

Mystery Illness Tabletop Exercise

Situation Manual

January 10, 2023

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE OVERVIEW

Exercise Name	Mystery Illness
Exercise Dates	January 10, 2023
Scope	This exercise is a facilitated, virtual tabletop exercise or self-guided. The exercise is planned for 2 hours and is to be conducted at the player's facility in collaboration with virtual scenario updates and injects from the Infection Prevention Education Sub-Committee or the exercise recording. Players will include participation from statewide long term care facilities, Hennepin County Public Health, Hennepin County Human Services-Long-Term Services and Supports, the Minnesota Department of Health, and the Metro Health & Medical Preparedness Coalition. Exercise play is limited to exercise participants. There will be no role players/actors during this exercise.
Mission Area(s)	Infectious disease outbreak and response
Core Capabilities	Infection prevention and control, internal and external communication plans, responding to an emerging pathogen
Objectives	<ol style="list-style-type: none"> 1. Prioritize Infection Prevention and Control interventions based on clinical presentation & pathogen identification. 2. Identify communication priorities including message content, important partners/ stakeholders. 3. Implement testing, contact tracing, isolation/quarantine protocols, and identify vaccination resources when responding to a new or unknown pathogen. 4. Promote continuity/ increased awareness of internal Infection Prevention and Control protocols among Long Term Care Facility staff.
Threat or Hazard	Unknown respiratory illness
Scenario	One of your residents begins to exhibit symptoms of an unknown respiratory illness.
Sponsor	Hennepin County Long-Term Care Infection Prevention Coalition Education Committee <i>This exercise is paid for through funding from the Minnesota Department of Health Workforce Development Grant.</i>

Exercise Name	Mystery Illness
Participating Organizations	<p>Participants include Metro area Long-term Care and Assisted Living Facilities, Hennepin County Public Health, the Minnesota Department of Health, Hennepin County Human Services- Long-Term Services and Supports, and the Metro Health and Medical Preparedness Coalition.</p> <p>Anticipated total number of players:</p> <ul style="list-style-type: none"> • Assisted Living Facilities: 102 • Memory Care Facilities: 33 • Skilled Nursing Facilities: 149 • Transitional Care Facilities: 24 • Other Facility Types: 24 • Number of Exercise Controllers: 1 • Number of Exercise Directors: 1
Point of Contact	<p>Exercise Sponsor: Aislinn Warnke Aislinn.warnke@hennepin.us</p> <p>Exercise Director: Emily Moilanen, MPH Emily.moilanen@hcmcd.org</p>

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 selected by the Exercise Planning Team.

Exercise Objectives	Core Capability
Prioritize Infection Prevention and Control interventions based on clinical presentation & pathogen identification.	Infection prevention and control
Identify communication priorities including message content, important partners/ stakeholders.	Internal and external communications
Implement testing, contact tracing, isolation/quarantine protocols, and identify vaccination resources when responding to a new or unknown pathogen.	Responding to an emerging pathogen
Promote continuity/ increased awareness of internal Infection Prevention and Control protocols among Long Term Care Facility staff.	Infection prevention and control; Internal and external communications

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.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **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, policies, and procedures.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following **four** modules:

- Module 1: Emerging Symptoms
- Module 2: Community Spread
- Module 3: Diagnosis Revealed
- Module 4: Prophylaxis and Prevention

Each module begins with a multimedia 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 prevention, protection, and response issues. For this exercise, the functional groups are as follows:

- Long Term Care Facilities:
 - Assisted Living
 - Skilled Nursing Facilities
 - Memory Care
 - Transitional Care Facilities
- Hennepin County Public Health
- Minnesota Department of Health
- Metro Health & Medical Preparedness Coalition

Following each module, participants will be alerted to attend a virtual conference to obtain situation updates and other key messages from the lead exercise controller. After the exercise is completed, participants will be requested to attend a 30-minute Hot Wash discussion. The discussion will be moderated by the Exercise Director in facilities will present a synopsis of their group's actions and learnings based on the scenario.

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 (i.e., you may use only existing assets) and insights derived from your training and experience.
- Decisions are not precedent setting and may not reflect your 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 prevention, protection, 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 communication and coordination is limited to participating exercise organizations and venues.
- Only communication methods listed in Communications Directory appendix of the EXPLAN are available for players to use during the exercise.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

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).

MODULE 1: EMERGING SYMPTOMS

Scenario

January 10, 2023

Key Issues

- Emerging respiratory illness in resident

The statewide COVID-19 positivity rate is at 6.5% and wastewater sampling is showing an increase of the COVID-19 virus in the Metro area. Currently, your facility has no active COVID-19 cases and no active influenza cases.

