COMMUNICATING DURING EMERGENCIES

SITUATION MANUAL

FOR PARTICIPANTS

Developed by the Northwest Preparedness and Emergency Response Research Center

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This work was supported by the Centers for Disease Control and Prevention, grant number 5P01TP000297. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Please send any comments or questions to Northwest Center for Public Health Practice at the University of Washington School of Public Health.

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.

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.

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)

AGENDA

Welcome and Introduction	15 minutes
Exercise	2-3 hours
Lunch	30 minutes
Hot Wash	1 hour
Next Steps	15 minutes

ROLES AND RESPONSIBILITIES

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

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 clarification of confusing or unclear points or statements during discussion
- Organizes notes/comments for preparation of AAR

PANDEMIC INFLUENZA FACT SHEET

This sheet provides background information about pandemic influenza in general and also about the specific strain of influenza in this scenario. All players may assume that the information below is true.

Pandemic Influenza: A global outbreak of human flu that results in serious illness or fatalities.

Infection and Transmission

- For a pandemic to begin, a new influenza virus type must emerge, it must infect humans and cause serious disease, it must spread easily, and its spread must be sustained among humans.
- No one will be immune to the pandemic influenza; anyone can catch it.
- Approximately 30 percent of the population will catch the flu during a pandemic. Illness rates will be highest among school-aged children (about 40 percent) and will likely be lower in older populations. An average of 20 percent of working adults will become ill.
- Some persons will become infected but not appear sick; these people can still transmit the influenza virus to others.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days (from exposure to first signs of the infection).
- A pandemic outbreak in a community can last 6–8 weeks.
- Multiple waves of illness (periods during which outbreaks occur across the country) can occur with each wave lasting 2–3 months. The largest waves have occurred in the fall and winter, but a pandemic's seasonality cannot be predicted with certainty.

Care and Impact

- Fifty percent of those with influenza will seek medical care but will not need hospitalization.
- If effective antiviral drugs are unavailable, more than 50 percent of the infected population may need hospitalization.
- The number of influenza-related hospitalizations and deaths will depend on the severity of the pandemic virus, with estimates for most and least severe scenarios ranging about 10-fold.
- Planning should focus on the more severe scenario.
- Those at increased risk for severe and fatal infections are likely to include infants, the elderly pregnant women, and persons with chronic medical conditions.
- In a severe pandemic, absenteeism during the peak weeks of a community outbreak may reach 40 percent due to illness, the need to care for ill family members, and fear of infection.
- Initially, no commercial vaccine is available to protect humans from pandemic flu.
- Two antiviral medications are available in limited supplies for influenza treatment.
- Social distancing measures (closing schools, suspending classes and workplace operations, quarantining household contacts of infected individuals) may help to stem the outbreak, but could also have negative effects, such as increased rates of absenteeism.

SUMMARY OF RELEVANT RESEARCH

Research conducted by the Northwest Preparedness and Emergency Response Research Center has led to evidence-based recommendations for emergency communications in practice. You may refer to the research findings below throughout the exercise to help you answer questions about how to communicate effectively during the pandemic influenza.

Information to Include in Emergency Messages

- Essential parts of public health emergency messages 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)

Communicating with Workers and Providers

- 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.

Communicating with the Public

- Use media such as email and SMS text messaging to communicate with the public.
- Use a consistent message to calm the public.
- 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.
- HIPPA requirements must be followed when sending any health information.

Communicating with Vulnerable and Limited English Proficient (LEP) Populations

- 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.

SCENARIO AND MESSAGING QUESTIONS

This section of your manual summarizes the scenario and lists the questions that you will be discussing at your table. Please do not read ahead in the scenario. The exercise will be most effective if you encounter new information at the intended times.

Background

- 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.
- 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).

January: 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.
- 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 designated as H6N1.

Episode 1

January: Growing Awareness

- 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.
- 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.
- 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.

Messaging Questions for Episode 1

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?

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?

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

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?

Episode 2

April: Flu Arrives 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.
- 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

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?

Episode 3

May: The Pandemic Spreads

- 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.
- 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?
- 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.

Messaging Questions for Episode 3

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?
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?
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?
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?

Episode 4

May: The Pandemic Spreads

- 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.
- 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.

Messaging Questions for Episode 4

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

September: Recovery and Planning

- 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.

Messaging Questions for Episode 5

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