



Public Health
Agency of Canada

Agence de la santé
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Tool Kit

Pandemic Influenza Exercise
for the Health and Emergency
Social Services Sectors

Tool Kit

Pandemic Influenza Exercise for the Health and Emergency Social Services Sectors

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Public Health Agency of Canada

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Introduction to the Tool Kit

The purpose of this tool kit is to provide a user-friendly electronic package designed to assist exercise planners in the Canadian health sector plan, design and prepare a generic, scalable pandemic influenza tabletop exercise.

The tool kit contains four modules:

MODULE 1 – THE TABLETOP EXERCISE
This module consists of a short presentation on tabletop exercise design and development. It can be used by individual planners to familiarize themselves with the planning process or as a briefing package to train exercise planning staff. The presentation is available in <i>Microsoft PowerPoint</i> and <i>Adobe Acrobat</i> formats.
MODULE 2 – EXERCISE PLANNING AND DEVELOPMENT
This module contains a number of exercise planning and development tools, including key templates and guidelines for setting up and conducting exercises. Included are: <ul style="list-style-type: none">• a 10-step tabletop exercise development process;• tabletop exercise document templates;• tabletop exercise logistics, costing and setup guides; and• tips on conducting a tabletop exercise.
MODULE 3 – PANDEMIC INFLUENZA RESOURCES
This module identifies key reference material related to pandemic influenza planning and response in Canada, and contains information on Canadian pandemic phases.
MODULE 4 – GENERIC EXERCISE BUILDER
This module provides planning tools to assist with the design and conduct of a simple pandemic influenza tabletop exercise, scaled to meet a variety of requirements. It contains: <ul style="list-style-type: none">• a <i>Generic Exercise</i> framework, including <i>Situation Summaries</i> with associated key questions;• an <i>Inject Inventory</i> which provides a variety of selectable discussion questions for exercises scaled to various levels; and• a sample exercise schedule.

MODULE 1

The **Tabletop Exercise**

Slide Presentation

MODULE 1

The **Tabletop Exercise**

July 2008

Slide 1

The **Tabletop Exercise**

Introduction

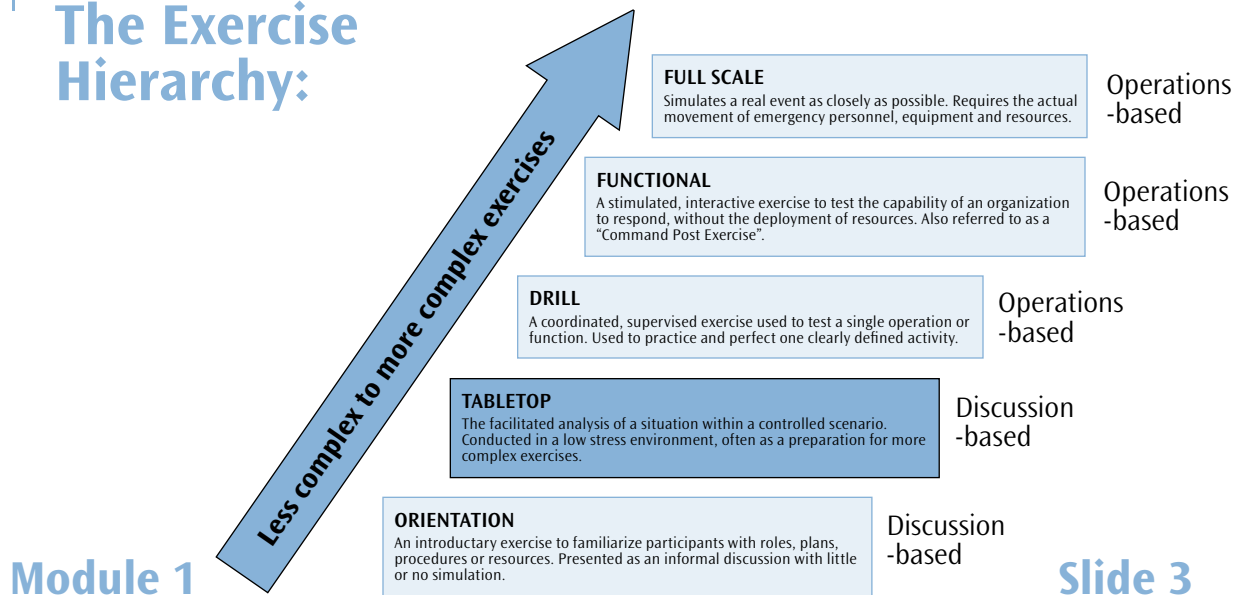
- This presentation is designed to introduce the tabletop exercise as an emergency management tool.
- It covers the purpose, scope and types of tabletop exercises, and the basics of their design and development.
- The slides are available in *PowerPoint* format for presentations or in *Adobe Acrobat* format for individual use.

Module 1

Slide 2

The Tabletop Exercise

The Exercise Hierarchy:



The Tabletop Exercise

Why choose a tabletop exercise?

- The focus of a tabletop exercise is normally on familiarization with key roles, procedures and responsibilities.
- They are based on facilitated discussion and provide an opportunity for players to analyze emergency plans, policies and coordination issues.
- A well-structured tabletop exercise will enable managers to review or confirm mechanisms for dealing with critical issues.

Module 1

Slide 4

The **Tabletop Exercise**

Tabletop exercise characteristics:

- Discussion-based.
- Facilitated group analysis of a situation.
- Conducted in an informal, low-stress environment.
- Normally designed for the examination of plans or policies, combined with in-depth problem solving.
- Usually deal with “what if” scenarios.
- Delivered within a structured framework.

Module 1

Slide 5

The **Tabletop Exercise**

How does a tabletop exercise differ from a workshop or seminar?

- An exercise is based on a specific scenario which evolves over time to facilitate the discussion.
- An exercise is more structured than a workshop or seminar, as the scenario limits the activity.
- A tabletop exercise is related to the *Cloth Model* and *Sand Table* exercises conducted by the military (audio-visual presentations have largely replaced the “tabletop” depictions of the exercise activity).

Module 1

Slide 6

The Tabletop Exercise

Exercise Purpose

- The exercise purpose should be captured in a broad statement which clearly identifies the aim.
- It should communicate the **intent** of the exercise.
- It does not contain detail on how the aim will be achieved.
- Example: “The purpose of this exercise is to validate our procedures for a flood emergency”.

Module 1

Slide 7

The Tabletop Exercise

Exercise Objectives

- An objective is a description of the performance expected from participants.
- Objectives provide a framework for the scenario.
- Possible objectives:
 - To introduce or validate a plan or policy.
 - To analyze or validate a decision-making process.
 - To prepare for a functional or field exercise.
 - To train or practice staff in emergency procedures.

Module 1

Slide 8

The Tabletop Exercise

Exercise Scope

- The scope identifies exactly what the exercise is to cover.
- It defines the composition and number of exercise participants.
- It **limits** the exercise by time, hazard type, plans to be exercised, etc.
- It must be kept manageable-neither too broad nor too complex.

Module 1

Slide 9

The Tabletop Exercise

Exercise Scenario

- The scenario is the “story line” on which an exercise is based. It must be:
 - realistic (believable);
 - threat-based; and
 - directly related to the exercise purpose.
- The scenario must be carefully designed to engage participants in a way that approximates real-world responses.
- It should be demanding but not overwhelming.

Module 1

Slide 10

The **Tabletop Exercise**

Exercise Participants

- There are three principal categories of exercise participants:
 - controllers (usually called “facilitators” in a tabletop exercise);
 - players; and
 - observers.
- It is important to maintain the distinction between “players” and “observers” (the terms are self-explanatory).

Module 1

Slide 11

The **Tabletop Exercise**

Exercise Documents

- Exercise documentation consists of the papers that are produced to provide guidance to planners, controllers/facilitators and participants.
- Documentation normally consists of:
 - Exercise General Instruction
 - Exercise Control Instruction
 - Player Handbook
 - After Action Review
- Much exercise coordination is now done online or via email.

Module 1

Slide 12

The Tabletop Exercise

Exercise General Instruction

- Key document in the preparation and conduct of a tabletop exercise.
- Confirms the intention to conduct an exercise and notifies participants.
- Provides the scenario, scope and purpose, objectives, dates/timings and essential logistic information.
- Normally issued 30-60 days in advance of the exercise.

Module 1

Slide 13

The Tabletop Exercise

Exercise Control Instruction

- Sets out how the exercise is to be staged and managed.
- Key document for exercise staff.
- Includes control structure and responsibilities, safety instructions, communications and other control matters.
- Has limited distribution.
- A separate *Control Instruction* **may not** be necessary for a simple tabletop exercise.

Module 1

Slide 14

The Tabletop Exercise

Player Handbook

- The player handbook is provided to all participants (including observers).
- It tells participants what to expect and sets out roles/responsibilities.
- The handbook will contain at least:
 - a participant list;
 - control arrangements;
 - a summary of the exercise setup, purpose, conduct, etc;
 - a detailed exercise timetable; and
 - on-site logistics.

Module 1

Slide 15

The Tabletop Exercise

After Action Review

- A “Hot Washup” should be held at the conclusion of the exercise to capture immediate feedback from participants.
- An *After Action Report* should be published as soon as possible after the exercise, to identify:
 - what went right;
 - what went wrong; and
 - where improvements are required to existing plans, policies or procedures.

Module 1

Slide 16

The Tabletop Exercise

Exercise Play

- A tabletop exercise is based on an evolving, linear scenario introduced in the opening narrative.
- *Situation Summaries* with associated discussion questions are introduced into the exercise on a timed schedule (this replaces the more formal *Master Scenario Events List* used in a functional exercise).
- Simulated media clips may be used for scene-setting.

Module 1

Slide 17

The Tabletop Exercise

Simulated Media Clips

- The media plays a high-profile role during emergency situations and is often the source of most public information.
- Simulated media clips are a useful way to add realism and clarity to an exercise, and may be used with good effect to “set the scene”.
- Some companies produce high technology, very realistic media clips specifically designed for exercises.

Module 1

Slide 18

The Tabletop Exercise

The Planning Process

- There are 10 key planning steps:
 - 1 Hold an initial planning conference.
 - 2 Secure the exercise venue and arrange resources.
 - 3 Prepare the Exercise General Instruction.
 - 4 Prepare the Exercise Control Instruction.
 - 5 Prepare the Player Handbook.
 - 6 Confirm and inspect the venue, conduct on-site inspection.
 - 7 Hold the final planning conference.
 - 8 Conduct a rehearsal.
 - 9 Conduct the exercise.
 - 10 Oversee the After Action Review.

