

Public Health Discussion Guide

For Pandemic Influenza Planning

Prepared for
Healthcare Preparedness Activity
Division of Strategic National Stockpile
Centers for Disease Control and Prevention

By Oak Ridge Institute for Science and Education

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The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy (DOE) institute focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

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OVERVIEW

Planning for an influenza pandemic is an ongoing process involving many individuals from many public health, healthcare, and emergency response agencies at the federal, state, and community levels. It involves continuous research on and incorporation of lessons learned from actual responses to influenza pandemics and other public health emergencies, simulated exercises and drills, and issues identified in facilitated group discussions. This Public Health Discussion Guide focuses on these group discussions.

TARGET AUDIENCE

This discussion is designed for a community public health department, with the focus being on those personnel within the department for whom pandemic influenza preparedness or response planning is a job responsibility.

FOCUS

While the target audience for this guide is public health personnel, the guide focuses on healthcare delivery. In particular, this guide looks at the coordination and interaction between public health and healthcare agencies and providers during an influenza pandemic.

OBJECTIVES

The objectives of this discussion guide are, through group discussion, to:

- Identify issues associated with response capabilities and resource availability of community public health departments to support healthcare agencies and systems in their response to an influenza pandemic
- Develop strategies to address these issues

Flowing from these two objectives is a third objective, which is to incorporate identified strategies into a community public health department's pandemic influenza preparedness or response plans. This objective is to be accomplished outside of the scope of this discussion guide by those who have oversight and management responsibilities for these plans.

HOW TO USE THIS TOOL

This document is an activity-based discussion guide, with that activity being a facilitated discussion of a community's current pandemic influenza planning efforts. The activity is designed for a small participant group (8 to 12 people). Prior to starting the activity, a facilitator should be selected to coordinate and lead the discussion using the pandemic influenza scenario (on page 7) and sets of situation-based questions provided within this guide (on page 9).

Discussion questions are based on situations that are divided into two categories: response capabilities and resource availability. It is recommended that participants review and discuss at least three to four sets of situation-based questions, which should take approximately 45 minutes

to complete. In addition, the facilitator should prioritize the discussion questions according to the group's needs. (It is recommended that at least two sets of questions from the Response Capabilities category and two sets from the Resource Availability category be selected for discussion.)

Please note that:

- The facilitator and participants work through the situations and corresponding sets of questions they *select* for discussion. It is not required to address all of them or to address them in any specific order.
- A note taker should be appointed to record discussions during the activity and, in particular, document any planning or preparation issues that arise from discussions. (These meeting notes are for compiling a meeting report discussed in "Next Steps" on page 23.)
- The time required to complete discussions varies depending on the number of situations that the group *selects* and addresses. The one-hour time frame is only a suggestion.
- More than one session can be scheduled to address additional situations and questions.

The facilitator chooses which of the following options is more appropriate for the group *prior* to the day of the activity. The two options are:

1. Distribute the *selected* situations and corresponding discussion questions to participants one or two weeks beforehand and instruct them to bring their completed responses to the meeting. This option provides participants the opportunity to get a head start on the discussion questions and to delve deeper into the known gaps and issues prior to the meeting.
2. Do not distribute the *selected* situations and corresponding discussion questions to participants prior to the activity. Instead, use the session to identify and assess current gaps in planning. This option may require a follow-up session to complete all discussion questions.

BENEFITS

This guide helps participants identify issues, strengths, and weaknesses associated with response capabilities and resource availability for their public health department when responding to an influenza pandemic. Moreover, it provides insight into the department's response to a public health emergency, including communicating and coordinating with other agencies, departments, or organizations. It also provides a venue for developing strategies to address the issues and weaknesses identified during the activity.

RECORDKEEPING

To maximize the benefits of this discussion guide, follow good recordkeeping practices (e.g., note taking or audio recording) to document the group discussions. While the group discussions themselves are beneficial, the corrective and improvement actions taken as a result of these discussions provide the greater benefit. A detailed record of group discussions leads to a more detailed corrective/improvement action plan. Therefore, it is important to appoint a note taker (or determine another method of recordkeeping) prior to the facilitated discussion activity.

HSEEP

Some communities with larger preparedness goals may take an optional step of ensuring that the facilitated discussions are incorporated into their multi-year training and exercise plans and implemented following the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.

HSEEP is a capabilities- and performance-based exercise program. Its intent is to provide program guidance for a standardized national exercise policy. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization. This program helps organizations obtain objective assessments of their capabilities so that gaps, deficiencies, and vulnerabilities are identified and remedied prior to a real emergency.

