



2020

# Emergency Preparedness Preparation

Kate Hill, RN

What we train for, we succeed in...  
“Muscle Memory”

**Training and testing.**

---

# Oregon Office of Emergency...

---

# Training and Testing

---

- EP Training Requirements
- Initial training to all new and existing employee staff, contracted staff, and volunteers
- Training is consistent with expected roles
- Training occurs at least every two years
- Training is documented and demonstrates knowledge of EP procedures

# Training and Testing

---

- Testing - 1<sup>st</sup> Year Exercise
  - Full-scale exercise that is community-based.  
*(if unavailable, clinic has evidence of the attempt)*
  - An actual activation of the emergency plan exempts the clinic from the above exercise for 1 year
- Testing - 2<sup>nd</sup> Year Exercise
  - Second Full-scale exercise that is community-based or individual, facility based
  - A table-top exercise using a narrated, clinically relevant emergency scenario, with a set of problems designed to challenge the existing EP Plan
  - Analyze the RHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC's emergency plan, as needed.

# Training and Testing

---

## Operations-Based Exercises

- Involve deployment of resources and personnel.
- Are more complex than discussion-based types.
- Require execution of plans, policies, agreements, and procedures.
- Clarify roles and responsibilities.
- Improve individual and team performances.
- Include drills and both functional and full-scale exercises.

### HINT:

Exercises involve opening up the communication plan and moving something or someone.

# Training and Testing

## Discussion-Based Exercises

- Provide a forum for discussing or developing plans, agreements, training and procedures.
- Are generally less complicated than operations-based types.
- Typically focus on strategic, policy-oriented issues.
- Include seminars, workshops, tabletops, and games.
- Do not involve deployment of resources.



# Training and Testing

CMS After Action Report (AAR)

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

## Health Care Provider After Action Report/Improvement Plan

Survey & Certification  
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider  
After Action Report/Improvement Plan



# Training and Testing

---

## Testing CMS Survey Procedures:

1. Ask to see documentation of the annual tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the RHC to support the exercise).
2. Ask to see the documentation of the RHC's efforts to identify a full-scale community-based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community-based exercise).
3. Request documentation of the RHC's analysis and response and how the facility updated its emergency program based on this analysis.

# Integrated healthcare systems

---

# Integrated healthcare systems

---

If an RHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC may choose to participate in the healthcare system's coordinated emergency preparedness program.

If elected, the unified and integrated emergency preparedness program must do **all** of the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

# Integrated healthcare systems

---

- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

# Integrated healthcare systems

---

- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
- (i) A documented community-based risk assessment, utilizing an all-hazards approach.
  - (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

# Integrated healthcare systems

---

- (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

# Integrated healthcare systems

---

- CMS Survey Procedures:
  1. Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
  2. Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

# Integrated healthcare systems

---

## CMS Surveyor Procedures:

3. Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
4. Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
5. Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.



## Other facts

---

# What we See

---

- Having the EP Plan, but not training the staff
- Omitting required contact information
- Lacking an all Hazards Vulnerability Assessment
- Provider-Based Clinics stating they are part of an integrated healthcare system, but not meeting higher level of documentation

# RHC EP

---

- Outpatient providers are not required to have P&Ps for the provision of subsistence needs.
- RHCS must still have a P&P detailing how refrigerated medications will be handled during/after disasters that disrupt electrical power.
- RHC procedure may be to evacuate staff/patients when safe to do so, close/secure the clinic, and notify staff/patients that the clinic is closed until further notice.

# Burden iii Changes 11.29.19

---

The requirements that facilities develop and maintain a training program based on the facilities emergency plan annually are revised to require facilities to provide training biennially (every 2 years) after facilities conduct initial training for their EP program.

Additional training is required if the EP plan is significantly updated.

CMS has eliminated the requirement that facilities document efforts to contact local, tribal, regional, State and Federal emergency preparedness officials and facilities participation in collaborative and collaboration with local, tribal, regional, State and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Facilities will still be required to include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials as part of their EP plan.

# Burden iii Changes 11.29.19

---

CMS is revising the requirement such that only one testing exercise is required annually, which may be either one community-based full scale exercise or an individual facility based functional exercise, every other year and in the opposite year, these providers may choose the testing exercise of their choice.

# EP Resources

---

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.

