prepare
for pandemic influenza

Exercise-in-Confidence

Exercise Use Only

Exercise *Talune 2016*

Participant Handbook

2 June 2016

Department of Health and Human Services

Tasmanian Government

Document Handling Instructions

The purpose of this handbook is to provide an overview of the multi-agency discussion exercise *Talune 2016,* to help participants prepare for and participate in the exercise.

This document contains information that is for exercise use only and not for public distribution. This document is classified Exercise-in-Confidence and must be handled in accordance with that classification under the Tasmanian Government Information Security Classification Policy. Participants are requested to protect this document from public distribution.

Exercise *Talune 2016* was developed by representatives from the Department of Health and Human Services (Public Health Services) with assistance from the Department of Police and Emergency Management and the Tasmanian Health Service.

Please direct enquiries on any aspect of the exercise or this handbook to:

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About the Exercise Name

Exercise *Talune 2016* is named after SS Talune; a steam ship built in 1890 and initially operated by the Tasmanian Steam Navigation Company. In 1918, the SS Talune took the deadly Spanish Flu (pandemic) virus from New Zealand to islands in the Pacific then under New Zealand's administration.

At the time of the ship's departure from Auckland to the Pacific Islands, Spanish Flu was spreading rapidly in New Zealand and causing many deaths. Before the ship departed, two crew members reported sick and were sent ashore. By the time the ship reached Fiji, several more had influenza. Local passengers without signs of illness were allowed ashore while the ship stayed in quarantine, and about 90 Fijian labourers were taken on board.

When the ship reached Samoa a few days later, most of the Fijian labourers were ill. Eight weeks later, at least 7,500 Samoan people had died from influenza. The final death toll for Western Samoa is estimated to be about 22 per cent of the population.

The impact on Western Samoa was particularly poignant in view of the success of American authorities in preventing Spanish Flu gaining a foothold in nearby islands under American administration.

Contents

Summary

Title:	Exercise *Talune 2016*
Lead Agency:	Department of Health and Human Services (DHHS)
Sponsor:	Secretary, DHHS
Exercise Director:	Dr Scott McKeown, DHHS
Exercise Facilitator:	Senior Sergeant Andrew Bennett, Department of Police, Fire and Emergency Management (DPFEM)
Exercise Evaluators:	Sergeant Heath Collidge, DPFEM
	David Coleman, DHHS
	Dr Peter Renshaw, Tasmanian Health Service (THS)
Exercise Control:	Leanne Cleaver and Belinda Fenney-Walch, DHHS
Date:	2 June 2016, 9:30 am – 3:30 pm
Venue:	The Sovereign Room, Hobart Function and Conference Centre, 1 Elizabeth St, Hobart.

1. Administration and Logistics

Exercise date and time

Exercise *Talune 2016* is a multi-agency pandemic influenza discussion exercise to be held on 2 June 2016.

Registration and morning tea will commence at 09:30 am for a prompt 10:00 am start to the Exercise.

The exercise will conclude at 3:30 pm.

The Exercise Schedule is in Section 4 of this document.

Location

The exercise will be conducted in the Sovereign Room, Hobart Function and Conference Centre, 1 Elizabeth St, Hobart.

Catering

Morning tea, lunch and afternoon tea will be provided.

Tea, coffee and water will be provided and available throughout the exercise.

No Duff

Any information about authentic injuries or incidents must be prefixed by the word 'No Duff'. Should such an incident occur, the exercise controller may pause or stop the exercise to manage the real event.

Dress code

Participants should wear their normal work attire.

Identification badges will be issued.

Point of Contact

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2. Background

Through a grant from the Natural Disaster Resilience Program, the Department of Health and Human Services (DHHS) is undertaking the Building Community Emergency Capacity and Capability Project. Exercise *Talune 2016* will be a major output of this project along with the *Tasmanian Health Action Plan for Pandemic Influenza* 2016 (THAPPI 2016) and Tasmania's Health Emergency Communication Guidelines.

Exercise *Talune 2016* is important because:

1. Pandemic exercises and staff training were identified as treatment options through the 2016 Tasmanian State Natural Disaster Risk Assessment project.
2. Health and human services across Tasmania have been restructured since the 2009 H1N1 pandemic, the most recent pandemic event.
3. The arrangements described in THAPPI 2016 are significantly different to those used in 2009.
4. DHHS, the Response Management Authority (RMA) for pandemic influenza, gets few opportunities to activate emergency plans for incidents for which it is the RMA.
5. Pandemic planning and preparedness is complex in that:
    - it involves many stakeholders and is based on many assumptions
    - the response differs from the response to other hazards because a pandemic generally has far more widespread impact and the response is generally of a longer duration.