To use this Discussion Guide as part of a discussion-based exercise tailored to follow the HSEEP Program guidelines as part of an overall preparedness program, please refer to https://hseep.dhs.gov/pages/1001_About.aspx. This link provides general information concerning HSEEP terminology, methodology, and compliance guidelines.

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FACILITATOR'S GUIDE

There are several tasks the facilitator must complete prior to the group activity, as shown in the checklist below.

Pre-Activity Facilitator Checklist	
Task	Completed?
1. Review this Public Health Discussion Guide.	<input type="checkbox"/> Yes
2. Determine the date, time, and location for the facilitated activity.	<input type="checkbox"/> Yes
3. Identify activity participants.	<input type="checkbox"/> Yes
4. Send invitations to all activity participants.	<input type="checkbox"/> Yes
5. Appoint a note taker to record discussions during the activity and, in particular, document any planning or preparation issues that arise from discussions. (These meeting notes are for compiling a meeting report discussed in "Next Steps" on page 17.)	<input type="checkbox"/> Yes
6. Determine which of the two options for conducting discussion (described on page 2) best fits the group's needs.	<input type="checkbox"/> Yes
7. Prioritize the discussion questions (on page 9 of this guide) according to the group's needs. (It is recommended that at least two sets of questions from the Response Capabilities category and two sets from the Resource Availability category be selected for discussion.)	<input type="checkbox"/> Yes
8. Prepare an attendance sheet, including contact information for all participants.	<input type="checkbox"/> Yes
9. Prepare copies of handouts (the agenda, scenario, and list of questions) for all participants. (If the second option for facilitated discussion is to be used, please provide questions to participants in advance.)	<input type="checkbox"/> Yes
10. Assemble necessary supplies for the activity (e.g., paper, pens, and large index cards).	<input type="checkbox"/> Yes
11. Determine your ground rules for managing the discussion. Examples of ground rules are: <ul style="list-style-type: none"> a. Request participants to avoid crosstalk. b. Set time limits for discussion of each question. c. Request participants to speak in turn only. 	<input type="checkbox"/> Yes

Once these tasks are complete, gather the participants together and facilitate the group activity. As stated in the *Overview* section, this activity should last approximately one hour. To keep to this allotted time, follow the timeframes suggested below.

Suggested Agenda	
Step 1: Opening (5 minutes)	<ul style="list-style-type: none"> • Welcome – Greet all participants. • Introductions – Have the participants introduce themselves to the group. • Overview – Introduce the activity to the participants, including its objectives (on page 1 of this guide). • Ground Rules – Review your ground rules with the participants. • "Housekeeping" – Ask participants to turn off pagers and cell phones. Inform participants of the locations of restrooms and emergency exits. • Appoint a note taker (if not already done). • Questions? – Ask if there are any questions before beginning. Answer them, as appropriate.
Step 2: Scenario Presentation (2 minutes)	<ul style="list-style-type: none"> • Hand out copies of the scenario (from page 7). • Read or choose a group member to read aloud while others follow along. • Ask if there are any questions. Answer them, as appropriate.
Step 3: Facilitated Discussion (40 to 45 minutes)	<ul style="list-style-type: none"> • Present a selected situation and its corresponding questions to the group. • Ask the participants to jot down thoughts or ideas on the situation and corresponding questions on a large index card. Ask them to include any questions they have about the topic. • Lead the group through discussion on the situation and corresponding questions. Encourage them to answer the questions to the best of their ability, identify issues, and offer solutions (strategies) to the issues. • Repeat these steps until all questions are discussed or until the allotted time elapses.
Step 4: Conclusion (5 to 10 minutes)	<ul style="list-style-type: none"> • Remind the participants of the objectives of the activity. • Allow each participant to briefly share thoughts (for example, things they learned) about the activity. • Schedule follow-up activities/meetings, as necessary. • Thank the participants for the attendance and contributions. • Collect index cards and other sources of meeting information.

Following the meeting, the facilitator compiles meeting notes (from the note taker and the index cards) as quickly as feasible and distributes them to all participants.

SCENARIO

Instructions: As we begin our facilitated discussion, please read the following scenario quietly to yourself as it is being narrated to the group. After you finish reading it, please direct any questions to your facilitator.

A novel (i.e., new) influenza virus was recently detected in the United States. Working with several states, the Centers for Disease Control and Prevention (CDC) quickly determined that the virus is spreading from person to person.

