



COMMUNICATING DURING EMERGENCIES

TABLETOP GUIDE FOR **FACILITATORS**

Developed by the Northwest Preparedness and Emergency Response Research Center

TABLE OF CONTENTS

INTRODUCTION.....	3
INSTRUCTIONS	4
TIPS FOR FACILITATING A TABLETOP EXERCISE	7
WELCOME	8
SCENARIO.....	12
HOT WASH AND NEXT STEPS	24

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INTRODUCTION

Overview

This tabletop exercise simulates a major, multi-agency incident in a large county (population of two million). The tabletop will enable participants to identify the strengths/gaps in current policies, procedures, and resources related to communication systems during a pandemic influenza. Participants will focus on answering questions such as: Who should be responsible? What communication channel should be used? When should information be given out?

Research findings from the Northwest Preparedness and Emergency Response Research Center (NWPERRC) have been integrated into the tabletop design to help emergency response agencies create practice, protocols, and policy using an evidence base.

We encourage facilitators to modify the scenario to better fit their local communities.

Learning Objectives

By the end of this tabletop exercise, participants should be able to:

- Identify your agency's current strengths and gaps in emergency communication and coordination
- Review and list the roles, plans, and procedures related to emergency communication
- Identify issues related to building effective communication channels between public health, health care, and the public, including vulnerable populations
- Incorporate objectively assessed and research-validated evidence and current best practices into your agency's PHEP communications protocols.

Estimated Time to Complete

This exercise is designed to be completed in a five-hour session. Facilitators can conduct it as a shorter exercise by skipping some discussion questions and shortening discussion and debriefing periods.

The estimated time does not include planning, set-up, break down, or creation of the After Action Report.

Who Should Participate?

This exercise is designed to provide an opportunity for staff within an agency or jurisdiction to work together to review and improve emergency communications protocols. It is appropriate for new and experienced professionals, including emergency and health-related personnel in the following positions:

- Local public health—health officers, epidemiologists, communicable disease control officers, environmental health directors, public health nursing directors, state public health laboratory directors
- Public information officers
- Public safety and response leaders, emergency management services (EMS) directors
- Health care workers, hospital administrators
- First responders
- Emergency Operations Center (EOC) coordinators
- Others as relevant to the local situation (e.g., law enforcement, school district officials)

INSTRUCTIONS

Materials

Facilitator's Materials

- Pandemic Flu Exercise Slides
- Facilitator's Manual
- Tips for Conducting a Tabletop Exercise

Planning

- Name Tags
- Name Tents

Situation Manual

- Description of the Tabletop Exercise
- Agenda
- Roles and Responsibilities
- Pandemic Influenza Fact Sheet
- Summary of Relevant Research
- Scenario Narration and Questions

Set-Up

If your group of players is smaller than 10-15 people, you may wish to seat all participants at one table. For larger groups, it may be preferable to divide players into several tables to make sure that everyone has a chance to speak and participate. Assign tables by grouping participants together whose roles or organizations will function most interdependently during an emergency.

Roles

Facilitator

- Introduces exercise and defines tabletop objectives
- Provides instructions, including use of handouts
- Clarifies roles of players, resources, observers
- Keeps exercise on schedule
- Presents each message, solicits responses, provides examples
- Clarifies/restates responses for recording
- Answers questions
- Prepares After Action Report (AAR)

Player (Participant):

- Represents an agency or organization that would typically be involved as a first-line responder to a disaster (typically, city or county agency)
- Participates in exercise playing his or her real role or representing his or her real organization
- Responds to each question as it emerges
- Brainstorms issues (e.g., communication, assessment, etc) embedded in each message

- Provides agency/discipline perspective
- Seeks assistance from resource group, as needed
- Assists in clarifying others' responses, by citing examples or by restating

In addition to the facilitator and players, additional support roles may be included to help the exercise proceed smoothly.

Table Discussion Leader (one per table)

- Manages discussion at table
- Keeps discussion on schedule
- Reminds players to keep notes
- Ensures equal participation of players
- Answers questions regarding scenario or messages
- Requests assistance from resources, as needed

Note Taker/Recorder (one per table)

- Records themes/issues emerging from each message during exercise
- Clarifies, as needed, responses for recording (in conjunction with table leader)
- Lists common themes/issues by episode
- Shares identified issues or policy gaps with group during the hot wash

Observer (several, may walk around room)

- May be a subject matter expert
- Watches, listens, and evaluates responses
- Takes notes for further discussion in groups
- Identifies missing themes/issues not noted by players/resource group
- Participates in the hot wash

Evaluator (one per table)

- Records any gaps/inconsistencies/confusion/issues in general, emerging from players' responses (uses template for organizing notes and comments)
- Requests (from table leader) clarification of confusing or unclear points or statements during discussion
- Organizes notes/comments for preparation of the After Action Report (AAR)

How to Facilitate the Tabletop Exercise

Before the Exercise

- Review the scenario and modify as necessary to reflect your group and setting.
- Modify the slides and other materials to reflect changes to the scenario.
- Decide whether to divide players into smaller groups and, if so, assign table groupings.

