

# **EXERCISE SURRY**

## **POST - EXERCISE REPORT**

---

**Emergency Response Coordination**  
**Coordination and Policy Unit of the Chief Health Officer**

## TABLE OF CONTENTS

Executive Summary .....	3
1. Background .....	4
1.1 Background to the exercise .....	4
1.2 Exercise development and management.....	4
1.3 Exercise aim.....	6
1.4 Exercise objectives.....	6
1.5 Exercise scope .....	6
1.6 Exercise scenario .....	6
2. Exercise Outcomes.....	6
2.1 Surge strategies .....	6
2.2 Information management.....	7
2.3 Flexible approach to home isolation and quarantine .....	7
2.4 Debrief.....	8
2.5 Guideline update .....	8
3. Evaluation .....	8
3.1 Methods .....	8
3.2 Outcomes.....	8
4. Conclusion .....	10
Appendix One - Exercise Surry scenario and roles .....	11
Appendix Two - Evaluation questionnaire .....	17
Appendix Three - References .....	20

## **Executive Summary**

Exercise Surry was conducted by NSW Health on 22 September 2011. It was a small scale intra-health discussion exercise with the aim of informing the development of NSW Health's guideline *Supporting Home Isolation and Quarantine during an Infectious Disease Emergency (Annex to the NSW Health Influenza Pandemic Plan)*.

Exercise Surry presented an avian influenza scenario, during which representatives from the Ministry of Health (MOH) and Public Health Units (PHUs) were posed specific questions relating to home isolation and quarantine. The focus of the discussion was on registering, assessing and monitoring people in home isolation and quarantine, as well as surge strategies to effectively support people in home isolation and quarantine.

Exercise Surry was successful in meeting its aim and objectives, and findings from the exercise were incorporated into the draft guideline. The approach used for Exercise Surry provides a model for planning, writing and conducting similar exercises. Exercise Surry has demonstrated that discussion exercises are an effective and specialised way to test proposed arrangements.

## 1. Background

### 1.1 Background to the exercise

In early 2011, the NSW Chief Health Officer (CHO) requested that an exercise be developed to assist in refining appropriate support and management arrangements for people who are placed in home isolation and quarantine during an infectious disease emergency. During pandemic (H1N1) 2009 influenza some individuals in home isolation and quarantine faced difficulties such as:

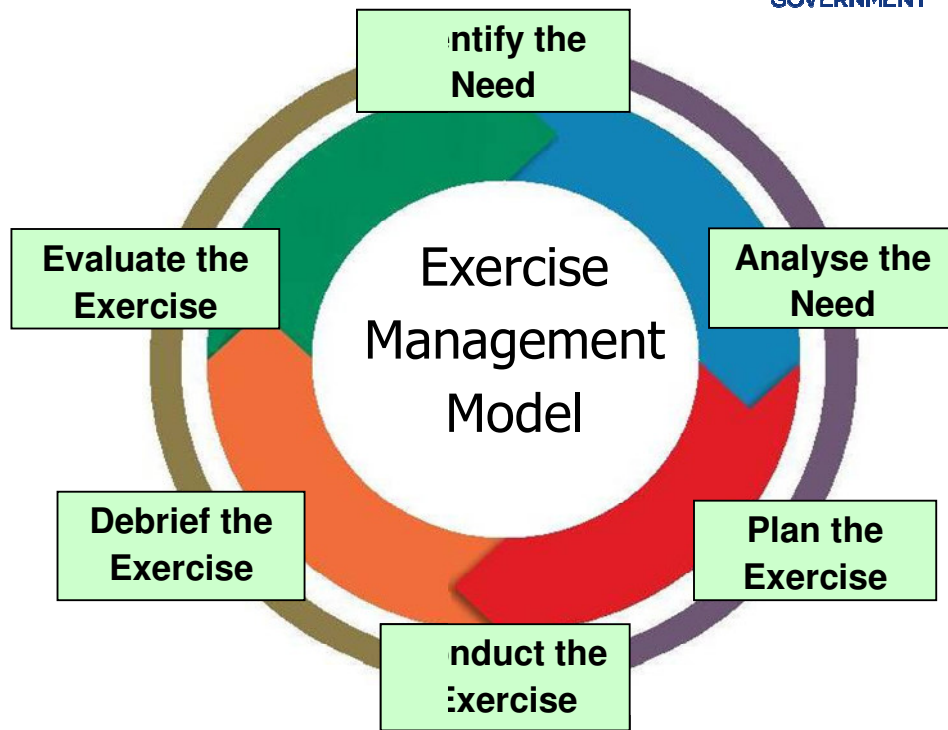
- Access to food and essential supplies during their home isolation or quarantine period.
- Arranging leave from work to remain in home isolation or quarantine<sup>i</sup>.