Experts state that, from their observations, the virus spreads in the same way that seasonal influenza viruses spread—primarily through the coughs and sneezes of people who are sick with the virus. Similar to seasonal influenza, the virus also may spread by individuals' touching infected objects and then touching their nose, mouth, or eyes.

There is concern that the virus may be more severe than what is usually observed in seasonal influenza. News media outlets are reporting several hospitalized cases in their communities thus far, all with the suspected influenza virus. These hospitalized cases concern medical experts who fear the potential severity of illness that could be observed in populations who do not have immunity to the pandemic virus. Of specific concern would be children <5 years old, seniors ≥65 years, and those who have chronic medical conditions such as asthma.

Through your information sources, you are hearing that CDC is concerned that novel influenza virus infection will continue to spread in the United States for the next six months and CDC is getting ready to activate its Emergency Operations Center (EOC). You also are hearing that the United States Government will shortly declare a public health emergency. News media outlets are also reporting that there are rumors of sustained community outbreaks occurring in other parts of the world and, as a result, the World Health Organization (WHO) will convene next week to discuss whether to raise the worldwide pandemic alert level.

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DISCUSSION QUESTIONS

RESPONSE CAPABILITIES

Note: The term *community* in these questions can mean a community, a city, or a county, depending on your public health department's or agency's jurisdiction.

Situation 1: *The Centers for Disease Control and Prevention (CDC) has activated its Emergency Operations Center (EOC). The United States government has declared a public health emergency. The World Health Organization (WHO) has signaled that a global pandemic of novel influenza virus is underway.*

Questions:

- Does your public health department's pandemic influenza response plan describe ways of responding based on actions taken or information disseminated by CDC, other United States government agencies, or WHO? If so, what responses does your plan prescribe based on actions taken or information disseminated by these entities?
 - Are there other agencies that trigger your responses? If so, identify these agencies. What actions or information triggers your response?
 - Do these responses include communication and coordination with healthcare agencies and providers as well as emergency management agencies? If so, please describe your communication and coordination strategies.
 - If you do not communicate and coordinate with healthcare agencies, providers, and emergency departments, why not? How would your public health department benefit from communicating and coordinating with them? How do you think they would benefit from communicating and coordinating with your department?
-

Situation 2: *Your state/region has not seen any cases of pandemic influenza virus until recently. Now cases are starting to be reported across the state/region.*

Questions:

- Do you conduct surveillance of your community's hospitals and healthcare agencies for cases of the pandemic influenza virus? If so, why and how?
 - Do you conduct surveillance of your community's primary care providers for cases of the pandemic influenza virus? If so, why and how?
 - Do you conduct surveillance of your community's urgent care centers for cases of pandemic influenza virus? If so, why and how?
 - Do you conduct surveillance of your community's long-term care facilities for cases of pandemic influenza virus? If so, why and how?
-

- Do you conduct surveillance of any other healthcare providers in your community for pandemic influenza virus? If so, who are the providers and why and how do you monitor them?
 - If you do not conduct surveillance of any of these healthcare providers, why not? How would your public health department benefit from monitoring them? How would the healthcare providers benefit from being monitored by your department?
-

Situation 3: *Studies have found that the pandemic influenza virus being reported in other parts of your state and neighboring states is highly pathogenic*

Questions:

- How is this information communicated to your public health department? By whom?
 - Do you communicate this information to your community's hospitals or healthcare agencies? If so, how and to whom?
 - Do you communicate this information to your community's primary care providers? If so, how and to whom?
 - Do you communicate this information to your community's urgent care centers? If so, how and to whom?
 - Do you communicate this information to your community's long-term care facilities? If so, how and to whom?
 - Do you communicate this information to other healthcare providers in your community? If so, how and to whom?
 - If you do not communicate this information to any of these healthcare providers, why not? How would your public health department benefit from communicating with them? How would the healthcare providers benefit from your communicating with them?
-

Situation 4: *A highly pathogenic pandemic influenza virus is moving across your region. City and county health departments are declaring public health emergencies.*

Questions:

- Do you communicate this declaration to the healthcare providers (hospitals, primary care, urgent care, long-term care facilities and others) in your community? If so, how?
- How does this declaration impact healthcare delivery in your community? What changes in the day-to-day routine do you expect these healthcare providers to make? Why?