CMS Website Link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

Home | About CMS | Newsroom | FAQs | Archive | Share | Help | Print

**CMS.gov**  
Centers for Medicare & Medicaid Services

Learn about [your health care options](#)  Search

**Medicare** **Medicaid/CHIP** **Medicare-Medicaid Coordination** **Private Insurance** **Innovation Center** **Regulations & Guidance** **Research, Statistics, Data & Systems** **Outreach & Education**

[Home](#) > [Medicare](#) > [Survey & Certification - Emergency Preparedness](#) > Survey & Certification - Emergency Preparedness

**Survey & Certification - Emergency Preparedness**

- [State Survey Agency Guidance](#)
- [Health Care Provider Guidance](#)
- [Lessons Learned/Archives](#)
- [Emergency Preparedness Rule](#)
- [Core EP Rule Elements](#)
- [Earthquakes](#)
- [Hurricanes](#)
- [Severe Weather](#)
- [Flooding](#)
- [Wild Fires and Fires General](#)
- [Influenza and Viruses](#)
- [Homeland Security Threats](#)
- [Templates & Checklists](#)

## Survey & Certification - Emergency Preparedness

### *Emergency Preparedness for Every Emergency*

#### **Mission**

Enable Federal, State, Tribal, Regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner.

The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), their State, Tribal, Regional, and local emergency management partners, and health care providers, for developing effective and robust emergency plans and responses. This Web site provides information and tools, utilizing an "all hazards" approach for disruptive events such as:

- Pandemic flu (e.g., H1N1 influenza virus)
- Hurricanes
- Tornadoes
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack
- Etc.



## Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)

[Health Care Provider Guidance](#)

[Lessons Learned/Archives](#)

**Emergency Preparedness Rule**

[Core EP Rule Elements](#)

[Earthquakes](#)

[Hurricanes](#)

[Severe Weather](#)

[Flooding](#)

[Wild Fires and Fires General](#)

[Influenza and Viruses](#)

[Homeland Security Threats](#)

[Templates & Checklists](#)

## Emergency Preparedness Rule

### Survey & Certification- Emergency Preparedness Regulation Guidance

#### Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

**Purpose:** To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

**Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.**


The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

### Downloads

[By Name By State Healthcare Coalitions \[PDF, 256KB\]](#) 

[Facility Transfer Agreement - Example \[PDF, 56KB\]](#) 

[17 Facility- Provider Supplier Types Impacted \[PDF, 89KB\]](#) 

[EP Rule - Table Requirements by Provider Type \[PDF, 126KB\]](#) 

### Related Links

[ASPR TRACIE](#)

[NCDMPH](#) 

Frequently Asked Questions (FAQs) have been developed and are posted on the CMS Emergency Preparedness Website

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

[SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov)

## CERT DRILLS AND EXERCISES: TABLETOP EXERCISE #1

---

### Table of Contents

CERT Drills and Exercises .....	1
What Is a Tabletop Exercise? .....	1
Exercise Overview.....	2
For Exercise Staff.....	3
Facilitator Guidelines.....	5
Appendix .....	11

# CERT: Community Emergency Response Team



<https://www.citizencorps.fema.gov/cc/listCert.do>

# CERT: Community Emergency Response Team

---

The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations.

CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, which allows them to focus on more complex tasks.

Through CERT, the capabilities to prepare for, respond to and recover from disasters is built and enhanced.

<https://www.citizencorps.fema.gov/cc/listCert.do>





# ASPRTRACIE.HHS.GOV



Welcome to ASPR TRACIE



## Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites

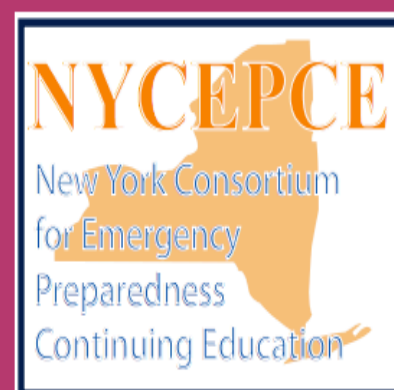
**A How-To Guide for:**

**Connecting with the Local Health Department or Hospital**

**Creating an Emergency Response Plan**

**Training Your Staff**

**Exercising with Local Partners**



# Additional RHC Resources

---



<https://www.ruralhealthinfo.org/>

# Table Top

---

- This exercise is being conducted via a webinar. However you are expected to discuss this with your facilities and provide a training log.
- A scenario will be presented followed by related questions.
- Take notes.
- These notes can be used to develop your After Action Report/Improvement Plan documentation. The more you are engaged during this exercise, the better your final product will be.