At the Start of the Exercise

- Pass out the Situation Manual.
- Make sure that players understand the role that they will be playing.
- Present the introductory slides with the accompanying narrative.

During the Exercise

- Begin the exercise. To heighten the realism of play, the background and each event should be presented as briefings.
- Pause for discussion after presenting each set of questions.
- The group's responses to the incident will depend on the community's plans, policies, and procedures. There are no "correct" responses. Feel free to add other suggestions, but be sure to allow some latitude for differences based on planning, policy, and local procedures.

During the Debriefing

- Facilitate a wrap-up discussion, sometimes known as a "hot wash," of the lessons learned from the exercise. Remember, a key goal of this exercise is to identify the information and policies needed to respond most effectively to the scenario.
- Help the group develop a list of pending issues to be addressed by their agencies and assign responsibilities and timelines for follow-up.
- Discuss the After Action Report (AAR) and let participants know when and how it will be prepared.

Assumptions for Players

- Assume scenario is real; make best decisions based on available information.
- Play your department, agency, or community role throughout the exercise.
- Consider policy issues, as well as, specific procedures.
- Focus on identifying system gaps and strengths rather than on individual knowledge.
- Take notes for the debriefing discussion (e.g., gaps/strengths in resource planning, communication, information management).

TIPS FOR FACILITATING A TABLETOP EXERCISE

What is the purpose of tabletop exercises?

Tabletop exercises pose hypothetical scenarios that are designed to expose learners to problems and issues that might emerge during an actual public health emergency. They primarily focus on identifying policy issues that might surface during an actual emergency response. Examples of policy issues include: communication, roles and responsibilities, allocation of resources and equipment, and dealing with the news media. Tabletop exercises are one component of a range of exercises and drills typically used to train or evaluate an emergency response plan or system.

Why should I use tabletop exercises for teaching emergency preparedness?

They are relatively inexpensive to conduct and help agencies identify next steps for addressing critical gaps in their response systems. Learners have the opportunity to practice their knowledge and skills in a nonthreatening environment and to identify issues under the supervision of an instructor or facilitator. Using tabletop exercises can be a valuable way to engage learners and make them feel involved.

Tips for Leading Tabletop Exercises

- Keep the group size manageable.
- Pose thought-provoking scenarios and incidents that are aimed at identifying policy gaps. In this case, participants will be required to use their knowledge and experience, as well as the research findings, to identify the desired response and then to identify whether the current system in place is consistent with this desired response.
- Use the debriefing period productively. Ample time should be provided during the debriefing period to discuss the lessons learned and next steps resulting from the exercise.
- Customize the tabletop depending on the time available. At a minimum, it should include an introduction and instructions, the exercise, and the debriefing.
- Let the group struggle for a while, but not too long. If a group appears to be stuck, it is better to provide a suggested response and move on rather than let frustration build up. Remember, there is not necessarily a right or wrong answer.
- If you don't have much experience leading a tabletop exercise, try team-teaching with an instructor who is experienced with this method.

For Further Information

The Homeland Security Exercise and Evaluation Program (HSEEP) offers many valuable resources for planning and executing tabletop exercises. See <https://www.preptoolkit.org/web/hseep-resources/home> and https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf for more information. These links are also available from this training's home page.

WELCOME

This section provides additional background information, research findings, and facilitator notes related to each stage of the tabletop exercise (see the right hand column). The facilitator can integrate all or portions of the provided information into the exercise. The column on the left, shows each corresponding tabletop slide.

INTRODUCTION: 15 minutes

Slide 1: Welcome

Welcome to the tabletop exercise.

In this exercise, we're going to be playing through a scenario of a pandemic flu outbreak. The exercise focuses on emergency communications. You'll have a chance to work with colleagues at your table to review your existing plans and protocols for emergency communications. You'll also learn about evidence-based practices for emergency communication that you can incorporate into your response for future events.

You'll see your situation manual for the exercise in front of you. It contains all the information you will need, including a summary of research findings related to emergency communications that you can use when answering questions.