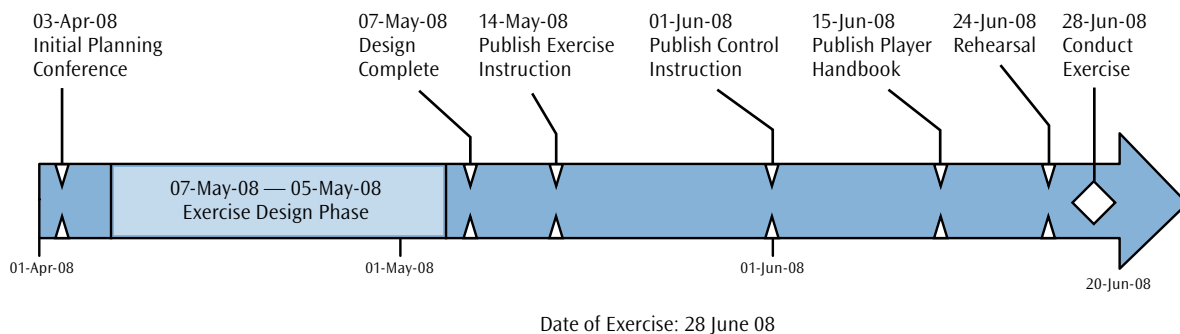
Module 1

Slide 19

The Tabletop Exercise

Planning Time

A tabletop exercise needs sufficient planning time. This is a hypothetical example using a three month planning period:



Module 1

Slide 20

The Tabletop Exercise

Some Keys to Success

- The best guarantor of success is GOOD PLANNING.
- No exercise will succeed without TEAMWORK. Exercise design and conduct is not an individual task.
- Success also depends on REHEARSAL. Don't drop this requirement no matter how tempting (e.g., "we're short of time" or "let's be flexible"). At the very least a complete walk-through with all exercise staff is required.
- The final key to success is the careful selection of participants. They must have a vested interest in the plan or concept being exercised. Responsible managers/officials must be included –"role players" never maximize exercise benefits.

Module 1

Slide 21

The Tabletop Exercise

Using the Exercise Tool Kit

- This slide presentation is part of a **Tool Kit** designed to assist with the preparation of scalable pandemic influenza tabletop exercises within the health community.
- The Tool Kit provides the material required to plan and conduct a simple tabletop exercise, including templates for key exercise documents, guidelines for most planning tasks and a generic exercise framework.
- The Tool Kit will greatly facilitate the preparation and conduct of a simple pandemic influenza tabletop exercise, but it doesn't replace the need for a good planning.

Module 1

Slide 22

This concludes **MODULE 1**

Good luck with your exercise planning.

Module 1

Slide 23

MODULE 2

Exercise Planning and Development

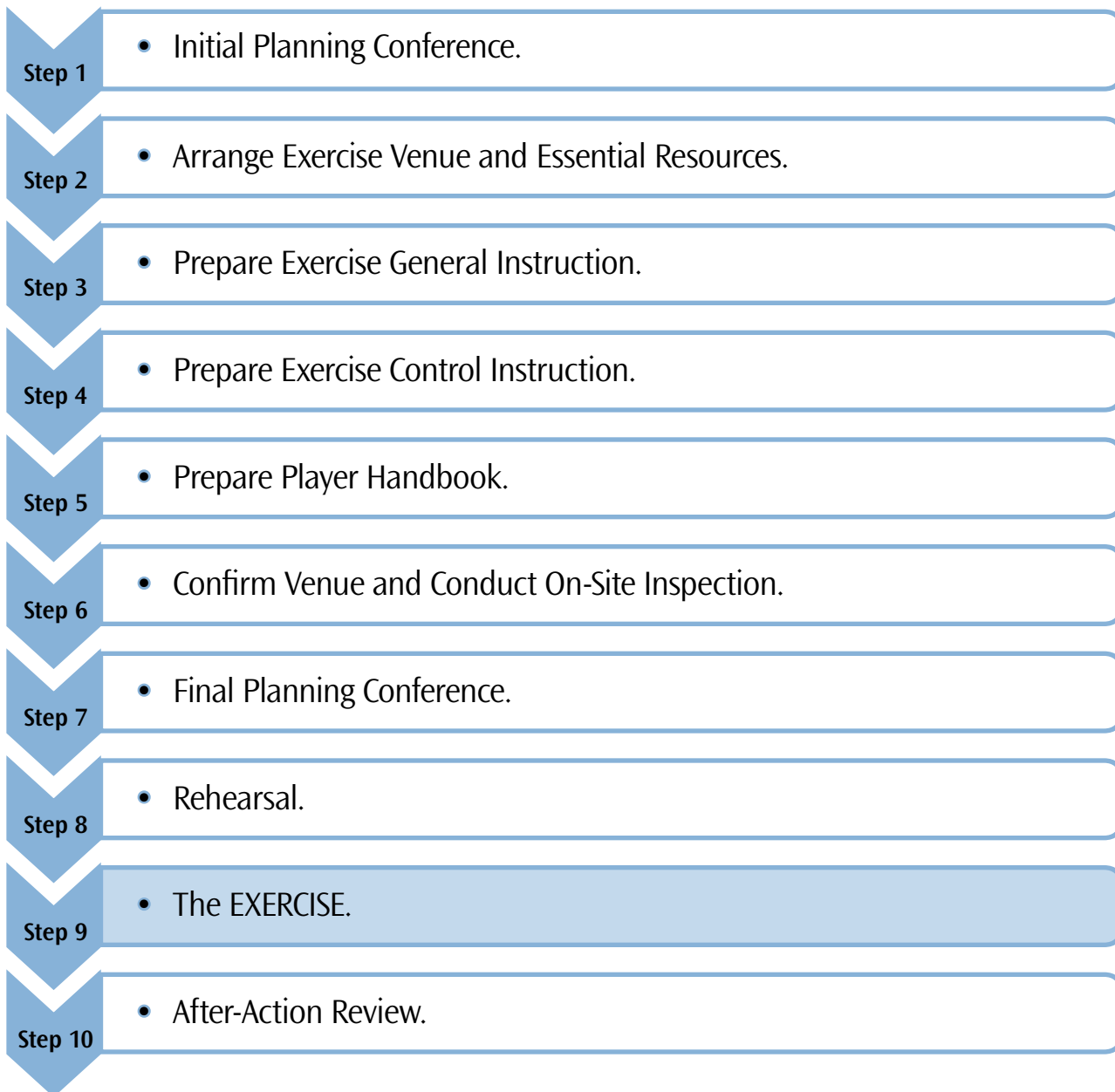
Pages 2-1 to 2-26

Exercise Planning and Development

General

This module contains exercise planning and development tools, including the 10-Step planning process, key document templates and guidelines for setting up and conducting tabletop exercises.

The 10-Step Planning Process



Step-by-Step

<p>Step 1 Initial Planning Conference</p>	<p>The initial conference is essential to set the objectives of the exercise, establish the framework, define roles and confirm the support of potential participants. The organizational structure, key responsibilities, a work plan and a timeline should be agreed upon at this conference.</p>
<p>Step 2 Exercise Venue and Resources</p>	<p>The decision to conduct an exercise and its scale is dependent upon having a suitable facility. At this stage a venue must be selected and its availability confirmed. Key resources such as audio/visual equipment must be earmarked, and arrangements made with external agencies or consultants for media simulation and other specialized support.</p>
<p>Step 3 Exercise General Instruction</p>	<p>The <i>Exercise General Instruction</i> notifies participating organizations about the exercise and provides essential information about the objectives, scope, participation, costs and other key issues. It should be issued early in the planning process.</p>
<p>Step 4 Exercise Control Instruction</p>	<p>For more complex exercises, an <i>Exercise Control Instruction</i> is prepared by the exercise planning team to set out the control framework and explain how the exercise will be staged. For small tabletop exercises a separate control instruction may not be necessary, as the controllers/facilitators can be briefed orally or may be part of the exercise planning team.</p>
<p>Step 5 Player Handbook</p>	<p>The <i>Player Handbook</i> welcomes participants, explains the exercise and sets out player responsibilities. A well-written handbook can eliminate many questions, ensure that players are comfortable in their roles and ease the task of controllers/facilitators.</p> <p>The handbook must be user-friendly and contain all of the essential information that players need to participate in the exercise.</p>
<p>Step 6 On-Site Inspection</p>	<p>Venues are often rented facilities with limited access in advance of the exercise. Although the need to inspect the site seems obvious, planners sometimes make assumptions and don't carefully confirm the suitability of all aspects of the facility. It is essential that a thorough on-site inspection be conducted which includes any supporting audio/visual and other supporting equipment.</p>
<p>Step 7 Final Planning Conference</p>	<p>The final planning conference should take place approximately one week prior to the exercise. It is used to confirm all of the exercise arrangements. All key planners and facilitators must attend.</p>
<p>Step 8 Rehearsal</p>	<p>The temptation to save time and skip a rehearsal must be avoided. To conduct a tabletop exercise well, even a simple one, it is essential that the controllers/facilitators and all others involved be thoroughly familiar with their roles. This can only be accomplished by going to the venue and conducting a walk-through (for simple exercises) or a complete rehearsal.</p>
<p>Step 9 The Exercise</p>	<p>Conduct the exercise.</p>
<p>Step 10 After Action Review</p>	<p>The After Action Review normally consists of a hot washup immediately following the exercise (see below), followed by a more formal <i>After Action Report</i>. Much of the benefit of the exercise will have been wasted if the AAR is not given appropriate priority.</p>

Hot Washup

The *Hot Washup* is a player feedback session immediately following an exercise. It gives players an opportunity to express their views and offer potential improvements while the experience is still fresh in their minds.

A hot washup may be done orally, although if this format is chosen an effective means of recording the inputs quickly and accurately must be used. The oral format is time consuming, as the format limits inputs to one person at a time.

A simple written questionnaire which all participants complete at the conclusion of the exercise, before departing the exercise site, is often the most effective method of conducting a hot washup. A questionnaire format for this purpose is provided at Appendix 4.

Planning Conferences

The step-by-step process shows two planning conferences: an **Initial Conference** at Step 1 and a **Final Conference** at Step 7. This will be adequate for simple exercises but additional conferences may be scheduled if necessary. Attendance at the conferences and some suggested subjects for discussion are listed below.

Conference	Attendance	Discussion Subjects
Initial	Key Planning Staff. Representatives of participating organizations.	Exercise objectives. Exercise date. Planning responsibilities. Participation. Potential venues. Financial (cost-sharing). Preparation of exercise documentation. Control staff/facilitators. Work plan.
Final	Key Planning Staff. Exercise Control Staff. Registration Representative. Venue Representative. Audio/Visual Technician. Food Service Representative. Representatives of participating organizations.	Confirmation of arrangements. Detailed schedule for exercise. Control/facilitation responsibilities. Audio/Visual arrangements. Exercise simulation arrangements. Participation list. Registration arrangements. Accommodation and meals. Safety and Security. Player Handbook. Schedule for rehearsal.

Exercise Documentation Templates

The following templates and instructions for their use are at Annex A:

Instructions for Using the Document Templates

- ANNEX A

Exercise General Instruction Template

- Appendix 1

Exercise Control Instruction Template

- Appendix 2

Player Handbook Template

- Appendix 3

Hot Washup Template

- Appendix 4

After Action Report Template

- Appendix 5

Logistics and Costing Requirements

A Logistics Planning Guide and a Costing Guide for tabletop exercises are at Annexes B and C respectively

Exercise Setup Requirements

A sample room layout for a small tabletop exercise is at Annex D.

Conducting an Exercise

Some tips on conducting tabletop exercises are at Annex E.

Annexes:	A. Document Templates Appendix 1 – Exercise General Instruction Appendix 2 – Exercise Control Instruction Appendix 3 – Player Handbook Appendix 4 – Hot Washup Appendix 5 – After Action Report
	B. Tabletop Exercise Logistics Planning Guide
	C. Exercise Costing Guide
	D. Exercise Setup Guide
	E. Tips for Conducting a Tabletop Exercise

Template Instructions

ANNEX A to Module 2 DOCUMENT TEMPLATES

The exercise document templates are provided to assist planners in producing required exercise papers. They follow a generic format that can be adapted to local requirements.

