

PHEP HIGHLY INFECTIOUS DISEASE VIRTUAL TABLETOP EXERCISE

This exercise is discussion based/virtual tabletop format planned for two hours. Exercise play is limited to invited participants from local & tribal health jurisdictions and their response partners.

EXERCISE AGENDA

I.	OPTIONAL Tech Test	0830-0900
II.	Welcome	0900
III.	Exercise Overview	
IV.	Scenario Briefing	
V.	Module 1 Discussions	
VI.	Module 2 Discussions	
VII.	Module 3 Discussions	
VIII.	Hotwash	1045
IX.	Adjournment	1100

EXERCISE SCENARIO

A highly infectious disease impacts local education, faith-based, health & childcare locations, requiring local/tribal health jurisdiction coordinated response actions.

PHEP CAPABILITIES

Capability 3: Emergency Operations Coordination
Capability 4: Emergency Public Information and Warning
Capability 6: Information Sharing
Capability 8: Medical Countermeasure Dispensing & Adm.
Capability 11: Nonpharmaceutical Interventions
Capability 12: Public Health Laboratory Testing
Capability 13: Public Health Surveillance and Epi. Investigation

EXERCISE OBJECTIVES

- Exercise L/THJ and partner response plans to address a highly infectious disease public health emergency.
- Discuss coordination of Incident Command, Unified Command, and notification for when additional support is needed.
- Discuss jurisdictional risks including biological mass casualty events (HICD)
- Engage participants about their potential ESF8 coordination and risk communication roles and functions during a large-scale incident.
- Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput.
- Discuss/develop pharmaceutical and nonpharmaceutical intervention strategies.
- Review After Action Review and Improvement Plan (AAR-IP) process.

PLAYER RULES

- Go with the scenario – don't 'fight' the exercise.
- Keep track of what is working and what needs improvement – this will form your After-Action Review & Improvement Plan (AAR-IP).
- Use your plan – if not in the plan, make a note for your AAR-IP.
- Keep exercise within your team/room.
- Any other necessary communications should begin/end with "This is an exercise".
- Keep track of time – stay on timeframe/discussion questions.
- No formal break will be taken – individual breaks as needed.

DISCUSSION QUESTIONS

Module 1:

What is your level of suspicion for this suspect case and why?

What additional information do you want to collect about this suspect case and what questions do you have?

What resources will you use to collect your information?

Who do you notify this suspect case, and how do you contact them after hours?

How long could the child have been symptomatic?

Module 2:

What is your level of suspicion of this case now and why?

Who else do you notify/update about this suspect case now?

Do any notifications need to occur before school and daycare begin on Thursday morning? Who do you involve in this decision?

What actions are needed if there have been exposures to healthcare workers and other patients in the waiting room?

What specimens do you want collected, where are they to be sent, how are they transported, at what temperature?

Are there other populations/locations within your community that are high risk for this outbreak? What resources do you use to guide you for this information?

Module 3:

What are your next actions – have you activated a team such as an incident command or unified command to manage the incident?

What plans do you have for public information – who will coordinate / how will public information be distributed?

Are additional resources needed for the contact investigations at the school, daycare, and church? What are they/how are they requested?

What intervention strategies can be undertaken to limit additional spread?

Should a public point of dispensing site be established to support mass prophylaxis/administration? Is your POD Plan up to date to support this?

NOTES
