


## 2019 HCID Tabletop Exercise

April 10, 2019 • 12:30pm – 3:30pm (CST)  
Eagan Community Center • Eagan, MN

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### Overview of Exercise

- Please refer to your Situation Manual
- Tabletop Exercise Format
  - No-fault, low-stress
  - Do not fight the scenario
  - Rely only on current capabilities
- Two Modules (60 min each)
  - Scenario Updates
  - Questions for Discussion
  - Brief reports by table



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### Overview of Exercise

- Exercise Roles
  - Lead Facilitator: present scenario to entire room
  - Table Facilitators: lead discussion at each table
  - Table Evaluators: record information on forms
  - Players: participate in discussion



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## Overview of Exercise

- Exercise Objectives: Coalition partners will demonstrate the ability to...
1. Coordinate resources during a HCID event
  2. Manage public information during a HCID event
  3. Protect staff and patients during a HCID event
  4. Manage patient transports during a HCID event
  5. Monitor and track the impact of a HCID event



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## Let's Begin



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## Module 1: Initial Incident



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## Module 1

### Summer 2019

Throughout the summer, the World Health Organization has closely monitored the alarming increase in confirmed cases of Ebola in West Africa. In mid-September, the CDC issues a "Level 3: Warning" travel notice for travelers to avoid all non-essential travel to the region. Hospitals in the United States are now screening incoming patients for any recent travel to that part of the world as part of their intake process.



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## Module 1

### November 6, 2019

American Paul Chapman has been working on a new business venture in Monrovia, Liberia for the past six months. Aware of the outbreak, he has taken precautions to avoid sick persons while there, and feels well. His business is now done in Liberia, and he catches a flight home to Minneapolis (via Amsterdam). He arrives safe and sound early this morning.

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## Module 1

### November 13, 2019

Today, Mr. Chapman presents at the Emergency Department in *(your hospital, in your county)* complaining of fever, fatigue, and diarrhea. During the screening process at intake, key travel questions are missed by staff. After a 30-minute wait in the ED's busy waiting area, Mr. Chapman is examined and questioned ED clinicians. A stool sample is collected and tested by the facility's laboratory; enteric pathogen panels are negative. Therefore, Mr. Chapman heads back home with instructions to treat what appears to be a relatively low-risk ailment. He is cautioned to return if things get worse, however.

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## Module 1

November 14, 2019

After a rough workday, Mr. Chapman returns to *(your hospital in your county)* late this afternoon feeling much worse, and with new symptoms of a persistent fever of 103.6° F (39.8° C), chills, and back pain. This time, the screening travel questions are caught at intake. When pressed about his personal activities, he finally admits that he had an amorous encounter with a local resident of Monrovia the day before returning home to the US. He insists that his romantic partner seemed to be in good health, other than having a headache. Given his travel history, personal activities, and symptoms, Mr. Chapman is immediately placed in isolation. Prior to examining him, multiple nurses and a physician don PPE with assistance from fellow ED staff. The attending physician consults with Infection Control. A blood specimen is collected and sent to the State Laboratory. Two hours into the visit, Mr. Chapman begins to deteriorate, so he is admitted to the hospital in isolation. Sarah Knolls, an Emergency Room Technician, assists her colleagues with doffing and disposing their PPE. She was confused and struggled with a couple steps during this process.

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## Module 1

November 15, 2019

By midday, the State Laboratory confirms the presence of Ebola virus in Mr. Chapman's blood specimen. Contact investigation immediately begins. He is transported in an ISOPOD by *(EMS agency serving your county)* to the University of Minnesota Medical Center, a designated regional Ebola treatment center. Along with laboratory personnel and all other ED staff that had contact with Mr. Chapman, Ms. Knolls' name is added to a tracking list to monitor her wellness. Following the end of their shifts, Ms. Knolls and her colleagues are instructed not to report to work for the next several days as a precautionary measure.

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## Module 1

November 16, 2019

Mr. Chapman continues to deteriorate; he now has severe diarrhea and vomiting. Ms. Knolls and all other staff on the tracking list report no symptoms today, when they are called to check on their condition.

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## Module 1

November 17, 2019

Despite all the best life-saving efforts at UMMC, Mr. Chapman dies this morning. Early in the afternoon, when Ms. Chapman is called to check on her, she reports having some nausea and abdominal pain. An ambulance is immediately dispatched to her home, where providers transport her in an ISOPOD directly to UMMC. There, it is determined she has a temperature of 101.5° F (38.6° C). A blood specimen is taken and immediately sent to the State Laboratory, who expedites testing.

