

**EXERCISE SHIPSHAPE
HANDBOOK**

FRIDAY 6TH JUNE, 2003

Ramada Plaza Bristol
Redcliffe Way
Bristol
Avon
BS1 6NJ

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WELCOME

Dr Pat Troop

Chief Executive, Health Protection Agency

Welcome to Exercise Shipshape the Health Protection Agency Severe Respiratory Syndrome (SARS) Exercise. Thank you all for coming, especially those of you who have had to travel long distances. In association with our advisors, The Eric Morris Consultancy Limited, we can promise you a very interesting and, we hope, fruitful day.

AIMS AND OBJECTIVES OF EXERCISE SHIPSHAPE

Aim: This one-day desktop exercise has been designed to develop the response of the Health Community in the event of a SARS outbreak and to find out where it needs to be amended and improved.

Key Objectives:

1. To explore the capabilities of local healthcare systems in coping with an increasing number of SARS cases.
2. To explore control of infection guidelines, including isolation procedures and communication protocols.
3. To assess regional support to the local event.
4. To explore contact tracing arrangements and co-ordination of data communication.
5. To identify resource requirements.
6. To review command and control structures including an understanding of roles and responsibilities.
7. To explore HPA co-ordination centrally.
8. To identify support functions that will be required, their implementation and delivery.
9. To confirm the Department of Health (DoH) role and the responsibilities of Other Government Departments (OGD's).
10. To identify the implications for public order
11. To explore the responses of SARS control teams and other players to requests for information from the media.

OUTLINE PROGRAMME

Time	Event	Comment
Friday 6 June 03		
0830	Delegates arrive	
0830-0900	Welcome coffee	
0900-0930	Central Briefing <ul style="list-style-type: none"> • Welcome • SARS Threat to the UK • Exercise brief 	Dr Nigel Lightfoot, HPA Dr Bob Spencer, Consultant Microbiologist, Bristol Christopher Le Hardy, EMCL
0930-1230	Exercise Phase 1	During this session, media interviews will take place with nominated members of each syndicate
Tea and Coffee available throughout		
1230-1330	Buffet Lunch	Break for lunch
1330-1530	Exercise Phase 2	During this session, media interviews will take place with nominated members of each syndicate
1530-1600	Syndicates complete reports and prepare briefs	
1600-1630	Wash up <ul style="list-style-type: none"> • Five minute brief from each Syndicate leader • Debrief from external players • Panel Questions and Answers • Summary 	Plenary room
1630	Depart	

WHAT TO EXPECT FROM THE EXERCISE

This booklet provides details on the background and current situation to set the scene. Please take the time to read it carefully.

After the opening addresses, you will be divided into syndicates in order to consider the problems and challenges posed during the day. These syndicates will represent:

- (1) Local Health and Health Protection (Bristol/Bath area).
- (2) Local Health and Health Protection (Newport/Gwent Area).
- (3) Wales National and Strategic
- (4) South West Regional Government, Health and Health Protection.
- (5) Department of Health (DoH), and DoH Operations
- (6) National SARS team
- (7) Health Protection Agency (National)

The Directing Staff from Exercise Control will represent any other necessary functions, organisations and personalities.

A syndicate leader ought to be appointed by each group. At the start of the exercise you will be given a series of issues and questions to consider, called Exercise Action Serials (EACTS). You may, of course, seek clarification of any matter from Exercise Control, or by speaking to the other syndicates. We ask that you use your imagination and role-play the issues as far as practical, making the exercise both constructive and fun.

In order to test responses to the media, we also ask you to nominate a member of your syndicate who would be happy to replicate a television interview, either with a 'journalist' via a telephone call, or on video.

The exercise will be monitored throughout by the Directing Staff from the HPA and The Eric Morris Consultancy and recorded by means of the Exercise Action Reports (EACTREPs). Your syndicate answers to these EACTREPs will be colour coded according to each syndicate. Please complete them as fully as possible, preferably avoiding jargon and in clearly written English. They will be used afterwards as the basis for the exercise report.

