Pandemic Preparedness and Response Planning Training Course for Healthcare Professionals

1 – 5 November 2026
Kuwait

AGILE LEADERS
Training Center

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Ref: 1527_212814 **Date:** 1 – 5 November 2026 **Location:** Kuwait **Fees:** 5500 Euro

Overview

Pandemic preparedness and response planning is a one-week advanced course for healthcare preparedness leaders, public health teams, administrators, continuity managers, logistics leaders, and communication teams, who leave with a Healthcare Pandemic Readiness Portfolio. The course applies health emergency preparedness, healthcare system readiness, surge capacity planning, continuity of essential services, and risk communication methods to a multi-agency planning cycle. Agile Leaders Training Center presents pandemic planning as a tested system for coordinated decisions, protected services, and measurable improvement.

Who Should Attend

- Functions responsible for health emergency governance and preparedness planning
- Teams responsible for surveillance, incident coordination, and operational information
- Personnel responsible for clinical capacity, workforce, and infection prevention
- Functions responsible for supply resilience and medical countermeasures
- Teams responsible for continuity of care and vulnerable population support
- Functions responsible for risk communication and community engagement

The course assumes participants lead or coordinate healthcare preparedness activities and leaves out introductory emergency planning, routine infection prevention instruction, outbreak investigation techniques, and generic business continuity.

Departments and Industries

The course supports departments and organizations that prepare healthcare delivery and public health systems for pandemic disruption.

- Hospitals, ambulatory care networks, and long-term care services
- Public health agencies and emergency coordination centers
- Healthcare supply, pharmaceutical, and medical logistics organizations
- Laboratory, diagnostic, and surveillance functions
- Human resources, occupational health, and workforce planning teams
- Communications, community engagement, and social support organizations

Learning Objectives

By the end of this course, participants will be able to:

- Analyze pandemic hazards, vulnerabilities, dependencies, and planning assumptions
- Build governance, command, coordination, and decision structures
- Apply surveillance triggers and scalable response activation levels
- Prioritize workforce, clinical capacity, supplies, and essential services
- Use countermeasure, communication, equity, and recovery plans
- Evaluate exercises, performance evidence, and corrective actions

Course Agenda

Day 1: Risk, Governance, and Planning Architecture

- Multi-Hazard Pandemic Risk and Vulnerability Assessment
- Critical Dependency and Planning Assumption Register
- Preparedness Capability Baseline and Gap Matrix
- Pandemic Governance and Accountability Charter
- Multi-Agency Planning Cycle and Approval Map

Day 2: Command, Surveillance, and Activation

- Incident Management Roles and Coordination Structure
- Common Operating Picture Information Model
- Surveillance Signal and Decision Trigger Dashboard
- Response Activation and Escalation Level Matrix
- Partner Notification and Situation Reporting Protocol

Day 3: Surge, Workforce, and Supply Resilience

- Demand Scenario and Clinical Surge Capacity Model
- Care Pathway Adaptation and Triage Decision Map
- Workforce Availability and Redeployment Plan
- Critical Supply Burn-Rate and Reorder Tracker
- Infection Prevention Controls Integration Checklist

Day 4: Continuity, Countermeasures, and Communication

- Essential Health Service Continuity Prioritization Grid
- Vaccination and Medical Countermeasure Deployment Plan
- Vulnerable Population Access and Equity Assessment
- Risk Communication and Community Engagement Plan
- Recovery Transition and Improvement Governance Roadmap

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Day 5: Pandemic Plan Testing and Integration

- Suggested Exercise: Pandemic Risk and Trigger Analysis
- Suggested Exercise: Command and Coordination Simulation
- Suggested Exercise: Surge, Workforce, and Supply Stress Test
- Suggested Exercise: Communication and Continuity Decision Review
- Capstone Exercise: Healthcare Pandemic Readiness Portfolio

Practical Exercises

The course uses suggested activities based on fictional hospital, public health, long-term care, laboratory, and supply-network situations.

- Suggested activity: assess hazards, dependencies, capabilities, assumptions, and response triggers for a developing pandemic scenario.
- Suggested activity: run an incident coordination discussion using a common operating picture and escalation matrix.
- Suggested activity: stress-test clinical capacity, workforce, supplies, infection controls, and essential service continuity.
- Suggested activity: integrate countermeasure deployment, equity, communication, recovery, exercise findings, and corrective actions.

FAQs

Who suits pandemic preparedness and response planning training, and what does it assume?

Healthcare preparedness, public health, administration, continuity, logistics, infection prevention, and communication functions suit the training; it assumes responsibility for coordinated planning or response and excludes basic emergency management instruction.

How does pandemic preparedness planning differ from outbreak investigation training?

Pandemic preparedness planning builds system-wide governance, capacity, continuity, countermeasure, communication, and recovery arrangements, while outbreak investigation training concentrates on identifying sources, transmission patterns, cases, contacts, and control measures for a specific event.

What should a healthcare pandemic response plan contain?

A healthcare pandemic response plan should connect risk assumptions, authority, command, surveillance triggers, surge arrangements, workforce, supplies, infection controls, essential services, countermeasures, communication, equity, recovery, exercises, and corrective actions.

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How should healthcare organizations test pandemic preparedness?

Healthcare organizations should test pandemic preparedness through escalating scenarios, decision discussions, coordination simulations, capacity stress tests, communication drills, evidence capture, after-action review, assigned corrective actions, and repeat validation.

Conclusion

Participants leave with a Healthcare Pandemic Readiness Portfolio containing risk, governance, trigger, command, surge, workforce, supply, continuity, countermeasure, communication, equity, recovery, exercise, and improvement tools. The portfolio connects strategic assumptions with operational decisions. It helps organizations test readiness, identify gaps, assign actions, and maintain coordinated response capability.