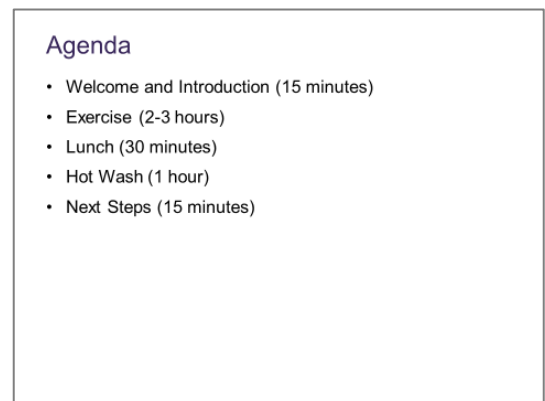
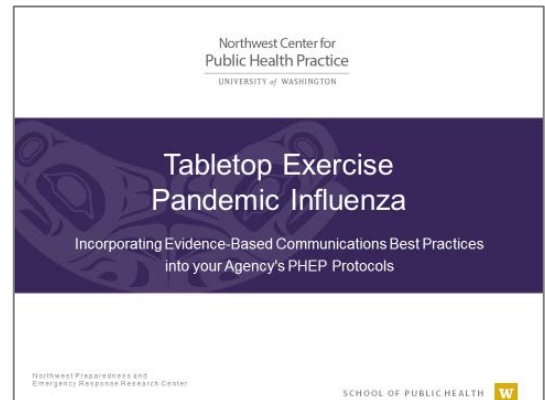
The last section of the manual contains the scenario narrative. Please don't read ahead in the narrative. The exercise works best when we all go through the story together.

Slide 2: Agenda

Here is our agenda for the day. As you can see, the entire tabletop will last about five hours.

We will begin with a 15-minute introduction to get you familiar with each other and with the exercise. I will give an overview of the exercise objectives, roles, and rules so everyone starts with a clear understanding of what we're trying to accomplish.

We will then go into the exercise. We will discuss our hypothetical scenario, pausing at set increments to address a series of questions. We'll also take two five minute breaks during the exercise.



We will break for a half hour lunch, then return for a “hot wash” session to discuss what was observed and learned during the exercise. This will last an hour.

Finally, we’ll debrief and discuss next steps.

Slide 3: Exercise Objectives

Here are the learning goals for today’s exercise. The purpose of the exercise is twofold. The first, identified in the first two objectives, is to use the simulation process to become more familiar with your current emergency communications plans, including identifying gaps.

The other, identified in the last two objectives, is to develop a greater understanding of challenges and best practices for emergency communication in general. This should allow you to improve on your current emergency communication plans.

Exercise Objectives

- Identify your agency’s current strengths and gaps in emergency communication and coordination
- Review and list the roles, plans, and procedures related to emergency communication
- Identify issues related to building effective communication channels between public health, health care, and the public, including vulnerable populations
- Incorporate objectively assessed and research-validated evidence and best practices into your agency’s PHEP communications protocols.

Slide 4: Introductions

Let’s start with some introductions. You’ll be working closely together, and playing your real roles, so it’s important to know who everyone is. Please go around the table and share your name, organization, and your area of responsibility or role. We’ll take five minutes for this.

Introductions

- Name
- Organization
- Area of responsibility/role

Slide 5: Today’s Exercise

We’re going to be exploring a hypothetical scenario of a pandemic flu event. The scenario narrative covers a nine-month period, from preparing for the outbreak to responding to restarting full operations after the outbreak.

It will be presented in five episodes, with a series of questions to discuss after each episode. After you discuss the questions at your table, I will lead you in a larger group discussion, as well as a “hot wash” debriefing session at the end of the exercise.

Today’s exercise

- Hypothetical scenario depicting a large-scale public health emergency
- Facilitator will lead the participants (players) in a discussion around a series of messages in the scenario
- You will examine current plans, procedures, and policies and consider best practices for disseminating emergency communications
- We will conclude with a “hot wash” (debriefing) to identify strengths and gaps and effective response

Be prepared to ask questions, make decisions, and identify the policies in place in your organization.

Slide 6: Roles

At this point, everyone should be aware of the role you are playing in today's exercise. I am your facilitator, so I will be keeping the exercise on track, presenting information as the scenario unfolds, and leading discussions.

Players will be responding to the situation as it is presented and answering questions together with the others at your table. You will be responding on behalf of your real organization and playing your real role. The idea is to make the response process as realistic as possible.

Table discussion leaders are not players. Their role is to make sure that the discussion goes smoothly, stays within the time and on topic, and gives everyone a chance to talk.

Note takers are also not players, although players should also take notes if you can. Note takers will record the proceedings to make sure that no points get lost and that all necessary information is captured for the hot wash.

Observers will be watching the proceedings and can share big-picture takeaways and other thoughts during the second part of the hot wash discussion.