SYNDICATES AND CONTACT DETAILS

The Syndicates are:

Syndicate:	Role:	Exercise Tel/Fax: 0117 9260041/0117 9260089 (Switchboard, then extension. . .)
1. Local Bristol	<ul style="list-style-type: none"> • Multi skilled team • Direct contact with patients. • Direct contact with the General Public • Primary Care Trusts • NHS issues in A&E and the main hospital • Clinical Issues • Application of the Major Incident Plan 	Ext: 1852
2. Local Newport/Gwent	<ul style="list-style-type: none"> • As for Bristol (above) 	Ext: 1853
3. South West Regional Government, Health and Health Protection	<ul style="list-style-type: none"> • Strategic Health Authorities (Bristol) • Regional ACT, PCT and NHS Issues • 	Ext: 1851
4. Wales Public Health	<ul style="list-style-type: none"> • Strategic Health Authorities (Wales) • Regional ACT, PCT and NHS Issues 	Ext: 1853
5/6 DoH and DOH OPS and National SARS Team (CDSC)	<ul style="list-style-type: none"> • National issues • Ministerial issues • International issues 	Ext: 1816
7. HPA National	<ul style="list-style-type: none"> • Central co-ordination of HPA activity 	Ext: 1816
8. Exercise Control (EXCON)	<ul style="list-style-type: none"> • Feed Action Serials to the Syndicates. • Visit Syndicates to assist. • Collect EACTREPs 	Ext: 1828

EXTERNAL SYNDICATES

The Central Public Health Laboratory will be performing a paper exercise based on SHIPSHAPE to look at the ability to increase SARS testing.

OBSERVERS

In view of Ministerial, Cabinet Office and European Commission interest, there is likely to be a large number of visitors and observers to this exercise. An Observers' Group control will be established, and some observers will be assessing how the scenarios would impact upon their organizations and services.

Dr Nigel Lightfoot will be the observer co-ordinator.

EXERCISE CONTROL (EXCON)

Exercise Control will provide additional written and verbal problems to the syndicates throughout the day.

In addition, if needed they will play:

- Ministers, Cabinet Office (COBRA)
- Government Departments (possibly by some observers from relevant departments)
- Security Services
- Government Information Services
- MOD UK and Subordinate Commands
- Members of the general public, other patients etc.

Directing Staff. The Exercise Director, his deputy and the Exercise Administration will run EXCON and advise syndicates, in conjunction with the Observers and Expert Advisers.

Communications: Each syndicate room will be provided with a telephone using the internal telephone system, while three PCs with Internet access will be provided at Exercise Control. Conference call facilities are available if required.

Note:

A SARS outbreak is a sensitive subject. On open lines you are please asked to preface everything with the words '**Exercise SHIPSHAPE**'.

Other Exercise Commands to be aware of include:

EXERCISE SHIPSHAPE (BRISTOL)

- Start of Exercise SHIPSHAPE – **STARTEX**
- Suspend exercise SHIPSHAPE – **HOLD**
- Restart Exercise SHIPSHAPE – **RESUME.**
- End of Exercise SHIPSHAPE – **ENDEX**
- Early termination SHIPSHAPE – **ABORT**
- Real incident Alert SHIPSHAPE – **SAFEGUARD**

Role Play: Exercises of this nature can bring out the best (and worst!) of the thespian in both players and Directing Staff. The day will be far more valuable if you enter into the spirit of the Exercise. We have deliberately chosen a fairly simple scenario and have not attempted to swamp the system with a mass of incidents and casualties. However as with other highly contagious diseases or CBRN events, should there be a major SARS outbreak, there are likely to be far more patients and an element of public panic that would generate large numbers of inquiries. In framing your responses we ask that you also think through and react to a far larger scenario. In summary, whilst we have a very real purpose to achieve it can also be made fun and more useful if you use your imagination.

