

Influenza Pandemic Scenario-based Group Exercise

Group Questions

Crisis & Risk Communication

Module I – “It’s There”

1. How do you overcome the media’s focus on flu outbreaks in other countries and still get key messages to the public? Either through new and creative use of mass media, public events, or communication with people in your regular practice setting?
2. What communications mechanisms would be the most beneficial for the different populations or communities you regularly serve? (E.g., mainstream, immigrant, children, elderly, hard of hearing, etc.)
3. How would public health authorities and health care planners communicate with health care workers without the benefit of mass media, especially since many are not connected to health information networks?
4. What questions from the public can be anticipated at this time?
5. How do you address unanswerable questions when there are no facts? (e.g., When will the flu hit our town?)

Crisis & Risk Communication

Module II – “It’s Here”

1. In communicating with the public, how do you balance need for increased surveillance, reporting and awareness without alarming the “worried well” who might overwhelm you?
2. Who should be involved in the development of messages for the public?
3. What are the key factors in building trust and credibility with the public at this time?
4. How will you assure effective media relations and help reporters meet their responsibilities?
5. What agencies should be represented at a press release or a public information meeting you are involved in? How do you deal with a situation where a specific agency may not be represented?

Crisis & Risk Communication

Module III – “Breathing Room”

1. What are the key messages to be delivered to the public at this time? To different populations? (E.g., mainstream, immigrant, children, elderly, etc.)
2. Throughout the pandemic, how can you prevent rumors and false information from spreading? What rumors and false information do you expect to circulate?
3. As people are ill and/or dying at home, what will be the concerns of family, roommates, neighbors, and the community that are raised? How will you confront it?
4. How can you ensure that a consistent message is being given to the public? Do you predict problems of consistency between public messages and what you tell members of the community directly in your regular work?
5. What strategies can you employ in your place of work to address public concerns over the flu vaccine? Some fear it, yet some demand it but cannot get it.

Crisis & Risk Communication

Module IV – “It’s Back”

1. Public health and health care agencies are being asked some tough questions: How much longer will it last? Whose fault is it? Is it the government’s fault? Is it the sick people’s fault? Why wasn’t more done to prevent this?
2. What are obstacles to effective communication and how can they be minimized during high stress situations? (Consider both mass communication and one-on-one communication.)
3. What rumors and false information could spread about your community or organization? How can you prevent rumors and false information from spreading?
4. In your community, after so much pandemic, you confront outrage, despondency, and resignation in different amounts. What’s the need to and how do you address this? What are the priorities for communication and education?
5. What will be your greatest risk communication challenge with other agencies, getting them to understand your unique point of view and follow your recommendations? For example, elected officials or law enforcement would be needed to enforce control measures.

Surge Capacity

Module I – “It’s There”

1. What is the impact on your organization of the need for increased surveillance and public education?
2. How can your resources be used creatively to support surveillance and other response efforts?
3. To prepare for possible local outbreaks, what do you want to learn from your counterparts in regions currently experiencing severe outbreaks? (E.g., best practices.)
4. Since previous flu pandemics, the number of people living with little support has increased significantly: 9% of households are single-parent families, and 26% are 1-person households. What special challenges and greater demands does this create for you and your agencies?

Surge Capacity

Module II – “It’s Here”

1. Volunteers come forward in greater number than expected to help your agencies. How will you manage them for this pandemic? How much can you push them or put them at the same risk of exposure or stress as your own staff?
2. What external sources of personnel could you utilize? Possible sources include: neighboring government organizations, private practices, temp agencies, other regions.
3. Around the country, friends and family of the ill and deceased try to find out what’s happening and make arrangements, and the need for communication with other organizations in other regions grows significantly. How might your agency be involved with the surge in communication between this and other regions?
4. How much of your response operations and regular operations rely on the capacity of labs to deal with the massive surge in testing needs? Can you reduce other demands on their resources?

