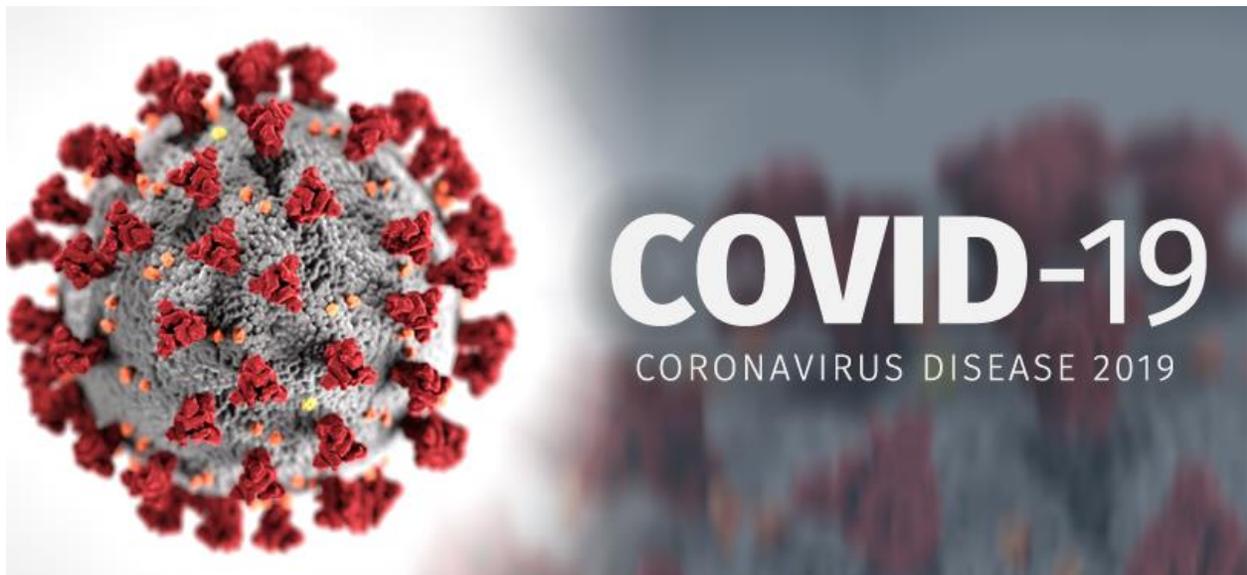


Tennessee Department of Health
Emergency Preparedness Program

Healthcare Preparedness Tabletop Exercise Situation Manual



Coronavirus Disease
March 5, 2020

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INTRODUCTION

GOAL

This document is designed to assist in conducting a Tabletop exercise to improve healthcare preparedness for building infrastructure and staff capacity for a novel virus outbreak response.

EXERCISE OBJECTIVES

- Improve preparedness for a response to a patient infected with novel coronavirus (COVID-19) presenting at a healthcare facility.
- Evaluate the hospital's capability to safely identify and effectively isolate a symptomatic patient at the facility.
- Assess the notification and communications processes internally with rostered staff and externally between local, regional, state Public Health, Emergency Medical Services, other healthcare delivery partners, and media.
- Assess just-in-time training Personal Protective Equipment (PPE) don/doffing and availability.
- Discuss the capabilities and capacities to sustain a prolonged medical surge novel virus outbreak event for both adult and pediatric patients.
- Assess planning for special considerations i.e. surge capacity, diagnostic radiological imaging, laboratory services, waste management and decedent management.

CRITICAL PLANNING CONSIDERATIONS

- Timely recognition and isolation
- Personal protective equipment use
- Protection of healthcare workers, patients, and visitors
- Proper reporting to the Tennessee Department of Health
- Information management both internal and external
- Surveillance, contact tracing, and movement monitoring
- Maintaining normal hospital operations
- Laboratory services coordination
- Environmental and waste management
- Patient transportation

OVERVIEW

COVID-19 is a rapidly spreading respiratory disease in humans caused by a novel (new) coronavirus that was first detected in China and which has now been detected in numerous locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

SCOPE

This exercise scenario is based on an infectious disease outbreak of COVID-19 and will address the following topics:

- Healthcare Systems Preparedness
- Emergency Operations Center Coordination
- Public Information and Communication
- Responder Safety and Health
- Information Sharing
- Non-Pharmaceutical interventions
- Laboratory
- Surveillance and Epidemiology

PARTICIPANTS

Players: Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.