Evaluators will be watching to help us improve for future exercises.

Roles

- Facilitator
- Players
- Table discussion leaders
- Note takers
- Observers
- Evaluators

Slide 7: Instructions

Here are a few final instructions.

We have worked to make the scenario as realistic as possible. If there's something that you don't find plausible, try to suspend your disbelief as best you can and go ahead and assume that the situation is real. If you feel that you don't have enough information to make a decision, remember that that is realistic too. Make the best decision you can based on what you know.

As you respond to the questions, keep up that sense of realism as best you can. Respond as you would during an actual event.

Instructions

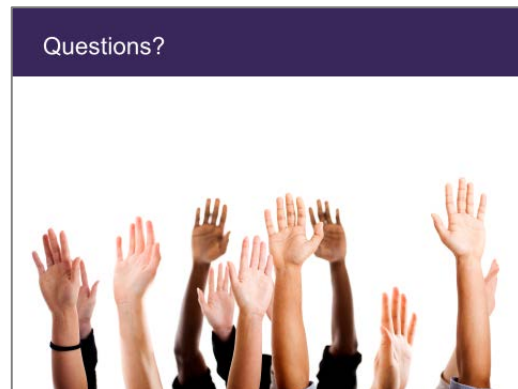
- Assume scenario is real.
- Play the role of your department, agency, or community.
- Consider policy issues as well as specific procedures.
- Focus on identifying system gaps and strengths rather than on individual knowledge.
- Take notes for the debriefing discussion.

Think big picture. The real payoff of this exercise is in thinking about policy and systems, not individual knowledge or decision-making. I will be reminding you to focus on the organizational level throughout the exercise.

Finally, take notes throughout the exercise. This will help with the debriefing and as you go forward after the exercise. Focus on gaps and strengths in resource planning, communication, and information management.

Slide 8: Questions?

Here we are going to pause for a minute to make sure everyone understands the process. Does anyone have any questions?



SCENARIO

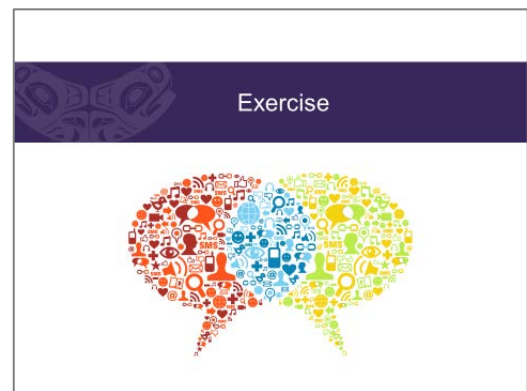
BACKGROUND: 10 minutes

Note for Facilitators:

This exercise will be most useful if the details of the scenario are plausible for your setting. To achieve this, you may want to alter the next several slides. You can replace the fictional Jefferson County with your real jurisdiction, or keep the imaginary county but change the specifics to better match your location and situation.

Slide 9: Exercise

Let's begin the exercise. First, we'll set the stage with some background information.



Slide 10: Setting the Stage

Here is some basic information about our setting.

Jefferson County, the largest county in the state of Newtopia, has an overall population of 2,100,500.

It contains three cities with populations exceeding 100,000 people.

Arborville is the largest city in Jefferson County. It has nearly 650,400 residents.

Setting the Stage

- Jefferson County, Newtopia
- Largest county in state
- Total population exceeds two million
- Arborville is largest city in Jefferson County

Slide 11: Additional Background

Here are a few more facts about Jefferson County.

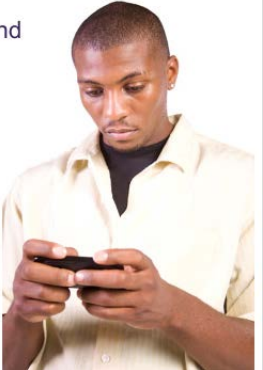
The last time that Jefferson County encountered a pandemic influenza was in 2009 with H1N1. In this exercise today, a larger pandemic influenza event is about to occur.

The county has a diverse population. This leads to communication considerations related to language, ability, and age.

In Jefferson County, 79 percent of the general adult population uses Short Message Service (SMS).

Additional Background

- Last influenza pandemic was 2009 H1N1 pandemic
- Diverse population
- 79 percent of general adult population uses Short Message Service (SMS)



Slide 12: The Disease Emerges

In early January there are reports of a new and deadly strain of influenza A(H6N1).

Individuals with this infectious agent are found in three rural villages in China,


Soon there are more than 40 cases. Of those, 20 people are hospitalized and three die.

Newtopia is located over 5,000 miles from China.

