

TALON Ebola Preparedness Tabletop Exercise

Situation Manual

TALON



preparedness partners

November 2015

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	TALON Ebola Virus Disease Regional Network Coordination Table Top Exercise
Exercise Dates	11/3/2015
Scope	This exercise is a Tabletop Exercise (TTX), planned for 4 hours at the Hilton Center Galveston, TX. Exercise play is limited to invited players, evaluators, and moderators.
Healthcare Preparedness Capabilities	<ul style="list-style-type: none"> • #3 - Emergency Operations Coordination • #4 – Public Information and Warning (PHEP) • #6 - Information Sharing • #14 - Responder Safety and Health • #10 – Medical Surge
Objectives	See Exercise Objectives and Healthcare and Public Health Preparedness Capabilities on page 2.
Threat or Hazard	Ebola Virus Disease (EVD)
Scenario	The 2014 Ebola Hemorrhagic Fever outbreak is the largest Ebola outbreak in history and the first in West Africa. A person infected with Ebola requiring transport from your hospital creates a host of multi-agency response, clinical administrative, and infection control challenges.
Sponsor	TALON Ebola Work Group <ul style="list-style-type: none"> • Hospital Preparedness Program (HPP) • Public Health Emergency Preparedness (PHEP) Program
Participating Organizations	Participating organizations are listed in Appendix B.
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GENERAL INFORMATION

This TTX was developed to practice the coordination and communication activities in an Ebola Virus Disease (EVD) scenario among Hospital Infection Control staff, Hospital Clinical staff, Hospital leadership, Hospital Emergency Preparedness Coordinators, and Local/State Public Health Agencies with in the TALON states (Texas, Arkansas, Louisiana, Oklahoma, New Mexico).

Exercise Objectives and Healthcare Preparedness Capabilities

The exercise objectives in Table 1 describe the expected outcomes for the exercise and are aligned with the Healthcare Preparedness Capabilities contained in the Office of the Assistant Secretary for Preparedness and Response (ASPR) Guidance of January 2012 titled; “Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness.”

Exercise Objective	Healthcare and Public Health Preparedness Capabilities
Exercise Objective #1: Discuss how healthcare/public health agencies will coordinate and implement emergency response activities to manage transfer of patient diagnosed with Ebola Virus Disease (EVD) in accordance with Emergency Operations Plans.	#3 - Emergency Operations Coordination
Exercise Objective #2: Discuss how healthcare/public health agencies will coordinate with local and state agencies to share and disseminate Ebola Virus Disease (EVD) incident-related information in accordance with Emergency Operations Plans.	#4 – Public Information and Warning (PHEP) #6 - Information Sharing
Exercise Objective #3: Discuss how healthcare agencies will protect employees while providing transport, treatment and care to patients diagnosed with Ebola Virus Disease (EVD) in accordance with Emergency Operations Plans	#14 - Responder Safety and Health
Exercise Objective #4 Discuss how healthcare/public health agencies will coordinate integrated healthcare operations with pre-hospital Emergency Medical Services (EMS) operations to manage transport, treatment and care to patients diagnosed with Ebola Virus Disease (EVD) in accordance with Emergency Operations Plans.	#10 Medical Surge
Table 1. Exercise Objectives and Associated 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, policies, and procedures.

Exercise Structure

This exercise will be a facilitated exercise. Players will participate in the following three modules:

- Module 1: Notification of Need for Ebola Virus Disease Patient Transport
- Module 2: Pick-Up and Transportation of Ebola Virus Disease Patient
 - Pick up patient
 - Transport to Airport
 - Departure to UTMB from Airport
- Module 3: Receipt of Ebola virus disease Patient at Receiving Facility
 - Texas: Reception of Ebola Virus Disease Patient
 - Louisiana, Oklahoma, New Mexico, Arkansas: Demobilization and Recovery

Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants will review the situation and engage in group discussions of appropriate issues.

After these group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise Guidelines

- This exercise is designed to 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.
- 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 facility protection, information coordination, and response/recovery 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 will be used to evaluate the exercise and compile the After Action Report (AAR). Background Information: The primary role of public health is to protect and improve community health through the organized effort of disease prevention, surveillance and treatment. Ebola Virus Disease and other Ebola-like diseases pose a serious threat to public health. Experience with Ebola patients in the U.S. has shown that care of such individuals is clinically complex, requiring highly skilled healthcare providers and technology-advanced facility infrastructure.

MODULE 1: NOTIFICATION OF NEED FOR EBOLA VIRUS DISEASE PATIENT TRANSPORT

Day One: 10:00 A.M.

Mrs. Smith is a 42 year-old patient admitted to a facility after presenting with clinical signs and symptoms of fever of 103.6, nausea, vomiting, diarrhea, general malaise and a recent travel history to Africa. The hospital has notified your state health department. Local public health authorities, State Health Department, and hospital staff recognize that the patient meets the CDC definition for a “person under investigation” (PUI) for Ebola. The hospital places the patient in standard, contact, and droplet isolation and follows all other infection prevention and control recommendations from CDC.