# TableTop Objectives

---

1. Reveal planning weaknesses in your Emergency Preparedness Plan and its standard operating procedures or to test or validate recently changed procedures.
2. Identify current capabilities.
3. Improve the coordination between and among various response personnel.
4. Identify deficiencies and/or validate training on the critical elements of emergency response.
5. Increase the general awareness and understanding of the potential hazard.

# TableTop

---

# TableTop Influenza

---

- Contagious respiratory illness
- Spread mainly by tiny droplets
  - Cough, sneeze or talking
  - Less often, touching a surface
- Time of exposure to signs of symptoms average 2 days
- May be infectious a day before symptoms develop



# TableTop Influenza

---

- **Flu** is a contagious respiratory illness caused by **influenza** viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent **flu** is by getting a **flu** vaccine each year. In the United States, flu season occurs in the fall and winter. While influenza viruses circulate year-round, most of the time flu activity [peaks](#) between December and February, but activity can last as late as May.
- Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.
- Children are most likely to get sick from flu and that people 65 and older are least likely to get sick from influenza.

# TableTop Influenza

---

- The time from when a person is exposed and infected with flu to when symptoms begin is about 2 days, but can range from about 1 to 4 days.
- You may be able to spread flu to someone else before you know you are sick, as well as while you are sick.
- People with flu are most contagious in the first 3-4 days after their illness begins.
- Some otherwise healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick.
- Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.



# TableTop Influenza

---

# TableTop Influenza: 10.1.18 through 5.4.19

---

37.4 million – 42.9  
million

- Flu **illnesses**

17.3 million – 20.1 million  
Flu **medical visits**

531,000 – 647,000  
Flu **hospitalizations**

36,400 – 61,200  
Flu **deaths**

Each year CDC estimates the burden of influenza in the U.S. CDC uses modeling to estimate the number of influenza illnesses, medical visits, flu-associated hospitalizations, and flu-associated deaths that occur in the U.S. in a given season.

# TableTop Influenza: Exercise

---

It is mid-September and the CDC is expecting an active flu season. Local media outlets and health departments are promoting the flu vaccine.

# TableTop Influenza: Exercise

---

It is mid-September and the CDC is expecting an active flu season. Local media outlets and health departments are promoting the flu vaccine.

# TableTop Influenza: Exercise

---

What kind of steps does your facility take leading into flu season?

What should you be doing but are not?

# TableTop Influenza: Exercise

---

News outlets are reporting a local elementary school is reporting that 13% of the student population has the flu. Administrators are dismissing classes early to thoroughly clean the facility.

Calls are coming in to your facility from concerned patients and family members.

# TableTop Influenza: Exercise

---

- What type of information do you need from your local/state public health entity?
- What are you doing to educate your staff? Patients? Family members?
- What other actions are you taking at this point?

# TableTop Influenza: Exercise, Second school closes

---

A second school closed their doors. More than 1/3 of the high school students reported they had the flu or flu-like symptoms. Elementary students on the same campus were also complaining of flu-like symptoms.

The school plans on remaining closed the remainder of the week to conduct a thorough cleaning and to avoid the spread of the virus.

5% of your staff have notified you they are not showing up for work today (either they are sick or their child is sick)

Calls keep coming into your office.



# TableTop Influenza: Discussion

---

- Are you able to continue operations with a staff reduction of 5%? If so, how?
- What measures are in place to protect patients and staff from the virus?
- What suggestions can you make to patients to remain healthy?
- What protocols are you activating for your patients/staff? (wearing masks, a sick area, etc.)

# TableTop Influenza: Update

---

The local health department is encouraging the public to get their flu vaccine and if experiencing flu-like symptoms to stay home and avoid contact with other people except to get medical care.

The State Health Department and Department of Education closed all schools and daycare centers for the remainder of the week to reduce the spread of the virus.

15% of your staff have notified you that they will not be going to work today. Some are sick, some have sick children, some don't want to risk getting sick.

Patients are insisting on receiving the flu vaccine and antiviral medications.

# TableTop Influenza: Discuss

---

- Are you able to continue operations with a staff reduction of 15%? If so, how?
- How are staff members who have potentially been exposed to the flu treated? Are they told to stay home or made to wear a mask?
- How are those who elect to stay home out of fear treated?
- Are you able to provide flu vaccine to all patients?
- What decisions are made about continuing operations? Who makes these decisions?