A draft guideline - *Supporting Home Isolation and Quarantine during an Infectious Disease Emergency* - was developed to address issues identified during pandemic (H1N1) 2009 influenza. During development of the guideline, work was undertaken with other government agencies to determine their roles in providing support to people in isolation and quarantine. These are outlined in the draft guideline.

Prior to the exercise, the draft guideline was circulated for comment. The feedback received was incorporated into a revised draft which was provided with the exercise joining instructions to all exercise attendees.

### 1.2 Exercise development and management

A structured approach to exercise management is recommended to enhance exercise success<sup>ii</sup>. The cyclical model below outlines five stages for exercise management: identifying the need, analysing the need, designing the exercise, conducting the exercise, debriefing the exercise and evaluating the exercise. This model was used to guide the development of Exercise Surry.



Source: Design and Conduct of Exercises - Australian Emergency Management Institute

An Exercise Surry writing group was convened six months prior to the exercise and met monthly. The roles of the writing group were to determine:

- Aim and objectives for the exercise
- Exercise name
- Scope for the exercise
- Exercise participants (facilitator, players, exercise control)
- Exercise scenario and format
- Exercise evaluation process

The Exercise Surry writing group consisted of:

- Public Health Officer Trainee, Emergency Response Coordination, MOH
- Manager, Emergency Response Coordination, MOH
- Medical Epidemiologist, Communicable Diseases Branch, MOH
- Public Health Laboratory Surveillance Officer, Communicable Disease Branch, MOH
- Director, Health Emergency Management Unit, ASNSW
- Director, Sydney West Public Health Unit

A discussion exercise format (DISCEX) was selected for Exercise Surry as this format is economical, enables flexibility and is effective in its outcomes<sup>iii</sup>.

### 1.3 Exercise aim

The aim of Exercise Surry was to inform the development of NSW Health's guideline *Supporting Home Isolation and Quarantine during an Infectious Disease Emergency (Annex to the NSW Health Influenza Pandemic Plan)*.

### 1.4 Exercise objectives

The objectives were:

- To validate NSW Health's communication and support arrangements for home isolation and quarantine during an infectious disease emergency as described in the draft guideline.
- To compare and contrast the application of different response stages for home isolation and quarantine depending on the infectious disease emergency.

### 1.5 Exercise scope

The exercise was designed to facilitate discussion regarding home isolation and quarantine. All of the issues presented in the draft guideline were included in the scope of the exercise. These issues included multi-agency support, isolation and quarantine packs and certificates, surge strategies, welfare questions and use of the Notifiable Conditions Information Management System (NCIMS).

Topics beyond the scope of the exercise included discussion of non-home environments (e.g. boarding schools, cruise ships, hotels), clinical management of 'patients' in the scenario, financial support for people in isolation and quarantine and airport response protocols.

### 1.6 Exercise scenario

The hypothetical scenario used in Exercise Surry involved an index case of avian influenza, who had recently returned to Australia from overseas and had approximately 50 contacts. The evolving scenario and special ideas formed the basis for the discussions and are outlined in appendix one. Joining instructions were provided to the attendees one week prior to the exercise and a participants' manual was given to attendees on the day of the exercise. These documents will be available on the Pandemic Preparedness page of the NSW Health website.

Participants were drawn from MOH Population Health Division and from South East Sydney Illawarra (SESI) and Sydney South West (SSW) Public Health Units; the positions represented are outlined in appendix one. Scripted questions were directed to individual players in their representative Incident Control System (ICS) position.

## 2. Exercise Outcomes

Scribes were used to record the exercise discussions, which were transcribed in detail after the exercise.

### 2.1 Surge strategies

*The exercise demonstrated a willingness to enact the proposed surge strategies across the state for an infectious disease emergency response.*

During a major infectious disease emergency, the ability of public health services to surge their workforce will be critical. For this reason, there was an emphasis during Exercise Surry on testing a number of different options for managing people in isolation and quarantine beyond their local public health unit (e.g. support from another public health unit). It was suggested during the exercise that the phrase 'response stages' be replaced by 'surge strategies'.