BACKGROUND

SARS

Severe Acute Respiratory Syndrome (SARS) is the term used to describe a serious respiratory illness that emerged in Southern China in November 2002 and spread into the Far East and out to 30 countries in the spring of 2003. As at 2 June 2003 8360 cases and 764 deaths had been reported globally to the World Health Organization (WHO). However, the real situation in China gives the most concern and the real facts have yet to emerge; indicating that a further, larger outbreak may occur.

IMPACT

The impact so far has been considerable. In the public consciousness SARS has been added to the war on terrorism, the war in Iraq and the general global economic situation. Business travel in Asia and the Pacific has been badly curtailed, tourism and the airlines are reeling. One report from the Economist added that SARS had hampered communications, endangered supply lines and was even affecting a whole range of western industries that depend on production lines from Asia. In Hong Kong, Singapore and China drastic measures have been taken to curtail the spread of SARS, with schools being closed, public events cancelled, travel restrictions imposed and whole tower blocks quarantined. The media have rated SARS as potentially damaging as other historical epidemics such as Asian flu, Aids (23 m deaths), Ebola (1000 deaths), Measles in UK (800,000 victims but few deaths) and the Spanish Flu pandemic in 1918 (70m deaths). The swift transfer of SARS into at least 30 countries has made SARS one of the most serious global health threats since Aids largely because of its potential to spread through air travel. The WHO issued a rare emergency travel advisory note on 16 March, and later it placed Toronto on the affected area list (23 April). Canada was the first non-Asian country to have deaths from SARS with 15 victims from a reported 320 cases (22 April 03). The UK has issued Health Alerts and FCO travel advice specifically advises against travel to affected areas.

By early May 2003 cases appear to have peaked everywhere except mainland China where the Chinese Prime Minister warned that SARS was going to be a long-term, complex and relapsing epidemic.

The latest world situation actual recorded situation as at 2 June by the World Health Organization (WHO) is:

• Global:	8360 cases	764 deaths
• China:	5328	332 deaths
• Hong Kong:	1739 cases	278 deaths
• Taiwan:	676 cases	81 deaths
• Canada:	188 cases	30 deaths

UK DEVELOPMENTS

The UK statistics are:

- 1 confirmed case.
- 4 probable cases being reported; all have recovered.
- 159 possible cases in UK residents, none of which have been upgraded to probable.
- 0 deaths.

EXPERT ADVISORY GROUP

On 7 May the Health Protection Agency formed a 30 strong Expert Advisory Group (EAG) on SARS to advise the Department of Health and the NHS on protection and control measures. The EAG SARS is chaired by NR Chief Executive of the Health Protection Agency.

Its Terms of Reference include:

- A review of the clinical, microbiological and epidemiological evidence including modes of spread;
- To advise the DOH and NHS on emerging issues and potential high risk situations;
- To anticipate future scenarios, to advise on the work needed, to respond to this and to assess the outcome of that work;
- And, to advise on future research needed.

SARS GUIDANCE

The very latest guidance is available in the following documents:

- SARS Letter from the Chief Medical Officer to all Chief Executives of NHS and Primary Care Trusts, dated 29 April 2003.
- HPA draft Interim Public Health Strategy for protecting the UK population from SARS, dated 13 May 2003.
- PHLS Management of Contacts in SARS cases dated 21 May 2003. This covers the definition of contacts, and the management of close contacts of UK probable and highly suspect cases, of low suspect cases, of close contacts in special circumstances, of health care workers returning from an affected area, other contacts, and Voluntary Home Isolation.
- A press and clinical Question and Answer Brief (latest revision) dated 20 May 2003 is available from the PHLS website.
- PHLS Case Definitions, case reporting and follow up procedures (latest revision), dated 19 May 2003.

Copies of these documents are available in Exercise Syndicate folders, alongside a Summary of Hyperlinks in the HPA Interim Strategy for SARS.