- What are the legal ramifications of this declaration on healthcare delivery in your community?
-

Situation 5: *As a result of declaring a public health emergency, your public health department has activated its Emergency Operations Center (EOC), including the Incident Command System (ICS).*

Questions:

- Does your public health department's EOC/ICS interact or coordinate with the EOCs/ICSs of your community's emergency management agency? If so, how?
 - Does your public health department's EOC/ICS interact or coordinate with the EOCs/ICSs of your community's healthcare providers? If so, with which healthcare providers and how?
 - If a healthcare provider's EOC/ICS requests emergency assistance or resources (human or non-human) from your public health department, how would your EOC/ICS respond to this request?
 - If your public health department needs assistance from your community's emergency management agency in responding to this request, how would your EOC/ICS request this assistance?
-

Situation 6: *In addition to pandemic influenza, a new influenza-like illness is presenting in your community. In order to differentiate between the two diseases, tests must be performed.*

Questions:

- Do your community's healthcare providers (hospitals, primary care, urgent care, long-term care facilities, and others) send you samples for testing? If so, how do they send them to you? If not, why don't they send them to you?
 - How do you track the samples that are submitted to you from various healthcare providers in your community?
 - How do you communicate the results of these tests to these healthcare providers?
 - Assuming you are using a standard test, what is the normal turn-around time for performing these tests and communicating the results?
 - Do you have a back-up service/laboratory to test samples?
 - If you have to send your samples to an offsite laboratory, how are they transported to that laboratory?
 - If your back-up service/laboratory cannot assist you, what would be your procedure for testing the samples submitted to you?
-

Situation 7: *The pandemic influenza virus in your community is heavily impacting children under the age of 12. As a result, the pediatric primary care providers, hospitals, and urgent care centers in your community are seeing a sudden surge in pediatric cases. They are overwhelmed to the point where they cannot evaluate or admit any more pediatric patients. They request your assistance.*

Questions:

- What communication channels currently exist between you and the primary care providers in your community?
 - What communication channels currently exist between you and the hospitals in your community?
 - What communication channels currently exist between you and the urgent care centers in your community?
 - What communication channels currently exist between you and the long-term care facilities in your community?
 - What communication channels currently exist between you and the other healthcare providers in your community?
 - What new communications channels should be added?
 - Does your public health department communicate with healthcare providers (primary care, hospitals, urgent care centers, and others) regarding the scope of assistance it can offer in a public health emergency, such as an influenza pandemic? If so, how do you communicate it? If not, why?
 - Would your local hospitals ask your community health department for assistance in coordinating pediatric care? What type of assistance would this be (e.g., messaging, providing information on status of other facilities, or other strategies)?
 - What assistance can you offer a primary care provider with regard to pediatric patient evaluation? What assistance can you offer a primary care provider with regard to non-pediatric patient evaluation?
 - What assistance can you offer a hospital with regard to pediatric patient evaluation? What assistance can you offer a hospital with regard to non-pediatric patient evaluation?
 - What assistance can you offer an urgent care center with regard to pediatric patient evaluation? What assistance can you offer an urgent care center with regard to non-pediatric patient evaluation?
-

RESOURCE AVAILABILITY

Situation 1: *In order to keep people away from your health department and healthcare facilities, points of dispensing (PODs) for antivirals and/or vaccinations are set up in several locations in your community.*

Questions:

- Who is responsible for setting up and managing these PODs?
 - What are the sources of the antivirals and vaccinations for the PODs?
 - How do you communicate with healthcare providers (hospitals, primary care, urgent care, long-term care facilities and others) about these PODs? What do you communicate?
 - Who will staff these PODs?
 - If you need medically trained personnel from other entities to assist in the operation of these PODs, will you contact your community's healthcare providers for assistance? If so, which healthcare provider(s) will you contact? If not, who will you contact and why?
 - In what other ways can your community's healthcare providers assist you in the operation of these PODs?
-

Situation 2: *Your health department is tasked with providing antiviral drugs to pre-identified essential organizations/personnel in your community.*

Questions:

- Has your public health department pre-identified essential organizations/personnel in your community? If not, why?
- Do these essential organizations/personnel include your community's healthcare providers (hospitals, primary care, urgent care, long-term care facilities and others)? If so, who is pre-identified as being essential?
- If you have not identified any of your community's healthcare providers as being essential, why not? How could your public health department benefit from their being identified as essential? How could the healthcare provider benefit from being identified as being essential?
- Who determines the number of antiviral drugs to distribute to these organizations/personnel?
- How do you ensure these antiviral drugs are properly used?
- How are these drugs controlled and secured prior to and during distribution?