During daily resident COVID-19 symptoms screenings, staff discover that one of your residents, Cheryl, is exhibiting a new cough and she complains of body aches. Staff take Cheryl's temperature as part of the symptom screen and note an elevated temperature of 100.8° F. Cheryl is given a PCR COVID-19 test.

Cheryl is an 86-year-old woman with comorbidities of obesity and Type-2 diabetes. She has a private room with a private bathroom. She is social and is frequently seen participating in group activities. Cheryl dines with the same group of three women for dinner each evening and had done so the prior evening. She is up to date on COVID-19 vaccinations, including all recommended boosters.

Questions

Based on the information provided, address the issues raised in Module 1. Identify critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. 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 do you do first? What else do you want to know?
2. Given Cheryl's symptoms, what infection control practices are you implementing at your facility? Consider:
 - a. Transmission based precautions
 - b. PPE
 - c. Isolation
 - d. Testing
 - e. Cleaning and disinfection
3. What considerations, if any, do you have regarding risk to other residents, visitors, or staff who may have been in close contact with Cheryl?
 - a. How would you mitigate these risks?

MODULE 2: COMMUNITY SPREAD

Scenario

January 11, 2023

Key Issues

- Emerging symptoms in additional individuals
- Testing

Staff isolate Cheryl to her room until the COVID-19 PCR test results are returned from the lab and/or other diagnoses are ruled out. She receives meals in her room. The next day, PCR COVID-19 test results come back from the lab with negative results. However, Cheryl's symptoms have increased to include headache and some difficulty breathing. She is also exhibiting some signs of confusion. A pulse oximeter reading is taken with abnormal results. Blood glucose levels are within normal range, and she has not skipped any meals or doses of insulin.

Later in the day, two other residents, including one of Cheryl's dinner companions, develop cough, fever and headache. PCR COVID-19 tests are administered, and the residents are isolated due to symptoms and pending test results

Questions

Based on the information provided, address the issues raised in Module 2. Identify critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. 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) Given Cheryl's symptom progression and negative COVID-19 test, what other pathogens or illnesses might you be considering?
- 2) What modifications, if any, are you considering to your infection control practices given the emergence of symptoms in close contacts of Cheryl? Consider:
 - a) Transmission based precautions
 - b) PPE
 - c) Isolation
 - d) Testing
 - e) Cleaning and disinfection
 - f) Contact-tracing
- 3) Who is included in decisions about modifications to your infection control practices?
- 4) What concerns do you have about potential community spread of this unknown pathogen?

- 5) What are you communicating to staff, residents, or families at this time?

MODULE 3: DIAGNOSIS REVEALED

Scenario

January 12, 2023

Key Issues

- Diagnosis identified

Due to concerns about Cheryl's difficulty breathing, confusion, and comorbidities, staff consult with her family and decide to transfer Cheryl to the hospital for further evaluation. Once there a blood culture reveals a diagnosis of *Streptococcus pneumoniae*. The doctors start Cheryl on antibiotics and decide to admit and monitor her for 24 hours.

The other ill residents receive negative results on their COVID-19 PCR tests and their symptoms persist.

Questions

Based on the information provided, address the issues raised in Module 3. Identify critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. 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. Given these developments, what infection control practices/modifications are you implementing at your facility? Consider:
 - a. PPE/Transmission-based precautions
 - b. Contact-tracing
 - c. Cleaning/disinfecting
 - d. Vaccine/ risk assessment on exposed staff, residents and visitors
2. Describe the typical communication pathway between your facility and the hospital. How do you receive medical information about an admitted resident?
3. The other ill residents were exhibiting similar symptoms, what actions will you take:
 - a. While waiting on Cheryl's test results?
 - b. To test and/or treat them?
4. What concerns, if any, do you have about other residents, visitors, and staff who may have been in close contact with Cheryl or any of the other ill residents?

MODULE 4: PREVENTION

Scenario

January 13, 2023

Key Issues

- Potential community spread
- Vaccination

The other ill residents have tested positive for Strep Pneumo as well. An additional resident, as well as two staff, have also started to exhibit symptoms consistent with Strep Pneumo. You are concerned about an outbreak of Strep Pneumo in your facility.

Questions

Based on the information provided, address the issues raised in Module 4. Identify any critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. 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 will you track and document emerging symptoms and illness amongst residents and staff?
 - a. How long will staff need to be excluded from work if testing positive for Strep Pneumo?
2. How will you educate staff, residents, and visitors about Strep Pneumo prevention and precautions?
3. MDH should be notified due to mandated reporting—describe this process.
4. You are considering a vaccination clinic to assess for and administer the pneumococcal vaccine. Discuss your process for:
 - a. Identifying residents and staff who may be eligible for vaccination
 - b. Tracking vaccination and dose status (according to CDC's routine vaccine recommendations)
 - c. Accessing pneumococcal vaccine supplies
 - d. Staff training for administering the vaccine

APPENDIX A: MASTER SCHEDULE OF EVENTS LIST (MSEL)

Note: Because this information is updated throughout the exercise planning process, appendices may be developed as a stand-alone document rather than part of the SitMan.

