CVHC
CENTRAL VIRGINIA HEALTHCARE COALITION

Virtual Tabletop Exercise – MERS-CoV

Situation Manual
April 27, 2021

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.

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Exercise Overview

Exercise Name	MERS-CoV Self-Administered Tabletop Exercise
Exercise Date	April 27, 2021
Scope	This is a discussion-based exercise, planned for four hours created by the Virginia Department of Health and hosted by the Central VA Healthcare Coalition.
Mission Areas	Response and Recovery
Core Capabilities	Public Health, Healthcare, and Emergency Medical Services, Health & Social Services, Public Information & Warning, Intelligence & Information Sharing
Objectives	**Objective 1:** Discuss procedures, capabilities and readiness of the whole community and recognize and respond to presentations by potential infectious disease patients. **Objective 2:** Review and discuss plans, capabilities, and authorities for responding to a high-risk infectious disease emergency. **Objective 3:** Examine and demonstrate public notification procedures. **Objective 4:** Examine and demonstrate public notification and information sharing procedures to address messaging and coordination with stakeholders.
Threat or Hazard	MERS-CoV
Scenario	A college soccer team returns from a cultural immersion trip from another country and half the team becomes extremely ill.
Sponsor	Central Virginia Healthcare Coalition (CVHC)
Participating Organizations	Federal, State, tribal or local levels of government agencies while utilizing the whole community approach of including applicable representative organizations such as long-term care facilities, alternate care facilities, hospitals, dialysis, home health, EMS/Fire and others within the region.
Point of Contact	Megan Middleton at megan.middleton@central-region.org

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 guided by elected and appointed officials and selected by the Exercise Planning Team.

Exercise Objective	FEMA Core Capability
Objective 1: Discuss procedures, capabilities and readiness of the whole community and recognize and respond to presentations by potential infectious disease patients.	**Public Health, Healthcare, and Emergency Medical Services** Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.
Objective 2: Review and discuss plans, capabilities, and authorities for responding to a high-risk infectious disease emergency.	**Health and Social Services** Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.
Objective 3: Examine and demonstrate public notification procedures.	**Public Information and Warning** Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.
Objective 4: Examine and demonstrate public notification and information sharing procedures to address messaging and coordination with stakeholders.	**Intelligence and Information Sharing** Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland

Exercise Objective	FEMA Core Capability
	security by local, state, tribal, territorial, Federal, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among government or private sector entities, as appropriate.

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.
- **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, polices, and procedures.

Exercise Structure

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

10 Minutes	Introductions and Guidelines
50 Minutes	Module 1 – Initial Notification and Recognition
50 Minutes	Module 2 – Facility Management of Patients

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.
- 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.

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, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MERS-CoV Primer

Middle East Respiratory Syndrome (MERS) is an illness caused by a virus (more specifically, a coronavirus) called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS affects the respiratory system (lungs and breathing tubes). Most MERS patients developed severe acute respiratory illness with symptoms of fever, cough and shortness of breath. About 3-4 out of every 10 patients reported with MERS have died.

Health officials first reported the disease in Saudi Arabia in September 2012. Through retrospective investigations, health officials later identified that the first known cases of MERS occurred in Jordan in April 2012. So far, all cases of MERS have been linked to countries in and near the Arabian Peninsula.

MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person.

MERS can affect anyone. MERS patients have ranged in age from younger than 1 to 99 years old.

Symptoms and Conditions

Most people confirmed to have MERS-CoV infection have had severe acute respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

Some people also had gastrointestinal symptoms including diarrhea and nausea/vomiting. For many people with MERS, more severe complications followed, such as pneumonia and kidney failure. About 3-4 out of every 10 people reported with MERS have died. Most of the people who died had an underlying medical condition. Some infected people had mild symptoms (such as cold-like symptoms) or no symptoms at all; they recovered.

Based on what researchers know so far, people with pre-existing medical conditions (also called comorbidities) may be more likely to become infected with MERS-CoV, or have a severe case. Pre-existing conditions from reported cases for which we have information have included diabetes; cancer; and chronic lung, heart, and kidney disease. Individuals with weakened immune systems are also at higher risk for getting MERS or having a severe case.

Based on information we have to date, the incubation period for MERS (time between when a person is exposed to MERS-CoV and when they start to have symptoms) is usually about 5 or 6 days but can range from 2-14 days.

Transmission

MERS-CoV, like other coronaviruses, is thought to spread from an infected person's respiratory secretions, such as through coughing. However, the precise ways the virus spreads are not currently well understood.

MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person. Infected people have spread MERS-CoV to others in healthcare settings, such as hospitals. Researchers studying MERS have not seen any ongoing spreading of MERS-CoV in the community.

All reported cases have been linked to countries in and near the Arabian Peninsula. Most infected people either lived in the Arabian Peninsula or recently traveled from the Arabian Peninsula before they became ill. A few people became infected with MERS-CoV after having close contact with an infected person who had recently traveled from the Arabian Peninsula.

Public health agencies continue to investigate clusters of cases in several countries to better understand how MERS-CoV spreads from person to person.

Prevention

Currently, there is no vaccine to prevent MERS-CoV infection. The U.S. National Institutes of Health is exploring the possibility of developing one.

