

SIMULATION – SIMULATION – SIMULATION

What does this training session cover?

This exercise gives participants a picture of what may occur as an influenza pandemic develops. It is meant to increase participant awareness of the complexity and uncertainty of evolving pandemics and highlight specific areas for planning and coordination. The session, by itself, is not meant to produce a strategic plan, but rather to provide a context for pandemic preparation. District level planning is covered in the next training module.

Learning Objectives

At the end of this session, participants should be able to:

1. understand the complexities of pandemic response and the need for clear control and decision-making mechanisms
2. anticipate strategies for adapting to uncertainty and rapidly evolving circumstances
3. give examples of planning needs

Who should participate in this session? This exercise is designed to come after overview Session 2: What is Pandemic Flu? and before the session on District and Community Planning in the health curricula. Because district and community pandemic planning must be an all-community response, this exercise might include representatives of the following sectors. Participants representing other critical functions should be added, as locally appropriate. Where a sector representative cannot participate in the exercise, another participant should role-play that function in order to simulate coordinated planning and response.

Suggested participants in the simulation exercise will depend on local need, but might include:

- Local government staff
- Local Ministry of Health staff
- Disaster, emergency, or pandemic management committee representatives, including humanitarian agencies, NGOs, NRCS, etc.
- The media

Who Should Conduct this Session?

This exercise requires a skilled facilitator who is very good at managing interactive group dynamics and uncertainty. One purpose of the exercise is to show that pandemic response can be unclear and confusing and require adaptability. If the facilitator is not knowledgeable about pandemic flu and emergency response dynamics, s/he might co-facilitate the session with a technical specialist in these areas.

What are Some Tips for Facilitating This Interactive Session?

1. Prior to the simulation, fill in the blanks throughout to name the outbreak town and country to be used in the exercise. Note: the "outbreak country" is not your country—it may be a country within your region, but not directly bordering your country.
2. Read through the suggested answers and make sure they are relevant for the situation in his or her country, making notes of potential answers that meet local needs and plans.
3. Make sure the group (or each sub-group, if the plenary exceeds about 20 participants) includes real or role-played representation of key sectors involved in pandemic preparedness. If there are sub-groups, allow enough time to document the discussion and summarize in plenary. Reinforce the command, coordination, and communication role of government by having government representatives assist with **group facilitation**. A **note-taker** should be designated for each group or sub-group.
4. For each section of the simulation, the group(s) should take approximately 15 minutes to read the scenario and discuss the questions. The note-taker(s) should record any gaps that require follow-up in order to address a real evolving pandemic. The facilitator will need to keep the discussion moving briskly to complete the exercise in the time allotted.
5. Although each set of questions includes "possible responses", let the participants figure out the answers for themselves to the extent possible and only use the suggested answers if really needed.
6. Once the simulation is completed, have a subgroup report back in plenary, with subsequent groups only adding comments or noting differences to previous presentations to save time.
7. The plenary group should then take about 20-30 minutes to identify key lessons from the exercise to improve preparedness and planning. Facilitators can refer to this list in subsequent training sessions, particularly the session on District and Community-Level Planning.

Time: 3 hours (for pre-test with a goal to reduce exercise to 2 hours)

Start of week 1: Rumors

Reports of mystery killer disease in (insert name of country within the region but not directly bordering yours)

There are unconfirmed reports of several cases of severe, influenza-like illness in the town of (insert name of town) approximately 200 kilometers from (insert capital city of the outbreak country in region). Some of the people who have fallen ill have developed very serious symptoms, including respiratory distress and diarrhea, and three patients have died.

A local newspaper based in (outbreak country) has a front page article stating that a bus driver traveling the route between (Outbreak town and capital) reported that a woman with her children on the bus told him that "children were becoming ill and dying" in the town. The woman was moving her children to stay with family in (capital) 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; 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 2, Day 1

Government of (outbreak country in your region) announces outbreak

The major media and the WHO regional disease reporting network are both reporting that the government of (outbreak country) has announced an outbreak of a severe, influenza-like illness in (outbreak town). Two young boys ages 6 and 8 and a 22-year-old woman have died. There are additional media reports that many people are ill, some seriously so.