Day Two: 2:00 P.M.

Your State receives confirmation from the CDC-designated laboratory that Mrs. Smith’s specimen tested positive for Ebola Virus. The CDC on-call physician notifies the Attending Physician for Mrs. Smith, and notifies the State Health Department on-call epidemiologist of the results. The hospital has capacity to serve as an assessment facility, however; is lacking the requirements to serve as an Ebola Treatment Center. There are no available Ebola-beds within your State.

The primary Ebola Treatment Center (ETC) for the TALON FEMA Region VI network is located at University of Texas Medical Branch (UTMB) in Galveston, Texas.

Key Issues

- A person with confirmed Ebola has been admitted to a hospital with in your State.
- A decision should be made to transfer this patient to the designated Ebola care facility in Galveston, TX.
- Communication between the healthcare group identifying the case and “the state” regarding what to do with the patient
- Communication between “the State” and the Texas state health authority regarding transport of the patient
- Communication between the Texas state health authority and the healthcare system (site) receiving patient

Questions

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. Who has the authority to activate the HHS Region VI Ebola Virus Disease Regional Network Coordination Plan
2. What criteria should be considered before the decision to activate the HHS Region VI Ebola Virus Disease Regional Network Plan
3. Who in your State will notify Texas and under what conditions?
4. How soon will notification to Texas occur? Who is your states POC for Texas?
5. How will Texas receive notification of need to transfer a person with confirmed Ebola?
6. Who will notify UTMB in Galveston?
7. What process is used to notify ground and air transport assets?



MODULE 2: TRANSPORTATION OF PATIENT

Day Two: 8:00 P.M.

Media and rumors of the patient transfer have begun. News vehicles are at the hospital and hospital PIO staff is working to control rumors. Your state contracted ambulance provider has arrived at the hospital and is preparing to make patient contact. The ambulance parks in the designated area to control security and is EMS personal are escorted to the patient's room. When EMS staff arrives, the patient is not ready to be transferred to the ambulance. This delays departure. After a two hour delay, the patient is loaded into the contracted ambulance without incident.

Day Two: 11:00 P.M.

While patient is being loaded into the ambulance, news reports and media continue to arrive at the hospital. Hospital staff continues to control rumors and has asked for support with messaging specifically to transport of patient out of your State. Security has been increased at the hospital. Hospital security has asked for local support and local law enforcement is supplementing hospital security. The ambulance prepares for departure to airport.

Key Issues

- Patient is not ready for transport when ambulance arrives setting timeline back 1 hour
- Media exposure and rumors have increased at hospital
- Security while transporting patient to the airport

Questions

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. Who should be notified of delay at hospital?
2. What information should be given regarding delay?
3. How does the delay at the hospital affect the airline and receiving facility?

4. What adjustments will need to be made to mitigate the delay?
5. How does the increase in local law enforcement at the hospital effect security support for transport of patient to the airport?

Day Two: 11:30 P.M.

During the delay with preparing the initial patient to depart, a second patient has come through the ED. The second patient, a minor has a history indicative to classify the patient as a person under investigation (PUI). In-state lab tests are in progress, but results have not come back. Media has awareness of a possible second patient at the hospital. Hospital PIOs are overwhelmed with the increase of media requests. Hospital clinicians feel strongly this patient will need transported as well. Hospital and local public health staff have asked to have patient transported as a precaution to UTMB since the Ebola Virus Disease Regional Network Coordination Plan has already been activated.

Key Issues

- A second potential EVD patient has presented to the hospital
- Second patient is a minor with guardians accompanying.
- Local Hospital and officials want second patient transferred to Texas Children's as a precaution
- Increased media presence

Questions

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. Who should the hospital staff and local jurisdiction contact at your State with request to transfer 2nd patient?
2. Should the 2nd patient be transferred at this time with the original patient?
3. Who has the authority with in your State to make decision to transfer second patient at the same time as the first?
4. Who would be consulted when making this decision and what considerations should be made?
5. What information would be given to the media at this time?

Day Three: 1:30 A.M.

The index patient is transported to the airport with security escort. Upon arrival to airport, the patient's condition has continued to deteriorate. Patient is coherent and has had multiple episodes of emesis and diarrhea. Family has arrived at the airport and is requesting to fly with patient. The EMS crew has a large amount of hazardous waste that was accrued during the transport to the airport. The EMS staff has exhausted all precautionary PPE and is requesting assistance.

Key Issues

- Decompensation of patient in route to airport
- Family presence at airport
- Disposal of hazardous material by EMS crew

Questions

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 considerations should be made given patients current condition?
2. Who should be notified of the change in patient's condition?
3. Can family escort patient on the plane?
4. Who is responsible for communicating with the family?
5. How should EMS hazardous waste disposal be coordinated with in your State?

MODULE 3: RECEPTION OF PATIENT

Day Three: 2:00 A.M.

Flight staff has assumed care of the patient and are preparing to depart. The estimated arrival time to the airport in Houston is approximately 1 hour and 30 minutes. While in route to the airport, the patient continues to have large amounts of emesis and deteriorate further. During the flight unexpected weather has forced the pilot to use another flight route and delays the arrival by 30 minutes.