The template provides generic text where such text is enduring and will fit logically into the exercise papers. Example:

The exercise is not designed as a test. It will be conducted in an open, low stress environment to consider various approaches and potential improvements to current plans, procedures and training for a pandemic emergency. Varying viewpoints, even disagreements, are expected.

Generic text is limited to those areas where the content is unlikely to change.

Where new content is required, a bracketed note in blue font provides guidance for completion. Example:

[List any secondary objectives]

There are five document templates at Appendices 1 to 5:

Exercise General Instruction	Appendix 1
Exercise Control Instruction	Appendix 2
Player Handbook	Appendix 3
Hot Washup	Appendix 4
After-Action Report	Appendix 5

The templates are provided as guides and should be adapted as necessary to exercise requirements.

Exercise **Name** General Instruction

Appendix 1 to ANNEX A EXERCISE GENERAL INSTRUCTION TEMPLATE

Introduction

[Exercise dates and location].
[Background statement on the rationale for the exercise].

Exercise Objectives

- [Objective 1]
 - [Objective 2]
 - [Objective 3]
- [List any secondary objectives]

Exercise Scope

[Clearly define the scope of the exercise].

Venue and Duration

[Provide the venue/location in as much detail as possible].
[Provide exercise timings if known].

Exercise Structure

Exercise [Name] is a tabletop exercise conducted within a discussion-based format.

The exercise is not designed as a test. It will be conducted in a low stress environment to consider various approaches and potential improvements to current plans, procedures and training for a pandemic emergency. Varying viewpoints, even disagreements, are expected.

Participants will be provided with an opening scenario based on a pandemic emergency as a basis for discussion. Selected issues or problems will then be introduced as *Situation Summaries* and individuals or groups will be required to work together to develop potential solutions. Individuals or groups may be called upon to present their preferred solutions centrally.

[Provide further details on the structure as necessary].

Exercise Scenario

[The opening exercise scenario will normally be presented as the “General Idea” and be included as an annex].

Participation

List intended participating agencies and/or individuals].
[Indicate how participation will be coordinated].
[Provide policy on observers].

Control Structure

[Identify responsibilities for the design, planning and conduct of the exercise]

[Identify the Exercise Director and any other key individuals].

[Outline the proposed control organization if applicable].

[Refer to *Control Instruction* if applicable].

Exercise Assumptions and Artificialities

[List key assumptions and artificialities].

Administrative and Logistic Support

[Outline the logistic and administrative support arrangements as far as they are known].

Safety and Security

The Exercise Director may suspend play or end the exercise at any time when it appears that a real-world emergency, security or safety issue may hamper exercise play or jeopardize the safety of participants. Participating agencies also have the option of withdrawing any of their players from the exercise at any time to address matters or concerns related to their critical missions.

Exercise documents are not classified, but they are sensitive documents that deal with emergency planning and should be treated accordingly. At the conclusion of the exercise documents may be left for disposal on the tables in the exercise area.

[List any other exercise-specific safety or security concerns].

Communications

To guard against the possibility of exercise communication being mistaken for a real emergency situation, all exercise papers, documents or other written communications must be clearly marked “*Exercise [Name]*” on each page.

Telephone or radio communication about the exercise should always commence with a clear statement indicating that it refers to *Exercise [Name]*.

Planners and participants must make a conscious effort to avoid mixing real situations with exercise play. Priority must be given to ensuring that exercise information is clearly identified as such and that any message directed outside the exercise environment indicates that the content relates to an exercise and not a real emergency.

Contact Information

[Provide contact information for key exercise personnel]

Annexes: A. Exercise General Idea

[List any other Annexes].

Exercise **Name** Control Instruction

General

[Refer to the exercise *General Instruction*].

Appendix 2 to ANNEX A EXERCISE CONTROL INSTRUCTION TEMPLATE

Control Concept

[Describe the format of the exercise and state clearly how the exercise play is to be controlled or facilitated].

(A separate Control Instruction may not be necessary for simple tabletop exercises).

Exercise Scenario

[Provide the general idea and an outline of the scenario(s) that will guide play].

Exercise Assumptions and Artificialities

[Repeat the exercise assumptions and artificialities from the *General Instruction*].

Controller Training/Preparation

[Describe any requirement for pre-exercise activities in which controllers/facilitators may be required to participate].

Venue Preparation

[Outline any responsibilities for preparation of the exercise venue].

Rehearsals

[Identify the requirement for rehearsals].

Safety and Security

The Exercise Director may suspend play or end the exercise at any time when it appears that a real-world emergency, security or safety issue may hamper exercise play or jeopardize the safety of participants. Participating agencies also have the option of withdrawing any of their players from the exercise at any time to address matters or concerns related to their critical missions.

Exercise documents are not classified, but they are sensitive documents that deal with emergency planning and should be treated accordingly. At the conclusion of the exercise documents may be left for disposal on the tables in the exercise area.

[List any additional safety and security issues relevant to the exercise].

Communications

To guard against the possibility of exercise communication being mistaken for a real emergency situation, all exercise papers, documents or other written communications must be clearly marked "*Exercise [Name]*" on each page.

Telephone or radio communication about the exercise should always commence with a clear statement indicating that it refers to *Exercise [Name]*.

Planners and participants must make a conscious effort to avoid mixing real situations with exercise play. Priority must be given to ensuring that exercise information is clearly identified as such and that any message directed outside the exercise environment indicates that the content relates to an exercise and not a real emergency.

[Outline any control communications arrangements].

Logistics and Administration

[Outline logistics and administrative arrangements for controllers/facilitators, including special equipment, transportation, parking and financial arrangements].

Post-Exercise Requirements

[Explain hot washup requirements].

[Explain *After Action Report* requirements for controllers/facilitators].

Exercise **Name** Player Handbook

Letter of Welcome

[The first item in the *Player Handbook* should always be a letter of welcome from the exercise planning authority].

Appendix 3 to ANNEX A PLAYER HANDBOOK TEMPLATE

Control Concept

This handbook is designed to provide exercise players with information required to participate effectively in the exercise.

Overview

Outline the exercise format, scope and concept of play].

Participation

List participating agencies and, if applicable, the roles they will play].

Exercise Assumptions and Artificialities

[List the exercise assumptions and artificialities from the exercise *General Instruction*].

Simulation

[Provide an outline of exercise simulations such as TV or radio presentations].

Exercise Play

[Describe how *Situation Summaries* or other injects will be fed into exercise play].

Player Procedures

[Describe how the exercise will be conducted, including player procedures for beginning the exercise and sustaining exercise play].

Control Organization

[Outline the exercise control structure and identify key controllers/facilitators].

Safety and Security

The Exercise Director may suspend play or end the exercise at any time when it appears that a real-world emergency, security or safety issue may hamper exercise play or jeopardize the safety of participants. Participating agencies also have the option of withdrawing any of their players from the exercise at any time to address matters or concerns related to their critical missions.

Exercise documents are not classified, but they are sensitive documents that deal with emergency planning and should be treated accordingly. At the conclusion of the exercise documents may be left for disposal on the tables in the exercise area.

[Identify the point of contact for safety issues].

[Outline security measures such as access control, site restrictions and badge procedures related to the exercise participants].

Communications

To guard against the possibility of exercise communication being mistaken for a real emergency situation, all exercise papers, documents or other written communications must be clearly marked “*Exercise [Name]*” on each page.

Telephone or radio communication about the exercise should always commence with a clear statement indicating that it refers to *Exercise [Name]*.

All exercise participants must make a conscious effort to avoid mixing real situations with exercise play. Priority must be given to ensuring that exercise information is clearly identified as such and that any message directed outside the exercise environment indicates that the content relates to an exercise and not a real emergency.

On-Site Administration

[Describe support provided to players such as copying, word processing, office supplies, and chart paper].

Post-Exercise Evaluation

[Describe the procedures that will be used for the end-of-exercise hot washup and any follow-on].

Annexes: A. Exercise General Idea and Opening Scenario
B. Site Plan
[List any other Annexes].

After Action Review - Hot Washup Exercise [Name]

Please complete this hot washup form at the end of the exercise when requested by the Exercise Director. Leave it on your table or hand it in to any of the Exercise Control Team prior to leaving the exercise venue.

**Appendix 4 to ANNEX A
HOT WASHUP TEMPLATE**

1. Exercise Play:

	Strongly Disagree		Not Sure		Strongly Agree
	▼		▼		▼
<i>Circle the number that corresponds to your rating for each item:</i>					
The exercise scenario was realistic and effectively presented.	1	2	3	4	5
Time for discussion was appropriate.	1	2	3	4	5
Exercise controllers/facilitators led the discussion effectively.	1	2	3	4	5
The makeup of participants was suitable.	1	2	3	4	5
The pace of exercise play was correct.	1	2	3	4	5
Overall, the exercise was an effective learning mechanism.	1	2	3	4	5
<i>Comments on Exercise Play:</i>					

2. Exercise Objectives:

	Strongly Disagree		Not Sure		Strongly Agree
	▼		▼		▼
<i>Circle the number that corresponds to your rating for each item:</i>					
[Objective 1]	1	2	3	4	5
[Objective 2]	1	2	3	4	5
[Objective 3]	1	2	3	4	5
Overall, the exercise objectives were met.	1	2	3	4	5
<i>Comments on Exercise Objectives:</i>					

3. Exercise Venue and Administration:

	Strongly Disagree		Not Sure		Strongly Agree
	▼		▼		▼
<i>Circle the number that corresponds to your rating for each item:</i>					
The exercise scenario was suitable.	1	2	3	4	5
Exercise documentation was clear and effective.	1	2	3	4	5
Pre-exercise information was adequate for preparation.	1	2	3	4	5
Welcome, registration, meals and on-site administration were well handled.	1	2	3	4	5
<i>Comments on Exercise Venue and Administration:</i>					

After Action Report Exercise [Name]

General

[Refer to the exercise *General Instruction*]
[Provide the background to the exercise, including dates and venue].
[Provide the location of exercise references and documentation, particularly if available online].

**Appendix 5 to ANNEX A
AFTER ACTION REPORT
TEMPLATE**

Exercise Objectives

[List the exercise objectives].

Exercise Scope

[Provide the exercise scope].

Participation

[List the participant organizations. A participant list can be attached as an annex if desired].

Overview of the Exercise

[Provide a narrative description of exercise results, including what went right, what went wrong and where improvements are required].

Key Lessons Learned

[List the key lessons learned. The format below is suggested].

Serial	Subject Area	Lesson(s)
1		
2		
3		

Next Steps

[The intended follow-up action with respect to the lessons learned from the exercise. The detail, with target dates, can be provided as an annex].

Conclusion

[A brief statement on the results of the exercise and the need to complete the next steps].

Annexes: [Action Plan and Implementation Schedule].
[Participant List].
[List any other Annexes].

ANNEX B to Module 2

Discussion-based exercises are much simpler to organize than functional and other operations-based exercises, but have their own challenges.

The success of an exercise normally depends as much on good logistics planning as it does on exercise play, and much of the exercise preparation will involve making logistic and administrative arrangements.