The (outbreak country) government is coordinating with WHO and other international disease control authorities to confirm the source of the outbreak. It has also begun a large-scale containment operation around the affected area, including disseminating information to the public on restricting unnecessary travel and public activities and respiratory etiquette. It has convened pandemic influenza preparedness committees to make community care facilities ready; activate stockpiles of drugs and equipment; and review plans, responsibilities and contact information of key decisionmakers.

The national government in your country has convened a meeting of district emergency preparedness staff to review the scope of plans, reinforce the chain of control and command, and review key milestones for triggering implementation of plan elements.

Questions:

- **At what point(s) during these first two weeks would you seek any further information? What type, and how will you obtain it?**
- **Should the staff be notified about anything? If yes, about what, when, and how?**
- **Should any volunteers be notified? If yes, about what, when, and how?**

Note for the Facilitator: Possible Responses

All answers should be based on existing plans in your country and may vary from those below.

- After week 2, day 1 events, the district government might contact national surveillance bodies to verify the situation and/or participate in activated communication mechanisms (i.e., follow the lead of national authorities).
- Possibly institute regular communication chain with staff and volunteers for information-sharing until threat passes.
- NGOs: How can the NGO networks help government improve surveillance at this point? It will be crucial that local government, NGO networks and the Red Cross be aware if a pandemic wave is beginning in their community. All programs should be alerted to the situation. Volunteers, NGO staff, and government staff should be on the look out for possible influenza cases, especially those that happen in clusters.

Additionally, volunteers, NGO, and government staff should be receiving regular information from the local leaders to inform the public about the situation and increase vigilance and alertness to the situation while preventing panic.

Week 3, Day 1

Confirmation of a new virus with potential to spread around the world

Initial laboratory tests have indicated that the illness in (outbreak town) is not the result of more common influenza viruses and may be a new influenza virus. Epidemiologic investigations conducted with experts from WHO and the Centers for Disease Control and Prevention have confirmed that there is **human-to-human transmission**. The national government (of your country) asks district and municipal governments to review their pandemic influenza plans to confirm they are updated and ready for implementation.

The Government of (outbreak country) has intensified its messaging around the need for social distancing, self-care, and when and where to seek assistance. Nevertheless, hospitals and medical centers have to turn away some sick. National societies and NGOs are inundated with family requests for medical, fuel, and food assistance. Large numbers of military have been deployed to the containment zone in order to restrict all movement in and out of the area.

Media interest throughout (your country) intensifies. The reporting is both confusing and alarming and mixes rumors and hearsay with eyewitness reports. It includes reports of “many” deaths from symptoms including fever, hemorrhaging, pneumonia, etc. in relation to the outbreak.

Questions:

- **Would the announcements by WHO and the government trigger any action? If so, what?**
- **What information is being passed to staff and the greater community?**
- **What efforts would be made to communicate credible information to the public?**
- **What can you do to avoid the problems the outbreak country is facing?**

Note for the Facilitator

All answers should be based on existing plans in your country and may vary from those below.

Some of the questions, particularly the last one, may cause some confusion and uncertainty in responses. The facilitator can use this occasion to remind participants of the confusion that will result in a pandemic, which will produce situations that no one has faced before. The facilitator should highlight the need for planning well, having clear lines of authority and communication, and built in flexibility.

Useful principles of emergency communications:

1. Ease public concern and dispel rumors.
2. Give the public messages about what actions to take.
3. Tell the public what to expect as the situation is evolving.
4. Give clear and consistent messages repeatedly.

More ideas and information about good communication can be found at: <http://www.riskcommunication.samhsa.gov/index.htm>.

- This would be a good time for local leaders and agencies to update any emergency contact information and communication plans if they have not done so in the last few months.
- Since national government has asked district and municipal authorities to review plans, participants could contact local authorities to confirm the process to do this and offer logistical assistance, as needed.

- Re-organize work responsibilities to prepare to train volunteers, prepare for food security, and address other local planning issues.
- Begin clear, frequent, and repeated messaging to the public about credible sources of information (i.e., those sanctioned by government), general information about pandemic influenza, avoidance of travel to and from outbreak area, ability to limit exposure if precautions are followed, and plans that might be implemented if infection spreads.
- In addition to general messages above, staff should be asked to review organizational preparedness plans, and stay tuned to governmental and organizational communication channels regarding developments.
- Begin to train staff in pandemic preparedness, starting with those zones closest to outbreak country.

