

COVID-19 Simulation: TABLETOP EXERCISE

“Equipment” Needed:

Facilitator
Participants (doctors, nurses, lab techs, administrators)
White board(s) and erasable markers

Introduction:

An employee with the World Health Organization (WHO) flies home from Geneva.

Scenario Phase 1:

He has no symptoms upon airport arrival. He goes home to his family and he develops a fever, cough, and sore throat three days after his return. His spouse calls the family doctor, and the man is advised to self-quarantine. Two days later his symptoms have worsened, and he is now short of breath. His doctor advises him to go to the hospital because the doctor has no ability to test him and is concerned that the patient may have COVID-19.

Phase 1 Tasks and Questions:

- Is the doctor’s decision to send the patient to the hospital correct? If not, what alternatives exist?
- What should you do about the patient’s family members?
- What plans, procedures and resources would you activate at this point?
- What specific Infection Prevention and Control measures would you activate for this patient?

Scenario Phase 2:

The patient arrives at the emergency department. He states he has (subjective) fever, along with a dry cough, shortness of breath, muscle aches, and a sore throat.

Phase 2 Tasks and Questions:

- Who takes the initial history?
- Where do you wish to place this patient?
- How is the process for this patient the same (or different) than the process for a patient with coronary artery disease who presents with chest pain?
- How do you propose keeping your healthcare workers safe?
- How do you keep other patients safe?
- How do you confirm whether the patient has COVID-19?
- Where will the test be performed?
- How long will it take to get test results?

Scenario Phase 3:

The lab confirms a positive test for COVID-19. The patient’s condition worsens, and he is moved to an ICU setting.

Phase 3 Tasks and Questions:

- What steps should be now initiated?
- What are your immediate priority actions?

- What additional information do you require?
- Who manages and conducts the monitoring and testing of contacts?
- How do you conduct surveillance and how do you determine and prioritize the patient's contacts?
- What other contacts do you want to inquire about prior to the patient becoming ill?
- Who should be informed, when, and how?

Scenario Phase 4:

Multiple contacts of the patient are now exhibiting flu-like symptoms and 3 of the contacts, his wife and two health care workers, have now also tested positive for COVID-19.

Phase 4 Tasks and Questions:

- How does this change management of contacts, surveillance, communication, and planning?

Scenario Phase 5:

In addition, 25 additional cases of COVID-19, none who have any identifiable link to the original patient, have been confirmed and have required admission at other hospitals.

Phase 5 Tasks and Questions:

- Given that local transmission is evident, how do you manage your increasingly anxious population?
- How do you manage the media and social networking?
- Who is the hospital spokesperson?
- Who is government's lead communicator?
- What message should be sent out?
- How will you contain spread of the disease?
- Who should be contacted in the international community?

Scenario Phase 6:

There is a surge of patients with more than 100 confirmed cases with over 50 requiring hospitalization, and an estimated large number of patients with likely COVID-19 who have yet to be tested.

Phase 6 Tasks and Questions:

- What is your plan for a surge and how do you manage when there are:
 - Not enough hospital beds?
 - No more ventilators?
 - Limited PPE, especially masks?
 - Sick healthcare workers?
 - Panic within hospitals and in the community?

Review of the Tabletop Exercise:

- What worked well?
- Where are the gaps and areas for improvement?
- What are the critical tasks and recommendations?