The exercise discussion reflected a willingness to share the management of people in home isolation and quarantine across the NSW public health service, to more effectively manage public health resources across the state during times of increased demand. This means that public health professionals from one part of the state heavily affected by an infectious disease emergency may hand over management of some individuals in quarantine/isolation to public health colleagues outside of their immediate work unit.

While sharing across the state broadens the pool of more experienced staff, the value of local knowledge in managing particular situations was noted. Exercise participants agreed that there could be concurrent surge strategies across the state, depending on the scale and progress of the outbreak.

## 2.2 Information management

*NCIMS is crucial to the effective management of people in home isolation and quarantine. The arrangements proposed in the guideline require accurate and timely data entry and information transfer. A review of questions relevant to isolation and quarantine in NCIMS would be beneficial to determine if they should be separated into a standalone question package. Any changes should be tested with an exercise using NCIMS for follow-up of those in isolation and quarantine.*

Exercise participants were supportive of the extensive use of NCIMS as an information management support tool and identified that further training for staff in the NCIMS tools that support outbreak management would be beneficial. Participants with portfolio responsibility for NCIMS also identified areas for further development, including incorporation of a household nominee concept (and potentially a household identifier) into NCIMS forms and inclusion of standardised isolation and quarantine certificates amongst the letters NCIMS is able to produce.

Questions were raised regarding how the transfer of information from Disaster Welfare Services or the State Emergency Operations Centre back to the central NSW Health emergency operations centre regarding status of referrals for essential supplies would be incorporated back into NCIMS.

## 2.3 Flexible approach to home isolation and quarantine

*To effectively manage people in isolation and quarantine, a degree of flexibility is required whilst maintaining the principles of isolation and quarantine.*

The extent to which flexibility can be applied to home isolation and quarantine principles will depend on the severity of the specific illness and the resources available to support individual arrangements. Exercise participants were generally supportive of an appropriate flexible interpretation of home isolation and quarantine principles when applied to:

- Transport arrangements
- Isolation and quarantine packs (delivery and contents)
- Delivery of anti-viral medication

Particular attention during the exercise was given to the flexible approach that could be taken for managing people in quarantine who rely upon existing home services. PHU staff reported they could communicate directly with community health regarding individuals who receive existing home services, and that advice would be provided on how clinical services may be able to continue with use of PPE. Participants also discussed circumstances in which non-clinical staff (e.g. personal care attendants) may be able to continue with home visits.

In a situation where a person in quarantine requires medical assessment and/or medication prescription for a chronic condition, the PHU participants reported they would liaise with a general practitioner and arrange a home visit if circumstances allowed.

#### 2.4 Debrief

A hot debrief occurred immediately after the completion of the exercise. Participants were asked to identify what went well, what could be improved and to explore the appropriateness and effectiveness of the exercise format. Participants suggested that, while out of scope for Exercise Surry, further discussion is required on issues including managing hostile people, 'uncontactable' contacts, enforcement of quarantine, potential time delays for delivery of essential food/supplies and isolation and quarantine arrangements in Aboriginal communities.

Exercise participants also recommended that the key mechanisms outlined in the draft document (e.g. proposed use of NCIMS to generate quarantine certificates) are tested.

#### 2.5 Guideline update

Modifications to the guideline *Supporting Home Isolation and Quarantine during an Infectious Disease Emergency (Annex to the NSW Health Influenza Pandemic Plan)* were incorporated to reflect the outcomes of the exercise discussions prior to a final round of consultation.

### 3. Exercise Evaluation

#### 3.1 Methods

An evaluation questionnaire (see appendix two) was provided to all exercise participants. The evaluation questionnaire received University of New South Wales Medical and Community Human Research Ethics approval on 10 August 2011. An evaluator was used to assess the performance of the exercise against the objectives.