The extent and degree of sophistication of the arrangements will depend on the size of the exercise and the chosen venue. Obviously, a small in-house exercise conducted in a conference room will be much easier to manage than a large exercise in an off-site venue with participants drawn from a wide area.

The main focus of tabletop exercise logistics will be:

- 1) Arranging a suitable venue.
- 2) Setting up the venue to maximize the effectiveness of the exercise play.
- 3) Transportation, accommodation and meals for participants.
- 4) Welcome and registration of participants.
- 5) Ensuring audio-visual resources are in place and operated effectively.
- 6) Providing on-site logistics and managing the exercise paper flow.
- 7) Exercise safety and security.

Careful logistics planning is required, with emphasis on the following:

TABLETOP EXERCISE LOGISTICS PLANNING GUIDE

Exercise Venue

Tabletop and other discussion-based exercises are conducted in facilities that are appropriate for the exercise scale and participation. For small groups a standard conference room may be sufficient, while larger groups are more likely to require a hotel or conference centre function room. There are some advantages to conducting an exercise off-site (i.e., removed from the normal work environment), as it makes participants less accessible and eliminates many of the interruptions which occur if the exercise site is close to the normal workplaces of participants. Off-site exercises impose additional costs, and this has to be balanced against the benefits gained. When selecting a facility, room acoustics must be considered. Carpeting and low ceilings are effective elements that help dampen the effect of simultaneous conversation, and tables should not be crowded together.

The use of an EOC for a tabletop exercise should be considered if the players are drawn primarily from EOC staff. This has the advantage of familiarizing players with their work environment, and all of the exercise tools such as maps will be available.

A suitable venue is essential to the success of the exercise. It is not sufficient to make do; if the exercise venue is unsuitable the objectives of the exercise are unlikely to be achieved.

Venue Setup

Various table arrangements may be used for different types of tabletop exercises. For a conference style of exercise, during which input is needed from all parties, a U-shaped or hollow square layout is conducive to facilitation and participant interaction. For a seminar, during which there is little participant interaction and information is presented to the audience, chairs and/or tables may face the front of the room. For a workshop, the ideal facility permits breakout sessions in separate rooms.

For most tabletop exercises, separate tables should be provided based on the number and type of participating functional or geographical areas (e.g., one or more tables for the health community, one or more for NGOs, one or more for other government representatives, etc.). Table arrangements should allow for as much participant and facilitator interaction as possible. Each table should have a table sign identifying the functional or geographical area represented at that table. Table assignments must be predetermined, and last-minute changes should be discouraged.

Additional guidelines on setting up an exercise are provided at Annex D.

Transportation, Accommodation and Meals

Transportation to and from the exercise site and overnight accommodation is normally the responsibility of individual participants. However, exercise instructions should provide directions to the venue, information about parking and instructions on obtaining local transportation. The facility should have accessible parking for all participants.

Food and refreshments should be provided to all participants during prolonged exercises. For tabletop exercises that exceed four hours it is beneficial to have a working lunch provided, which keeps exercise disruption to a minimum and encourages continuity in that much of the conversation during the lunch break will be oriented to the exercise.

Registration and Identification

For larger exercises, participants should register upon arrival for both identification and security reasons. Name badges should be worn by all participants, identifying them as a *Controller/Facilitator, Player* or *Observer*.

The exercise planning team retains copies of the sign-in sheets so that participants can receive post-exercise correspondence and invitations to future planning meetings and exercises.

Audio/Visual Requirements

Multimedia presentations are a key aspect of a tabletop exercise. Audio/Visual requirements should be identified well in advance, and specific responsibilities assigned. Equipment must be available for rehearsals and **tested** immediately prior to the exercise.

In larger exercises, consideration should be given to the accessibility of presentations and documents. It may be necessary to make information available in alternative formats (i.e., large prints, CDs, Braille), closed captioning or another form of text display, or the provision of sign language interpreters.

On-Site Logistics

Exercise planners should not assume participants will bring necessary supplies with them. Writing utensils, notepads, easels, copies of plans and procedures to be discussed, name badges and any other equipment deemed necessary should be procured or prepared prior to exercise conduct and provided to participants.

Coffee/refreshment service should be available near, but not in, the exercise room if possible. If a working lunch is scheduled, it should be served as close to the exercise site as possible.

Readily available and accessible restroom facilities are also priority considerations when selecting a facility.

All participants, including observers, should have a copy of the *Player Handbook* which provides them with required information about the site setup and on-site arrangements.

Safety and Security

Exercise planners have the responsibility to provide a safe and secure environment for participants. If the exercise venue is a commercial facility, the facility security manager should be kept advised of plans and, in certain circumstances, local police should be advised of the exercise plans.

The *Player Handbook* must include safety and security instructions, including the need to clearly identify exercise communications and instructions, and contain protocols for the handling of exercise papers both during and after the exercise.

Participants must be briefed on safety and security arrangements at the outset of the exercise.

ANNEX C to Module 2

Costs for an exercise depend on the venue, the complexity of the exercise and other factors. The following table lists the principal categories of expenses with some planning considerations, and can be used to make initial cost

EXERCISE COSTING GUIDE

estimates for a simple tabletop exercise. Costs of travel and accommodation for participants are not included.

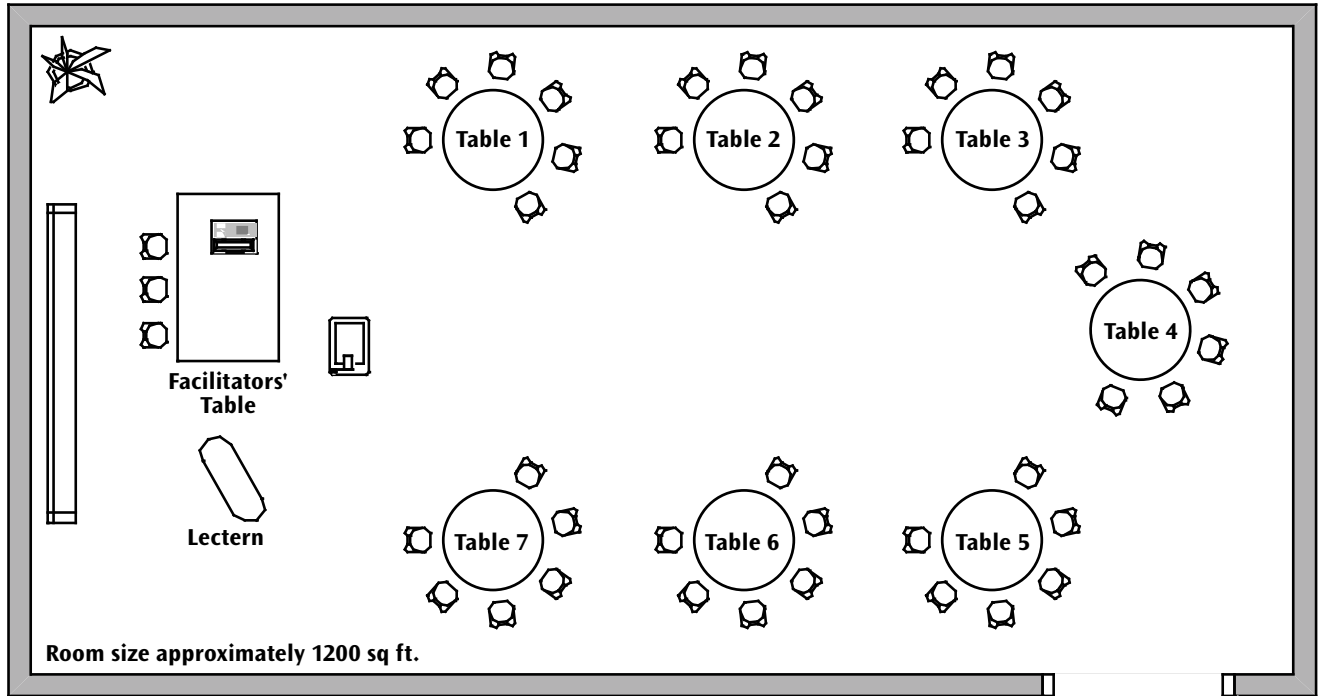
Expense	Planning Considerations
Venue rental	Costs vary according to location and venue type, however the amounts shown below are typical daily charges for a conference centre function room in a medium-sized city in Canada and may be used for initial cost estimates: Small function room (1000-1500 sq ft): \$300-500 Medium function room (1800-2500 sq ft): \$700-1000 Large function room (3500-5000 sq ft): \$1200-1500
Working lunch, refreshments	For planning purposes estimate \$25.00 per participant.
Office supplies and expenses	Costs include printing (e.g., <i>Player Handbook</i>), copying, signs and stationery. For planning purposes estimate \$5.00 per participant.
Registration	Pre-exercise mailouts, identification badges. For planning purposes estimate \$2.00 per participant.
Audio/Visual	A/V services are sometimes included with facility rental and in other cases must be expensed separately. For planning purposes, use \$75.00 daily for the use of basic A/V equipment in a small function room.
Consulting fees	The services of a consultant or consulting company that specializes in exercise design and conduct is often an appropriate choice for exercise planning. Consulting fees vary, however for planning purposes estimate \$750.00 daily. A consultant used to plan and assist with the conduct of a simple tabletop exercise based specifically on the <i>Generic Exercise</i> framework in Module 4 would require approximately five days. Longer periods would be required for exercises using a different scenario or for more complex tabletop exercises.

This guide is intended to be used for **rough estimates** at the outset of the exercise planning process. Costs vary significantly depending on the exercise type and local conditions. There will be some economies of scale for larger exercises.

ANNEX D to Module 2

For planning purposes, a small tabletop exercise based on the exercise Generic Framework with 35 participants would require a room layout similar to that illustrated below:

EXERCISE SETUP GUIDE



(Working lunch area nearby)

Registration

(Not to scale)

<p>Sample Seating Arrangement:</p> <ul style="list-style-type: none"> Table 1 – Health Ministry Emergency Planning Table 2 – Central Emergency Program Table 3 – Other Government Departments Table 4 – Observers Table 5 – Volunteer Sector Table 6 – Health Boards/Authorities Table 7 – Health Boards/Authorities 	<p><i>N.B. The careful selection of participants is key to the success of the exercise. Responsible managers/officials should be involved, as “role players” never maximize exercise benefits.</i></p>
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■ Venue Requirements

- Function room approximately 1500-1800 square feet.
- Projector and screen.
- Circular tables with chairs for players/observers.
- Table signs.
- Facilitators' Table.
- Lectern with microphone.
- Adjacent space or room for working lunch.
- Registration area.

■ Staff Requirements

- Exercise Director
- Control: 2 Facilitators
- Registration: 2 Registration Assistants
- Administration: 1 Administrator for travel and other on-site assistance
- Audio/Visual: 1 A/V Technician (available on short notice)

■ Stationery and Signs

- Stationery (notepads, pens, pencils) for each table.
- Directional signs.
- Table signs.
- Participant Identification Badges.

ANNEX E to Module 2

General

A tabletop exercise is like a problem-solving or brainstorming session. Unlike a functional exercise, problems are tackled individually and talked through without undue stress.

The tips that follow can help in ensuring your exercise is a success.