Facilitators: Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.

Observers: Observers support the group in developing responses to the situation during the discussion; they are not participants in the moderated discussion period, however, they may enhance the discussion by asking relevant questions or providing subject matter expertise.

Evaluators: Evaluators evaluate and provide feedback on designated elements of the exercise and assess and document participants’ performance against exercise evaluation criteria.

EXERCISE STRUCTURE

This exercise will be conducted as a complex Tabletop Exercise using numerous facilitators. Initially, baseline information will be presented to all participants at the same time. Discussions will be open to all participants within their assigned group. Breakout sessions could be used to allow selected participants to work on specific issues that may not require or benefit the group as a whole.

The TTX will be presented in three modules. Each module begins with a scenario update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions of appropriate response issues.

After the discussions, participants will engage in a discussion in which a spokesperson from each group will present their identified actions based on the scenario.

EXERCISE GUIDELINES

- This tabletop will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Discussions are predicated on the basis of your knowledge of current plans and capabilities and insights derived from your training and experience.
- This tabletop is intended to be a learning environment for all participants. It is expected that experienced staff will share their knowledge and guide discussions.
- Discussion outcomes may serve to inform process/flow enhancements or changes as appropriate to improve the efficiency and effectiveness of information management and dissemination.

EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

In any tabletop, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and event discussions occur as they are presented.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.

EXERCISE EVALUATION

Evaluation is an essential element of a successful exercise program. A good evaluation is part of a progressive exercise program where exercises are planned, conducted, and evaluated as building blocks to competency in incident management. The evaluation portion of the exercise program is aligned with the established program metrics.

Evaluations provide an objective assessment of the participants' discussions. The goal of evaluation is to validate strengths and identify opportunities for improvement. Evaluations help to identify ways to build on strengths and improve capability. The evaluation methodology for this TTX focuses familiarity with plans, policies, procedures, resources, and relationships required to respond to a novel virus outbreak.

These issues will then be reviewed during the hot wash. Lessons learned during the exercise will allow participants to update their current response plans and strategies as needed.

COVID-19 BACKGROUND

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

According to CDC, the SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. There is apparent community spread with the virus that causes COVID-19, meaning some people have been infected who are not sure how or where they became infected.

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications). The fact that this disease has caused illness, including illness resulting in death, and sustained person-to-person spread is concerning. These factors meet two of the criteria of a pandemic. As community spread is detected in more and more countries, the world moves closer toward meeting the third criteria, worldwide spread of the new virus.

MODULE 1: PATIENT PRESENTATION

Scenario (Estimated time: 40 mins)

March 1, 2020

Earlier today, a 26 year-old pregnant female along with her 3 year old daughter presented to Community Hospital Emergency Department. She reports symptoms that include a 3-day history of fever (101.5), runny nose, cough and shortness of breath. She also states that she believes she and her family were exposed to a “strep throat bug” during their travel back to the United States.

Upon arriving at the hospital, she informs the nurse that she and her 3 year old daughter have just returned from a tour of Northern Italy with her husband who is a Captain with a unit of the 101st Airborne.

Module 1 Questions: Identify/ Isolate/ Inform

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. How does the Emergency Department triage and assess patients for a novel virus and other highly infectious diseases? Is the screening process the same throughout the Healthcare Coalition?

2. What notification or information sharing protocols will be enacted at your facility to address internal and external communication of a patient with a potential novel virus?

3. If a high risk patient is identified, what is the process for isolating the patient?

4. Identify three actions that your facility would be asking of your response partners to help you within the first 24 hours of this response, including Emergency Management, Public Health, Law Enforcement, Fire/EMS, and other Health Care Coalition Members?

5. How would your facility request additional Personal Protective Equipment from the state or other partners from the Healthcare Coalition? What would be the implications if there were no resources available from the Tennessee Department of Health?