#### 3.2 Outcomes

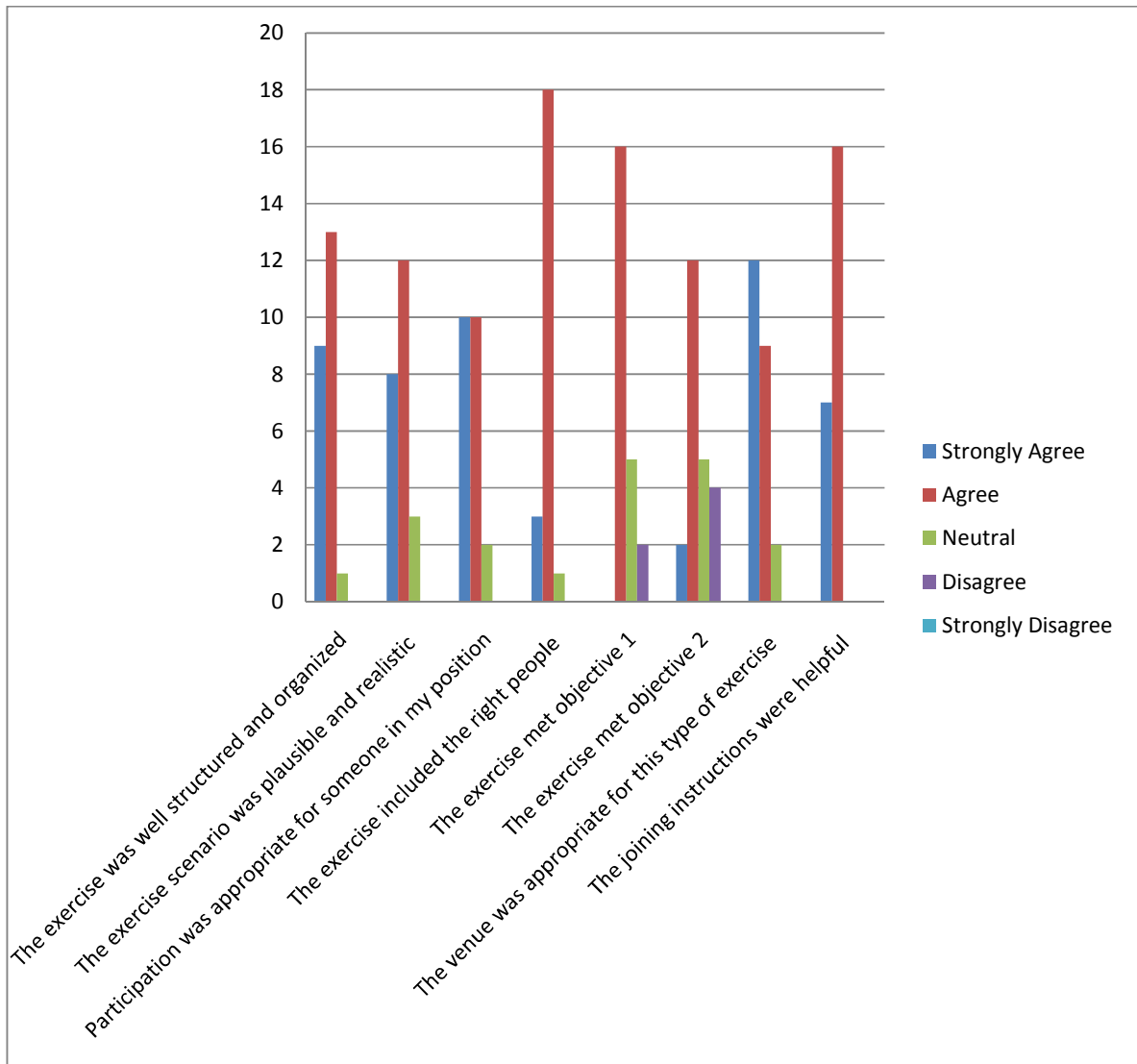
##### Part 1 - Exercise Design and Conduct

Twenty three of the twenty eight exercise attendees completed the evaluation questionnaire. Twenty two (95%) of the respondents agreed or strongly agreed that the exercise was well structured and organised. Twenty of the respondents thought the scenario was plausible and



realistic, while three were neutral towards the scenario. All but two respondents felt the exercise was appropriate for someone of their level. Twenty two respondents agreed or strongly agreed that participation in the exercise included the right people. Two participants (7%) disagreed with the statement that Objective 1 (communication and support arrangements) was met and four participants (14%) disagreed with the statement that Objective 2 (application of response stages) was met.

**Figure 1 - Exercise Surry Evaluation of Design and Conduct (n=23)**



**Part II - Recommendations and Action Steps**

Exercise attendees were asked to list the top three issues relating to home isolation and quarantine which they felt should be further reviewed, revised or developed. Clear trends were represented among the nominated issues including:

- NCIMS and its capability and capacity for use in isolation and quarantine specifically in relation to welfare questions, referrals to the State Emergency Operations Centre or Disaster Welfare Services (DWS) and follow-up.
- Communication specifically in relation to sharing between PHUs, between MOH and PHUs and with the public.
- Managing people who are non-compliant with isolation and quarantine.
- Vulnerable groups such as people with mental health concerns, drug and alcohol clients, Culturally and Linguistically Diverse (CALD) groups and Aboriginal communities.
- Sources of surge staff and scaling back services when refocusing resources.
- Clarification of the practical arrangements for welfare support and follow up.

