

Pandemic Preparedness Plan Exercise Program

Module 5: Maintaining essential services

Introduction

The purpose of this tabletop exercise is to test through a facilitated discussion the coordination and awareness of plans and procedures related to the nation's planned response to pandemic influenza through the involvement of the agencies involved in the planned response to a pandemic.

These tabletop exercise materials are part of a series provided by WHO based on the WHO checklist for influenza pandemic preparedness planning¹. The materials in this module are designed to test elements of preparedness outlined in section 5 of the Checklist- Maintaining essential services.

These materials include a definition of the scope of the exercise, objectives the scenarios to be acted upon, questions for the controller/facilitator to pose and a general description of the actions expected as a result of those questions. The players in the exercise should only be given the scenario on the day of the exercise.

A tabletop exercise, while simulating an emergency situation, is a discussion guided by the exercise controller. There are no "real" actions carried out during the exercise. Players explain and discuss among the group how they would react to the scenario, but do not actually execute those actions.

There are no right or wrong responses during the exercise. There are no consequences for exploring alternative solutions as part of the discussion. The success of a tabletop exercise is determined by the full and honest participation of the players and the impact the lessons learnt during the exercise have on the revision and enhancement of plans, policies and procedures.

It is not unusual during the course of a tabletop exercise discussion to learn that important policies or procedures are not clearly defined, not familiar to all those involved, or simply less efficient than a procedure used by a different group. Events such as this should not be seen as a failure of any particular agency or group, but an opportunity for all involved to learn from the strengths of others.

The virus in the exercise is (A) HxNy.

Scope

As it is impossible to test all elements of any plan under all circumstances in a single exercise, the scope of these exercise materials is to facilitate an exercise based on the following:

Type of emergency: Pandemic Influenza

Location: Within the exercising Member State's borders.

Functions: Strategies for maintaining essential health and other services during pandemic alert and pandemic periods.

Participants: Focal points or decision makers from all entities involved in the provision of public health services and other services as deemed essential in the country. These participants may include but are not limited to regional and district health managers, health care worker union or labour representatives, non-governmental organizations, community leaders, community organizations, representatives from designated core services such as electricity, water and transport and representatives from other service sectors designated as essential to the functioning of the country.

Exercise Type: Tabletop exercise

¹ http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/

Objectives

The main objectives of this exercise are:

1. To evaluate the capacity to ensure access to and functioning of health care service facilities to both influenza patients and non-influenza patients..
2. To assess policies and procedures to protect and ensure the availability of health care workers.
3. To evaluate capacity to maintain and distribute health care supplies.
4. To evaluate capacity to deal with excess mortality.
5. To assess the capacity to continue to provide essential services.

Scenario A

The WHO pandemic alert phase has just been raised to 4. Clusters of human cases of infection with influenza A (HxNy) are showing evidences of increasing human-to-human transmissibility in two countries in your region. Outbreaks of HxNy continue in wild fowl and domestic poultry in your country and have also been reported in both pigs and domestic cats. No human cases of infection have yet been reported in your country.

The period for seasonal influenza is about to begin.

Scenario B

The WHO declared an influenza pandemic. Your country, as well as all of those in the region, are being hit. It is estimated that approximately 20% of the population of your country has already be ill with a fatality rate of 5%, with most fatalities in the 18-35 year old group. The percentage of population which has been infected without shown clinical signs is unknown.

Productivity has dropped across all sectors. Fuel costs are rising due to limited supplies. Absenteeism is heavy across all sectors. Many public sector employees with a high contact rate with the public are afraid of becoming infected.

Transport workers feel under threat of hijacking due to shortages of food, fuel and other supplies and are threatening to walk off the job.

Absenteeism among health care workers, as in other industries, is roughly 15%, with a combination of sick workers and workers who are staying home to care for sick family members.

For facilitators and evaluators

The following questions can be used to guide the discussions. Questions are divided by scenario, as different strategies may be in place for different Pandemic Alert levels, and by objective. An expected result is given to assist evaluators in assessing the response.

Scenario A

To evaluate the capacity to ensure access to and functioning of health care service facilities to both influenza patients and non-influenza patients.

- What effect will the elevation of the pandemic alert phase to 4 have on the triage and patient flow process?
A phase-related plan should be in place for triage of suspected cases. This can include the designation of specific clinics or hospitals to triage those with influenza like illnesses.
- What role, if any, will volunteers have in the provision of health care services at this phase?
Roles where volunteers could assist in the provision of health care services should be examined at each phase. At phase 4 and 5, it may be advisable to begin recruiting and training volunteers in order to have surge capacity if/when the alert phase is raised again.