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## Module 1

- Discussion time
- Use questions in Module 1
- Reconvene at about 1:30pm

BEGIN

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## Module 1



Discussion for this module concludes at about 1:30pm

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Module 1



5-minute warning!

Discussion for this module concludes at about 1:30pm

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
Module 1



1-minute warning!

Discussion for this module concludes at about 1:30pm

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Module 1



Facilitators, please provide a brief overview of highlights of your table's discussion

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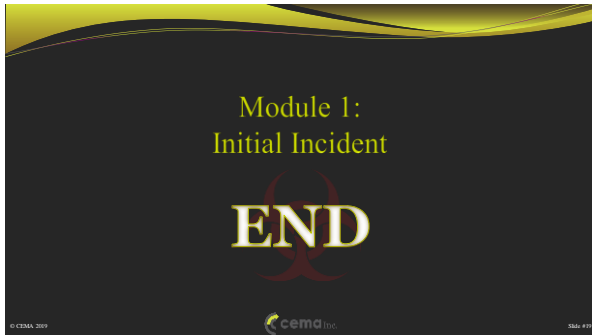
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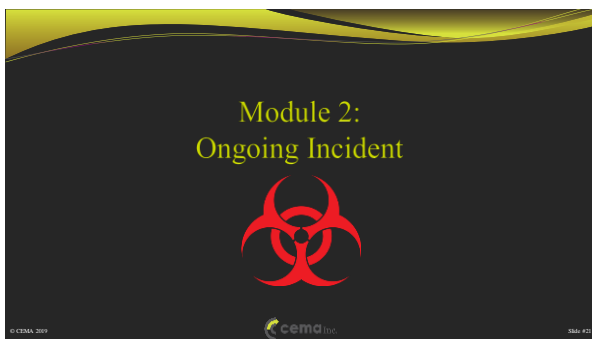
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## Module 2

November 18, 2019

Early in the morning today, the State Laboratory confirms that Ms. Knolls is infected with the Ebola virus. Contact investigations immediately begin, and her family members are interviewed and evaluated. By the day's end, the results of the contact investigation for the late Mr. Chapman are in. MDH finds that a total of 30 persons had contact with Mr. Chapman during the period when he was likely infectious. Of those, five persons are classified as at high-risk and 25 as low-risk. None of these persons are exhibiting symptoms at this time. The high-risk persons include family members in town for a wedding, all of whom had direct physical contact with Mr. Chapman. Low-risk contacts include others who attended the wedding and nine of Ms. Knolls' co-workers at *[your hospital in your county]*. Furthermore, prior to his first ED visit, Mr. Chapman attended a local conference.

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## Module 2

November 19, 2019

Ms. Knolls is deteriorating today, and contact investigations are ongoing. Based on protocols, all five of Mr. Chapman's high-risk contacts are provided prophylaxis first thing this morning, and they will be closely monitored over the next several days.

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## Module 2

November 20, 2019

Ms. Knolls' condition has stabilized, and the results of her contact investigation are in. Part of the findings include the fact that five classmates of Ms. Knolls' 15-year-old son were absent from school yesterday with symptoms of influenza-like illnesses. It is unknown how many (if any) of them had recent contact with Ms. Knolls' son. The fears of school personnel, students, and their families are mitigated by the low likelihood that Ms. Knolls' son has been exposed, given the timing of his mother's symptoms. Nevertheless, concerns remain, and some parents pull their students from school. In all, Ms. Knolls had direct physical contact with six friends and family members prior to being transported to UMMC.

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## Module 2

November 21, 2019

Lab results have confirmed that three more high-risk persons under investigation (PUI) in the Metro Area indeed have Ebola infections. Public health officials broaden their emergency investigations to have other PUIs evaluated and identify additional potential cases/clusters. The crisis has been all over the news the last few days, with various news agencies reporting on a deadly outbreak of Ebola in and around the Twin Cities. In all, 36 contacts (friends, family members, and colleagues of Mr. Chapman and Ms. Knolls) are being investigated for possible exposure to Ebola, and a sense of apprehension has gripped the Metro Area and well beyond.