Situation 2: *Your health department is tasked with providing vaccines to pre-identified essential organizations/personnel in your community.*

Questions:

- Has your public health department pre-identified essential organizations/personnel in your community? If not, why?
- Do these essential organizations/personnel include your community's healthcare providers (hospitals, primary care, urgent care, long-term care facilities and others)? If so, who is pre-identified as being essential?
- If you have not identified any of your community's healthcare providers as being essential, why not? How could your public health department benefit from their being identified as essential? How could the healthcare provider benefit from being identified as being essential?
- Who determines the number of vaccines to distribute to these organizations/personnel?
- How do you ensure these vaccines are properly used?
- How are these vaccines controlled and secured prior to and during distribution?

Situation 4: *The federal government recommends the following personal protective equipment (PPE) for personnel interacting with suspect or confirmed cases of pandemic influenza: gloves, gown, eye shield, mask, and N95 respirator. Primary care providers and urgent care centers in your community have exhausted their supply of this PPE. Their PPE vendor can't replenish their supply for another week. These healthcare providers ask you to assist them by providing this PPE in the interim.*

Questions:

- Do you have a stockpile of PPE? If so, what types of PPE do you stockpile? How much of each do you stockpile?
- What are your criteria for distributing PPE?
- How do you track the number of PPE distributed?
- Do you plan to stockpile extra PPE for events such as presented in this situation? If so, what is your plan? If not, why?
- Will you be able to assist these healthcare providers? If so, what types of PPE will you provide them? If not, how can you help them find the PPE they need?
- If you do not have enough PPE for both your primary care providers and your urgent care centers, how do you decide which one to assist or how much PPE to give to each?

Situation 5: *Your public health department is experiencing the same absenteeism rate as the general public and private sector (approximately 40%). As a result, you find yourself understaffed.*

Questions:

- Does your public health department have a continuity of operations plan (COOP) that prescribes protocols for managing such a reduction in your workforce? If so, please describe these protocols.
- Does your department have a succession plan that identifies individuals to fill critical management roles in the absence of decision makers? If so, please describe this plan.
- Has your hospital identified a reserve of medical and non-medical volunteers to work in your hospital in such situations? If so, please describe this reserve of workers and their roles and responsibilities.
- Does your department have a plan to provide essential services during such a situation? If so, please describe this plan and the list of priority services that must be maintained and the services that would be discontinued.

Situation 6: *Your community's healthcare system is overwhelmed. It is asking your public health department to redirect staff, and provide supplies to alternate locations (i.e., other than a hospital) to which non-critical patients can be directed.*

Questions:

- Has your public health department planned for an alternate care system (ACS) in your community?
- If you have planned for an ACS, with what agencies and organizations did you plan this ACS?
- What is your ACS plan?
 - Sites?
 - What existing facilities would assist in provision of care to patients (e.g., primary care clinics, urgent care centers, long-term care facilities).
 - What new site(s) might be established outside of an existing healthcare facility? What is the scope of care or services that would be offered at these various sites?
 - Medical staff?
 - Non-medical staff (e.g., administration and security)?

- Medical supplies, including personal protective equipment (PPE)?
 - Non-medical supplies (e.g., desks and chairs)?
 - Essential necessities (e.g., food and drink)?
 - Agreements and contracts with vendors for supplies and services?
 - What agencies will provide the staff and supplies listed above?
 - Who is the lead agency in managing and monitoring your community's ACS?
-

NEXT STEPS

As pointed out in the Overview section, the objectives of this guide are, through group discussion, to (1) identify issues associated with response capabilities and resource availability of community public health departments when responding to an influenza pandemic and (2) develop strategies to address these issues. It also was pointed out that flowing from these two objectives would be a third objective that would be to incorporate identified strategies into community pandemic influenza preparedness or response plans. While this objective will be accomplished outside of the scope of this discussion guide, the first step to achieving this third objective is to issue a written report of group discussions. This report should include the following:

1. Compilation of group discussions.
2. Identification of issues in response capabilities and resource availability.
3. Identification of strategies for addressing these issues.
4. Identification of a person (or persons) responsible for maintaining the pandemic influenza preparedness plans.
5. Identification of next steps for implementing the identified strategies and the persons responsible for these next steps.

Once this report is issued, those responsible for maintaining the pandemic influenza preparedness or response plans can make the suggested corrections or improvements.

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CONCLUSION

The use of this discussion guide can stimulate thought and promote discussion on pandemic influenza preparedness and response. Several key issues should have been identified as well as strategies for addressing them. These strategies should be documented in a written report and incorporated into your community's pandemic influenza preparedness and response plans.

However, pandemic influenza planning is an ongoing process. Discussions should continue, whether within the framework of this discussion guide or in a more formal setting. The overarching planning goal is continued improvement, with planning adjustments made as needed. Communication and training should also be considered.

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