KEY ELEMENTS OF SARS

The key elements of SARS are:

- Global death rate is 4-10% (WHO cumulative). (8-15% based on the finding of a study into Hong Kong 1400 cases by Imperial College London).
- Most cases are adults of working age; older people are more susceptible.
- Few cases reported in children (U13 yrs).
- Main spread of cases has been cross infection within hospitals and home carers.
- Symptoms: high fever ($>38^{\circ}\text{C}$) temperature, dry cough, shortness of breath and respiratory infection. Chest X-rays indicative of pneumonia.
- Infectiousness: incubation 2-7 days, infectious for 10 days.

EXERCISE SHIPSHAPE (BRISTOL)

DELEGATE LIST

Serial	Title	Representing	Tel/Email	Syndicate
1	Dr Jane Leese Senior Medical Officer	DoH PH6	jane.leese@doh.gsi.gov.uk Office: 0207 9721526 Mob: 07711 309219	DoH
2	Dr Charlie Easmon Immunisation & Communicable Disease Unit	DoH PH6	charlie.easmon@doh.gsi.gov.uk	DoH
3	Mr Jeff Porter Immunisation & Communicable Disease Unit	DoH PH6	jeff.porter@doh.gsi.gov.uk Office: 0207 9721656	DoH
4	Ms Carole Fry Nursing Officer Communicable Diseases	DoH PH6	carole.fry@doh.gsi.gov.uk Office: 0207 972 1512	DoH
5	Miss Sarah Fisher Emergency Planning Manager	DoH (Ops)	sarah.fisher@doh.gsi.gov.uk Office: 0207 2105414 Mob: 07789 653 214	DoH
6	Dr Jeremy Hawker CDSC West Midlands Heartland's Hospital	HPA LARS	jeremy.hawker@phls.org.uk Office: 0121 773 7077	HPA National
7	NR Head of Emergency Planning & Comms NPRB	HPA/ERD:	NR @nrpb.org Office: 01980 612 930	HPA National
8	Dr Joyshri Sarangi Consultant in Communicable Disease Control Avon Health Protection Unit	HPA LARS	joyshri.sarangi@userm.avonhealth.swest.nhs.uk Office: 0117 900 2620	Bristol Local
9	Dr Charles Irish Consultant in Communicable Disease Control Avon Health Protection Unit	HPA LARS	charles.irish@userm.avonhealth.swest.nhs.uk Office: 0117 900 2626	Bristol Local
10	Deborah Evans Chief Executive Bristol South & West PCT	Bristol S&W PCT	deborah.evans@bristolswpct.nhs.uk Office: 0117 900 3429	Bristol Local
11	Dr Christine Hine Director of Public Health	Bristol S&W PCT	Chris.hine@bristolswpct.nhs.uk	Bristol Local
12	Dr Kieran Morgan Director of Public Health Bath & Somerset PCT	Bath & Somerset PCT	Kieran.morgan@banes-pct.nhs.uk Office: 01225 831 806	Bristol Local
13	Dr Chris Payne Director of Public Health South Gloucestershire PCT	South Gloucs PCT	Chris.payne@sglos-pct.nhs.uk Office: 0117 330 2433	Bristol Local
14	Ian Higginson Consultant Emergency Physician Bristol Royal Infirmary + BRHC	BRI BRHC	ian.higginson@ubht.swest.nhs.uk Office: 0117 928 3605	Bristol Local

EXERCISE SHIPSHAPE (BRISTOL)

