>BELINDA to provide a summary</p> <p>Our first cases are confirmed in Australia but none have been identified in Tasmania.</p>	3 min

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#11	11:13	Special Idea 2 Cont Initial Action, No cases in Tasmania	Questions to Dr Mark Veitch, Director of Public Health I. What are you doing now? What would be your priorities? (surveillance to identify cases) <ul style="list-style-type: none"> • Do we have an Incident Controller in Tasmania? <i>Yes</i> • What level of emergency response are we in? <i>Level 1</i> • How is the response being coordinated? <i>PHEOC, Incident Action Plan</i> 	7 min
#12	11:20		Whole group discussion I. Is anyone else doing anything different at this stage in response to the emerging threat? <ul style="list-style-type: none"> • What is the THS doing? <i>Preparing for cases, ensuring sufficient stock of PPE, surveillance</i> • What's happening in Pathology <i>lots of testing</i> • What is Primary Health Tasmania doing? <i>supporting information distribution to primary health</i> • Who is managing public communications? What would your priorities be? <i>Activate Health Emergency Communications Team, TasAlert, TEIS, media, social media)</i> • What are you doing with your business continuity plans? <i>Reviewing plans ready for activation)</i> 	15 min
#13	11:35	Stretch break /coffee refill		5 mins

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#14	11:40	Special Idea 3 Initial Action, Cases in Tasmania	<p>Hand out Special Idea 3. Provide 5 minutes for syndicate groups to read and consider this.</p> <p>BELINDA to provide a summary</p> <p>We have our first 100 confirmed cases in Australia, including 12 confirmed cases in Tasmania.</p>	5 min
#15	11:45		<p>Questions to Dr Mark Veitch, Director of Public Health</p> <p>1. As chair of the Communicable Diseases Network of Australia, how are you spending your day? What are the main public health actions you'd be undertaking? <i>Surveillance, gathering information to feed into national discussions, potentially contact tracing and contact management if warranted, advice to health care workers re case management and infection control, preparing to activate the DHHS ECC, ensuring adequate stockpiles.</i></p> <ul style="list-style-type: none"> • What level of health emergency response are we in? <i>probably Level 1, only one case in hospital in Tas so little need for the DHHS ECC</i> • How is the response being coordinated? <i>PHEOC</i> • Is Tasmania participating in the national <i>First Few Hundred study? (should be)</i> What would that involve? <i>(interviewing GPs, health care workers re cases)</i> • Have you got enough staff? If not, what are you doing to get more staff? <i>Likely to need staff from across public health services and potentially DHHS. May need some staff through DPaC's interoperability arrangements to staff administrative positions in PHEOC</i> 	10 min
#16	11:55		<p>Syndicate Activity</p> <p>In your syndicate groups, you have 20 minutes to consider the questions written on the page describing Special Idea 3. These questions vary slightly from syndicate to syndicate. Out of scope: strategies for antiviral distribution, prescribing and dispensing</p> <p>Use the Butchers' paper marked <i>Special Idea 3</i>.</p> <p>Nominate a spokesperson.</p>	20 min
#17	12:15		<p>Report back key points only, 2–3 minutes per syndicate/agency</p>	20 min

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#18	12:35	Lunch		40 min
#19	1:15	Special Idea 4: Targeted Action	Hand out Special Idea 4. Provide 5 minutes for groups to read and consider this. BELINDA to provide a summary It's been going for a month and we have widespread illness in Tasmania, and hospitalisation and death rates slightly higher than nationally. It is estimated about 10% of the population have had or currently have an ILI, and the number of current cases is expected to rise over the next two weeks then start to fall until the next wave of illness arrives. Most people have mild to moderate illness. 187 people have been admitted to hospital in Tasmania, most have been discharged within 72 hours. There have been 2 deaths in Tasmania: the 32-year old pregnant woman who had been in ICU and a 3-year old girl. Vaccine is not expected to be available until mid to late October.	5 min
#20	1:20		Questions to Dr Mark Veitch <i>1. What's change with the response? Tailoring response to meet the needs, according to level of risk</i> <ul style="list-style-type: none"> • Is there anything you've stopped doing? <i>Would have stopped contact tracing, home quarantine and home isolation (although would encourage people to stay home if ill), would be doing less testing, First Few Hundred study finished</i> • What level of emergency response are we in? <i>Level 2</i> • How are you coordinating the response? <i>DHHS ECC and PHEOC (move tables!)</i> • What are your priorities/ key elements of your response?? <i>Public and stakeholder communications, surveillance to help detect any further changes in the way the virus behaves and monitor overall influenza activity, supporting case management including potential establishment of flu services by the THS</i> 	10 min
#21	1:30		Syndicate Activity In your syndicate groups, you have 30 minutes to consider: <ol style="list-style-type: none"> 1. What are your pandemic response arrangements? (What are you doing/how) 2. How are you managing the impact on your services? There are some additional prompt questions for each syndicate written on the page describing Special Idea 4.	30 min

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			Out of scope: strategies for antiviral distribution, prescribing and dispensing	
			Nominate a spokesperson, preferably one of the identified players.	
#22	2.00		Report back key points: 3 minutes per syndicate/agency, questions, open discussion	30 min
#23	2.30	Afternoon tea		15 min

#24	2:45	Debrief	In your syndicates, you have 15 minutes to discuss: 1. What are the three pandemic preparedness priorities for your Agency or business unit, for 2016–17? 2. What lessons you will take back to your workplace/agency from today? Use the Butchers' paper marked <i>Debrief</i> .	15 min
#25	3.00		Report back 2–3 minutes per syndicate	20 min

#26	3:20	Dr Scott McKeown Closing comments; Completion of Participant Questionnaires		10 min
#27	3.30	CLOSE		

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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.

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.