TIPS FOR CONDUCTING A TABLETOP EXERCISE¹

Injects

A tabletop is not tightly structured, so injects can be handled in various ways:

- The facilitator can present injects/questions orally, which are then discussed one at a time by the group.
- Situation summaries and related discussion questions can be given to individuals to answer from the perspective of their own organization and role, then discussed in the group.
- Another approach is to deliver pre-scripted injects to the players. Each group discusses the inject material and determines what, if any, additional information is needed and requests that information.
- Occasionally, players receiving injects handle them individually, making a decision for the organization they represent. Players then work together, seeking out information and coordinating decisions with each other.
- Some facilitators like to combine approaches, beginning the exercise with general problems directed to key individuals and then presenting injects one at a time to the other players.

It is usually wise to take the time to discuss each problem thoroughly, rather than hurry from one question to the next, even though players sometimes will want to bypass more difficult issues.

Venue

Any conference facility that will comfortably accommodate the expected number of participants in a face-to-face setting will be adequate. In some circumstances an EOC is best setting, as maps, communications and other exercise [facilities] will be readily available.

The number and type of participants, the scenario and the objectives of the exercise will determine the number and arrangement of tables for the exercise. Some situations call small groups around separate tables, where others benefit from a round, U-shaped or hollow square layout.

Exercise Facilitation

A tabletop exercise provides a relaxed environment of team problem solving. Whereas functional and full-scale exercises are interactive, a tabletop is managed by a facilitator. The facilitator has a number of responsibilities, including:

- Introducing the narrative.
- Facilitating the problem solving.

¹ This Annex has been adapted from FEMA Emergency Management Institute exercise design series IS-139, Unit 5.

- Controlling the pace and flow of the exercise.
- Presenting scenarios/issues/problems as exercise injects.
- Stimulating discussion and drawing answers and solutions from the group (rather than supplying them).

The facilitator must have good communication skills and be well informed on local plans and organizational responsibilities. Although the facilitator can be thought of as a discussion leader, but the role also includes controlling the pace of the exercise, presenting the injects in the most effective way, looking after exercise logistics, adjusting play when required, etc. The following paragraphs provide some tips for facilitators.

Setting the Stage

The opening remarks and activities influence the whole experience. Players need to know what will happen and to feel comfortable about being there. Some suggestions:

- **Welcome.** Begin by welcoming participants and putting them at ease.
- **Briefing.** Brief the participants about what will happen. This includes a clear explanation of:
 - the purposes and objectives of the exercise;
 - the ground rules for players; and
 - procedures to be used in conducting the exercise.
- **General Idea.** Start the exercise by presenting the opening scenario and introducing the first situation.
- **Ice Breaker.** Try breaking the ice by beginning with a general question directed at one or two high-ranking officials or to the group as a whole. Later, other injects/questions can be addressed to other individuals or organizations.

Involving Everyone

It is important that everyone participates and that no one person or organization dominates the discussion. Tips for involving all of the participants are summarized below:

- **Organize** the injects so that all organizations must deal with a question or problem.
- **Avoid** the temptation to jump in with the right solutions when players are struggling. This will often hamper the discussion. Instead, try to draw out the answers from the players. They will be more likely to participate if they feel people are listening intently and sympathetically.
- **Model and encourage** the behaviors you want from the participants.
- **Maintain** eye contact with players and acknowledge comments in a positive manner.

In-Depth Problem Solving

The purpose of tabletop exercises is usually resolving problems or making plans as a group. That means going after real solution – not superficialities.

Some facilitators make the mistake of trying to move too quickly through the scenario, believing that they have to meet all of the objectives and get through all of the messages. That is not a good approach if nothing gets settled.

Remember, if you spend all the time on one big problem, maintain interest among players and reach consensus, then the tabletop is a success. Push the players past superficial solutions – a few carefully chosen, open-ended questions can keep the discussion going to its logical conclusion.

Controlling Exercise Play

To maintain a high level of interest and keep everyone involved, the facilitator needs to control and sustain the exercise play. There are several ways to do this:

- Develop the scenario narrative in stages. Introduce one situation, then as discussion begins to fade on one issue introduce the next segment.
- Add or delete injects to vary the pace of the exercise. Occasionally give two injects at the same time to increase pace and interest.
- Maintain a balance between overly talking about a problem to death and moving along so fast that nothing gets settled. Monitor interest and participation, and don't hesitate to control the exercise tightly.
- Watch for signs of frustration or conflict. The tabletop exercise is training, not testing. People may come with fragile egos and little exercise experience, and if you see mounting frustration or conflict, stop the exercise. Reach into your experience to help the players resolve conflicts and feel comfortable.

Key Elements of Success

Scenario: The tabletop scenario should be kept reasonably short. It is generally given to the players in printed format, although it can be presented orally or, for more complex exercises, through simulated TV or radio. The overall scenario or *General Idea* is presented at the start of the exercise, with the following *Situation Summaries* presented sequentially, in logical chronological order, to generate discussion.

Expected Actions: A consideration of expected actions is useful for developing injects. It is always important to be clear about what you want people to do. However, in a tabletop, sometimes the expected action will be a discussion that will eventually result in consensus or ideas for change.

Injects: A tabletop exercise can usually succeed with just a few **carefully written** situation summaries. The events portrayed must be clear, realistic and closely related to the objectives of the exercise. Injects must be closely tied to objectives and should be planned to give all participants the opportunity to take part.

Tabletop Exercise Check List

Design and Development

- Exercise scope, statement of purpose, and objectives developed.
- General Idea and opening narrative clear and realistic.
- Situation summaries limited in number and presented as problem statements.
- Exercise documentation (instructions and player handbook) complete.
- Suitable venue confirmed/inspected.
- Planning conferences scheduled/conducted.
- Injects limited in number.
- Involve maximum numbers of participants.
- Keep exercise play tied to objectives.
- Rehearsal scheduled.

Facilitation

- Welcome participants.
- Exercise briefing (refer to player handbook).
- Narrative presentation (printed, oral, TV, radio).
- Ice breaker questions prepared.
- Injects organized to involve all organizations.
- Strategies to encourage the reticent.
- Facilitate – don't dominate.
- Model positive behaviors (eye contact, positive reinforcement).
- Aim for in-depth problem solving.
- Strategies for sustaining action.
- Varied pace.
- Conflict resolution.
- Maintain low-key atmosphere.

Post Exercise Activities

- Hot washup.
- After Action Review.
- Action Plan Implementation.

MODULE 3

Pandemic Influenza Resources

Pages 3-1 to 3-5

Pandemic Influenza Resources

General

This module identifies key reference material related to pandemic influenza planning and response in Canada, and contains information on Canadian pandemic phases.

Key References²

National
Government of Canada Pandemic Influenza Plan <i>for the Health Sector</i> http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php
Highlights from the Canadian Pandemic Influenza Plan <i>for the Health Sector</i> http://www.phac-aspc.gc.ca/cpip-pclcpi/hl-ps/index-eng.php
Pandemic Periods and Phases http://www.phac-aspc.gc.ca/influenza/pi-pp_e.html
Provincial
BC Pandemic Influenza Preparedness Plan http://www.bccdc.org/download.php?item=1019
Alberta's Plan for Pandemic Influenza http://www.health.alberta.ca/influenza/Alberta-pandemic-influenza-plan-HC.pdf
Saskatchewan Health – Public Pandemic Influenza Plan http://www.health.gov.sk.ca/pandemic-influenza-plan
Preparing for Pandemic Influenza in Manitoba http://www.health.gov.sk.ca/pandemic-influenza-plan
Ontario Health Plan for an Influenza Pandemic http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html
Québec Pandemic Influenza Plan – Health Mission http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2005/05-235-05a.pdf
New Brunswick Pandemic Influenza Plan – For the Health Sector http://www.gnb.ca/0053/pandemic/pdf/Pandemic_Plan-e.pdf
Nova Scotia Health System Pandemic Influenza Plan http://www.gov.ns.ca/govt/pandemic/pandemic_plan.asp
Prince Edward Island Pandemic Influenza Contingency Plan for the Health Sector http://www.gov.pe.ca/photos/original/influenza121806.pdf
Newfoundland and Labrador Pandemic Influenza Plan http://www.health.gov.nl.ca/health/pandemic/HealthSector.html
Local
Managing Pandemic Influenza – A guide for BC Local Governments http://www.health.gov.bc.ca/library/publications/year/2005/managing_pandemic_influenza.pdf

² Users should verify the referenced documents as they are subject to periodic change over the life of the Tool Kit.

Other

Pandemic Influenza – Government of Canada
http://www.influenza.gc.ca/index_e.html

World Health Organization
<http://www.who.int/en>

US Department of Health and Human Services (HHS) Pandemic Influenza Plan
<http://www.hhs.gov/pandemicflu/plan/>

UK Influenza Pandemic Contingency Plan
http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/19_10_05_bird_flu.pdf

Australian Action Plan for Pandemic Influenza
http://www.dhs.vic.gov.au/nphp/publications/cdna/flu_pandemic_plan_oct03.pdf

European Centre for Disease Prevention and Control
<http://ecdc.europa.eu/>

Canadian Pandemic Phases

Management of the health response to a pandemic will be undertaken in phases that correspond to pre-established thresholds:

- Phases 1 and 2: *Interpandemic Period*;
- Phases 3, 4 and 5: *Pandemic Alert Period*; and
- Phase 6: *Pandemic Period*.

During the Interpandemic Period (Phases 1 to 2), emphasis is placed on addressing human health risks posed by animal outbreaks. The Pandemic Alert Period (Phases 3 to 5) addresses the situation of evolution or adaptation of a novel animal influenza virus with pandemic potential. It places greater emphasis on rapid intervention in an attempt to contain or delay the spread of a new influenza virus subtype in humans.

Although it is uncertain if such “containment” measures would be effective or feasible, it is still useful to consider potential early interventions for planning purposes.

Note: The phase terminology used reflects the epidemiological situation and the key objectives of the pandemic response but does not necessarily reflect the level of activation of emergency operations within Canada.

Interpandemic Period

Phase	Definition	Examples
1.0	No new virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals located outside of Canada. If present in animals, the risk of human infection and/or disease is considered to be low.	Highly pathogenic H7N3 detected in poultry outside of Canada.
1.1	No new virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection is present in animals in Canada but the risk of human infection and/or disease is considered to be low.	Highly pathogenic H7N3 detected in a poultry flock in Canada.
2.0	No new virus subtypes have been detected in humans. However, an animal influenza virus subtype that poses substantial risk to humans is circulating in animals located outside of Canada.	Highly pathogenic H5N1 detected in poultry flocks outside of Canada.
2.1	No new virus subtypes have been detected in humans. However, an animal influenza virus subtype that poses substantial risk to humans is circulating in animals in Canada.	Highly pathogenic H5N1 detected in poultry flocks in Canada.