2.1. Exercise Governance

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

The **Exercise Director** is Dr Scott McKeown, Public Health Physician, DHHS. The Exercise Director will be the ultimate decision maker if there is disagreement about the exercise scenario, style, rules or activities.

The **Exercise Facilitator** is Senior Sergeant Andrew Bennett, DPFEM

The **Exercise Controller** is Leanne Cleaver, Senior Adviser, DHHS

The **Deputy Exercise Controller** is Belinda Fenney-Walch, Project Coordinator, DHHS

The **Exercise Evaluators are**:

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

2.2. Exercise Aim and Objectives

The aim of Exercise *Talune 2016* is to practise, explore and validate the pandemic response arrangements described in THAPPI 2016.

The objectives and sub-objectives of Exercise *Talune 2016* are listed in Table 1.

Table 1: Exercise *Talune 2016* Objectives and sub-objectives

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

2.3. Exercise Style

Exercise *Talune 2016* will be a facilitated multi-agency discussion exercise focussed on Tasmania's planned response to pandemic influenza within the broad emergency management framework, as outlined in the THAPPI 2016.

Exercise *Talune 2016* is designed to encourage exploration of and discussion about pandemic response arrangements in Tasmania. There will be no trick questions and the exercise is designed to reflect a 'likely' pandemic scenario. The exercise evaluation report will not include participant names.

The Exercise will involve whole-group discussion (involving all players) and syndicate-group discussion (involving players and advisers).

Participants will be seated in syndicate groups to facilitate small-group discussion.

Being a multi-agency exercise, whole-group discussion will be kept at a relatively 'high level'. Individual agencies can use the exercise to explore their agency/unit's response arrangements in more detail during syndicate group discussion.

Participating agencies are encouraged to use the exercise scenario and documents for subsequent internal discussion exercises after 2 June 2016.

2.4. Participant Guidelines

This exercise will be held in an open, low-stress, no-fault environment. It will not test individual participants or agencies.

Varying viewpoints, even disagreements, are expected, and assumptions will be necessary to complete play in the time allotted.

In this exercise, participants should

- use real-world data and their professional judgement in the absence of information provided in the scenario
- assume they have the resources they currently have in 'the real world'
- assume they have sufficient authority to commit their agency to the decisions made during the exercise.

If there is confusion about the exercise scenario, please ask for clarification.

Respond to the scenario using your knowledge of current plans and capabilities and insights derived from your experience and training. Decisions are not precedent-setting and may not reflect your organisation's final position on a given issue.

This exercise is an opportunity to discuss issues and possible treatment options. Suggestions and recommended actions that could improve response efforts will be more valuable than issue identification. Problem-solving should be the focus.

2.5. Scope

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

- pandemic response command, control and coordination arrangements
- likely response strategies and the roles and responsibilities of participating agencies
- methods to engage stakeholders in a coordinated response
- communication arrangements
- the use of 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:

- activation of response arrangements
- discussion of recovery arrangements
- discussion of antiviral distribution and dispensing strategies
- discussion of the mass vaccination strategy
- liaison with stakeholders not participating in the exercise.

2.6. Exercise References

Each syndicate will have a situation manual with useful resources including:

- this participant handbook
- an abbreviation list
- THAPPI 2016
- the Australian Health Management Plan for Pandemic Influenza 2014
- the Tasmanian Emergency Management Plan

Copies of the following documents will also be available:

- *Plan for the Delivery of Integrated Emergency Management within the DHHS and Tasmanian Health Organisations, 2013*
- the Tasmanian State Special Emergency Management Plan: *Tasmanian Public Health Emergencies Management Plan 2014* (DHHS 2014)
- *Draft Health Emergency Communication Arrangements* (DHHS 2016).

3. Participants

3.1. Participating Agencies and Organisations

Participating agencies and organisations are:

- the DHHS:
  - Public Health Services (PHS)
  - Ambulance Tasmania
  - Policy, Purchasing and Performance
  - Communications Services
  - Corporate, Policy and Regulatory Services
- the THS
- Primary Health Tasmania
- the DPFEM
- the Department of Premier and Cabinet (DPaC)
- the Local Government Association of Tasmania (LGAT)
- Red Cross Australia
- TasNetworks
- TasWater
- Council of Churches

3.2. Participants

Participants will include players, advisers and observers.