# TableTop Influenza: Update

---

One Week Later...

Things are getting better. Only 3% of staff are unable to work and the number of calls has decreased.

# TableTop Influenza: Discuss

---

- What are your sick leave and general leave policies, and how does an event like this impact these policies?
- Were you able to continue to provide needed services with a lower number of staff? What can you do to maintain staffing levels during an event like this?
- What kind of supplies do you need to re-order? If your normal supplier is low, what other supplier could you use?

End of exercise

# TableTop Influenza: Evaluation/After Action/ Hotwash

---

1. What strengths in your workplace's emergency plans did this exercise identify?
2. What weaknesses in your workplace's emergency plans did this exercise expose?
3. What unanticipated issues arose during the exercise?
4. What gaps were identified?
5. What are some high-priority issues that should be addressed?
6. What are some new ideas and recommendations for improvement?

# TableTop Influenza: Next Steps

---

Now that you have completed your Tabletop Exercise, consider these additional action items:

- Compile all notes taken during this exercise

- Gather staff at your respective facility to discuss gaps in your plan

- Draft an AAR report on results from the exercise

- Assign leads within the organization to address gaps

- Communicate the steps you are taking to your entire organization

# EVENT

---

- **Clinic Name:**
- **Event Name:** COVID 19 Outbreak 2020
- **Event Begin Date:** March 9,2020
- **Event End Date:** May 10, 2020
- **Duration:** 8 weeks

The purpose of this report is to analyze event results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions that will guide future emergency preparedness initiatives to advance overall emergency preparedness within our clinic.



# Your COVID-19 After Action Report (AAR)

---

## Executive Summary

- This event in the first half of 2020 occurred as a result of a Corona Virus from Wuhan, China which resulted in a worldwide Pandemic.
- The event began for ABC clinic on March \_\_\_, 2020.
- The emergency team was composed of \_\_\_\_\_ (names of staff in leadership)

## Major Strengths

- Enter the top three strengths of your Emergency Plan

Such as:

Staff training conducted on infection prevention

Plan to triage patients who come to the clinic

Plan to put sign on door to call from the car if symptomatic

# AAR

---

- **Areas of Improvement**

Need to order extra supplies such as masks and hand sanitizer earlier

Need to minimize things in the waiting room to decrease things needing disinfecting.

Need for more screening of clinic staff, temps in the morning

# AAR

---

## Event Successes

Staff immediately began calling patients instead of visit to decrease exposure for patients

Some staff sent to hospital to assist with surge

# Improvement Plan

Observations	Recommendations	Corrective Action	POC	Start Date	Completion Date
Lack of supplies	Keep more on hand	Ordered	X	6.1.20	7.15.20
Patients not coming to office	Increase in Telehealth				
More staff training	Monthly training				

# Staff

---

- Report reviewed with staff
- Assignments given
- Attendance log at AAR meeting









# US Government TableTop (TTX)

## Pandemic Simulation

20081114

# TableTop: Pandemic Simulation

---

- **Reports of mystery killer disease in China**
- There are unconfirmed reports of several cases of severe, influenza-like illness in the town of *Wuhan*. Some of the people who have fallen ill have developed very serious symptoms, and three patients have died.
- A local news agency based in is running a front-page article stating that a bus driver reported that a woman with her children on the bus told him that "children were taking ill and dying" in the town. The woman was moving her children to stay with family out of fear for her family's safety.
- There are also rumors that staff of the main town hospital, where several of the ill people have been sent for treatment, are afraid, and some of them have refused to get into close contact with the patients; the disease appears to have developed quickly and infected a number of family members and friends in a matter of a few days. Three nurses are said to have developed symptoms, too.

# Week 1

---

## Report by Government of *China* to WHO

- The Government of *China* in accordance with International Health Regulations is reporting a severe outbreak of influenza like virus in *Wuhan*. Two young boys aged 6 and 8 and a woman of 22 have died. There are media reports that many people are ill, some seriously so.
- While the cases are being reported as severe acute respiratory infection (SARI), a doctor privately noted that "It is not unusual to see a rise in cases of ARI, especially in children, during this time of the year. But this time it seems to be much more severe than in other years. I do not remember having seen people becoming so ill so quickly. Some individuals had severe respiratory distress and needed to be urgently transferred to the main hospital."