Exercise attendees were asked to identify corrective steps that could be taken to address the issues identified above. Suggestions included:

- Further liaison with the NCIMS team to develop and test an isolation and quarantine 'package' and to determine restraints within NCIMS.
- Consideration of Standard Operating Procedures (SOPs) to support the key mechanisms presented in the guideline.
- Extending future exercises to two days to enable a more detailed discussion.
- Planning a follow-up exercise to focus on isolation and quarantine of people outside of the home setting and sharing of workloads across PHUs.

## **Conclusion**

The management of people in home isolation and quarantine can be a complex, important and resource-intensive aspect of an infectious disease emergency response.

Exercise Surry demonstrated that a small scale intra-health discussion exercise is an effective way to test proposed arrangements and finalise draft guidelines.

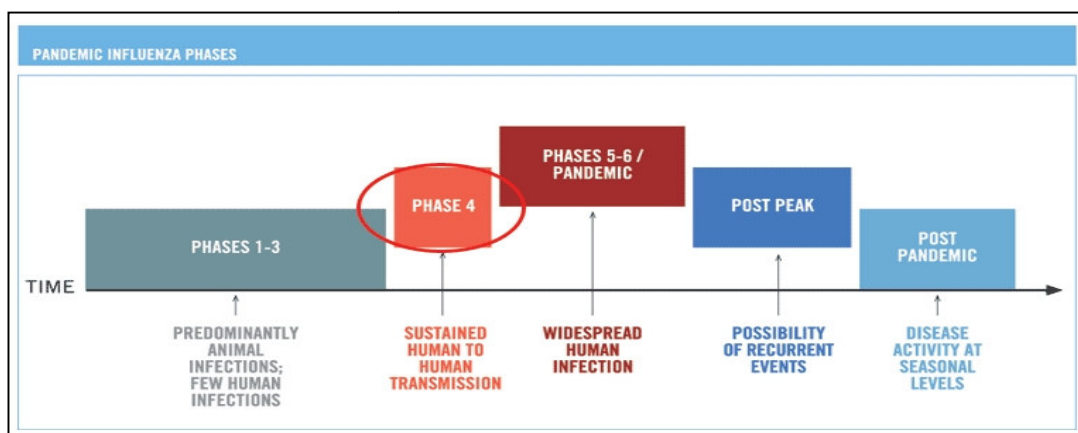
The exercise confirmed many of the concepts presented in *Supporting Home Isolation and Quarantine during an Infectious Disease Emergency* and in some cases, suggested alternative arrangements, which have been incorporated into the guideline.

Exercise Surry also identified that further work is required for non-home environments and further testing is recommended of the practical mechanisms described in the guideline. The exercise provided valuable guidance on future planning for infectious disease emergencies.

## Appendix One

### SITUATION

On Monday 14<sup>th</sup> of November the World Health Organization (WHO) advises that the WHO Director-General, Dr Margaret Chan, has raised the pandemic alert level from Phase 3 to Phase 4, following advice from the pandemic influenza expert advisory group (EAG) who have reviewed recent evidence emerging from Egypt.



[http://www.who.int/csr/disease/avian\\_influenza/phase/en/](http://www.who.int/csr/disease/avian_influenza/phase/en/)

Phase 4 is characterised by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause community-level outbreaks. The pandemic phase change follows recent reports from the Egyptian Ministry of Health as follows:

- 2<sup>nd</sup> November: A cluster of six laboratory-confirmed H5N1 cases in two neighbouring households in the Doshna district, Qena Governorate was reported, including one death. Both families kept poultry and there had been recent reports of sick poultry.
- 4<sup>th</sup> November: H5N1 infections were confirmed in twelve close contacts of the initial cases. Two of the cases were health care workers from the main hospital in the city of Qena who had treated two of the initial cases. Neither health care worker gave a history of exposure to poultry.
- 10<sup>th</sup> November: Two community clusters of human H5N1 infection were reported to be under investigation: one in the city of Qena and one in the nearby city of Luxor. Both clusters had links to symptomatic Qena Hospital health care workers. The clusters involved ten new confirmed cases, including one additional death and eight probable cases [later confirmed].