Week 3, Day 5

Outbreak clusters outside the containment zone.

The Ministry of Health in (outbreak country) is reporting that while conditions inside the containment zone are difficult, with more than 450 reported cases, those in need are receiving treatment and containment measures have so far prevented the spread of the virus, giving more time to prepare for possible unavoidable spread. There are, however, a number of unconfirmed reports of similar influenza-like cases in a number of towns outside the containment zone and near to the border of your country. WHO has warned of the possibility for the situation to escalate into a full-scale influenza pandemic.

Week 4, Day 4

Since the outbreak in (outbreak country) three weeks ago, the containment operation in (outbreak country) appears to be failing, and the virus is spreading beyond the containment zone. Rumors are spreading that a number of neighboring countries are in the process of closing their borders with (outbreak country). International, national and local media are reporting outbreaks and human-to-human transmission of the new influenza in (insert 2 regional countries).

WHO has raised the global alert level to **sustained human-to-human transmission** and is advising all countries to increase surveillance measures and to encourage isolation for all suspected cases and their families. Surveillance and screening measures are in place at most regional international airports and major border crossings. The national

government in your country announces immediate implementation of pandemic plans and urges the population to remain calm and follow directions of local authorities.

In an attempt to ensure the delivery of essential public services, the government of (your country) has requested civil society to rapidly train volunteers in the areas of health and food distribution.

Questions:

- **What key actions should be taken at the district level at these two stages? Describe what those are and the rationale behind those actions.**
- **At what point in the overall simulation would you initiate training of staff and volunteers?**
- **At what points would you seek any further information? What type and how do you obtain it?**
- **How will you inform and coordinate with other agencies? Locally, which agency will lead the response?**
- **Who should provide the following groups with what information and how will this be provided: staff, volunteers, the public?**
- **How will you ensure that the most vulnerable part of the population is covered?**

Note for the Facilitator: Possible Responses

All answers should be based on existing plans in your country and may vary from those below.

Week 3, Day 5:

- Intensify communication to the public about: remaining calm; credible sources of information and assistance; the need to stockpile food and drugs for up to three-month period; isolation of the sick and any case-reporting requirements; respiratory etiquette; potential need for social distancing in near future. Encourage public to assist vulnerable neighbors.
- Remind staff of organizational plans and policies for restricted travel, work from home, tracking staff and volunteers, etc.
- Complete staff training and mobilize and train volunteers. This needs to happen before the virus hits your district/area, as 1) you will not be able to convene group meetings and 2) many people will need assistance.

- Participate in regular meetings of local emergency committees and use established emergency communication channels for getting and giving coordination information. If these don't function well, assist government to improve their functioning.

Week 4, Day 4

- Instruct staff to return home and curtail all travel.
- Reinforce messages about all non-pharmaceutical interventions, including social distancing, respiratory etiquette, isolation of the sick and where to get assistance and information..

Start of week 5: Pandemic

Less than six weeks after the first confirmed cases of the novel influenza virus in (outbreak country) through human-to-human transmission, the virus has now become widespread, with most parts of the globe affected to some degree or other. As a result, **WHO has officially declared a global pandemic**. The national government in your country also announces the highest level of alert.

The numbers of people showing serious symptoms due to infection has alarmed medical experts. WHO estimates that approximately 20-25 percent of the population will become ill and thus far, about 3 percent of all ill people have died.

In an attempt to limit the spread of the virus, local governments in areas where outbreak clusters have occurred have closed schools and banned large public gatherings. Volunteers in three districts in your country are reporting many community members falling ill with flu-like symptoms. The district health officer believes this may be a wave of pandemic flu passing through the area. Staff are asking headquarters what they should be doing.

Despite the ban and regular communication, the population is calling for religious gatherings across the country to pray for the sick and dying. There is confusion about where to go for medical and other types of assistance and hospital workers are beginning to spend a lot of time sending all but the most severely ill back home.

In (your country), national security appears to be unstable. There are increasing reports of protests against shortages of basic commodities including food, fuel, and medicines. This has been caused in part by people buying in large quantities (hoarding) and the closure of many stores due to lack of staff and transportation and shipment disruptions.

