

Exercise Iris

12 March 2018

Report



Conclusions

Exercise Iris was well received by the participants who engaged positively and constructively in support of the aims and objectives of the day.

The exercise identified 14 actions across a broad range of themes. Despite the breadth of discussion, there were no great surprises in the issues identified as priorities. In the event of a large scale crisis, Boards will appreciate strong, national coordination and clear guidance. Scottish Government and Health Protection Scotland should endeavour to ensure that relevant guidance is up to date and communicated effectively and that processes are in place for standing up and accessing national coordination structures and that these processes are widely agreed and understood. Amongst frontline staff there is unease at the lack of clarity on PPE availability, training and testing. This is a clear gap in Scotland's preparedness for MERS-CoV and other outbreaks and needs to be addressed as soon as possible.

Participants also commented on the welcome opportunity Exercise Iris presented to network with colleagues in other Boards and organisations to discuss the challenges presented by MERS-CoV. Many commented on the similarities with ongoing work on pandemic flu planning. It will be important to deconflict and avoid duplication of effort in taking forward work on MERS-CoV.

Annex A – Summary of Actions

- 1. HPS to include guidance on what would trigger a PAG in MERS-CoV guidance**
- 2. HPS to consider a review of existing guidance to ensure criteria for excluding staff and their subsequent return to work is clearly stated**
- 3. Boards to consider the impact of staff exclusion in response planning, including Occupational Health input**
- 4. HPS to include a register of Scotland's specialist facilities in guidance**
- 5. Boards to consider local care pathways in response planning**
- 6. Boards to promote the standard PPE requirements laid out in the National Infection Prevention Control Manual. SG/HPS will address PPE requirements for primary and secondary care, setting out a clear policy for Scotland in relation to HCIDs through the newly formed sub group of the Health Protection Preparedness Group on HCIDs. The outcome of this work will be shared with Boards through the Scottish Health Protection Network (SHPN)**
- 7. Boards/HPS to ensure that liaison with NHS 24 is included in comms planning**
- 8. HPS to be asked to consider producing a roles and responsibilities document**
- 9. HPS to review Scottish and PHE MERS-CoV guidance and consider whether all differences between them are necessary and appropriate ensure that the 'HPS & NHS boards Public Health Response Plan for Possible, Presumptive and Confirmed Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Cases' guidance is available to all relevant stakeholders**
- 10. Boards to ensure resource impact of extensive contact tracing has been considered**
- 11. HPS to consider the feasibility of community sampling for HCIDs.**
- 12. SG to flag concerns regarding additional capacity to SG Resilience Unit for consideration**
- 13. SG to share materials and support Boards in running their own exercises**