### Public Health Response Measures in Australia

On the 11<sup>th</sup> of November, the Australian Chief Medical Officer (CMO) participated in an international teleconference sponsored by WHO where the latest epidemiological, clinical and laboratory findings from the cluster investigations in Egypt were shared. On the 14<sup>th</sup> of

November, the Australian Prime Minister, on advice from the Commonwealth's Minister for Health and the CMO, announced that Australia had transitioned from **Alert** to **Delay** pandemic phase.

The Communicable Diseases Network of Australia (CDNA) has met by teleconference each day since 11<sup>th</sup> of November to discuss the reports from Egypt and prepare contingency plans. The Public Health Laboratory Network (PHLN) has confirmed that current test methods available for avian influenza H5N1 accurately detect the new human strain of A/H5N1. The Australian Health Protection Committee (AHPC) has met on several occasions to take advice from CDNA and PHLN. On the 13<sup>th</sup> November, CDNA distribute updated public health response guidelines for influenza A/H5N1. The guidelines contain the following clinical and epidemiological information:

### **Clinical features of human influenza A/H5N1 (2011)**

To date the clinical symptoms of human cases infected with the novel human A/H5N1 (2011) have been similar to seasonal influenza including fever (78%), cough (68%), and fatigue (68%), as well as myalgia, sore throat, shortness of breath, runny nose, and headache. Presentations with only mild symptoms have been uncommon but diarrhoea has been noted in 40%. Of the 42 confirmed cases, 12 (29%) have been hospitalised; almost all with lung infections. This includes 4 cases (10%) admitted to an intensive care unit, including one of the two fatal cases. One of the fatal cases was a 9 year child who presented with a severe viral pneumonitis. The second fatal case was a 61 year old woman with chronic obstructive airways disease who died from a secondary bacterial pneumonia.

### **Epidemiology of Infection**

A GOARN (Global Outbreak and Alert Response Network) team deployed by WHO to Egypt has reported on their rapid epidemiological assessment as follows:

- Mode of Transmission - Consistent with seasonal influenza, i.e. direct spread from person-to-person by inhalation of infectious droplets. Transmission through indirect (fomite) contact cannot be ruled out. Spread by the faecal-oral route has not been documented to date but should be considered possible given the frequent reporting of diarrhoea in cases to date.
- Case fatality rate - Estimated to be around 2% in high-income countries.
- Reproductive rate ( $R_0$ ) - Estimated to be 1.5-2.0 new cases per confirmed case.
- Incubation period - Average 2 days (may be up to 7 days).
- Infectious period - Estimated to be up to 7 days after symptom onset. Transmission one day prior to symptoms suspected in one confirmed case. Evidence of continuing virus excretion after 9 days for one 6 year old child hospitalised in intensive care despite neuraminidase inhibitors.
- Antiviral susceptibility - There has been no clinical or laboratory evidence of neuraminidase inhibitor resistance. Clinicians report that a number of cases have had encouraging clinical responses to antiviral medication when commenced within 48 hours of symptom onset.
- Match with candidate H5N1 vaccines - Preliminary analyses suggest a good match is likely with previously developed H5N1 vaccines.

### **CDNA Case Definitions**

A **suspected case** of influenza A/H5N1 (2011) virus infection is defined as a person with an acute febrile respiratory illness (<sup>1</sup>) with onset of symptoms:

- Within 7 days of close contact with a person who is a confirmed A/H5N1 (2011) case, or
- Within 7 days of travel to Egypt.

A **confirmed case** of influenza A/H5N1 (2011) virus infection is defined as a person with an acute febrile respiratory illness (<sup>1</sup>) AND with laboratory confirmed influenza A/H5N1 (2011) infection confirmed by one of the following tests:

- Viral sequencing;
- Influenza A/H5N1 (2011) - specific PCR
- Viral culture

### **Border measures**

Active fever screening of incoming passengers at international airports has not yet been implemented but is being considered by the Australian Health Protection Committee (AHPC). H5N1 information factsheets are being handed out with the Health Declaration Cards to incoming international passengers on routes from Egypt (excludes flights from the Americas). This advises unwell travellers to seek medical advice (preferably over the phone in the first instance) if flu symptoms develop. There are no direct flights from Egypt to Australia but Australian Quarantine and Inspection Service (AQIS) officers are meeting selected flights known to carry passengers from who departed from Egypt before pratique to disembark passengers is granted.

### **NSW Health Response**

The Public Health Emergency Operations Centre (PHEOC) in the NSW Health Department of Health (DOH) has been operating since 14<sup>th</sup> of November under an Incident Control System (ICS) structure as the country prepares for the arrival of the first case.