Pandemic Alert Period

Phase	Definition	Examples
3.0	Outside Canada human infection(s) with a new subtype are occurring, but no human-to-human spread or, at most, rare instances of spread to a close contact has been observed. No cases identified in Canada.	Outside Canada sporadic human cases are occurring in connection to an avian outbreak.
3.1	Single human case(s) with a new subtype detected in Canada. The virus is not known to be spreading from human-to-human or, at most, rare instances of spread to a close contact have been observed.	Case imported into Canada from area outside Canada experiencing an avian outbreak. Case arising in Canada “de novo” or in association with an avian outbreak in Canada.
4.0	Outside Canada small cluster(s) with limited human-to-human transmission are occurring but spread is highly localized, suggesting that the virus is not well adapted to humans. No cases identified with these cluster(s) have been detected in Canada.	Outside Canada small cluster(s) of human cases with a novel virus are occurring in connection to an avian outbreak.
4.1	Single human case(s) with the virus that has demonstrated limited human-to-human transmission detected in Canada. No cluster(s) identified in Canada.	Detection of an imported case in Canada that is infected with the novel virus known to be causing small clusters of human cases outside Canada.
4.2	Small localized clusters with limited human-to-human transmission are occurring in Canada but spread is highly localized, suggesting that the virus is not well adapted to humans.	Detection of a localized cluster of cases in Canada linked to an imported case or from cases arising in Canada.
5.0	Outside Canada larger cluster(s) are occurring but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). No cases identified with these clusters have been detected in Canada.	Outside Canada larger cluster(s) of human cases with a novel virus are occurring.
5.1	Single human case(s) with the virus that is better adapted to humans detected in Canada. No cluster(s) identified in Canada.	Detection of an imported case in Canada that is infected with the virus known to be causing larger clusters of human cases outside Canada.
5.2	Larger localized cluster(s) with limited human-to-human transmission are occurring in Canada but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).	Detection of a large but localized cluster of cases in Canada linked to an imported case OR from cases arising in Canada.

Pandemic Period

Phase	Definition	Examples
6.0	Outside Canada increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.	Countries outside of Canada have reported sustained transmission of the new virus in their populations.
6.1	Single human case(s) with the pandemic virus detected in Canada. No cluster(s) identified in Canada.	Detection of an imported case in Canada that is infected with the pandemic virus.
6.2	Localized or widespread pandemic activity observed in the Canadian population.	Large numbers of clinical cases being rapidly identified in Canada with no history of travel to an affected area.

Pandemic Waves

The new Canadian phase terminology does not include Canadian phases that would denote the end of the first pandemic wave, the interval between waves or the onset of a second pandemic wave. It is expected the Canadian Phase will reflect the highest level of activity occurring in Canada (using the .0, .1 or .2 nomenclature) and that additional details regarding pandemic waves will accompany this communication. Regional and local influenza activity will be communicated as sporadic, localized or widespread; these terms are similar to current national surveillance (FluWatch) terminology.

Post-Pandemic Period

A recovery period would be expected to occur following Phase 6 (i.e. the Pandemic Period) after which there would be a return to the Interpandemic Period (e.g. Global Phase 1 or 2). Indicators for the return to the Interpandemic Period will be likely based on epidemiologic indicators (e.g. the return of annual fall–winter cycle of influenza activity) rather than on a “return to normal” of societal or economic indicators.

MODULE 4

Generic Exercise Builder

Pages 4-1 to 4-18

Generic Exercise Builder

General

This module provides planning tools to assist with the design and conduct of a simple pandemic influenza tabletop exercise, scaled to meet a variety of requirements. It contains:

- a *Generic Exercise* framework, including Situation Summaries with associated key questions;
- an *Inject Inventory* which provides a variety of selectable discussion questions for exercises scaled to various levels; and
- a sample exercise schedule.

Generic Exercise

The *Generic Exercise* framework is comprised of an exercise scenario, situation summaries and associated questions, providing the basis for a simple, one-day pandemic influenza tabletop exercise adaptable to a variety of situations. In the form provided it would be suitable for health emergency staff at a provincial ministry or health board level. It is scalable to other levels by using the *Inject Inventory* to select suitable questions for discussion, or by substituting alternative questions at the discretion of the exercise planners.

The scenario and situations within the *Generic Exercise* framework are structured for a tabletop exercise that can be completed within one working day (e.g., 9:00 a.m. to 3:30 p.m. with a working lunch). There is no set number of participants but it would be most suitable for a small tabletop exercise of approximately 35 players in functional groups of five.

Exercise Objectives

The *Generic Exercise* framework is designed to provide the basis for a simple, readily adaptable pandemic influenza exercise which is easy to plan and conduct. Using the questions provided it could achieve any of the following objectives:

- to provide an opportunity to review and/or further develop jurisdictional policies, plans and/or procedures for responding to a pandemic emergency;
- to engage key decision makers on the issue of a pandemic emergency;
- to identify key issues and/or gaps related to a pandemic planning within the jurisdiction;
- to promote linkages among applicable organizations, agencies and programs likely to be involved in a pandemic event;
- to review logistics preparedness or procedures related to a pandemic emergency; and
- to gain a better understanding of public health measures required during a pandemic emergency.

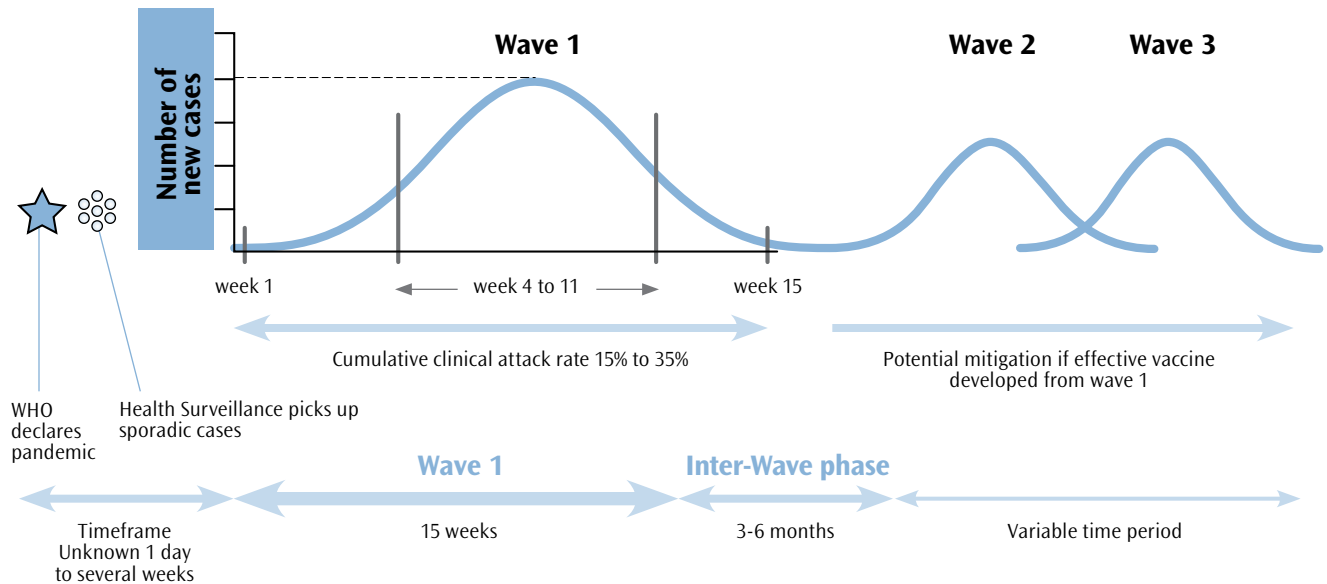
Annexes:	A. Generic Exercise Framework
	B. Inject Inventory
	C. Sample Exercise Schedule

ANNEX A to Module 4

General Idea

This scenario is based on the identification and subsequent spread of a novel influenza virus capable of efficient human-to-human transmission. It covers, based on the *Influenza Pandemic Curve* (see illustration below), the beginning of the pandemic outside Canada, the first wave in Canada and the subsequent interwave period.

GENERIC EXERCISE FRAMEWORK



Planning Assumptions

The scenario and situation summaries in this module are based on the following general assumptions:

- The next pandemic virus will be present in Canada within three months after it emerges in another part of the world, but it could be sooner because of the volume and speed of global air travel.
- The first peak of illness in Canada could occur within two to four months after the virus arrives in Canada. The first peak in mortality is expected to be approximately one month after the peak in illness.
- A pandemic wave will sweep across Canada in one to two months, affecting multiple locations simultaneously. This is based on analysis of the spread of past pandemics.
- The influenza pandemic will occur in two or more waves. In any locality, the length of each wave of illness will be six to eight weeks.
- The second wave will occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first.
- The pandemic will last 12 to 18 months and more than one wave may occur within a 12 month period.
- Vaccine will be the primary means of pandemic influenza prevention. The supply will be limited during the early stages of the pandemic; therefore, plans for the first wave should assume lack of influenza vaccine.

- A substantial proportion of the workforce will not be able to work for some period of time due to illness in themselves or in their family members.
- Health care workers are likely to be at higher risk of exposure to the virus but not necessarily infection since they will have the best access to protective equipment.
- Effective preventive and therapeutic resources will be in short supply.
- Essential community services are likely to be disrupted.

Exercise Artificiality

The pandemic strain of influenza used within the exercise (H4N0) is fictional. For the purpose of the exercise it is assumed to have the following characteristics:

- Mode of Transmission
 - Direct contact of the oral, nasal or possibly conjunctival mucous membranes with the oropharyngeal secretions of an infected individual.
 - Indirect contact from hand and articles freshly soiled with discharges of nose and throat of an acutely ill individual.
 - Droplet transmission from the respiratory tract of an infected individual.
 - Airborne route is uncertain.
- Period of Communicability
 - 24 hours before onset of symptoms to 3-5 days after clinical onset in adults, and up to seven days in children.
 - Transmission while asymptomatic is possible but it is more efficient when symptoms, such as coughing, are present and viral shedding is high.
 - Influenza A can survive on hard surfaces for 24-48 hours and softer, porous surfaces for 8-12 hours, and on the hands for up to five minutes after transfer from contaminated environmental surfaces.
- The incubation period is one to three days.

Current Situation (Opening Narrative)

An outbreak of unusually severe respiratory illness is identified in a Southeast Asian country. Surveillance in the surrounding areas is increased and new cases are identified throughout the region. In a matter of days, a number of cases with the same symptoms appear.

WHO dispatches a team of epidemiologists and laboratory personnel to the area.

Following investigation, WHO determines that the isolates are a new strain (H4N0)³ of influenza A which leads them to conclude that they are facing a virus that may be capable of human-to-human transmission, but currently localized within one country. Epidemiological data is sketchy, but the WHO team reports that local hospitals and clinics are seeing a big increase in febrile respiratory illness and that there has been an increase in unexpected deaths apparently due to influenza.

WHO declares that the world is now at Pandemic Phase 4.

New cases are then reported in a second and third Southeast Asian countries. Although cases are reported in all age groups, young adults appear to be the most severely affected and fatality rates are increasing. WHO elevates the world pandemic level to 5.

One month after the initial reports, influenza cases have appeared in Hong Kong, Singapore and Vietnam. Suspected cases have been reported in Guangdong and Fujian provinces of China.

No cases have been reported or are suspected in North America. Canada is at Pandemic Phase 5.0. PHAC has notified quarantine stations at Canadian ports of entry and provincial health authorities to be on the alert for passengers arriving with severe respiratory illness. Viral isolates have been sent to the appropriate facilities to begin work on producing a generic strain for vaccine production, however it is expected that it will take up to six months before a vaccine will be widely available.

The influenza issue is in the headlines in all major newspapers, and is the lead story on major news networks. Key Canadian government officials are being briefed on a daily basis as containment efforts are intensified throughout Southeast and East Asia.



³ This strain is fictitious.

