COVID-19 Tabletop Exercise

Situation Manual

March 9,2020

# Exercise Overview

| **Exercise Name** | COVID-19 Tabletop Exercise |
| --- | --- |
| **Exercise Dates** | March 9, 2020 |
| **Scope** | This exercise is a Tabletop planned for up to 2 hours. |
| **Mission Area(s)** | Planning and Response |
| **Core Capabilities** | Medical Surge |
| **Objectives** | 1. Increase understanding of how *(Your Facility)* manages COVID-19 patients based on CDC recommendations. 2. Develop specific plans for the influx of patients due to COVID-19 epidemic. 3. Increase understanding of patient surge planning among *(Your Facility)* medical and support teams. 4. Identify Alternative Care Sites (ACS) and trigger points for activation. |
| **Threat or Hazard** | Infectious Disease |
| **Scenario** | *For the past three months the world has been monitoring an outbreak of a severe acute respiratory syndrome coronavirus named COVID-19. Those affected may develop a fever, dry cough, fatigue, and shortness of breath. While the majority of cases result in mild symptoms, some can progress to pneumonia, multi-organ failure, and death in the most vulnerable. The infection is spread from one person to others via respiratory droplets produced from the airways, often during coughing or sneezing. While the CDC advises utilizing standard hygiene practices and staying home when ill or exposed, there currently is no vaccine to prevent or cure.*  *While the majority of people affected have been outside of the United States, the virus has spread worldwide, including 34 states in the US with the first positive case showing up in Ramsey County, Minnesota on March 6. Within 2 weeks, the illness has spread into Northern Minnesota, with no sign of slowing down.* |
| **Participating Organizations** | *(Your Facility)* |
| **Point of Contact** | *(Your Information)* |

# General Information

## Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| **Exercise Objectives** | **Core Capability** |
| --- | --- |
| Increase understanding of how *(Your Facility)* manages COVID-19 patients based on CDC recommendations. | Medical Surge |
| Develop specific plans for the influx of patients due to COVID-19 epidemic. | Medical Surge |
| Increase understanding of patient surge planning among SHNM medical and support teams. | Medical Surge |
| Identify Alternative Care Sites (ACS) and trigger points for activation. | Medical Surge |

Table 1. Exercise Objectives and Associated Core Capabilities

## Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

* **Players:** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Observers:** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
* **Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
* **Evaluators:** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

## Exercise Structure

This exercise will be a multi-faceted facilitated exercise with two sections of which are meant to provide real event scenarios during which participants will be provided questions to think about that lead to the discussion session.

## Exercise Guidelines

* This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
* Respond to the scenario using your knowledge of current plans and capabilities and insights derived from your training and expertise.
* Decisions are not precedent setting and may not reflect the organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
* Issue identification is not as valuable as suggestions and recommended actions that could improve planning and response efforts. Problem-solving efforts should be the focus.

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

During this exercise, the following apply:

* The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The exercise scenario is plausible, and events occur as they are presented.
* All players receive information at the same time.

## Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

## Tabletop Sections and Flow

The tabletop is organized into 3 sections meant to evoke thought about the topics covered leading to detailed discussions. The exercise timeline is purposely flexible to allow productive conversations and discussions to continue at the discretion of the facilitator.

# Section 1: Patient Surge

## Scenario 1

### March 20, 2020

* For the past three months the world has been monitoring an outbreak of a novel Coronavirus like illness. This has hit the Northern Minnesota region of the US when a patient presents at *(Your Facility)*with flu like symptoms
* A man is brought into the Walk In Clinic by his family with a high fever, cough and difficulty breathing.
* He lives in *(Your City)* and has just returned home from a business trip to China. Based on his symptoms and his recent travel history, the man (58 years old) is suspected of having COVID-19.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in above. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

1. What are your immediate priority actions?
2. Who should be informed, when and how?
3. What plans, procedures and resources would you activate at this point?
4. What Infection Prevention and Control measures would you put in place?
5. Does the patient need to be transferred to *(Your Facility)*?
6. How will you confirm whether the patient has COVID-19 or influenza?

**Scenario 2**

**March 22, 2020**

* The lab report confirms a positive test for COVID-19 for the man. The man’s condition worsens. Three other individual contacts being monitored by MDH and LPH, including the man’s wife and 2 members of the health club he is a member of, have also tested positive for COVID-19.
* As the man’s condition continues to decline, he calls into the *(Your Facility)* phone nurse line for further direction. He indicates to the nurse that his wife has fallen ill and he is convinced she is also infected.
* That same morning the *(Your Facility)* ED has 2 additional patients present that have not recently traveled anywhere but have flu like symptoms.

## Questions

1. What actions would be triggered by this new event information?
2. How would these actions be coordinated and managed?
3. Does the man who tested positive return to *(Your Facility)* ED?
4. What rooms are the other 2 patients treated in?
5. What plans, procedures and resources would you activate at this point?
6. What Infection Prevention and Control measures would you put in place?
7. What types of staffing issues can you anticipate?
8. How are we communicating with other area health care facilities?

## Scenario 3

### March 25, 2020

* As the outbreak continues to escalate, 3 separate clusters of a total of 63 lab confirmed cases have been admitted in health care facilities in Fargo, ND and Grand Forks, ND.
* Domestic transmission is evident. The public is nervous, and the media is looking for a statement and to comment on rumors of multiple confirmed cases.
* Hospitals across the nation are quickly being overwhelmed with high acuity/critical adult patients and will need to expand capacity and capability to take more critical patients.
* *(Your Facility)* and other facilities are experiencing a significant increase of ED visits.
* *(Your LTC)* has 3 residents with flu like symptoms

## Questions

1. What are your immediate priority actions?
2. What types of alternate care sites are available?
3. What would trigger the move to alternate care sites?
4. Who should be informed, when and how?
5. Are other patients at risk? How can we keep them safe from the virus?
6. What is the role of Home Care?
7. Do we continue with elective clinic and surgery visits?
8. How will you confirm whether the residents have COVID-19 or influenza?