**Questions: Would any actions be taken by the Government at this stage?**

# Week 2

---

- **Heightened Media Interest**
- While waiting for the result from laboratory and following the report by the Government of *China* of an outbreak of acute respiratory illness, media interest throughout the USA has been intense. Much of the reporting is based on eyewitness reports and includes reports of “many” deaths in relation to the outbreak.
- These reports have resulted in a heightened level of concern in the general public.

## Questions:

- **What policies and messages does the government have to reassure the general public?**
- **Who will take the lead for ensuring timely and accurate messages are disseminated to the public?**

# Week 3

---

## Confirmation of a hybrid virus with efficient human to human transmission

- Initial laboratory tests conducted have indicated that the illness in *Wuhan* is not the result of more common influenza viruses and may be a novel influenza virus. Samples were sent to the regional CDC laboratory in Atlanta for further testing. A novel influenza was identified and confirmed to be an *H7* influenza sub-type at CDC-Atlanta, a WHO Reference lab.
- As a result, the Chinese Government has announced the commencement of a containment operation. Large numbers of military have been deployed to the containment zone in order to restrict all movement in and out of the area.
- **Are there any actions taken by the Government at this stage?**
  - Expected areas to be covered:
    - Border controls / screening
    - Use of Global Influenza network
    - Revision of plans
    - Public information campaign
    - Activation of internal management / coordination structures
    - Population movement in and out of the containment zone.

# Week 4

---

## Cluster outbreaks outside of containment zone

- The Ministry of health *in China* is reporting that while conditions inside the containment zone are difficult, with more than 450 reported cases, those in need are receiving treatment and that the containment measures have prevent the spread of the virus.
- There are, however, a number of unconfirmed reports of similar influenza like cases in a number of towns to the North of the containment zone.

## Questions:

Would any actions be taken by the Government at this stage?

Are proceedings in other countries monitored and eventually part of triggers for certain activities?

Who is doing what?

Will the contingency plan be revisited? Will the stockpiles be checked (review of numbers and placement of PPE, stocks available, vaccines, etc.)? and where will such stocks be kept?  
How will that be communicated to stakeholders?

# Week 5

---

- **Virus spreads outside of the established containment zone**
- Following the establishment of a containment zone around the town, the Government of *China* has confirmed reports of two additional clusters of the novel virus occurring outside of the containment zone in suburbs.
- The *Chinese* government has stated that the containment operation has been successful in preventing the spread of the virus and that the new clusters occurred before the start of the containment operation. The government has advised that the containment zone will be expanded to include the two new clusters. There have been no reported cases in any other countries.
- Following a request from the government, WHO and CDC (Centre for Disease Control) have mobilized a team from Geneva and Atlanta, which has been deployed to the containment zone to assist the *Chinese* Government and monitor the situation.
- Since the start of the outbreak in Wuhan two weeks ago, more than 800 people have been hospitalized within the containment zone and more than 60 of those have died. This figure is likely to increase with the spread of the virus outside of the containment zone.

# Week 5 continued

---

## **Virus spreads outside of the established containment zone**

- WHO has warned of the possibility for the situation to escalate into a full-scale influenza pandemic.
- Rumors are spreading that a number of neighboring countries are in the process of closing their borders with China in case the containment operation fails. Surveillance and screening measures are in place at most regional international airports and major border crossings.



# Week 6

---

- **Spread of novel virus outside China and in other countries**
- Since the outbreak three weeks ago, rumors are spreading that a number of neighboring countries are in the process of closing their borders in case the containment operation fails. International media reported outbreaks of the novel influenza in Italy.
- WHO has raised the Pandemic alert level to Phase 5 and is advising all countries to step up surveillance measures and enforced quarantine for all suspected cases. Surveillance and screening measures are in place at most regional international airports and major border crossings. WHO also has warned of the possibility for the situation to escalate into a full scale influenza pandemic.

## Questions:

- What policy does the government have for border screening?
- What policies are in place with regards to who will receive prophylactic treatment of Tamiflu?
- Who makes the decision about who will receive medicines, masks?

# Week 7

---

## One case of novel influenza in (*your country*)

- Meantime, there have been three admissions to the main hospital in US City with influenza like symptoms (sever acute respiratory illness). Interviews with two of the patients indicate that they had both returned 7 days ago from a business trip in *China*.
- The Ministry of Health in reported that samples have been taken and tests are being conducted *by the CDC* to confirm if this is linked to the novel virus.

