Hospital and EMS
Ebola Virus Disease
Tabletop Exercise Situation Manual

Created by Tennessee Department of Health
Adapted for use by the Connecticut Department of Health
10/18/2014
HANDLING INSTRUCTIONS

- The title of this document is *Hospital and EMS Ebola Virus Disease Tabletop Exercise Situation Manual*.

- Information gathered in this situation manual (SitMan) is designated as **For Exercise Use Only** (FEUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in-whole or in-part, is not allowed without prior approval from the Tennessee Department of Health.

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OVERVIEW

Goal
This document is designed to assist in conducting tabletop exercises to improve preparedness for building infrastructure and staff capacity for infectious disease outbreak responses.

Exercise Objective
Improve preparedness for a response to a patient infected with Ebola Virus Disease presenting at Hospital or to an Emergency Medical Service organization.

Critical Planning Considerations
- Timely recognition and response
- Identification of threat
- Personal protective equipment use
- Isolation procedures
- Protection of personnel, patients, and visitors
- Proper reporting to the Connecticut Department of Health
- Information management, both internal and external
- Crisis communications planning
- Resource management both human and equipment
- Surveillance, contact tracing, and movement monitoring
- Maintaining normal operations

Background
Ebola Virus Disease (EVD) is a severe, often-fatal disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola outbreaks have occurred sporadically since initial recognition in 1976, with the most recent outbreak currently taking place in West Africa. The disease is caused by infection with Ebola virus, named after a river in the Democratic Republic of the Congo (formerly Zaire) in Africa, where it was first recognized.

Scope
This exercise scenario is based on an infectious disease outbreak of EVD.

Public Health Emergency Preparedness Capabilities
- Responder Safety and Health
- Non-Pharmaceutical Interventions
- Information Sharing
TABLETOP EXERCISE STRUCTURE

Agenda
- The facilitators will provide a scenario of the discovery of an individual with possible EVD.
- The players will address discussion issues/questions or tasks as provided.
- The tabletop will end, and a hot wash will occur.

Exercise Guidelines
- The scenario is plausible, and event discussions occur as they are presented.
- There is no “hidden agenda”, nor any trick questions.
- In any tabletop exercise, assumptions and artificialities may be necessary to complete play in the allotted time.
- Discussions are predicated on the basis of your knowledge of current plans, procedures, capabilities, and insights derived from your training and experience.
- This exercise is intended to be a learning environment for all participants. It is expected that experienced personnel will share their knowledge and guide discussions.
- Offer suggestions or recommended actions that could improve response and preparedness efforts.

Exercise Rules
- This is an open, low-stress, no-fault environment. Be respectful of others as varying viewpoints—even disagreements—are expected.
- Process the information just as you would in a real-life incident. Avoid the temptation to “solve” the entire scenario.
- Questions are intended to drive discussion and do not necessarily denote expected actions. If certain actions would be carried out based on a question, describe the actions and why. If action would not be carried out, explain why.
- Respond based on your knowledge of current plans and capabilities. You may use only existing plans and resources.
- Feel free to make valid assumptions based on the information provided.
FACILITATION INFORMATION

Scenario, Part 1
At 9:30 AM on Thursday, a 22-year old male arrives at Emergency Department and requests a wheelchair for his 21-year old wife, who is in the car. He returns to the building with his wife and reports that she has what appears to be the flu. He reports that on Sunday she awoke with a headache and back ache and that her symptoms have progressed to a fever of around 101°, sore throat, and achiness all over her body.

Discussion, 5 minutes
• What is the critical issues to understand about the patient presented
• What symptom-related questions would you ask?
• What other questions might you ask at this point?

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Scenario, Part 2
The couple are students at a University and live on campus. The patient states that she recently returned from a trip the day before she started feeling sick. She is from Liberia and had been visiting her family in Tubmanburg. She departed Roberts International Airport on Friday and changed planes in Morocco, New York, and Atlanta before arriving in Hartford at 7:00 PM on Saturday. From there, she took a shuttle home. She reports that she has felt nauseous since the morning of the visit and had an five episodes of diarrhea overnight.

Discussion, 30 minutes
Using the current fever and travel triage guidance document, determine if patient meets criteria for advanced screening and protection.

- What actions would be taken with regard to the patient, and who would carry them out?
- What action would be taken with regard to the husband, health department personnel, and visitors, and who would carry them out?
- What travel history questions would you ask?
- What contact tracing questions would you ask?
- Who needs to be contacted with this information?
- What isolation procedures would be enacted?
- What personal protective equipment (PPE) measures would be considered?
- If PPE use is chosen, what instructions should be required regarding its use? [http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf](http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf)
- How would you determine the current inventory of PPE?

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Scenario, Part 3
The Connecticut Department of Health (DPH) has been contacted and has reported the wife’s travel to the Center’s for Disease Control and Prevention. DPH recommends that the patient be admitted immediately to a medical facility.

Discussion, 10 minutes
• What is our process at this point for internal communication?
• How will the patient be taken to the hospital?
• Who needs to be contacted with this patient’s information before she is transported?
• What measures need to be taken to return to or maintain other normal operations?

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**Scenario, Part 4**
The University has been informed of the wife’s condition. Citizens soon hear of the situation as well, and calls begin to come into the Hospital. Personnel begin to ask questions about the potential of the same thing happening in other hospitals or EMS services in the region.

**Discussion, 15 minutes**
- What information should be shared with the University, and how should it be shared?
- What actions should be taken to handle questions from the public?
- How does HIPPA play into this situation?
- What resources are available for hospital or EMS personnel who are concerned about additional cases reporting to our facilities or calling for assistance?

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**Hotwash**
Upon completion of the exercise a hotwash should be completed. The purpose of the hotwash is to simply identify issues and not immediately address items that require future follow up. Once completed hospitals should fill out a DPH exercise reporting form and send it to DPH through normal reporting processes. A copy should be sent to Jonathan.Best@ct.gov and John.Stonoha@ct.gov