CDC routinely advises that people help protect themselves from respiratory illnesses by taking everyday preventive actions:

- Wash your hands often with soap and water for 20 seconds, and help young children do the same. If soap and water are not available, use an alcohol-based hand sanitizer.
- Cover your nose and mouth with a tissue when you cough or sneeze, then throw the tissue in the trash.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid personal contact, such as kissing, or sharing cups or eating utensils, with sick people.
- Clean and disinfect frequently touched surfaces and objects, such as doorknobs.

Treatment

There is no specific antiviral treatment recommended for MERS-CoV infection. Individuals with MERS can seek medical care to help relieve symptoms. For severe cases, current treatment includes care to support vital organ functions.

Information provided by the Centers for Disease Control and Prevention

Module 1: Initial Notification and Recognition

April 27, 2021: 1000

A local college Soccer Team recently returned home from their weeklong trip to an outside country for a soccer tournament and cultural immersion program. A few days after arriving at Washington Dulles Airport and then on to Richmond some of the players begin experiencing chills and a slight cough.

Despite some members being under the weather, the team participates in the weeklong homecoming festivities at the college. Ten team members became feverish and go to see the campus nurse on Tuesday evening. Suspecting that the boys have developed the flu the nurse tells them to rest and drink lots of fluids.

Five of the players who did not go to the school nurse were taken to the hospital overnight via ambulance after experiencing shortness of breath. The cause of their illness was not readily apparent, and they were given a round of antibiotics and monitored for two days.

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.

1) What are some reasonable assumptions and what assumptions should be avoided?
2) What are your standard operating procedures, plans, and actions to help you prepare for this event?
3) Would it be helpful to use the incident action planning process? If yes, why, and what process do you use? If not, why not?
4) What are the most significant challenges you anticipate with respect to managing your organization's response to the incident?
5) What critical messages will you need to communicate to the following groups? How will you communicate with them?
    a) Staff
    b) Patients/Families/Residents
    c) General Public
    d) Vendors/suppliers
    e) External partners

6) What are your primary concerns with respect to accommodating a large increase in patient numbers or patients with highly specialized health care needs?

CVHC Specific Questions

1) What are the first three things you are going to do at CVHC once the high-risk patient is identified and you are notified? Who is the coalition responsible for notifying?

2) Identify three actions you are asking your response partners to take to help you within the first 24 hours of the response, including emergency management, public health, law enforcement, fire/EMS and other CVHC members.

3) What monitoring practices will the facility have for those exposed (e.g. staff, patient family, etc.) to the PUI? What role does the coalition have in these monitoring processes?

Module 2: Facility Management of Patients

April 30, 2021: 1300

When their symptoms worsen, a parent of one of the players tells the doctor that her son just returned from playing soccer outside of the country. The doctor takes a respiratory sample and sends it off for a polymerase chain reaction (PCR). The test comes back positive for the MERS-CoV.

All the players admitted to the hospital test positive for the disease. One of the students who tested positive had visited his grandmother at a local long term care facility and symptoms are beginning to be noted there as well. Local news begins reporting that there is a MERS outbreak at the local hospital and at the long-term care facility causing widespread panic in the community.

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.

1) How is exposure minimized at the hospital and LTC?

2) Would respiratory hygiene and cough etiquette procedures be implemented?

3) What PPE is necessary to deal with a patient presenting MERS? If there are delays in the supply chain, how will you obtain the PPE?

4) Does your facility have infection isolation capabilities? If so, what are they?

5) Is this a reportable illness? If so, who is responsible for making the report, and to whom?

6) What, if any, are the procedures for disposing of waste material generated by caring for and transporting a patient with this disease?

CVHC Specific Questions

1) What role will VHASS play in this event?

2) What role will the CVHC RHCC play?

3) How will CVHC be notified for PPE needs and how will the PPE be distributed to requesting facilities?

Appendix A: Exercise Schedule

Time	Activity
09:45 – 10:00	Registration
10:00 – 10:10	Welcome and Opening Remarks
10:10 – 11:00	Module 1: Briefing, Caucus Discussion, and Brief-Back
11:00 – 12:00	Module 2: Briefing, Caucus Discussion, and Brief-Back
12:00 – 12:45	Lunch
13:00 – 14:00	Hotwash and Closing Comments

Appendix B: Acronyms

Acronym	Term
AAR	After Action Report
ARC	American Red Cross
COP	Common Operating Picture
DHS	U.S. Department of Homeland Security
DOE	Department of Energy
EDT	Exercise Design Team
EEG	Exercise Evaluation Guide
EMI	Emergency Management Institute
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Command
ICS	Incident Command System
MAA	Mutual Aid Agreement
MACS	Multi-Agency Coordination System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
OEM	Office of Emergency Management
PD	Police Department
POC	Point of Contact
SA	Situational Awareness
SBA	Small Business Administration
SITMAN	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
UC	Unified Command
USAR	Urban Search and Rescue
VTTX	Virtual Tabletop Exercise

Appendix C: Participant Feedback Form

To help CVHC write a comprehensive and region-wide AAR please use this **link** to provide the answers to the bullet points below.

- **Part I: Recommendations and Corrective Actions**
  - Top three strengths or areas that need improvement
  - Identify action steps that should be taken to address the issues
  - Describe the corrective actions to be taken
  - List the policies, plans, and procedures that should be reviewed
- **Part II: Assessment of Exercise Design and Conduct**
  - Rate using a scale the overall assessment of the exercise
- **Part III: Participant Feedback**
  - Any recommended changes to the exercise for improvement or enhancement