

Emergency Management 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

January 2013

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.

This document was prepared for the Healthcare Preparedness Activity, Division of Strategic National Stockpile (DSNS), Centers for Disease Control and Prevention (CDC) by ORISE through an interagency agreement with DOE. ORISE is managed by Oak Ridge Associated Universities under DOE contract number DE-AC05-06OR23100.

The findings and conclusions in this document are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Table of Contents

Overview	1
Facilitator's Guide	5
Scenario	7
Discussion Questions	9
Next Steps	17
Conclusion	19

This page is intentionally blank.

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 guide is designed for a community emergency management agency and those emergency response partners who support the agency during disasters, such as public safety departments (e.g., police and fire) and private partners (e.g., American Red Cross or faith-based organizations), with the focus being on those personnel within the agency for whom pandemic influenza preparedness or response planning is a job responsibility.

FOCUS

While the target audience for this guide is an emergency management agency and its emergency response partners, the guide focuses on healthcare delivery. In particular, this guide looks at the coordination and interaction between an emergency management agency, with the support of its emergency response partners, 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 emergency management agencies 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 emergency management agency'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.

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 community's emergency management agency when responding to an influenza pandemic. Moreover, it provides insight into the agency's

management of 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.

This page is intentionally blank.

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 Emergency Management 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 15.)	<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 7 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.

This page is intentionally blank.

DISCUSSION QUESTIONS

RESPONSE CAPABILITIES

Note: The term *community* in these questions can mean a community, a city, or a county, depending on your emergency management 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 emergency management agency'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 public health departments? If so, please describe your communication and coordination strategies.
 - If you do not communicate and coordinate with healthcare agencies, providers, and public health departments, why not? How would your emergency management agency benefit from communicating and coordinating with them? How do you think they would benefit from your communicating and coordinating with your department?
 - If you do not communicate and coordinate with them, what circumstances would dictate that you speak with them?
 - Do your responses include communication with the general public? If so, how would you communicate with them? What would you tell them?
-

Situation 2: *CDC has activated its EOC. Your state has activated its EOC.*

Questions:

- When does your emergency management agency activate its EOC? What circumstances trigger its activation?
- What are your EOC's hours of operation? What would cause these hours of operation to change?
- Who is required to be present in your EOC?
- How does your EOC interact and coordinate with other EOCs or command structures/systems?

Situation 3*: *The pandemic influenza virus has evolved into a virus that causes severe illness and does not respond readily to available antiviral medications. Your state and community are heavily impacted by the virus. Thirty to forty percent of the public is ill with the disease. Your state EOC asks you for an assessment of the health and medical needs of your community.*

Questions:

- What agency takes the lead in performing this assessment?
- If your emergency management agency is the lead agency, how will it perform this assessment? Who will assist with the assessment?
- If your emergency management agency is not the lead agency in this assessment, what role will your agency perform in this assessment?
- If your emergency management agency is not the lead agency, but the lead agency is unable to perform the assessment due to the impact of pandemic influenza, what steps will your agency take to ensure that the assessment is completed? Who will assist your agency with the assessment?

***Note:** For this situation, assume that Essential Support Function (ESF) #8 "Public Health and Medical Services Annex" or a similar mechanism is activated by your state Emergency Operations Center (EOC).

Situation 4*: *Thirty to forty percent of the people in your community are sick with pandemic influenza. This rate has severely impacted your community's local hospital, and it is lacking the medical personnel to perform medical triage in its emergency department. The hospital has requested assistance from your local public health department but the department cannot locate medical personnel. Your local partners have asked your emergency management agency—which is also experiencing the same disease rate in its workforce— to help locate these medical personnel for the hospital or to redirect the request to the appropriate partners.*

Questions:

- Does your emergency management agency interact with medical personnel during emergency situations?
- Has your emergency management agency planned for providing medical personnel to support your community's healthcare agencies or public health departments? If so, what is your plan? If not, why?
- Where will you get the medical personnel needed in this situation?
- What agencies will assist you in finding or providing these medical personnel?
- How long will it take to position these medical personnel in the hospital?
- What is your agency's plan to operate with reduced staff?

***Note:** For this situation, assume that Essential Support Function (ESF) #8 "Public Health and Medical Services Annex" or a similar mechanism is activated by your state Emergency Operations Center (EOC).

Situation 5*: *Severe weather has destroyed the power lines to one of your community's long-term care facilities. The 20 elderly patients in this facility need to be evacuated. Some are infected with pandemic influenza and some are not. Your state EOC has asked your emergency management agency to assist with the evacuation of these patients.*

Questions:

- Has your emergency management agency planned for the evacuation of patients from healthcare facilities, such as in this situation? If so, what is this plan? If not, why?
- What other agencies will be involved in the evacuation? What will their roles be?
- How will these patients be evacuated? Who will provide the transport vehicles?
- How will the flu patients be managed? How will the non-flu patients be managed? Who will make the decision on patient management?
- What personal protective equipment (PPE) will be recommended for those involved with evacuating these patients? Who will make this PPE recommendation?

- If another long-term care facility or other healthcare facility has not been designated to accept these evacuees, who will decide where they will be taken? How long will it take to designate a facility for them?
- Has your emergency management agency planned for the provision of a backup healthcare facility for situations such as this one? If so, what is your plan? If not, why?