Players are mid- to senior-level staff members who can effectively represent their agency's interests in a multi-agency emergency response and use the exercise experience to support pandemic preparedness within their agency. Players will have a basic understanding of THAPPI 2016 and other documents relevant to their emergency response role.

Advisers are staff with specialist expertise or knowledge who will support the development of players' responses within their syndicate groups, by asking relevant questions or providing subject matter expertise. Advisers will not participate in whole-group discussion but will participate in syndicate discussions.

Observers will not directly participate in the exercise, other than by providing input through the Participant Feedback Form. Observers are encouraged to use the time to familiarise themselves with key documents and consider their Agency's pandemic preparedness priorities.

3.3. Syndicates

Players and advisers (and some observers) will be allocated to one of seven syndicates.

1. Public Health Emergency Operations Centre (PHEOC)
2. DHHS Emergency Coordination Centres (ECC) and Primary Health
3. THS
4. Ambulance Tasmania and Multi-Agency
5. Communications
6. DPFEM / Regional Emergency Coordination Centres
7. DPaC

The players in each syndicate group are shown in Table 2 below.

Table 2: Players and their syndicate groups

Name	Position	Syndicate Group
	Director of Public Health, PHS, DHHS	PHEOC and DHHS ECC
(*Names deleted*)	Specialist Medical Advisor, PHS, DHHS	PHEOC
	Chief Executive Officer, PHS, DHHS	PHEOC
	Manager Communicable Disease Prevention Unit, DHHS	PHEOC
	Medical Director, General Practice and Primary Care, DHHS	DHHS ECC/Primary Health
	Manager Emergency Preparedness / Medical Workforce, DHHS	DHHS ECC/Primary Health
	Director, Population Health Programs, Primary Health Tasmania	DHHS ECC/Primary Health
	Manager Clinical Services, Ambulance Tasmania, DHHS	Ambulance Tasmania
	Manager Communications, DHHS	Communications
	Staff Specialist, Microbiology, Pathology, THS	THS
	Regional Health Commander, THS	THS
	GP Liaison Officer, THS	THS
	Regional Controller (South), Tasmania Police, DPFEM	DPFEM
	Acting Regional Manager, SES South, DPFEM	DPFEM
	Director, Office of Security & Emergency Management, DPaC	DPaC
	Senior Policy Officer, LGAT	DPFEM
	Manager Emergency Services –Tasmania, Red Cross Australia	Multi-agency

4. Exercise Schedule

Table 3: Exercise Schedule

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	**Stretch Break**
10:35 am	Special Idea 1
11:05 am	**Stretch Break**
11:10 am	Special Idea 2
11:30 am	Special Idea 3
12:30 pm	**Lunch**
1.00 pm	Special Idea 4
2.20 pm	**Afternoon tea**
2:30 pm	Debrief and identification of three priority areas for further work
3.25 pm	Completion of feedback forms
3.30 pm	**CLOSE**

5. Exercise Evaluation

Evaluation of the exercise will be based on the exercise objectives.

Information recorded will be used to evaluate the exercise and compile the final exercise evaluation report that will include a summary of any key issues, gaps and insights.

Information will be recorded through:

- evaluators and evaluation assistants capturing outcomes from discussions and the exercise debrief
- a participant questionnaire, to be completed by players, advisers and observers before the end of the exercise
- notes recorded by each syndicate group on butchers' paper throughout the exercise.

Evaluators will be responsible for observing and recording their observations and points of discussion from whole-group and syndicate group discussions. Evaluators will move freely around the room.

Evaluators will also provide support and guidance to the evaluation assistants. To facilitate this, each evaluator has been assigned particular syndicate groups to focus on.

Evaluation assistants will be responsible for observing and recording their observations of and points of discussion from their allocated syndicate group, in liaison with the relevant evaluator.

Evaluators and Evaluation Assistants will not provide input to the exercise.

Table 4 lists the evaluators and evaluation assistants and the syndicate group/s they are assigned to.

Table 4: Syndicates, evaluation assistants and evaluators

Syndicate	Evaluation Assistant	Evaluator
PHEOC	*(Names deleted)*	David Coleman
DHHS ECC and Primary Health		
Tasmanian Health Service		Dr Peter Renshaw
Ambulance Tasmania		
Communications		Sergeant Health Collidge
Police, Fire and Emergency Management		
Multi-agency		

6. General Idea

Avian influenza A(H5N1) was first known to infect humans in 1997. Since then, human infections have been rare. Since 2003, there have been 850 human cases across 16 countries, with 449 deaths. The case fatality rate is 53 per cent.