Surge Capacity

Module III – “Breathing Room”

1. With a drop in flu cases and need for investigation, regular needs return in force. What are the greatest concerns? Which do you address most urgently after they had been sidelined for so long?
2. With so many suspect cases, ill, deceased, and recovered, are existing information systems adequate? (To monitor/manage information in your agency and between organizations; including databases, paper systems, etc.)
3. Given current POD planning and experience, and the need for rapid vaccination in this scenario, what problems and solutions can you identify that are likely to arise?

Surge Capacity

Module IV – “It’s Back”

1. At what point will you or your agency say “enough” and refuse to provide care or services?
2. Besides simple factors such as space, equipment, and number of workers, what determines your maximum capacity?
3. If basic factors such as space, equipment, and number of workers are fixed, how could you squeeze out greater productivity or capacity?

Inter-agency Coordination

Module I – “It’s There”

1. In preparation for local outbreaks, what *new* relationships would you need to form immediately?
2. In preparation for local outbreaks, what *existing* relationships would be utilized or would need to be strengthened immediately? (Including relationships with traditionally competitive agencies.)
3. How would you recommend sharing infection control, epidemiological, and other human expertise to serve as trainers for individuals and organizations in need of immediate training?
4. Conflicting guidelines: Different organizations receive guidance and guidelines from different sources, organizations, higher authorities, or professional fields. What are some of these sources? What conflicts are most likely to arise locally as you try to work together?

Inter-agency Coordination

Module II – “It’s Here”

1. As the disease spreads, it requires increased survivor care and medical supplies, but localized shortages occur in regions and organizations. What incentives can be devised to encourage greater communication and sharing in order to save lives? What disincentives arise?
2. What would be some specific benefits of implementing Unified Command for this region’s response?
3. If Unified Command is used for this region’s response, what will be the greatest challenges of doing so?
4. How will you and your organizations interact with other organizations that do not use ICS? Should you?
5. Working with each other and other organizations to respond, what will be the greatest bureaucratic impediments? What bureaucratic processes might continue unnecessarily and cause problems?

Inter-agency Coordination

Module III – “Breathing Room”

1. Your vaccination distribution goes twice as fast as planned. Neighboring Empire County takes twice as long and is expecting numerous outbreaks. You and many coworkers want to help out immediately. What challenges might prevent or delay you from giving assistance?
2. With the strain of overtime, illness, death, and bereavement, it is clear the psychological impact has been great. What resources can you offer, do you need, or can you call upon to ease the strain felt across the medical, public health, and emergency response community?
3. With the need to get to know some organizations to deal with this pandemic, which will have the steepest learning curve for you or your colleagues?
4. Mass vaccination: Given this scenario, what actual plans and experience to date require improvement in regards to coordination with other organizations?
5. Mass vaccination: What private agencies will you most need or want to work with for mass vaccination in this pandemic?

Inter-agency Coordination

Module IV – “It’s Back”

1. To juggle limited resources, even on a daily basis, are current inter-organizational information sharing systems adequate?
2. A neighboring organization begins to feel put upon and unreciprocated. What incentives can be offered to restore necessary trust and collaboration?
3. Authorities and providers may agree that it will be more efficient to designate specific hospitals for treating flu patients. What affect will receiving this designation have on an organization?
4. Throughout the pandemic, how much have you been able to rely on goodwill between organizations to achieve objectives in this mutually bad situation? At what points would it break down and would force of law or politics be necessary?

Resources

Module I – “It’s There”

1. What regular operations and associated resources (human and material), can you reduce use of and redirect to surveillance and education efforts?
2. There is enormous pressure to detect, confirm, and respond to initial local outbreaks to keep the flu pandemic at bay. But at what point should redistribution to flu efforts halt or be scaled back in order to maintain surveillance, reporting, and control of regular diseases?
3. Over-reporting to health departments threatens to lead to massive overtime of staff. With no emergency declared, all funds must come from local and internal sources at the cost of other programs. What will you do to identify this funding?