Situation Summaries

The *Situation Summaries* which follow set the scene for the discussion questions associated with each summary. The summaries are generic in that they are not targeted at a specific type or level of health organization; rather, they are adaptable to a variety organizations.

Exercise planners may use the provided summaries 'as is' or may adapt them to their specific organization. The summaries and the associated key questions are supplemented by additional discussion questions provided in the *Inject Inventory*, which may be added or substituted as appropriate for the specific level and type of user organization.

Answers to the questions are not provided, as specific answers will depend on the user organization and the applicable pandemic plans. Exercise planners may wish to develop suggested answers as part of their exercise planning process; this is not essential, but could be used to assist facilitators in guiding exercise discussion.

Situation Summary 1

Canadian Pandemic Phase:	6.1 to 6.2
Pandemic Curve Placement:	Wave 1
Time Period:	Week 2

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

Human cases have now been identified in Canada and the USA – the H4N0 virus has been isolated from ill airline passengers arriving in Toronto, Calgary, Vancouver, Los Angeles, Honolulu and New York.

At a press conference the WHO Director-General has elevated the world Pandemic Level to 6. Soon, local outbreaks are being reported in several cities in Canada. In your jurisdiction the number of influenza cases begins to increase rapidly and a health emergency is declared.

Surveillance estimates indicate that approximately 2% of the population is ill with H4N0 influenza. Workplace data from employers indicates that the workforce absenteeism is in the range of 15-25%.

Key Questions – Situation Summary 1

- 1) What are the principal issues that your organization would have to address immediately?
- 2) What significant gaps or shortages (both internal and external) would have an impact on your organization's ability to respond?
- 3) Is the rate of absenteeism normal for this phase of a pandemic? What level of absenteeism should be planned for during the first wave?
- 4) What additional support would your organization require as a matter of priority?
- 5) What communications messages need to be developed for your staff, other stakeholders and, if applicable, the general public?
- 6) What type of emergency command structure and level of activation is appropriate for your organization at this point?

Situation Summary 2

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Wave 1
Time Period:	Week 5

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

As the influenza outbreak spreads, rates of absenteeism in schools and businesses begin to rise. Similarly, many personnel in key critical infrastructure positions (health care, law enforcement, emergency first responders) are absent due to illness or caring for ill family members.

Some local pharmacies have run out of antiviral medications and are unsure whether they can expect to receive more (information about the National Antiviral Stockpile is being circulated, but pharmacies are still uncertain about the amounts available and the means of distribution). The health ministry has issued guidelines to physicians on antiviral medication use and has emphasized the importance of establishing appropriate priorities, but anecdotal information suggests that physicians may have been prescribing antiviral medications more broadly.

The public begins to demand vaccine, but it will be another month or two at the earliest until it is available. Once the vaccine arrives it may need to be given only to specified high priority groups as there won't initially be enough for the entire population. Angry phone calls to elected officials reflect frustration and lack of understanding about why plans for the vaccine is being targetted only for certain personnel and will not be widely distributed to the general public.

Key Questions – Situation Summary 2

- 1) What level of absenteeism should be planned for during the first wave, and how do you plan to address anticipated absenteeism?
- 2) What is your plan to manage the distribution of antiviral medications?
- 3) What essential functions must remain in place, and who decides how limited staff and other resources are allocated?
- 4) What essential services must be maintained?
- 5) What non-pharmaceutical public health measures will be considered to complement/ offset the available vaccine and antiviral supplies?
- 6) How do you plan to respond to the public questions and dissatisfaction about plans for vaccine priorities?

Situation Summary 3

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Wave 1
Time Period:	Week 8

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

It is now Week 8 and the first wave is at or near its peak. Your jurisdiction is becoming overwhelmed by the number of influenza cases – initial surveillance estimates indicate that 25% of the population has been or is currently ill with influenza-like illness.

Local hospitals and outpatient clinics are short-staffed, with an estimated 35% of physicians, nurses and other health-care workers absent due to illness, caring for family members or simply because of fear for their safety. Funeral homes are struggling to cope with the increased number of deaths and staff absenteeism.

Grocery stores nationwide are suffering shortages of food supplies due to widespread absenteeism in the transportation sector. Law enforcement, emergency medical personnel, health care, and local utility companies (power and water) also have personnel shortages, resulting in some cutbacks in routine services.

Many area residents, particularly those with chronic medical conditions, are afraid to venture out for fear of becoming seriously ill with influenza. Essential supplies in many homes, particularly food, are becoming depleted.

Key Questions – Situation Summary 3

- 1) How do you intend to respond to the staffing issue in hospitals and clinics?
- 2) What special issues need to be considered related to various populations such as persons who are geographically isolated, non-English speakers, the hearing-impaired, the elderly, and others with limited access to healthcare?
- 3) How will the deceased be safely and respectfully handled during the pandemic, and how will religious beliefs be addressed?
- 4) What mental health needs of citizens, health workers, emergency responders, and others must be considered and addressed? How will this be accomplished?

Situation Summary 4

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Wave 1
Time Period:	Week 10

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

The number of influenza cases starts to decline. This could signify the tail end of the first wave, which would offer a brief opportunity for your jurisdiction to recuperate and reorganize in anticipation of the second wave.

News of this development has travelled fast, but has had little effect on the general public. The workforce absentee estimates remain relatively unchanged as the public remains unsure about whether it is safe to report back to work. However, the need for families to maintain stable income is expected to drive some individuals back to their jobs. Anecdotal evidence indicates that some employers are contemplating a move to proactively cancel the temporary leave given to some employees and recall them to work in an effort to make up for lost productivity and revenues during the first wave.

Officials have been advised that the first shipments of the H4N0 vaccine are now being shipped to your jurisdiction.

Key Questions – Situation Summary 4
1) What actions can be taken to communicate the current situation to the public and get staff back to work? Should temporary leaves be cancelled?
2) Where and how will priority groups be vaccinated after first shipments of the vaccine arrive? How will they be notified?
3) How do you plan to safeguard and monitor your vaccine supply?
4) What organization/agency has primary responsibility for vaccine coordination, management and distribution?
5) Once any identified priority groups have been immunized, how would you go about immunizing the remaining general population?
6) How might presumably immune workers be utilized during this period?
7) Healthcare workers are demanding that their family members also receive vaccine – how will you respond to this?
8) It is possible that there will be sufficient vaccine to immunize everyone within a one-month period. In this event, will any form of prioritization be necessary?
9) Is it necessary to obtain consent for vaccination? If so, what form should this take?

Situation Summary 5

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Late Wave 1
Time Period:	Week 11

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

The number of ill persons has been on the decline for three weeks and the inter-wave period is approaching. Hospital staff are exhausted, as all staff available to assist in providing health care have been pulled in.

Some employees have been returning to their workplaces, and vaccine is finally becoming available on a larger scale. Authorities have determined that the amount of vaccine will enable the immunization of the general public at community vaccination centres.

Key Questions – Situation Summary 5
1) The health care community, both public and private, has been stretched to the limit responding to the clinical needs for the past several weeks – what can be done during this period to provide them with some needed rest and time with their families?
2) The turnout at vaccination centres is significantly lower than expected as public interest shifts away from the pandemic during the inter-wave period. What is your plan to increase awareness of the vaccination program and convince those who require vaccinations to obtain them?
3) Should adjustments to vaccination priorities be made at this stage, and at what level should decisions about adjustments, if any, be taken?
4) What discontinued services will be restored during this period? How will they be phased in?
5) How will your organization accommodate staff who wish to return to work?
6) What would your organization do to rest and re-energize overworked staff during the coming inter-wave period?

Situation Summary 6

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Inter-Wave
Time Period:	Week 15

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

The inter-wave period is now well established. Public and private organizations and individual families alike are attempting to resupply in anticipation of the second wave. However, suppliers everywhere are experiencing difficulties in meeting demand. Grocery stores have been hit particularly hard by the first wave and products are leaving the shelves faster than they can be restocked.

Representatives from a number of sectors such as energy and agriculture are approaching the government to discuss a coordinated resupply effort to ensure that their needs will be met for the second wave. Some sectors have reported that suppliers and other local businesses have begun to engage in price-gouging tactics, which is hampering the efforts of many organizations to mobilize new supplies.

Though the number of cases continues to drop, the virus is still present in certain areas. Staff shortages remain at about 10% and a number of key senior political and government officials remain ill.

Key Questions – Situation Summary 6

- 1) How would your organization apply the lessons learned during the first wave in responding to the second wave?
- 2) What key activities should be undertaken in preparation for the second wave?
- 3) What strategies should be implemented during the inter-wave period to restore normal services but still prepare for the expected second wave?
- 4) What messages should be communicated to the public in advance of the second wave, and what should individuals and families be doing to prepare themselves?
- 5) Should individuals who have been ill with influenza during the first wave but have recovered return to work? Are they likely to be re-infected or do they present any risk to those who have not been infected?

Situation Summary 7

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Inter-Wave
Time Period:	Week 16

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

The overwhelming requirement for in-patient care during the first wave prompted the health system to establish alternate and non-traditional care sites to expand the delivery of critical health services such as mass immunization and rapid assessment triage, and to provide temporary influenza hospitals.

The vast majority of clinically but not critically ill people are on self/home care. Community service agencies are stretched to the limit and are finding it increasingly difficult to meet the needs of those unable to care for themselves at home, but are not so sick as to require hospitalization.

Key Questions – Situation Summary 7

1) What is the role of voluntary and religious organizations? Who is responsible for coordinating their efforts?
2) What roles can be assigned to volunteers at alternate and non-traditional care sites?
3) What training will be provided to volunteers before being employed in a supportive health care role?
4) What role could the volunteer sector play in the distribution of antiviral medications?
5) What critical core services should the volunteer sector be capable of maintaining during a pandemic event?
6) Is there a role for the volunteer sector in communicating a clear, consistent message to otherwise disconnected populations during a pandemic?
7) What role would Emergency Social Services (ESS) for the province/municipality play in a pandemic? Eg: Would ESS deliver medication and/or food to isolated or quarantined people?
8) Is there a role for ESS to work with Emergency Measures/Management Organizations (EMOs) on issues such as supply chain for food/gas in your jurisdiction?
9) Would there be an ESS role in non-traditional care sites for your jurisdiction?

ANNEX B to Module 4

INJECT INVENTORY

The *Inventory* is a list of discussion questions grouped by organizational type, designed to give exercise planners a range of options to develop the exercise play. The injects may be used to replace or supplement the key questions provided with each *Situation Summary*, to ensure that the exercise is adapted correctly to the participant makeup.

The inventory is not exclusive. Exercise planners can add or substitute their own questions to reflect the unique requirements of the organizations that are participating in the exercise. There are also many questions that have been used in pandemic influenza exercises on a global basis which can easily be accessed online and adapted to specific exercise requirements.

Discussion questions should be selected on the basis of local requirements and, to the extent possible, related directly to the applicable Pandemic Influenza Plan. Links to current plans are provided in Module 3.