6. How would your facility request clinical consultation from the Tennessee Department of Health? Would your facility provide clinical expertise to outlying facilities in your Healthcare Coalition?

7. What are other issues that should be discussed at this time?

MODULE 2: PATIENT ADMISSION

Scenario (Estimated time: 45 mins)

Upon further investigation, it is learned that the 26 year old female patient's symptoms began with slight fever, cough and sore throat. The 3 year old female pediatric patient symptoms began with high fever, runny nose and cough. The family had recently been on a vacation with her deployed husband to Northern Italy. They arrived back in Tennessee on February 26, 2020. The route home from Northern Italy included flights to Charlotte NC, Philadelphia PA, Rome and bus to Milan, Italy. Both patients visited numerous locations for three days while feeling sick before presenting at the ED on day three.

No diagnostic testing has been performed on either patient and facility does not want to separate the pediatric patient from parent.

Key Dates:

- February 20 – Departed Italy
- February 26 – Arrive in Tennessee
- February 28 – Onset of symptoms
- March 1 – Patient presents at Emergency Department

Module 2 Questions: Specimens/Contacts/PPE

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What preparations need to be done by the hospital to collect specimens?

2. What types of specimen are required to be collected and what is the process for collection? Does your facility have specific arrangements and protocols for delivery to Tennessee Department of Health State Laboratory for testing?

3. Who would handle identifying contacts within the facility? Would this process be coordinated with the Local Health Department? How would your facility address the potential exposure of other patients or staff prior to isolation?

4. Describe the process of identifying proper PPE for this novel virus. Does your facility's plan address strategies for optimizing supply of N95 respirators and other PPE?

5. What is the process to track the employees involved in direct and indirect patient care? Are they required to be monitored for an extended period of time? What if they have acute symptoms?

6. What information would your facility provide to media and the community regarding these patients? Who would be involved in making those decisions?

7. What protocols are in place to request transfer of this patient? Would there be a need for transfer to a facility with a higher level of care capability? Who would you notify to implement transfer?

8. What environmental infection control and cleaning processes are required once the patient with COVID-19 leaves the patient care area?

9. What are other issues that should be discussed at this time?

MODULE 3: RECOVERY OPERATIONS

Scenario (Estimated time: 35 mins)

After consultation with the state health department and approval of laboratory testing, both patients were confirmed positive for COVID-19 and subsequently recovered from their illnesses. The patients' additional family members never became symptomatic. Contact tracing and monitoring continues with no new cases identified. The hospital is now attempting to return to normal operations, however, there are some legitimate concerns within administration about the perceived risk. The national news media has arrived.

Module 3 Questions: Monitoring/Quarantine/Recovery

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. How do you perform employee temperature monitoring once the patient has been confirmed to have COVID-19? Will the employees be quarantined? If asymptomatic, will they be allowed to work?

2. How would employee information be shared with local and state public health?

3. What steps need to be taken for the hospital to return to normal operations?

4. How would your facility address deceased remains? Do you have morgue capacity to address a large surge of novel virus disease deaths?

5. How will public perception, especially following what would likely be massive news interest in the case, have an impact on the provision of care at the hospital?

6. How will you facility track cost associated with a COVID-19 patient?

7. What are the other issues that should be discussed at this time?

HOTWASH

The purpose of the hotwash is to simply identify issues and not immediately address items that require future follow up. Conduct a hotwash to identify issues brought up during this exercise.

EVALUATION AND AFTER ACTION

Please complete an evaluation of the exercise and capture areas of strength and areas for improvements using provided evaluation documentation.

Click Below for Evaluation Form:



COVID-19 TTX
Participant_Feedback

Health Care Coalition Contacts, for exercise help, can be found here:

<https://www.tn.gov/health/cedep/cedep-emergency-preparedness/healthcare-coalitions.html>

REFERENCES

1. Triage, Assessment and other resources:

<https://www.tn.gov/health/cedep/ncov.html>

2. Personal Protective Equipment (PPE):

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html>

3. Laboratory Testing:

<https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html>

4. Preparedness Checklist for Hospitals:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>

5. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>