### **SPECIAL IDEA ONE**

Flight QF425 arrives in Sydney from Cairo via Dubai with 250 passengers at 7pm on Wednesday 16<sup>th</sup> of November. H5N1 information factsheets and Health Declaration Cards are being handed out to passengers disembarking this flight.

On Thursday 17<sup>th</sup> of November at 7am, 12 hours after the flight arrives in Sydney, a 45 year old male passenger, Asim Ibrahim, presents to the Emergency Department (ED) at his local hospital with influenza like symptoms.

Asim was visiting family in the Qena region of Egypt, where he stayed with a cousin who was sick with an unexplained illness. Asim has read the factsheet and is aware that his symptoms are similar to those of H5N1. The ED where Asim presents has been provided with information on response protocols by the Public Health Unit (PHU).

---

<sup>1</sup> An acute respiratory illness is defined as a measured temperature of 38°C or greater OR a good history of fever, AND recent onset of at least one of the following; rhinorrhoea, nasal congestion, sore throat or cough.

Asim is treated as a suspected case and after 6 hours laboratory tests confirm that Asim has H5N1. Asim is isolated in hospital and as he lives in the South Sydney area, the South Sydney Public Health Unit is contacted. A notification is completed by ED staff at the hospital where Asim is isolated. According to the WHO quarantine guidelines developed for H5N1 at the time of the outbreak, two rows of passengers seated in front and behind Asim on the flight are recommended for quarantine.

Information is obtained from the airline via DOHA and contact tracing is commenced - 50 people are identified as contacts. The 50 contacts are traced and they live in various regions throughout NSW. Approximately 25 of the 50 contacts live in the South Sydney area. There is a high level of media and public interest in the case, generating an influx of calls into South Sydney Public Health Unit.

The South Sydney Public Health Unit Operations Team has begun contact tracing. The team is registering people in NCIMS and collecting information from contacts on general demographics and symptoms. The welfare questions are completed and contacts are advised to utilise family and friends for support during their home quarantine period. Infection control advice and health education is also provided as well as a key contact numbers (e.g. the statewide public health telephone number and mental health line).

## **SPECIAL IDEA TWO**

On Monday 21<sup>nd</sup> of November, Kate Smith, an 11 year old girl, presents to hospital with her parents with 24 hour history of fever, cough and diarrhoea. Upon careful questioning, it is determined that Kate is a non-identified plane contact. For six hours of the plane trip she moved seats and sat in a spare seat in the row behind Asim, as the television screen in her assigned seat was not functioning.

Since arriving back from her holiday, Kate has been attending her local primary school, but was sent home sick on Monday 21 November. Kate has participated in two extra-curricular activities - a netball practise session and dance class on Saturday. On Sunday, Kate and her family visited Kate's grandmother who also lives in the South Sydney area.

Kate is admitted to hospital and laboratory testing confirms H5N1. Kate's mother stays with her in hospital, Kate's father returns home to begin a period of quarantine with the rest of the family.

South Sydney Public Health Unit is notified of the case and contact tracing commences. The number of potential contacts is large, around 80 people. Her school contacts include 40 students and teachers, her netball team consists of 15 girls and her dance class has 20 students. She has 5 family contacts, including her grandmother.

The current situation in South Sydney Public Health Unit is that:

- Staff are completing ongoing welfare checks and symptom monitoring for the initial 25 contacts who have two days remaining in quarantine.
- Staff are asked to complete contact tracing for Kate's 80 contacts, and with this added workload staff are overloaded and are having difficulty managing.
- Two full time staff members are away on an overseas holiday.

A decision is made that West Sydney Public Health Unit will take over the daily welfare checks of the original 25 contacts in quarantine and provide assistance with contact tracing for the dance class contacts.

On Sunday 20<sup>th</sup> of November Asim dies and the public is informed of the first death of H5N1 in Australia by media release. Media interest is very high but unfortunately some misinformation relating to H5N1 is circulating. NSW Health needs to make sure everyone is getting the same message and experience from pandemic H1N1 shows that the situation and known information can change quickly.

One of Kate's contacts is her 82 year old grandmother, Edna, who relies heavily on Kate's family for support. Kate's family takes her out on weekly shopping trips and helps her with meal preparation. She is also on a Community Aged Care Package (CACP) and receives assistance three times a week for personal care (showering), domestic tasks and for transport to appointments. She also receives community nursing once a week for wound dressing of a leg ulcer.