For this exercise, a stand alone MSEL was developed and will be distributed to each facility exercise controller prior to the exercise.

The illustration below is only an example of the MSEL used for this exercise.

Master Scenario Events List (MSEL)

Mystery Illness Exercise
January 10, 2023

The Master Scenario Events List is a chronological timeline of expected actions and scripted events to be injected into exercise play by facilitators/controllers to generate or prompt player activity. It ensures necessary events happen so that all exercise objectives can be met. This template should be utilized to track each of the individual events within the scenario and those expected actions of personnel and the learning points associated with those actions.					
No.	Timeline	Assigned To	Message/Talking Points	Expected Outcome	Learning Points
0	<i>Injects can be addressed during the given exercise timeframe.</i>	<i>Player or participant to which the item is assigned</i>	<i>Scenario events or messages within the exercise that prompt players to implement the plans, policies, and/or procedures that require testing during the exercise. It is not always necessary to follow an inject with questions, however, they can be useful to foster valuable dialogue or help reach expected outcomes.</i>	<i>Represents a desired response or actions to the questions or messages proposed during the delivery of injects. Expected outcomes should come directly from the plan being tested, as well as previous training staff may have received.</i>	<i>Pieces of information or actions that personnel will learn or take away from the proposed inject and associated expected outcomes. These learning points often represent key pieces of the emergency operations plan that personnel should understand or be aware of.</i>
Exercise Begins-Date/Time TBD					
1	0900	Lead Controller	Facilitator opens exercise. Gives instructions and overview of the exercise. Presents polling questions.	Participants understand exercise logistics and expectations.	NA
2	0910	All	Scenario begins: Module 1	Participants receive first scenario update. Next meeting time is set for: 0925	Disseminate critical information to exercise participants

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
County
Hennepin County Public Health
Hennepin County Human Services- Long-Term Services and Supports
Regional
Metro Health & Medical Preparedness Coalition
Northeast Healthcare Preparedness Coalition
NW Health Services Coalition
State
Minnesota Department of Health
Long Term Care
A Daughter's Love
Adapta
Adeg Group Home
Aftenro
Ageless Care, Inc
Aicota Health Care Center
Amazing LOve Assisted Living
Andrew Residence
Anoka Rehabilitation and Living Center
Appleton Area Health
Autumn Glen
Avian Care LLC
BARRETT CARE CENTER INC
Barross Cottage
Barross Cottage II
Belgrade Nursing Home
Belong Health care
Benedictine Living
Benedictine Living
Benedictine Living Community of Crookston
Benedictine Living of St. Joseph
Benedictine Living- Skilled Nursing Facility Duluth
Benedictine New Brighton
Benedictine Senior Living Community-St Peter
Bigfork Valley Communities
Birchwood Care Home, Grand Avenue Rest Home

Participating Organizations
Boulder Creek Assisted Living with Memory Care
Care&Rehab-Ostrander
CARING HOME HEALTH INC
Carondelet Village
Cassia - Moose Lake Village
Catholic Eldercare
Cerenity Marian St. Paul
Chapel View AL and SNF-Hopkins
Charter House
CHI LakeWood Health and LakeWood Care Center
Clara City Care Center
Clarkfield Care Center
Clarkfield Care Center
Cokato Charitable Trust
Colonial Manor
Compassionate Hearts
Countryview Assisted Living, LLC.
Courage Kenny Rehabilitation Institute - TRP, Part of Allina Health
Covenant Living of Golden Valley
Crossroads Care Center
Dassel Lakeside Healthcare Center
Ebenezer Care Center
Ebenezer Ridges Care Center
Ecumen Lakeshore
Ecumen North Branch
Ecumen Pathstone
Edgebrook Care Center
Episcopal Church Home - The Gardens
Episcopal Church Home of Minnesota
Essentia Health
Essentia Health
Essentia Health Prairie Pines Assisted Living
Essentia Health-Homestead
Evansville Care Center
Eventide Lutheran Home and Eventide The Linden
Fair Meadow Nursing Home
Fairview Care Center

Participating Organizations
Farmington Health Services, Trinity Care Center
Faulkton Senior Living
Field Crest Care Center
Field Crest Care Center
Field Crest Care Center & Assisted Living
Field Crest Care Center and AL
Five Pines Senior Solutions
Frazee Care Center
Gentle Haven
Gil-mor Manor
Glenwood Retirement Village
Golden Light Assisted Living
Good Samaritan Society
Good Samaritan Society - Arlington, MN/Sanford Health
Good Samaritan Society, Albert Lea
Good Samaritan Society, Battle Lake, MN
Good Shepherd Lutheran Home
Grand Avenue Rest Home
GSS Jackson
Gundersen Harmony Care Center
Halstad Living Center
Hands Care LLP
Harmony House of Pierz
Hayes Residence
Health Services Network
Hearthstone Care Group
Heritage Manor
Hillcrest Senior Living
Hope Residence
Hope Residence
Hopkins Health Services
Johanna Shores
Jones Harrison
Jones Harrison
Jones-Harrison Senior Living
Kittson Healthcare
Lakewood Health System