Serial	Title	Representing	Tel/Email	Syndicate
15	Nick Green Charge Nurse Western General Hospital	WGH	c/o andrew.newton@what.swest.nhs.uk	Bristol Local
16	David Heyburn Manager for Critical Care United Bristol Healthcare Trust Bristol Royal Infirmary	UBHT	David.heyburn@ubht.swest.nhs.uk Office: 0117 928 3119	Bristol Local
17	Tim Gould Critical Care Consultant Bristol Royal Infirmary	UBHT	tim.gould@ubht.swest.nhs.uk	Bristol Local
18	Robert Johnson Medical Director United Bristol Healthcare Trust	UBHT	Robert.johnson@ubht.swest.nhs.uk Office: 0117 928 3640	Bristol Local
19	Nigel Rawlinson Consultant in A&E United Bristol Healthcare Trust	UBHT	nigel.rawlinson@ubht.swest.nhs.uk Office: 0117 923 0000	Bristol Local (pm only)
20	Dr Lisa Goldsworthy Consultant Paediatrician Bristol Royal Children's Hospital	UBHT	lisa.goldsworthy@ubht.swest.nhs.uk Office: 0117 923 0000	Bristol Local
21	Dr Adam Whittle Bristol Royal Infirmary UBHT	UBHT	Office: 0117 928 3485	Bristol Local
22	Avon Ambulance Trust	Avon Ambulance Trust		Bristol Local
23	Maja Rollings Senior Infection Control Nurse North Bristol NHS Trust	North Bristol NHS Trust	maja.rollings@north- bristol.swest.nhs.uk Office: 0117 970 1212 Ext: 2799 0117 950 5050 Ext: 3654	Bristol Local
24	Glyn Laverack Head of Nursing Critical Care North Bristol NHS Trust	North Bristol NHS Trust	glyn.laverack@north- bristol.swest.nhs.uk Office: 0117 970 1212	Bristol Local
25	Dr Stuart Glover Consultant in Infectious Diseases K Ward, Southmead Hospital	North Bristol NHS Trust	stuart.glover@north- bristol.swest.nhs.uk Office: 0117 959 5549	Bristol Local
26	Dr Rob Heyderman Senior Lecturer in Infectious Diseases		r.heyderman@bristol.ac.uk	Bristol Local

EXERCISE SHIPSHAPE (BRISTOL)

Serial	Title	Repre- senting	Tel/Email	Syndicate
27	Dr Peter Fox Emergency Planning Advisor Royal United Hospital Bath	RUHB	peter.fox@ruh-bath.swest.nhs.uk Office: 01225 821 787	Bristol Local
28	NR Interim Regional Head Health Protection Agency South West	HPA LARS	NR @hpa.org.uk Office: 01452 413 080	SW Region
29	Dr Deirdre Lewis Consultant Regional Epidemiologist Health Protection Agency South West	HPA LARS	deirdre.lewis@hpa.org.uk Office: 01452 413 080	SW Region
30	Dr Brendan Yates Consultant in Public Health Medicine	GOSW	byates.gosw@go-regions.gsi.gov.uk Office: 01752 635 006 Mobile: 07789 653 224	SW Region
31	Tony Thompson Deputy Director Regional Resilience Team GOSW	GOSW	tthompson.gosw@go-regions.gsi.gov.uk Office: 0117 900 3575	SW Region
32	Lawrence Davies Emergency Planning Advisor GOSW/Bristol	SW Region HEPA	ldavies.gosw@go-regions.gsi.gov.uk lawrence.davies@doh.gsi.gov.uk Office: 0117 900 3578 Mobile: 07836 618 629	SW Region
33	Jody Foster Environmental Health Specialist GOSW	GOSW	jfoster.gosw@go-regions.gsi.gov.uk Office: 0117 900 1712	SW Region
34	Dr Philip Milner Director AGW Strategic Health Authority	Avon Strategic Health Authority	philip.milner@agw-stha.nhs.uk Office: 01249 858 500	SW Region
35	David Kirkman Major Incident Planning Manager AGW Strategic Health Authority	AGW SHA	david.kirkman@agw-stha.nhs.uk	SW Region
36	Dr Roland Salmon Regional Epidemiologist	CDSC Wales	roland.salmon@nphs.wales.nhs.uk	Wales Strategic
37	Robert Smith Senior Epidemiological Scientist	CDSC Wales	robert.smith@nphs.wales.nhs.uk	Wales Strategic
38	David Goulding Emergency Planning Advisor to National Assembly of Wales	Welsh Assembly	david.goulding@wales.gsi.gov.uk Office: 02920 825 392 Mob: 07787 565 133	Wales Strategic