The vast majority of people infected with the avian influenza A(H5N1) virus have had recent contact with infected poultry. There have been five cases of the virus spreading from person-to-person within households. There is no epidemiological or virological evidence that H5N1 has acquired the ability to spread easily between people.

The avian influenza A(H5N1) virus has raised global public health concerns because of its potential to cause illness and deaths in people, and because of its pandemic potential. If the virus mutates into a form that can spread easily among humans, it could trigger a pandemic.

The World Health Organization (WHO) monitors avian influenza, including A(H5N1) very closely, and adjusts guidelines in collaboration with partner agencies including animal health agencies, as the situation evolves and information becomes available.

Under *International Health Regulations 2005*, WHO Member States are required to report information on every case of H5N1 human infection (or novel influenza virus infection) to the WHO.

Avian Influenza A(H5N1) Facts at a Glance

- 850 human cases across 16 countries, since 2003
- 449 human deaths
- Human case fatality rate = 53%
- Does not spread easily between humans
- 5 cases of human-to-human infection within households.

The situation in Australia

There have been no reported infections with H5N1 in Australia.

The Australian Government coordinates national pandemic measures and supports the health response in jurisdictions if jurisdictional capacity is overwhelmed. The Australian Health Protection Principal Committee is the key national policy and coordinating body, and is supported by:

- the Communicable Diseases Network of Australia (CDNA)
- the Public Health Laboratory Network
- the National Health Emergency Management Standing Committee.

The health sector's preparedness for and response to pandemic influenza is guided by the Australian Health Management Plan for Pandemic Influenza 2014.

Australian Pandemic Stages

Australian pandemic planning is structured around the six pandemic stages, as described in Table 5.

Table 5: Australian pandemic stages

Australian Pandemic Stage	Description of stage
1. **Prevention and Mitigation, and Preparedness**	No novel strain detected (or emerging strain under investigation by the WHO)
2. **Response – *Standby*:**	Sustained person-to-person transmission overseas; no cases detected in Australia (note, this stage may be very short)
3. **Response – *Initial Action***:	The early stages of a pandemic in Australia; cases detected but information about the disease in the Australian context is scarce making it difficult to predict the level of impact and tailor the response accordingly
4. **Response – *Targeted Action***:	When enough is known about the disease in the Australian context to tailor measures to specific needs; in the *Targeted Action* stage, all nationally-recommended health response activities will be reviewed by the Department of Health in liaison with expert committees; any that fail to demonstrate effectiveness and efficiency proportionate to the level of risk will cease.
5. Response – Stand-down	The public health threat can be managed within normal arrangements.
6. Recovery	

Different activities are recommended for each stage, and may be implemented differently and at different times across Australia according to local circumstances.

The Situation in Tasmania

Under the Tasmanian Emergency Management Plan (TEMP), DHHS (through Public Health Services) is the Prevention and Mitigation Management Authority and the Response Management Authority for pandemic influenza.

The health response is guided by the Tasmanian Health Action Plan for Pandemic Influenza (DHHS, 2016) and the *Tasmanian Public Health Emergencies Management Plan (DHHS 2014)*.

Tasmania's whole-of-government response is guided by the State Special Emergency Management Plan: *Human Influenza Pandemic Emergencies* (due for review).

7. Pandemic Stages and Emergency Response Levels

Table 6 is an extract from THAPPI 2016

Table 6 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
Response: *Standby* Sustained person-to-person transmission overseas; no cases detected in Australia.	***Standby*** • Medium impact on PHS (surveillance, communications and preparedness activities) • Low impact on health services broadly.	Not required.	PHS Incident Management Team.
Response: Action *Initial Action* – 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 *Targeted Action* – cases detected in Australia; enough is known about the disease in the Australian context to tailor measures to specific needs.	***Level 1* Response** • 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.
	***Level 2* Response** • 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 • PHEOC • THS EOCs • Ambulance Tasmania EOC.
	***Level 3* Response** • 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 • DHHS ECC • PHEOC • THS EOCs • Ambulance Tasmania EOC • Regional ECCs.
Response: Stand-down	***Stand-down:*** Public health threat can be managed within standard arrangements.	Not required.	PHS Incident Management Team.

8. 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.

Exercise use only

PARTICIPANT NOTES