The Disease Emerges

January 5

- An outbreak of severe respiratory illness emerges in rural China
- More than 40 cases
- 20 people hospitalized
- 3 deaths



Slide 13: Disease Details

Through increased surveillance, new cases are identified throughout the surrounding area. The illness appears to be transmitted easily from person to person.

Viral cultures are collected from several of the initial patients and are positive for type A influenza virus.

The isolates are of a subtype never before isolated from humans, indicating a new strain of flu.

Disease Details

- New cases identified
- Person-to-person transmission is suspected
- Viral cultures test positive for type A influenza
- Strain is a new type of flu (H6N1)

EPISODE 1: 10 minutes

Slide 14: Episode 1: Growing Awareness

We're now going to move from background information into the main scenario. This slide is the start of the first episode.

The World Health Organization (WHO) alerts the Centers for Disease Control and Prevention (CDC).

CDC immediately disseminates a Health Alert Network (HAN) advisory notifying clinicians and US state health departments to be on the alert for patients with severe respiratory illness and a history of travel to Southeast Asia.

The outbreak and novel influenza virus begin to make headlines in every major newspaper and become the lead story on major news networks.

Slide 15: Outbreak Spreads

The outbreak begins spreading throughout Asia. As of March 12, almost 500 human cases of H6N1 (novel influenza virus) have been reported throughout Southeast Asia, including locations in Malaysia, Vietnam, Hong Kong, Singapore, and Japan.

Cases have been reported in all age groups. Overall case-fatality rates are approaching 5 percent, much higher than the case fatality of normal strains, which is typically less than 0.1 percent.

WHO officially labels the outbreak as a pandemic.

Due to the fact that this strain has never before been observed in humans, current seasonal vaccines against the flu are ineffective against this new strain.

The public is growing uneasy because a vaccine is not available and supplies of antiviral drugs are severely limited. To date, there are no reports of confirmed human cases in the United States.

Episode 1: Growing Awareness

February to March

- WHO officials issue alerts and CDC disseminates information through the Health Alert Network (HAN)
- News media around the world prominently feature this story



Outbreak Spreads

- 500 cases of H6N1 detected throughout East Asia
- Fatality rates approach 5 percent
- Officially branded as "pandemic" by WHO
- Vaccine not ready
- Antiviral drugs in limited supply
- Currently no cases in US



Slide 16: United States Response

Local news media are reporting that local health departments in the area and the Newtopia State Department of Health are on heightened alert for signs and symptoms suggesting a local outbreak of flu-like cases.

Businesses and organizations have been advised to consider “social distancing” measures such as avoiding crowds, social gatherings, and coworkers who are sick with flu-like symptoms.

Employers have been asked to report unusual or increased absenteeism resulting from colds or flu-like illnesses to local health agencies.

United States Response

- Local health departments, the Newtopia State Department of Health, and CDC are on heightened alert for signs of local outbreak
- Social distancing measures are discussed at businesses and organizations
- Local health agencies ask employers and schools to report increases in absenteeism

MESSAGING QUESTIONS FOR EPISODE 1: 30 minutes

Note for Facilitators:

Tables should discuss each slide for approximately 5 minutes. Leave 10 minutes for a group discussion centering around the discussion points below. Remind participants to consult the research-validated findings on page 7 of the Situation Manual to help answer the questions.

Discussion Points for Episode 1

Use these research findings when leading the group discussion for episode 1.

- When communicating with public health workers or health care providers during emergency situations, e-mail is the number one preferred method of communication.
- Workers and providers also indicated an interest in receiving Short Message Service (SMS) text messaging alerts. However, SMS programs may be limited by initial opt-in requirements and user hesitancy to sign up.
- Essential parts of an SMS public health message include:
 - Topic (alert, advisory, or event)
 - Recommendations (suggested responses, requested actions, and treatment instructions)
 - Geographic location (where is the event occurring?)
 - Signs and symptoms
 - Population(s) affected
 - Source (used to validate information during severe events)
 - Link to additional information (either a website or supporting document)
- Too many messages can cause conflicting information to get out or even lead to misinformation. This “noise” also has the potential to desensitize health care providers to information.
- Recall rates are inversely proportional to the mean number of messages received per week; the more messages are sent, the less information is recalled.

If representatives from emergency management fields other than public health are present, encourage them to share what information and response they would need to receive from public health officials.

Messaging Questions for Episode 1

Question 1:

Public health, safety, and health care employees need information about the new outbreak.

What communication channel(s) will you use to share information with each group?

Messaging Questions for Episode 1

Question 2:

Public health, safety, and health care employees need information about the new outbreak.

What specific information about this outbreak will you include in communications to each group?