### Questions:

- Has the Government identified the critical services it would need to maintain in a pandemic? If so, would any plans need to be activated at this stage to ensure these services?

# Week 8

---

## Further outbreak in US City

- The virus seems already to have spread to (*second city/town in your country*) within a few days, it is reported that 60 people were hospitalized, and more than 532 cases develop very serious symptoms. A nurse at the main hospital in a *second city* came to work this morning with fever but was sent home by her supervisor when she began to cough. She insisted it was 'just a cold'. Her supervisor insisted she returns home and stays there until she recovered to avoid infecting others in the *hospital*.
- Also media reported that one secondary school in reported that 65 students have been treated by the school clinic and serious cases have been referred to various hospitals
- Questions:
  - How would the government respond?
  - Which agencies might be involved?
  - How would this be coordinated?
  - Isolation of patients
  - Tracing and Monitoring of Contacts
  - Quarantine of Contacts
  - Reporting

# Week 8 continued

---

- What messages have been given to population on quarantine procedures?
- Where will the public be advised to go for treatment if they think they are ill?
- Who makes the decision about whether to enforce quarantine measures?
- Will the public be notified about anything? If yes, what and how?

# Week 9

---

## Public anxieties

- As report from one popular national television highlights increasing cases of illness, there is a growing demand from the general public for a general distribution of Tamiflu.
- There has also been a rumor that (*your country*) does not have access to sufficient quantities of Tamiflu and other critical pharmaceutical and non-pharmaceutical supplies. Media in (*your country*) reported that Tamiflu and other pharmaceutical supplies maybe become limited and that prices for such commodities might rise.

## Questions:

- What plans does the Government have to ensure access to pharmaceutical and non-pharmaceutical commodities?
- Are particular provisions in place to meet the needs of vulnerable groups and migrant workers?

# Week 10

---

## Travel Restrictions

- There is a rumor that the Government will announce that it may have to temporarily suspend schedule services due to air traffic control safety. The rumor has led to growing concern among business travelers and tourists who are canceling their trips and attempting to return home. The situation at the main international airport deteriorated which led to intense pressure on international air travel to meet the increased demands.
- Lack of staff and other essential services have reduced international transport out (*your main international airport*), although not officially closed; only (insert appropriate number) flights were able to depart the airport yesterday.

## Questions:

- Would any plans need to be activated at this stage to ensure these services continue?
- Given the high number of tourists in South Africa, are plans in place to facilitate repatriation?
- How would government co-ordinate with embassies of foreign nationals traveling or residing in SA?

# Week 11

---

## Stockpiling of Basic Commodities

- In light of the continued spread of the virus and potential for a global pandemic, many people are concerned about supplies of basic commodities such as food and fuel. The increase in people bulk buying basic commodities has led to shops running out of supplies including milk, cooking oil and flour. The media is reporting that a number of fuel stations are experiencing long queues with people in some cases waiting for up to 5 hours to get fuel.

### Questions:

- What is the Government's policy on stockpiling of basic commodities?
- Would rationing be considered? If so, when and how would this be communicated?
- Would there be a need to prioritize supplies? If so, who would be responsible for this and how would it be communicated

# Week 12

---

- **WHO declares Pandemic**
- Less than six weeks after the first confirmed cases of the novel influenza virus in (outbreak country), the virus has now become widespread, with most parts of the globe affected to some degree or other. As a result of the current situation, WHO have officially declared Pandemic Phase 6.
- While not as severe as some “worst-case” predictions the numbers of people showing serious symptoms due to infection has alarmed medical experts. Although not official, it appears that the virus has an infection rate of about 20-25%. The Case-fatality rate appears to be approximately 3% (3% of cases die).
- In an attempt to limit the spread of the virus, many Governments have taken measures such as closure of schools and bans on large public gatherings.
- Unlike the breakdown of civil order seen in a number of sub-Saharan countries, national security appears to be unstable. There are increasing reports of protests against shortages of basic commodities including fuel and medicines. This has been caused in part by bulk buying and disruption caused by lack of staff and the closure of many retail outlets.
- The disruption to basic services and lack of staff is having a major impact on travel. International travel has been reduced to less than 15% of its normal capacity resulting in chaos at most airports.



---

# Questions

Kate Hill, RN

[khill@thecomplianceteam.org](mailto:khill@thecomplianceteam.org)

215-654-9110