EXERCISE SHIPSHAPE (BRISTOL)

Serial	Title	Representing	Tel/Email	Syndicate
39	Ashok Vaghela A&E Consultant Gwent NHS Trust	Nevill Hall Hospital	ashok.vaghela@gwent.nhs.uk	Wales Local
40	Rajan Ragupati A&E Registrar Gwent NHS Trust	Nevill Hall Hospital	rajan.ragupati@gwent.nhs.uk	Wales Local
41	Richard Bevan Consultant Nurse Gwent NHS Trust	Nevill Hall Hospital	c/o ana.kimche@gwent.nhs.uk	Wales Local
42	Celia Morris Sister Gwent NHS Trust	Nevill Hall Hospital	c/o ana.kimche@gwent.nhs.uk	Wales Local
43	Dr John Watson Head of Respiratory Division HPA CDSC	HPA CDSC	john.watson@hpa.org.uk	National SARS Team
44	NR Clinical Scientist Respiratory Division	HPA CDSC	NR @hpa.org.uk	National SARS Team
45	Dr Cleo Rooney Specialist Registrar Respiratory Division	HPA CDSC	cleo.rooney@hpa.org.uk	National SARS Team
46	Dr Nigel Lightfoot Interim Director Emergency Response Division	HPA/ERD	nigel.lightfoot@hpa.org.uk Office: 01980 612 995 Mob: 07785 232 398	Observer Co-ordinator
47	Name Redacted	Cabinet Office	NR @cabinet- office.x.gsi.gov.uk Office: 01347 825 040	Observer
48	NR	Cabinet Office	NR h@cabinet-office.x.gsi.gov.uk Office: 0207 276 5107 (Tues/Wed) 01347 825 026 (Mon/Thurs/Fri)	Observer
49	NR	Cabinet Office	NR @cabinet- office.x.gsi.gov.uk	Observer
50	John Withersby SO13 (+ one other)			Observer
51	Stewart Greer CBRN	Home Office	stewart.greer@ppo.gsi.gov.uk	Observer
52	Inspector Molloy Avon & Somerset Constabulary		steve.molloy@avonandsomerset.police. uk Office: 01275 816 298	Observer
53	Bob Cranston Northern Ireland Office	NI	robert.cranston@nio.x.gsi.gov.uk Office: 02890 765412	Observer
54	Monica Graham NI Observer	NI	mgraham@ehssb.northern- ireland.nhs.uk	Observer
55	Richard Emmett	London Resilience Team	r.emmett.gol@go-regions.gsi.gov.uk Office: 0207 217 3652	Observer

EXERCISE SHIPSHAPE (BRISTOL)

Serial	Title	Representing	Tel/Email	Syndicate
56	Dr Christine Evans Scottish Executive	Scottish Executive	christine.evans@scotland.gsi.gov.uk	Observer
57	Dr Steve Martin	EU	steve.martin@cec.eu.int	Observer
58	Adrian Gurvin Emergency Planner – Gwent		adrian.gurvin@gwent.wales.nhs.uk	Observer
59	Dr Rebecca Bowden Assistant Director TDST Directorate	CSA	rebecca.bowden@dti.gsi.gov.uk Office: 0207 215 0275	Observer
60	Jonathan Batt Home Office		jonathan.batt@homeoffice.gsi.gov.uk	Observer
61	Sarah Senior HSE Policy	HSE	sarah.senior@hse.gsi.gov.uk	Observer
62	Dr Andrew Cottam HSE	HSE	andrew.cottam@hse.gsi.gov.uk	Observer
63	Martin Donaghy	SCIEH	martin.donaghy@scieh.csa.scot.nhs.uk Office: 0141 300 1111 Mobile: 07789 927 756	Observer
64	Kaet Carnegie-Smith Easingwold Emergency Planning College	Easingwold	kcs.foxglove@dial.pipex.com	Observer
65	Mr Gordon Hector Head of Emergency Management Bath & NE Somerset LA	BANES LA	gordon_hecator@bathnes.gov.uk Office: 01225 477 000	Observer
66	Mr John Brown Emergency Manager Bath & NE Somerset LA	BANES LA	john_brown@bathnes.gov.uk	Observer
67	Judith Challoner Specialist Registrar Health Protection for North West	North West	judith.challoner@hpa.org.uk	Observer
68	NR Mathematical Modeller	HPA	NR @hpa.org.uk Office: 01980 612853	Observer
69	Paul Jones Emergency Planning Officer Avon HPU		paulgwynnejones@hotmail.com	Observer
70	Philip Storr		phil.storr@doh.gsi.gov.uk	Observer
71	Dr Iain Stephenson Specialist Registrar in Infectious Disease Hospitals of Leicester Trust		iain.stephenson@uhl-tr.nhs.uk	Observer/ EXCON
72	Richard Mayon-White Advisor to CDSC re SARS		dmayonwhite@doctors.org.uk	Observer/ CDSC