Messaging Questions for Episode 1

Question 3

Draft an SMS text message to communicate necessary information to health care providers.

Messaging Questions for Episode 1

Question 4

What processes are in place to coordinate communications among multiple agencies? What will you do to work together to avoid information overload and improve quality of alerts?

BREAK: 5 minutes

EPISODE 2: 5 minutes

Slide 20: Episode 2: Flu Arrives in the United States

We're now going to begin episode 2 with the arrival of the flu in the United States. CDC is reporting that the H6N1 virus has been isolated from ill airline passengers arriving from Hong Kong and Tokyo into Los Angeles, Honolulu, Chicago, and New York.

On April 16, H6N1 is identified in Jefferson County, Newtopia. The index case is a 25-year-old woman living in Arborville, who arrived on a flight from China. Two days later, four more cases are detected. Three of these patients were on the same flight as the initial case.

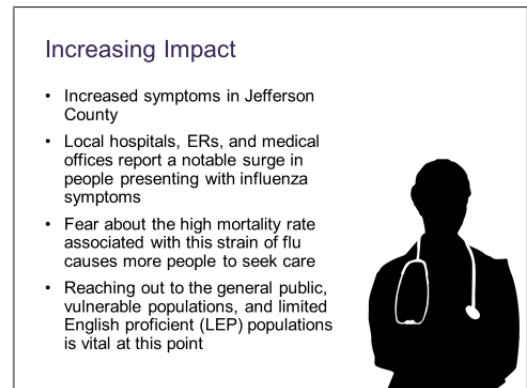
You learn that a vaccine is in development, but it is not ready yet.

Slide 21: Increasing Impact

Local hospitals, emergency rooms, and medical offices have begun reporting a notable surge in people presenting with influenza symptoms.

Phones at local physician offices and health departments are also ringing constantly. People are very worried about this new flu, and fear seems to be driving many to seek out care that they do not actually need. All these people seeking unnecessary care is placing strain on the medical and public health systems.

To allay public fears, it is important to reach out and give people accurate information about the new strain of flu. In addition to the general public, you also need to make sure to reach vulnerable populations and limited English proficient populations.



MESSAGING QUESTIONS FOR EPISODE 2: 25 minutes

Note for Facilitators:

Tables should discuss this slide for 15 minutes. Leave 10 minutes for a group discussion centering around the discussion points below. Make sure that participants discuss each group of message recipients individually. Remind participants to consult the research-validated findings on page 7 of the Situation Manual to help answer the questions.

Messaging Questions for Episode 2

Public health workers, health care workers, limited English proficient populations, and the general public need to be contacted about these primary cases.

1. What channel(s) will you use to communicate with each of these groups?
2. What specific information will you include in communications to each of these groups?

Discussion Points for Episode 2

Use these research findings when leading the group discussion for episode 2.

- Information to include in an emergency communication: topic, recommendations, geographic location, signs and symptoms, population(s) affected, source, and link to more information.
- For public health workers and health care workers, e-mail is the number one preferred method of communication during emergency situations.
- Workers and providers also indicated an interest in receiving Short Message Service (SMS) text messaging alerts. However, SMS programs may be limited by initial opt-in requirements and user hesitancy to sign up.
- HIPPA requirements must be followed when sending any health information.
- Community-based organizations and community networks may be willing to receive emergency-related messages. Make sure a policy is established regarding redistribution of messages during emergencies.
- Television, newspapers, community-based organizations, hospitals, and pharmacies are important methods of emergency communication with the LEP population.
- Emergency services using public information call centers (PICC) and 911 calls are effective but must have LEP capabilities ahead of time (operators trained, interpreters ready, process confirmed)
- SMS text messaging is preferred by deaf and hard-of-hearing populations over other technologies, with the majority being willing to receive emergency alerts.

EPISODE 3: 5 minutes

Slide 24: Episode 3: The Pandemic Spreads

Now we're moving on to the next episode. It's May, and the pandemic is spreading.

Despite containment efforts, there are 49 new cases of H6N1 in Jefferson County. Everyone who has gotten sick is connected to Arborville. 31 of the patients live there. The other 18 work there or have visited.


Two people have died.

Episode 3: The Pandemic Spreads

May

49 new cases of H6N1:

- 31 cases reside in Arborville
- 18 cases live outside Arborville, but work or have visited there
- 2 dead



Slide 25: Additional Cases

Now it's the end of May, and the disease is spreading rapidly. There are now 578 cases of H6N1.

Most of the cases are still in Arborville, but 200 patients live outside the city. 23 of the reported cases are health care providers and public health workers. Thirty people have now died.