To assess policies and procedures to protect and ensure the availability of health care workers.

- Infection control policies and processes will be put in place when dealing with patients?
During this phase, heightened awareness and more extensive use of protective equipment may be warranted according to the national plan.

To evaluate capacity to maintain and distribute health care supplies.

- What actions will be triggered by the elevation of the pandemic alert phase in regard to the movement and stockpiling of supplies and medication?
Phase-specific plans should exist for deployment of essential equipment (PPE, ventilators, etc.) and medicines. The logistics of storage and delivery of antivirals (security, transport), if part of the national plan, should be part of the response.

To evaluate capacity to deal with excess mortality.

- Even limited outbreaks can put a stress on the capacity to deal with excess mortality. What measures are in place to deal with a possible increase in mortality?
Provision for the safe storage and handling of corpses should be in place. It should be taken into consideration that additional storage and/or processing space may be required, including refrigeration facilities. Religious and cultural beliefs need to be taken into consideration when mandating procedures with the dead.

To assess the capacity to continue to provide essential services.

- What action would be taken at this phase on the staffing of other essential services?
If not already existing, an inventory should exist of other non-healthcare essential community services, and of the corresponding personnel levels at which reduction would pose a serious threat to public safety, or would significantly interfere with the response to a pandemic. The staff in these sectors should be targeted for preventive measure, enhanced surveillance and/or priority vaccination, including seasonal influenza vaccine.

Scenario A (continued)

- Is there a plan for sourcing additional staff for non-healthcare essential services?
Arrangements with labour organizations and professional unions may be required in order to implement the sourcing of staff to essential services from outside the profession. Begin discussions with these groups in advance of a pandemic.

Scenario B

To evaluate the capacity to ensure access to and functioning of health care service facilities to both influenza patients and non-influenza patients.

- Will influenza patients be treated at standard health care facilities or will certain facilities be designated for influenza treatment?
Creation of specific influenza facilities should be considered.
- Where might these facilities be located?
While health care facilities can be designated as influenza treatment facilities, many different areas can be turned in to treatment centers. For example, schools, community centers, sport complexes, etc.

To assess policies and procedures to protect and ensure the availability of health care workers.

- What measures will be taken to protect health care workers when caring for infected or suspect patients?
Adequate infection control procedures, including those governing the use of protective equipment should be followed. If antiviral usage for at risk workers is part of the national plan, procedures for distribution and monitoring of efficacy, resistance and adverse reactions should be in place. Psychosocial support for healthcare workers should also be provided to help them deal with the stressful conditions and high mortality rates.
- What role will volunteers play in the provision of health care?
Consideration to the role that can be played by volunteers should be given in advance of this stage of the pandemic including provisions for training and psychosocial support of volunteers. Communication with likely sources of volunteers such as the Red Cross, and other community organizations can facilitate a process to provide volunteers.

To evaluate capacity to maintain and distribute health care supplies.

- The transportation and manufacturing sectors will be effected by the same staff shortages as other industries. How will the health care sector deal with maintaining adequate stocks of supplies when deliveries may be curtailed?
Plans for maintaining stocks must be in place at the local level. During a pandemic the national government will not be able to meet the demands of the entire healthcare sector for provisioning.

To evaluate capacity to deal with excess mortality.

- Morgues and mortuaries could become overwhelmed with the additional workload. How will the increased mortality be dealt with?
Provision for the safe storage and handling of corpses should be in place. It should be taken into consideration that additional storage and/or processing space may be required, including refrigeration facilities. Religious and cultural beliefs need to taken into consideration when mandating procedures with the dead.
- What about dead for whom no next of kin can be reached?
With high levels of infection and mortality, there is a potential that bodies may go unclaimed from morgues and mortuaries. Methods for tracking the identity and location of the unclaimed dead should be in place in the event relatives come forward later.

Scenario B (continued)

To assess the capacity to continue to provide essential services.

- What measures will taken to ensure staffing in essential services besides healthcare?
Of paramount importance is the determination of exactly which services are essential to community safety and welfare. Following the designation of which services are essential, sources of additional personnel must be identified. These personnel could be sourced from the military, retirees, or volunteers. Identify personnel who may be available to assist in an essential non-healthcare role with maintenance of essential services during a pandemic. Replacement personnel could be sourced from the military, retirees employed in other areas, or voluntary organizations.