The disruption to basic services and lack of staff is having a major impact on travel. Airline flights and bus and train service have been reduced to almost a standstill, resulting in chaos at transportation terminals and the stranding of those wanting to return home.

Questions:

- **What specific actions will you recommend that staff in the possibly affected area do?**
- **What specific actions will you recommend that volunteers in the possibly affected area do?**
- **Will you be providing guidance to the general public? If so, what guidance will you give them?**
- **What materials will you supply them?**
- **Do you have access to any technologies that can help you communicate and also reduce people's risk of infection? (Cell phones, Internet, radio)?**

Note to the facilitator, including possible answers

All answers should be based on existing plans in your country and may vary from those below.

- **Actions that the general public can take to protect themselves include minimizing interaction with others, keeping at least 1–2 meter distance from others if one has to be in public places; isolation of the sick, except for a designated caregiver within the family; ventilation of areas where the sick are resting; frequent handwashing and cleaning/disinfection of surfaces and things likely to be contaminated by the ill; respiratory etiquette (covering sneezes and coughs, use and immediate disposal of tissues, use of masks when treating the ill)**
- **Additional precautions, instructions or training in infection control for volunteers and staff that might still be working can be found in the training session entitled Infection Control for Community Health Responders.**
- **Encourage staff and volunteers to: remain calm and assert leadership roles in community to implement non-pharmaceutical interventions, have them enlist the clergy to discourage prayer gatherings and work with local authorities to address shortages and assistance to the vulnerable.**
- **Encourage innovative use of technology, when available, to limit public gatherings, i.e, conduct religious services and discussions via the radio or Internet, use telephone hotlines to provide support to caregivers and families, work with cellphone companies to provide free airtime for those seeking medical assistance.**
- **Possible materials to issue to staff/volunteers: communication materials, drugs, soap and disinfectants for distribution; personal protective equipment such as gloves and masks.**

Week 6, Day 2

Staff travel and illness

Your government is warning agencies that staff members working or visiting in the affected areas could carry the virus. They could potentially infect others—in the office, their homes and neighborhoods—when they return.

As a result, the government is advising all its agencies and civil society to determine staff whereabouts during the past seven days and to advise them on what they should do if they may have been exposed to someone with flu or if they themselves have suspicious symptoms.

In addition, a staff member in your office came to work this morning with moderate fever, but was sent home by her supervisor when she began to cough in the afternoon. She insisted it was 'just a cold' and she could tell the difference from influenza, but her supervisor insisted she return home and stay there until she recovered to avoid infecting others in the office.

Questions about staff travel:

- **Does your agency have a system to track its staff? If so, how? If not, then how might this be done**

Questions about sick staff:

- **Who will give messages to staff about isolation and quarantine procedures and when staff will be required to curtail their duties? Who will decide and when will these messages be given?**
- **If staff question the need for voluntary measures, what are the enforcement issues?**
- **What can be done to reduce the risk and anxiety of staff of being infected?**
- **What type of support will your agency offer to sick staff and their families?**
- **What actions might you take for those that have to come to work?**

POSSIBLE ANSWERS

All answers should be based on existing plans in your country and may vary from those below.

Most of these answers will depend on local planning.

- **Possible systems for tracking staff:**
 - **Distribute a simple template or checklist for each office to submit to main office on weekly basis.**
 - **Standing agenda item during regular information-sharing phone call between main and field offices.**
- **Messaging:**
 - **Source should be senior officer in organization, either directly and/or endorsing the decision-making authority of staff managers**
- **Reducing staff anxiety:**

- **Frequent communication with staff**
- **Hotlines and other sources for family support**
- **Volunteer network for vulnerable staff families**
- **Possible precautions for staff that must come to work: handwashing stations, staggered work hours to limit exposure, availability of soap and disinfectants and frequent reminders to use them.**

Week 6, Day 4

Suspension of programs

Based on the continued spread of the virus and the increased potential for a global pandemic, the government has asked civil society to temporarily discontinue non-essential programs in order to prioritize pandemic response programs.

Questions:

- **What are the identified essential functions? What is the process for identifying them and sharing this information with staff and volunteers?**
- **How will the work of staff be organized?**
- **How will communication with government(s) be maintained?**
- **Will you need to ask for funding? If so, to whom? How will you process this?**