### **SPECIAL IDEA THREE**

A monitoring phone call is made by South Sydney Public Health Unit to the mother of one of Kate's contacts, Emily. Emily plays on Kate's netball team and attended the recent netball practise session with Kate. It is day two of Emily's home quarantine and her parents, John and Sarah, report that she has developed symptoms of H5N1. Emily is admitted to hospital and tests positive for H5N1, her mother stays with her in hospital and her father returns home to be quarantined with the rest of the family.

The family have recently moved to the area and they don't have a network of family and friends who are able to support them by providing essential supplies. The welfare questions are completed and the PHU Operations Team enters the following information into NCIMS:

- The family have approximately \$100 cash and a credit card, however they do not have a functioning internet connection.
- They are running low on essential supplies and require basic food items.

DOH Operations Team refers this information onto Disaster Welfare Services. Disaster Welfare Services speaks to the father and organises groceries. Disaster Welfare Services reports back to DOH that the tasking request has been assigned.

Anti-viral medication is used and people in home isolation and quarantine are being provided with the isolation and quarantine packs.

The next day during a welfare check, the family reports that their son, Jason has developed an ear infection, this is a chronic problem for Jason, however they do not have any medication at home. Jason may require antibiotics for his ear infection. The family is new to the area they do not have a relationship with a GP who can provide a prescription.

### **SPECIAL IDEA FOUR**

There are an increasing number of cases of H5N1 throughout NSW. All Public Health Units in the state are busy, with staff members becoming increasingly fatigued and overworked.

On top of managing the H5N1 response there is an outbreak of measles during the 'Schools Spectacular' yearly performance. This results in approximately 20 confirmed cases of measles throughout the state and hundreds of contacts to trace.

## **ROLES**

Public Health Controller

Deputy Public Health Controller

Local Public Health Controllers (x2)

Operations, Logistics and Planning representatives (x6) from Ministry of Health

Operations, Logistics and Planning representatives (x6) from Public Health Units

Health Emergency Management Unit representative

Observers (x3)

Exercise Control (x7)

Evaluator (x1)



## Appendix Two

### Exercise Surry Evaluation

This evaluation activity is voluntary and consent is implied by completing the below questionnaire. The de-identified data may be used to help shape future exercises and for academic purposes.

Participant Role:    Player  Observer  Facilitator

Participant Name (Optional): \_\_\_\_\_

Title (Optional): \_\_\_\_\_

#### Part I - Exercise Design and Conduct

Please make your responses in relation to the exercise aim and objectives:

##### **Aim**

The aim of Exercise Surry is to inform the development of NSW Health's policy on supporting home isolation and quarantine during an infectious disease emergency.

##### **Objectives**

Exercise Surry objectives are:

- 1) To validate NSW Health's communication and support arrangements for isolation and quarantine during an infectious disease emergency as described in the draft guideline.
- 2) To compare and contrast the application of different NSW Health models of care for isolation and quarantine depending on the infectious disease emergency.

##### **What is your assessment of the exercise design and conduct?**

*Please rate your overall assessment of the exercise relative to the statements provided below, from strong disagreement to strong agreement.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The exercise was well structured and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exercise scenario was plausible and realistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in the exercise was appropriate for someone in my position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exercise included the right people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exercise met objective 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exercise met objective 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue was appropriate for this type of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The joining instructions were helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II – Recommendations and Action Steps**

1. Based on the discussions today and the issues identified, please list the top three issues relating to home isolation and quarantine which should be reviewed, revised or further developed.

i). \_\_\_\_\_  
 \_\_\_\_\_

ii). \_\_\_\_\_  
\_\_\_\_\_

iii). \_\_\_\_\_  
\_\_\_\_\_

2. Please identify any corrective steps that should be taken to address the issues identified above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please provide any additional comments on Exercise Surry.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix Three

### References

---

<sup>i</sup> NSW Health. Key recommendations on pandemic (H1N1) 2009. September 2010. Available online at: [http://www.health.nsw.gov.au/pubs/2010/h1n1\\_2009\\_key\\_recomm.html](http://www.health.nsw.gov.au/pubs/2010/h1n1_2009_key_recomm.html)

<sup>ii</sup> Callan, T. (2009). So, you want to run an exercise? *The Australian Journal of Emergency Management*, Vol. 24 No. 2 May.

<sup>iii</sup> Renner, S. (2001). Emergency exercise and training techniques. *The Australian Journal of Emergency Management*, Winter.