EXERCISE SHIPSHAPE (BRISTOL)

Serial	Title	Repre- senting	Tel/Email	Syndicate
73	Dr John Simpson Interim Deputy Director Emergency Response Division	HPA/ERD	john.simpson@hpa.org.uk office: 01980 612903 mobile: 07813-666-887	EXCON
74	Dr Nick Gent Emergency Response Division	HPA/ERD	nick.gent@hpa.org.uk office: 01722 647100 mobile: 07721 879999	EXCON
75	NR Emergency Response Division	HPA/ERD	NR @hpa.org.uk Office: 01980 612829	EXCON (Facilities Management)
76	Christopher Le Hardy Eric Morris Consultancy	EMC	lehardy@btopenworld.com	EXCON
77	Jestyn Cooper Eric Morris Consultancy	EMC	info@ericmorrisconsultancy.com Office: 01562 881012	EXCON
78	Mike Tatton Scholefield, Turnbull & Partners	EMC	mike@stptravel.com	EXCON (Facilities Management)
79	Mrs Leah James Eric Morris Consultancy	EMC	info@ericmorrisconsultancy.com	EXCON
80	Ms Sioban O'Shea Eric Morris Consultancy	EMC	info@ericmorrisconsultancy.com	EXCON
81	Robert Spencer Consultant Microbiologist UBHT	UBHT	robert.spencer@ubht.swest.nhs.uk	EXCON
82	NR	HPA	NR @doh.gsi.gov.uk	Comms
83	NR	HPA	NR @doh.gsi.gov.uk Office: 0207 972 5729	Comms
84	Vicky O'Loughlin Head of Communications Bristol North PCT	Bristol North PCT	vicky.o'loughlin@bristolnorth-pct.nhs.uk Office: 0117 900 2694	Comms
85	Paul Hogg	DSTL	pshogg@dstl.gov.uk	Comms
86	Tara Vallente West Cumbria Primary Care Trust	Media	tara.vallente-booth@ncumbria.nhs.uk Tel: 01900 324 238	Comms
87	NR Communications, HPA CDSC	HPA CDSC	NR @phls.org.uk	Press Office

REACTION/COMMENTS SHEET
(Please return to EXCON before you leave)

Please complete the following questions:

What are the three most important things you have learned from today's exercise?

- 1.
- 2.
- 3.

What changes, if any, will you make to your existing SARS plan?

Did the exercise scenario provide you with enough information? What else might have been useful?

Did you already know about the WHO Interim Guidelines on SARS?

Do you think there should be a national plan for all Communicable Disease Control and why?

Have you any other comments or observations?

Name:
(Optional)

Contact tel:

DISCLAIMER

All of the characters depicted with the exercise scenario that follows are entirely fictitious, and are included for the purposes of realism and accuracy during the exercise only. Both the HPA and The Eric Morris Consultancy Ltd. may change, alter and adapt the programme and the content of SARS Exercise at any time. The exercise handbook and all related material are provided by the HPA in partnership with The Eric Morris Consultancy Ltd.