Key Issues

- Coordination with receiving site regarding arrival time and preparations
- Coordination with receiving site regarding patient isolation
- Administrative issues (medical records, cost, and liability)

Questions

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. Who will coordinate from your State the delay of arrival to Texas?
2. What is your State's role in the response at this point?
3. How will this delay affect your specific jurisdictions response?
4. What information should be shared with your State at this time?

Day Three: 3:30 A.M.

The flight is approximately 30 minutes from arriving in Texas. The patient has continued to deteriorate while in flight. Approximately 15 minutes to arrival, the patient's breathing ceases and heart stops. Despite flight crew's resuscitative measures, the patient continues to not breathe with no improvement to heart function.

Key Issues

- Coordination with receiving site regarding arrival time and preparations
- Coordination with receiving site regarding patient isolation
- Administrative issues (medical records, cost, and liability)

Questions

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. Who notifies Texas of the patient's deterioration?
2. How does the sending State receive awareness of the patient's condition?
3. Who has the authority to direct the plane?
4. What special considerations will need to be addressed once the plane lands?
5. How does each agency begin to return to pre-incident operations?

APPENDIX A: EXERCISE AGENDA

TIME	ACTIVITY
November 3, 2015	
11:00 pm- 11:30 pm	Welcome, review objectives, and exercise structure/guidelines
1:00 pm -1:15 pm	Background
1:15 pm – 2:00 pm	Begin Exercise - Module 1: Notification
2:15 pm -3:00 pm	Module 2: Transportation of Patient
3:15 pm – 4:00 pm	Module 3: Reception of Patient
4:15 pm – 4:45 pm	Hot Wash
4:45 pm – 5:00 pm	Evaluation

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
State	
[Coalition Members – List coalition participants fully]	Percentage of Hospital Participation
[Other Partners]	

APPENDIX C: LINKS

CDC Guidance	Resource Link
<p>Detailed Hospital Checklist for Ebola Preparedness - The checklist provides practical and specific suggestions to ensure your hospital is able to detect possible Ebola cases, protect your employees, and respond appropriately.</p>	<p>http://www.cdc.gov/vhf/ebola/pdf/hospital-checklisk-ebola-preparedness.pdf</p>
<p>Checklist for Healthcare Coalitions for Ebola Preparedness - key areas for healthcare coalitions to review in preparing to care for patients possibly infected with the Ebola virus.</p>	<p>http://www.cdc.gov/vhf/ebola/pdf/coalition-checklist-ebola-preparedness.pdf</p>
<p>Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness Is similar to the above, and is intended to enhance collective preparedness and response by highlighting key areas for EMS personnel to review in preparation for encountering and providing medical care to a person with Ebola.</p>	<p>http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf</p>
<p>Facility is able to identify suspect Ebola Virus Disease (EVD) patients and is able to determine patients for whom Ebola testing should be considered.</p>	<p>http://www.cdc.gov/vhf/ebola/hcp/case-definition.html</p>
<p>Facility immediately notifies state and local health authorities upon identification of a patient with suspected Ebola.</p>	<p>http://www.cdc.gov/vhf/ebola/pdf/hospital-checklisk-ebola-preparedness.pdf</p>
<p>Facility appropriately isolates suspect Ebola patients using the appropriate level of transmission-based precautions. Staff is able to select, don and doff the appropriate PPE.</p>	<p>http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html</p> <p>http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf</p>
<p>Clinical staff is able to appropriately diagnose (including recognizing signs, symptoms and lab values and collecting appropriate clinical specimens) and manage suspect Ebola patients.</p>	<p>http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html</p> <p>http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html</p>

CDC Guidance	Resource Link
Facility is able to recognize, respond to and manage occupational exposure to Ebola among staff.	http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html
Environmental staff uses appropriate procedures for environmental infection control, environmental cleaning and waste disposal.	http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_hcf_03.pdf
Laboratory staff uses appropriate procedures for specimen collection, transport, testing and submission for patients with suspected Ebola.	http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html
Facility is able to safely manage human remains.	http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html
Facility uses effective crisis communications to keep staff, patients, the community and the media informed.	http://www.cdc.gov/media/dpk/2014/dpk-ebola-outbreak.html
Facility uses appropriate procedures when transferring patient via air medical transport.	http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html

APPENDIX E: ACRONYMS

Acronym	Term
AAR	After Action Report
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
DRC	Democratic Republic of the Congo
DHS	U.S. Department of Homeland Security
ED	Emergency Department
EEG	Exercise Evaluation Guide
EIS	Epidemic Intelligence Service
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EVD	Ebola Virus Disease
HAN	Health Alert Network
HCC	Healthcare Coalition
HCCDA	Healthcare Coalition Development Assessment
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICU	Intensive Care Unit
IP	Infection Preventionist
LHD	Local Health Department
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
PPE	Personal Protective Equipment
PUI	Person Under Investigation
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
WHO	World Health Organization