Epidemiologic studies have also revealed that cases have been concentrated in schools.

We are not going to stop at this point to discuss. But think about the way you would communicate about the worsening of the pandemic. Would you use the same channels and messages as before, or would new methods be necessary?

Additional Cases

End of May

- 578 cases:
 - 200 cases reside outside the city
 - 23 cases are health care providers and public health workers
 - 30 dead
- Cases have been concentrated in schools



Slide 26: A Vaccine is Ready

In June, the FDA is finally ready to release a viable vaccine.

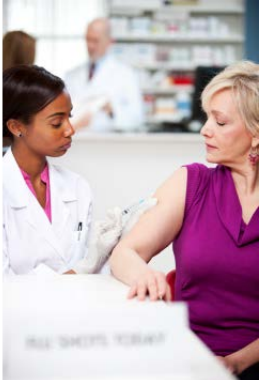
However, supplies are limited. Jefferson County only receives 100,000 vaccinations. This initial supply is not enough to cover the entire population.

Vaccines are to be given to high-priority groups first.

A Vaccine is Ready

June

- FDA releases a vaccine
- Jefferson County receives 100,000 vaccinations
- Vaccines are to be given to high-priority groups first



MESSAGING QUESTIONS FOR EPISODE 3: 30 minutes

Note for Facilitators:

Tables should discuss each slide for approximately 5 minutes. Leave 10 minutes for a group discussion centering around the discussion points below. Remind participants to consult the research-validated findings on page 7 of the Situation Manual to help answer the questions.

Discussion Points for Episode 3

Use these research findings when leading the group discussion for episode 1.

- Information to include in an emergency communication: topic, recommendations, geographic location, high-priority population to receive a vaccine, source, and link to more information.
- For public health workers and health care workers, e-mail is the number one preferred method of communication during emergency situations.
- Workers and providers also indicated an interest in receiving Short Message Service (SMS) text messaging alerts. However, SMS programs may be limited by initial opt-in requirements and user hesitancy to sign up.
- Use a consistent message to calm the public.
- HIPPA requirements must be followed when sending any health information.
- Community-based organizations and community networks may be willing to receive emergency-related messages. Make sure a policy is established regarding redistribution of messages during emergencies.
- Television, newspapers, community-based organizations, hospitals, and pharmacies are important methods of emergency communication with the LEP population.
- Emergency services using public information call centers (PICC) and 911 calls are effective but must have LEP capabilities ahead of time (operators trained, interpreters ready, processes confirmed). Additionally, agencies should have procedures in place for training volunteers should the decision be made to have them handle PICC calls.
- SMS text messaging is preferred by deaf and hard-of-hearing populations over other technologies, with the majority being willing to receive emergency alerts.

Messaging Questions for Episode 3

Question 1

Vaccine distribution is beginning. What channel(s) will you use to communicate with health care workers about high-priority groups and how to access the stockpile of vaccines?

Messaging Questions for Episode 3

Question 2

Public interest in a vaccine has caused a rush of calls and visits to local doctor offices.

What information will you share with the general public to quell concerns and fears? What channel(s) will you use to distribute this information?

Messaging Questions for Episode 3

Question 3

How will you reach vulnerable and limited English proficient populations? What partnerships or other community relationships could help you share information with these populations?

Messaging Questions for Episode 3

Question 4

What legal issues must you consider when communicating vaccine information to the public? What processes are in place to offer legal support for emergency communications?

BREAK: 5 minutes

EPISODE 4: 5 minutes

Slide 31: Episode 4: Vaccine Distribution

We're about to begin episode 4. Here we're going to address some of the challenges of vaccine distribution.

So, it is now August. People are being vaccinated, but local hospitals and outpatient clinics are extremely short-staffed. An estimated 30 to 40 percent of physicians, nurses, and other health-care workers are absent due to illness, caring for family members, or simply because of fear for their safety.

Intensive care units are overwhelmed, and there has been a shortage of mechanical ventilators for treatment of patients with severe respiratory syndromes or postoperative needs.

Slide 32: Additional Vaccine

A second batch of vaccinations is provided to Jefferson County, which will cover the majority of the remaining unvaccinated individuals.

With such a large-scale vaccination effort, new vaccination sites are required.

It is now necessary to mobilize health care practitioners to vaccinate the majority of the population and contain the epidemic.

Episode 4: Vaccine Distribution

August

Shortages in practitioners and resources

- Local hospitals and outpatient clinics are extremely short-staffed
- Shortage of beds and equipment in intensive care units

Additional Vaccine

- A second batch of vaccinations becomes available
- New vaccination sites are required



MESSAGING QUESTIONS FOR EPISODE 4: 25 minutes

Note for Facilitators:

Tables should discuss each slide for approximately 5 minutes. Leave 10 minutes for a group discussion centering around the discussion points below. Remind participants to consult the research-validated findings on page 7 of the Situation Manual to help answer the questions.