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## Module 2

- Discussion time
- Use questions in Module 2
- Reconvene at about 2:40pm

BEGIN

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## Module 2



Discussion for this module concludes at about 2:40pm

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Module 2



5-minute warning!

Discussion for this module concludes at about 2:40pm

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Module 2



1-minute warning!

Discussion for this module concludes at about 2:40pm

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Module 2



Facilitators, please provide a brief overview of highlights of your table's discussion

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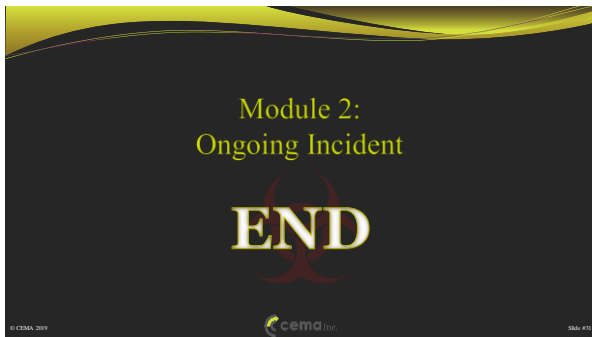
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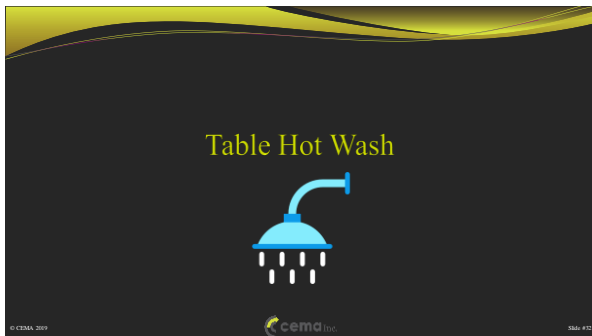
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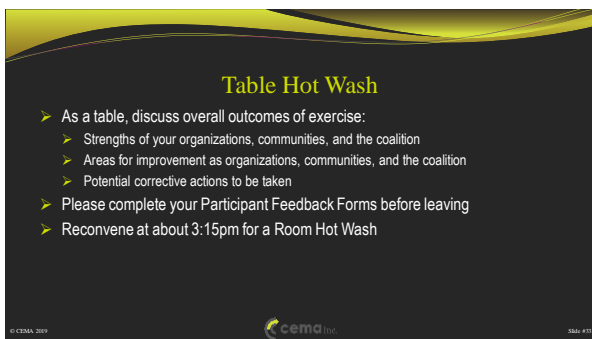
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Table Hot Wash



This hot wash concludes at about 3:15pm

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Table Hot Wash



5-minute warning!

This hot wash concludes at about 3:15pm

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Table Hot Wash



1-minute warning!

This hot wash concludes at about 3:15pm

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## Hot Wash

- Facilitators, on behalf of your tables, please comment on what you see as the chief outcomes from today...
- What are our current strengths locally & regionally?
- What areas for improvement need to be addressed?
- What are steps are needed to address these gaps?
- We will start to wrap up today's event at 3:25pm

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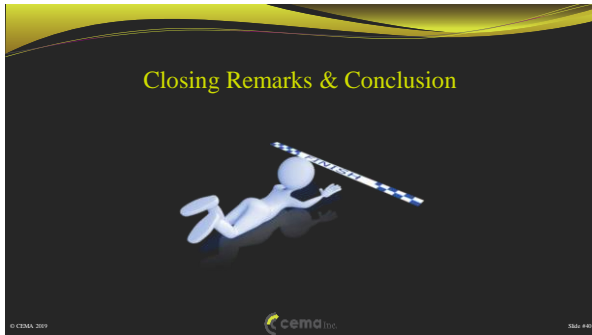
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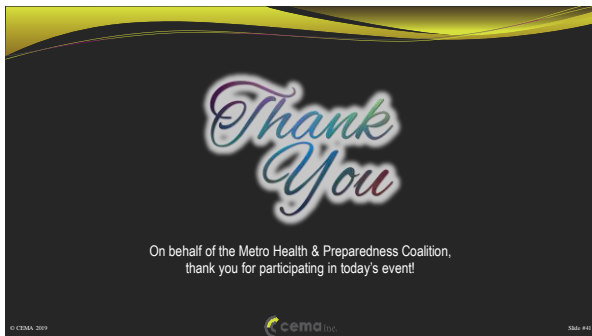
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