Participating Organizations
LB Homes
Lifepoint home llc
Little falls Care Center
Little Sisters of the Poor
LIVING MEADOWS AT LUTHER - MADELIA
Living Meadows
Mahnomen Health Care Center
Maple Lawn Senior Care
Mapleton Community Home/Heritage Place
McIntosh Senior Living
MDH
Meadow Creek Hospitality,LLC
Meadow Lane Restorative Care Center
Meadows On Main
Meeker Manor Rehabilitation Center
MHealthFairview and Ebenezer
Milaca Elim Meadows Health Care Center
Millennium Health Care LLC
Minnehaha Residence
Minnesota Masonic Home
Minnesota Veterans Home - Minneapolis
MN Veterans Home - Silver Bay
MN Veterans Home - Silver Bay
Monarch
Moose Lake Village - a division of Cassia
Morris Health Services
Mount Olivet Homes
National Home Healthcare
New perspective senior living
NORTH STAR MANOR
Northfield Care Center
Oak Hill Assisted Living
Oak Hills Living Center
Oak Terrace
Oak Terrace Assisted Living
Oak Terrace Assisted Living of North Mankato
Oak Terrace of Jordan

Participating Organizations
Old Main Village Senior Living
Olivia Restorative Therapy and Nursing
Orchard hill senior living
Park Gardens Senior Living
Park River Estates Care Center
Paynesville Health Care Center
Peerlytics
Pennington Health Services
Pheasant ridge assisted living
Pheasants Ridge Assisted Living
Prairie Home Hospice & Community Care
Prairie View Senior Living
Providence Place Senior Care
RenVilla Care Center
Renville Health Services- Prairie View Assisted Living and Memory Care
RICEHOSP
Richfield a Villa Center
Ridgeview Le Sueur Nursing & Rehab Center
River Oaks at Shady Ridge
River oaks at Watertown
River Valley Health & Rehab
Royal Crown
Sabdstone Health Care Center
Sacred Heart Care Center
Saint Therese
Saint Therese at St. Odilia
Saint Therese of New Hope
Saint Therese of Oxbow Lake
Sanford Canby Medical Center
Sanford Canby Medical Center - Sylvan Court and Place
SEAHOS
Seasons Healthcare
Seasons Hospice
Shady Ridge
Sholom
Sholom
Sholom West LTC

Participating Organizations
Sleepy Eye Care Center-VOA
SLPFD and Care Resource Connection
South Central Healthcare Coalition
South Shore Care Center
St Anthony Park Home
St Croix Hospice
St John Lutheran Home/St. John's Circle of Care
St Louis Park Fire Dept
St. John's Lutheran Community
St. John's Lutheran Community
St. Luke's Lutheran Care Center
St. Otto's Care Center
St. Therese
Stewartville Care Center
Sunnyside Care Center
Sunnyside Health Care Center
Team Home Healthcare
The Estates at Bloomington
The Estates at Bloomington
The Estates at Chateau
The Estates at Linden
The Estates at Rush City
The Gables of Boutwells Landing
The Glenn Hopkins
The Green Prairie Rehab and Assisted Living Campus
The Legacy
The Maples
The North Shore Estates
The Villas at St. Louis Park
The Waterview Shores
Thief River Care Center
Traditions of Montgomery
Traditions of Waterville
UNITED SOCIAL SERVICE OF MN
UNITED SOCIAL SERVICE OF MN
Valley Care and Rehab
Valley View Healthcare & Rehab

Participating Organizations
Walker Health Center
Walker Methodist
Wesley Residence Assisted Living
WSLC
Zumbrota Health Services

APPENDIX C: RELEVANT PLANS

These are *suggestions* for facility plans that may be relevant to this exercise. Your facility may find there are others that are useful for responding to the scenario presented.

- Facility Infection Prevention and Control Plan
- COVID-19 Response Plan
- Communication Plan

APPENDIX D: ACRONYMS

Acronym	Term
AL	Assisted Living
AAR	After Action Report
ExPlan	Exercise Plan
EEG	Exercise Evaluation Guide
HSEEP	Homeland Security Exercise Evaluation Program
IPC	Infection Prevention and Control
LTC	Long Term Care
MSEL	Master Scenario Events List
SitMan	Situation Manual
SME	Subject matter Expert