***Note:** For this situation, assume that Essential Support Function (ESF) #8 "Public Health and Medical Services Annex" or a similar mechanism is activated by your state Emergency Operations Center (EOC).

Situation 6*: *The death rate from pandemic influenza in your state and community has risen to 20%. In order to stop the spread of disease, funeral services and burials have been postponed. As a result, funeral homes and mortuaries are at capacity with bodies. Subsequently, your local hospitals, long-term care agencies, and assisted living centers have nowhere to send bodies. Your state EOC has asked your emergency management agency to manage the surge in dead bodies in your community.*

Questions:

- Has your emergency management agency planned for the management of bodies during a public health emergency, such as in this situation? If so, what is this plan? If not, why?
- What other agencies will be involved in the management of these bodies? What will their roles be?
- How will the transport of these bodies be prioritized (i.e., which healthcare agency should be addressed first)?
- How will these bodies be transported? Who will provide the transport vehicles?
- Has your emergency management agency planned for temporary body storage? If so, where will the bodies be stored? If not, what will you do?
- Who will provide security at the storage site?
- How will deceased flu patients be managed? How will deceased non-flu patients be managed? Who will make the decision on body management?
- Do plans for fatality management also address cultural beliefs/practices of community members?
- What personal protective equipment (PPE) will be recommended for those involved with body removal and transport? Who will make this PPE recommendation?
- How will the bodies be tracked so that they can be identified at a later date?

***Note:** For this situation, assume that Essential Support Function (ESF) #8 "Public Health and Medical Services Annex" or a similar mechanism is activated by your state Emergency Operations Center (EOC).

RESOURCE AVAILABILITY

Situation 1*: *Your community's hospital is going to set up a triage tent, but they are in need of basic supplies to set it up. Your state EOC has asked your emergency management agency to provide tents, tables, chairs, potable water, portable toilets, and portable air conditioners or heaters. You have also been asked to assist with security and traffic management.*

Questions:

- Do you have a plan or system in place to work with your community public health department and/or healthcare facilities during a public health emergency? If so, please describe it.
- Do you have rapid access to supplies such as those requested above?
- Do you have a process or system for accessing supplies not readily available in your community? If so, please describe it.
- Do you have a system in place for tracking supplies used in an emergency? If so, please describe it.
- Do you have agreements in place with law enforcement agencies in your community to provide security or traffic management support in the event of an emergency? If so, please describe them.

***Note:** For this situation, assume that Essential Support Function (ESF) #8 "Public Health and Medical Services Annex" or a similar mechanism is activated by your state Emergency Operations Center (EOC).

Situation 2*: *The federal government has recommended the following personal protective equipment (PPE) for personnel interacting with possible or confirmed cases of pandemic influenza: gloves, gown, eye shield, mask, and N95 respirator. Your community's hospitals and other healthcare facilities have exhausted their supply of this PPE. So has your local public health department. PPE vendors can't replenish supplies for another week. Your state EOC has asked you to provide this PPE in the interim.*

Questions:

- Does your emergency management agency have access to PPE and other medical supplies? If so, from where can you access it? How quickly can you access it?
- If you don't have access to this PPE and other medical supplies, how could you assist these healthcare agencies and your public health department in finding it?
- What processes or protocols are required to access this PPE and other medical equipment?

***Note:** For this situation, assume that Essential Support Function (ESF) #8 "Public Health and Medical Services Annex" or a similar mechanism is activated by your state Emergency Operations Center (EOC).

Situation 3: *As the severity of the influenza pandemic worsens in your community, your local health department and healthcare providers are working together to set up alternate care locations— places to which non-critical patients can be diverted for treatment and care. They have asked for your assistance in establishing these locations.*

Questions:

- Has your agency participated in developing a plan for alternate care sites? If so, how would your agency work with your public health department and your healthcare providers to organize the plan?
- If the health department and healthcare providers have not yet identified a suitable location for sites, would you be able to help your public health department and healthcare providers to find suitable sites for medical evaluation and treatment for a community of your size? For example, does your emergency management agency catalog building sites in your community that can be converted for emergency use?
- Besides building sites, what supplies can you offer to assist with establishing and operating sites?
- What human resources can you provide?
- If you cannot provide building sites, what other options can your agency offer?
- Has your agency discussed planning an alternate care system with local public health and/or healthcare providers? An alternate care system strategy could involve the redirection of non-critical patients to non-hospital healthcare facilities (e.g., existing clinics and urgent care settings). What resources would you be able to offer to an alternate care system strategy?

Situation 4: *Your local health department and hospital is about to receive large shipments of antivirals and vaccines, but neither is capable of storing these shipments safely and securely. They have turned to your emergency management agency for assistance.*

Questions:

- Has your emergency management agency discussed such a scenario with your community's public health department and hospital(s)? If so, what plans did you develop? If not, why?
- Where would you store these antivirals and vaccines?
- What storage requirements (e.g., refrigeration) need to be in place? If you do not, know, who would you consult?

- What transportation requirements need to be in place? If you do not know, who would you consult?
 - What security needs to be in place? If you do not know, who would you consult?
-

This page is intentionally blank.

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 emergency management agencies 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.

This page is intentionally blank.

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.

This page is intentionally blank.