Discussion Points for Episode 4

Use these research findings when leading the group discussion for episode 4.

- For public health workers and health care workers, e-mail is the number one preferred method of communication during emergency situations.
- Workers and providers also indicated an interest in receiving Short Message Service (SMS) text messaging alerts. However, SMS programs may be limited by initial opt-in requirements and user hesitancy to sign up.
- Community-based organizations and community networks may be willing to receive emergency-related messages. Make sure a policy is established regarding redistribution of messages during emergencies.

Messaging Questions for Episode 4

Question 1

You need to mobilize the medical and public health reserve corps to provide vaccinations. How will you mobilize reserve corps members?

Messaging Questions for Episode 4

Question 2

How will you provide public health workers and health care providers informed with time-sensitive, up-to-date information about additional vaccine supplies and distribution sites?

Messaging Questions for Episode 4

Question 3

How will you inform the public about wait times due to shortage of staff? When new vaccination sites are operational, how will you communicate that information to the public?

EPISODE 5: 5 minutes

Slide 36: Episode 5: Recovery and Planning

Episode 5 is just one slide. We are now in September. With the widespread availability of vaccine, and other interventions, efforts to control the pandemic in Newtopia appear to have succeeded.

Cases of H6N1 are down in Jefferson County and across the state.

However, there is still a need to prepare for new cases and surges of prevalence in neighboring states.

Episode 4: Vaccine Distribution

August

Shortages in practitioners and resources

- Local hospitals and outpatient clinics are extremely short-staffed
- Shortage of beds and equipment in intensive care units

MESSAGING QUESTIONS FOR EPISODE 5: 20 minutes

Note for Facilitators:

Tables should discuss each slide for approximately 5 minutes. Leave 10 minutes for a group discussion centering around the discussion points below. Remind participants to consult the research-validated findings on page 7 of the Situation Manual to help answer the questions.

Discussion Points for Episode 5

- The public still needs to be reminded about sanitary measures and the importance of vaccines.
- Use media such as email and SMS text to communicate with the public.

Messaging Questions for Episode 5

Question 1

Little time remains between now and when the regular influenza season starts. What messages should you communicate to the public at this time?

Messaging Questions for Episode 5

Question 2

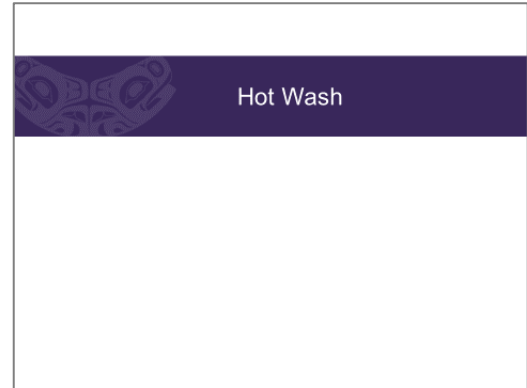
How will you solicit feedback from health care providers, public health workers, and employers involved in the response in order to evaluate your communicate efforts?

LUNCH: 30 minutes

HOT WASH AND NEXT STEPS

Slide 40: Hot Wash

Welcome back from lunch. We will now move on to the debrief, also known as the Hot Wash.



Slide 41: Hot Wash Instructions

Here is an overview of how we will conduct this hot wash.

Note for Facilitators

You should customize the hot wash to fit your situation.

As a general guideline, we suggest that participants spend 20 minutes on each table discussion and 10 minutes on each report. We also suggest that only players participate in the first table discussion, but that observers and other support staff may join the second table discussion.

Hot Wash Instructions

- Return to your assigned place at the table.
- Table discussion:
 1. Identify the 1-3 most important activities accomplished during this tabletop exercise.
 2. What are the 1-3 most important gaps identified during this exercise?
- Report out
- Table discussion
 1. What strategies/actions will you take to resolve the gaps or issues you found during this exercise?
 2. What are the most important lessons learned from participating in this exercise?
- Report out and full-group discussion

Slide 42: Next Steps

Thank you for participating in this tabletop exercise.

Note for Facilitators

There can be a wide variety of approaches to completing the After Action Report for a tabletop exercise. You may be completing it yourself, or observers or others may lead the process.

What is important at this stage is to let participants know what will happen next, and to explain that a concrete plan is in place for capturing the results of the tabletop and making plans for improvement.

Next Steps

- AAR (After Action Report)
- Exercise evaluation
- Final comments
- Adjourn