General

1) How is your communications plan affected by non-English/French speaking populations? Are there any special cultural diversity needs?
2) What other contingencies are predictable and need to be planned for?
3) What procedures are in place to track the location of those ill at home? Are there systems in place to become informed of what is occurring in other hospitals and clinics?
4) How is vaccine being shipped, safeguarded, monitored and administered?
5) What types of public places and gatherings should be suspended? How will this be done?
6) What actions would be taken to manage the increase of cases and/or prepare for further cases? How are potential patients being triaged for care by physicians' offices, hospitals and clinics?
7) What mechanism should be used to update the public? What role should the media play in that function?
8) Are there resources in place to protect first responders?
9) What mechanisms can be used to deliver food and other critical necessities to those staying in their homes due to illness or self-isolation?
10) How will the backlog of deceased be handled? How will the deceased be safely and respectfully handled? How will religious beliefs be respected?
11) How will essential services be identified and maintained? What contingencies need to be considered if a routine emergency (fire, hazmat spill, flood) occurs during this critical period of staff shortages and overflowing hospitals?
12) What steps should be taken to accommodate employees who have ill children or other family members?
13) What programs will be implemented in your community to prepare residents to meet the home care needs of residents?
14) What steps have been taken to ensure a consistent occupational health and safety policy in your jurisdiction?

First Nations, Inuit and Métis

1) What special issues need to be considered related to First Nations and Inuit populations, including the availability of health care providers?
2) How will local public health agencies coordinate on-reserve surveillance and reporting?
3) What provisions will be implemented for the delivery of supplies and medications to geographically isolated populations?
4) What arrangements are there to ensure the acute care and primary care needs of on-reserve First Nations are integrated with provincial systems?
5) Are adequate resources in place for on-reserve public health and home care?
6) How will cultural sensitivities regarding on-reserve funerals and burial, particularly traditional gatherings, be resolved if social distancing is implemented?
7) What public messaging strategies will be implemented to accommodate First Nations and Inuit dialects?
8) How will non-First Nations neighbouring communities support response efforts in on-reserve First Nations communities?

Public Health

1) Does your community/organization have a plan to educate local residents on subjects such as how to: care for those ill at home; recognize symptoms indicating the need for professional medical care; recognize who is at higher risk of serious illness; and where to go for medical care if residents do not have a regular source of such care?
2) How do public health departments prepare to respond to meet community-related health issues?
3) What plans need to be in place to deliver the vaccine, assuming there may initially be a limited supply?
4) What non-pharmacological interventions in illness prevention should be considered?
5) What non-pharmacological approaches to disease prevention are appropriate at this time?
6) Has your jurisdiction considered cultural sensitivity in establishing priority groups?
7) What plans need to be in place to coordinate, prioritize and administer vaccines and antivirals? How will they be prioritized and allocated?
8) When should the education of the public begin?
9) Who would be the best spokesperson(s) for the educational program?
10) Who has or should have primary responsibility for developing local health communication plans?

Surveillance

1) How will your local public health agency coordinate surveillance and reporting with other health care partners?
2) Have front-line physicians and other primary care providers been engaged in developing a local surveillance program? How will information be systematically collected and aggregated?
3) What agency is responsible for leading and coordinating local surveillance efforts?
4) What local agency is responsible for reviewing global, national and regional influenza-activity trends to identify emerging problems?

Laboratory Services

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| 1) What arrangements will be implemented for the transportation of specimens from remote areas to provincial laboratories? |
| 2) What arrangement will be implemented to increase laboratory capacity, particularly in normally under-serviced areas? |

Hospitals/Primary Care Providers

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|---|
| 1) What do hospitals and primary care providers need to get ready to care for their patients? |
| 2) Hospital capacity is being rapidly (if not already) exceeded. What approaches to expansion of capacity will be used in your community? |
| 3) Will your jurisdiction open alternate or expand current facilities? Will the expanded capacity in these facilities meet the need? |
| 4) Will there be adequate staffing, equipment and services to make the newly available beds usable for patient care? |
| 5) Will admission and discharge criteria be modified? |
| 6) Should elective procedures be suspended/deferred? |
| 7) How will standards of care be addressed from a legal point of view? |
| 8) What recommendations would you make regarding priority for access to acute care, including mechanical ventilation? Would such priorities have any impact on who does or does not continue to receive critical care? |
| 9) What problems would be encountered in expanding availability of intensive care, including mechanical ventilation? |
| 10) If you knew with certainty that your community was going to be impacted by an influenza pandemic, what would be your recommendations to meet the shortfall in acute care beds? How do these recommendations differ from current plans to deal with mass casualty surge? |
| 11) Will available radiology and laboratory (microbiology and virology) services be adequate to meet the demand? Will providing service for alternate care and non-traditional facilities create problems? |
| 12) Staff shortages, particularly in nursing, have been a problem in previous influenza epidemics. Are good data available on the size of the potential pool of various skills that may be available to meet the surge in need? |
| 13) Will there be authority to waive credentialing requirements for persons, particularly physicians and nurses, who are not currently licensed but are otherwise qualified? |
| 14) Has your jurisdiction considered legal issues that may affect your ability to use volunteers and other auxiliary staff? |
| 15) Is altering nurse/patient ratios a reasonable short-term option? |

Emergency Medical Services (EMS)

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| 1) What is the average daily number of requests for patient transport services in your community? What is the surge capacity? Could the system handle a surge of 30% or more requests on a daily basis during the peak period? How long can this increased level of response be sustained? |
| 2) Will a priority system be implemented in providing patient transport? Who will decide the priority? What criteria will be used in making the decision? |
| 3) Is there a mutual aid agreement if requests for patient transport cannot be met? In your opinion, would this agreement be workable during an influenza pandemic? |
| 4) What alternative sources could be used for patient transport? |
| 5) Are there areas that are chronically underserved for which special plans need to be made? |

Public Safety

1) Have plans been made to enhance security during a pandemic event?
2) Will enhanced security be provided at alternate care sites and non-traditional facilities, including community clinics and pharmacies?
3) Will traffic control be a potential problem?
4) Will parking availability be adequate?
5) Will security be adequate to protect supplies of critical materials (antivirals, antibiotics and vaccines) and equipment?
6) If large numbers of public safety personnel are affected, who will provide the necessary services?

Mortuary Services

1) Who is responsible for authorizing and implementing an expedited process for handling human remains?
2) Will the requirement for postmortem examinations be modified during a pandemic event?
3) Are resources available to manage human remains that cannot be processed quickly by the coroner service, funeral homes and burial/cremation process?
4) Who has the authority to authorize an expedited process for burials or cremation?
5) What alternate process exists if a cemetery or crematory was not properly disposing of human remains?
6) Who is responsible for deaths in the home? Is a postmortem required and, if so, can a waiver be obtained in a pandemic event?

Administrators

1) Pandemic influenza will create a financial burden on both the community and the health care system. What planning can be done to mitigate short and long term financial effects?
2) Is the system prepared to finance the incremental and/or extraordinary expenses in caring for influenza victims?
3) Does your facility/jurisdiction have access to contingency funding for the establishment and operation of alternate and non-traditional sites?
4) What arrangements are in place to prevent double/triple accounting of healthcare providers and community service volunteers?
5) What resources can be activated to compensate for decreased revenues as the day-to-day patient volume is eliminated?
6) Is the health care system capable of guaranteeing payment to other service and equipment vendors needed to manage the outbreak, even in crisis conditions?
7) What action can be taken to identify and, where required, train retired health care professionals and other volunteers in advance of a public health emergency?

Health Logistics

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| 1) What process will your jurisdiction implement for the distribution of antivirals to entitled recipients to ensure treatment is begun within 48 hours of the onset of illness? |
| 2) What action could be implemented to coordinate the distribution of pharmaceuticals and medical supplies among health care providers, both locally and regionally? |
| 3) Should the needs of health care facilities and other providers be tracked regionally at some central point, and should ordering of new supplies and equipment be coordinated? If this is desirable, who should have the responsibility? |

Psychosocial Services

- | |
|---|
| 1) What would priority needs be for psychosocial services? How would you rate their priority in relation to patient care needs? |
| 2) Does your organization have a plan to provide for a surge in psychosocial services? In your opinion is the plan adequate to meet the potential needs posed by an influenza pandemic? |
| 3) What factors might limit provision of adequate psychosocial services? |
| 4) Who should participate in preparations to address psychosocial service needs? |
| 5) Have the needs of those providing health care and other essential services been considered? |
| 6) Who will or should coordinate provision of “worker care” services? |
| 7) What steps could be undertaken to limit the anticipated number of “worried well”. |

Communications

- | |
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| 1) What arrangements have been/should be made to coordinate risk communication messaging across partner agencies? |
| 2) What process is in place to improve the consistency and timeliness of health care information released to the health-care providers and the general public? |
| 3) What agency or organization in your jurisdiction will be authorized to release appropriate information? Is that same agency the designated central emergency communications centre? |
| 4) Does your jurisdiction have secure communications for the transmission of sensitive information between health care and emergency management agencies? |
| 5) Is there appropriate redundancy in the communication system? |
| 6) Should a central emergency communications centre be established? |

Private Sector

- | |
|---|
| 1) What sick leave policy for affected employees should be recommended to private sector businesses? |
| 2) What key public health information should be provided to private sector employers, such as cleaning of common surfaces in the workplace? |
| 3) What sort of messaging to employees should be recommended to the private sector? |
| 4) Should a policy of having employees work from their homes during a pandemic be recommended to private sector employers? |
| 5) What recommendations should be provided to private sector employers about managing employees who develop symptoms at work? |

ANNEX C to Module 4

The following schedule would be suitable for a simple, one-day tabletop pandemic influenza exercise based on the *Generic Exercise* framework:

SAMPLE EXERCISE SCHEDULE

Time	Activity	Notes
08:30 – 09:00	Arrival of participants, registration.	
09:00 – 09:10	Welcome and safety/administrative announcements.	Welcome by Exercise Director
09:10 – 09:30	Exercise briefing and presentation, followed by questions on exercise conduct.	A clear briefing and review of the scenario is necessary to get exercise activity underway smoothly.
09:30 – 10:30	Presentation of exercise scenario (Opening Narrative)	Hand out <i>Situation Summary 1</i> after presentation of scenario.
10:30 – 11:30	Consideration and discussion of <i>Situation Summary 1</i>	
11:30 – 12:30	Consideration and discussion of <i>Situation Summary 2</i> Consideration and discussion of <i>Situation Summary 3</i>	Coffee/refreshments
12:30 - 13:00 Working Lunch		
13:00 – 14:00	Consideration and discussion of <i>Situation Summary 4 or 5</i>	Selection based on makeup of participant groups.
14:00 – 15:00	Consideration and discussion of <i>Situation Summary 6 or 7</i>	Selection based on makeup of participant groups.
15:00 – 15:30	Exercise Director's debrief. Completion of hot washup questionnaires.	

Situation Summary 7

Canadian Pandemic Phase:	6.2
Pandemic Curve Placement:	Inter-Wave
Time Period:	Week 16

Time for Consideration: 30 minutes
Time for Discussion: 30 minutes

The overwhelming requirement for in-patient care during the first wave prompted the health system to establish alternate and non-traditional care sites to expand the delivery of critical health services such as mass immunization and rapid assessment triage, and to provide temporary influenza hospitals.

The vast majority of clinically but not critically ill people are on self/home care. Community service agencies are stretched to the limit and are finding it increasingly difficult to meet the needs of those unable to care for themselves at home, but are not so sick as to require hospitalization.

Key Questions – Situation Summary 7

1) What is the role of voluntary and religious organizations? Who is responsible for coordinating their efforts?
2) What roles can be assigned to volunteers at alternate and non-traditional care sites?
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