Resources

Module II – “It’s Here”

1. As the disease spreads and response needs increase, what resources will you run out of the quickest? (Material, financial, human.)
2. Resources and time and energy are growing scarce so all operations are being provided less than adequate allocations (e.g., about 75% of need across the board). Under what circumstances would you make exceptions and allocate full resource levels to certain operations? Or is it safer to say no and not set a precedent?
3. What human resources are your greatest, unique assets that are irreplaceable should they fall ill, die, or take leave to deal with family or friends? Consider individuals’ skills, connections, history, etc.
4. What will be the most critical resource needs in your agency?

Resources

Module III – “Breathing Room”

1. At your local vaccination clinic, only half the expected vaccine arrives. Approximately 1,000 people have been lining up since 5 AM to receive it. How will you prioritize who receives it right now? Consider also that vaccinating elderly patients allows you to get reimbursed from MediCare, bringing in much needed revenue, yet others present are in the recommended priority groups. Yet many may not have proof of their priority status (age, compromised immune status).

Resources

Module IV – “It’s Back”

1. What personnel who would not ordinarily deal with flu outbreaks can be diverted to deal with the pandemic? Are they equipped professionally and personally to deal with it, especially if they act outside their usual roles?
2. With the disease subsiding in your location, a neighboring county sees the impact growing. What challenges would arise if authorities seek to reduce your resources and pre-position them in the neighboring region?
3. Cost effectiveness: What resources (material, human, financial) will cost the most but deliver the least general good. With so many ill or dying, what resources could best be spent helping many rather than a few, even if it’s at the expense of those few?

Operations / Implementation

Module I – “It’s There”

1. What disruptions to regular operations would occur?
2. The SNS: For this scenario, can you delineate when you would make what requests to access the SNS? Construct a local decision model for making a formal request, consider different triggers, such as pre-deployment when there are a certain number of cases in a neighboring area, a certain number of cases here, etc.
3. Conflicting guidelines: With such a new disease strain and outbreak, and with anxiety and tension high, not all experts in the country or even in your organization will agree on control and treatment guidelines. How will you resolve conflicts and decide which to follow? What would be the most likely and problematic guidelines that might conflict?
4. What specific activities would you initiate at this time? (E.g., deal with inventory, staff issues.)

Operations / Implementation

Module II – “It’s Here”

1. Clinicians are rapidly learning and fine-tuning treatment regimens in their own practice. What formal and informal communications networks exist for you to share your successes and seek advice from your peers in similar situations in the area? In other parts of the country? In other countries?
2. Are you prepared to carry out your role in recommending or enforcing quarantine or isolation? What does it mean for you and your organization?
3. What will be the role of your agencies in meeting the needs of people isolated or quarantined at home? (Food, medications, nursing care, etc.)
4. What specific activities would you or your organizations initiate at this time?

Operations / Implementation

Module III – “Breathing Room”

1. In POD operations, security may be a serious concern. Are you prepared to have individuals arrested? What recommendations would you make about the use of force? (To protect property, staff, members of the public, vaccine.)
2. Many information technology and professional services used in hospitals are outsourced to other regions and even other countries (such as database management, radiographic interpretation.) While other regions and countries are suffering heavily from the pandemic, service providers there may reduce their services and increase their costs greatly. What might be the impact on your organizations?
3. Given your organization’s and region’s mass vaccination plans and experience, what plans need to be changed given this scenario?

Operations / Implementation

Module IV – “It’s Back”

1. With 47 deaths in one week at your local hospital, mortuary capacity is exceeded. What are your existing options? And if those are exceeded? Remember that the pandemic has affected other regions as well, so focus on local options.
2. What is the cumulative impact of so much overtime, illness, death, and bereavement on your operations?
3. With impact on people and resources continuing, services must be reduced. From the point of view of your agencies’ critical operations, which services should be reduced because of their lower relevance to pandemic response? (Public safety, education, healthcare, water, transportation, public health, retail.)

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