Institutes of Higher Education COVID 19 Tabletop Exercise

Situation Manual

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** | COVID-19 Tabletop Exercise |
| --- | --- |
| **Scope** | This exercise is a self-administered tabletop exercise. |
| **PHEP/HPP Capabilities** | * Community Preparedness
 |
| **Objectives** | * Examine the ability of Institutes of Higher Education (IHE) to conduct repopulation of campuses.
* Discuss the monitoring of health conditions to detect COVID-19 infection in the campus environment.
* Assess the ability of IHE to perform containment to prevent spread of the COVID-19 when detected.
* Discuss the shutdown considerations if necessitated by severe conditions in accordance with public health guidance.
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| **Threat or Hazard** | COVID 19  |
| **Scenario** | COVID-19 is a rapidly spreading respiratory disease in humans caused by a novel (new) coronavirus that was first detected in China and which has now been detected in numerous locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”). |
| **Sponsor** | Virginia Department of Health  |
| **Participating Organizations** | The target of this self-administrated Tabletop Exercise are all Institutions of Higher Education in the Commonwealth  |
| **Point of Contact** | ***INSERT POC INFORMATION*** |

# Exercise Background

As the COVID-19 outbreak continues across the United States, University X has been planning throughout the Spring and early Summer for the return to campus of students, faculty, and staff to begin the Fall semester.

Having suspended in-person instruction and closed on-campus housing at the end of the 2020 Spring semester due to COVID-19, campus leadership has developed plans to allow students to return to campus for the Fall 2020 semester with the following general conditions/guidelines:

* Students may return to either on-campus or off-campus housing. Students who live in on-campus housing must adhere to strict social distancing and “respiratory etiquette” protocols (e.g. no large gatherings, avoidance of common areas/lounges/dining commons, use of cloth face coverings in public areas, and increased environmental cleaning of living quarters) and students who live off campus have been encouraged to follow similar social distancing guidelines.
* Large events and gatherings have been cancelled or postponed for the time being and members of the University X community have been encouraged to practice social distancing as much as is practical.
* Classes are being held using a mixed model of both in-person and online instruction. Online instruction is prioritized where possible and when classes meet in person, social distancing measures (e.g., spacing of desks 6 feet or greater apart, use of cloth face coverings, etc.) are employed. Class sizes have been reduced where possible to reduce crowding in classrooms, lecture halls, and labs.
* Staff have returned to work as needed if teleworking is not feasible for their scope of duties. Similar social distancing and masking requirements have been instituted for all UNVERSITY X employees.

Faculty and staff are beginning to return to campus in late July, and students are expected to arrive in mid-August.

# General Information

## Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise.

Table 1. Exercise Objectives

| **Exercise Objectives** |
| --- |
| * Examine the ability of IHE to conduct repopulation of campuses.
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| * Discuss the monitoring of health conditions to detect COVID-19 infection in the campus environment.
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| * Assess the ability of IHE to perform containment to prevent spread of the COVID-19 when detected.
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| * Discuss the considerations for shutdown if necessitated by severe conditions in accordance with public health guidance.
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## 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 facilitated exercise. Players will participate in the following three modules:

* Module 1: Faculty and staff return
* Module 2: Students return and classes resume at University X, a student becomes ill
* Module 3: Additional cases reported, contact tracing intensifies

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions by geographical area. After these discussions, participants will participate 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 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 planning and 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 prevention, protection, mitigation, response, and 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.
* Preparedness efforts across IHE’s may differ.
* COVID-19 will still remain a Public Health concern until a vaccine is developed.

## Exercise Evaluation and Improvement Planning

Since this is a self-administered TTX, evaluation should occur through the use of evaluators selected from the IHE staff to document the discussion that take place during exercise play. Additionally, at the conclusion of exercise play all participants should participate in an exercise “hotwash” or debrief to discuss the outcomes of the exercise related to the objectives and to develop an Improvement Plan with corrective actions, timelines and responsibility for correction to update plans, policies and procedures for COVID 19. Corrective Actions should be developed, implemented and tracked using the Specific, Measurable, Achievable, Realistic and Time-Bound (SMART) methodology. Appendix A contains a format for IHE’s to use as a guide for their Corrective Action and Improvement Plan.

## Exercise Facilitation

Facilitators set expectations for the exercise by addressing participants, introducing and presenting the various modules, leading discussion, and coordinating issues between groups. The facilitator focuses the group’s discussions on specific areas and questions, elicits resolutions to issues, and prepares notes on the group’s discussions.

A facilitator should be comfortable talking in front of large groups of people, and should be comfortable managing and guiding a group. Facilitators typically come from the Exercise Planning Team, participating agencies, and neighboring jurisdictions. Facilitator training addressing responsibilities, preparation, exercise specific objectives and scenario can occur the day before or the day of the exercise.

Each participant will be provided with a Situation Manual (SitMan), which includes a Participant Notes Sheet and Participant Feedback Form. At the beginning of the discussion period, introduce yourself and have the participants introduce themselves.

**Tips for Facilitation**

* Adequate preparation is the best safeguard against serious problems. Do not assume that because you have facilitated before, preparation is unnecessary.
* Understand what the group expects of you, and let them know what you expect of them.
* Be flexible. Have alternative ideas on how to achieve exercise goals.
* There are no wrong answers. Always respond in a positive manner, such as, “That’s an interesting perspective. Would anyone like to comment on it?”
* Do not be too serious when you confront a problem. A little humor can make the situation much easier to handle. Try to anticipate problems you might have.
* Make sure the group understands that you all share responsibility for the success or failure of the session.
* Be honest at all times. If you do not know an answer, say so, then try to find it.
* If available, review the applicable plans, policies, and procedures to ensure a basic understanding of the system and potential issues that may arise.
* Review and understand the exercise objectives; these are your guidelines for facilitating the group and keeping it on track.
* Develop a personal strategy for facilitating the group. Use information provided and prior experience to prepare supplemental questions to guide the flow of discussion and augment the specific questions in this handbook.

# Module 1: Faculty and staff return

## Scenario

Faculty return to campus in late July, approximately two weeks before students are expected to return to campus and begin classes. An administrative assistant for the Geology department returns to work along with other faculty members. On her fourth day back at work, she develops a fever and cough shortly after returning from her lunch break and is sent home according to newly revised campus student/employee health protocols for those with COVID-19-like illness.

After visiting her doctor and being tested, it is determined the employee is positive for COVID-19. Her illness is mild and she is able to recover at home while in isolation. The employee reports her illness and positive lab result to her department supervisor who immediately reports her diagnosis to University X leadership.

The ill staff member is cooperative when asked to report where she had been during her infectious period (when she was possibly able to transmit COVID-19 to others), and consents to health department investigators sharing her diagnosis with her possible contacts in an attempt to identify others who might have been exposed, enroll them into contact monitoring, and reduce the risk of any contacts who become ill from spreading COVID-19. As faculty members had only just begun to report for work, it is determined the case-patient likely exposed only 10-12 faculty and staff members within her department.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1.

1. Given that a staff member has tested positive, what are the next steps/protocols that should be followed by University X?
2. When should the local health department be notified about the case? Who will make the notification and what information about the staff member’s illness can be shared with the health department? Who will be the primary person/entity responsible for communicating/liaising with the health department?
3. What information can be shared by the University community when talking with the health department? What information can the health department share with the University?
4. How will staff from University X and local health department staff work together to perform contact tracing (exposure notification and monitoring of contacts)?
5. What information about the staff member’s illness can be shared with the University X community during case investigation/contact tracing activities in order to achieve the goal of transparency that University X seeks to maintain about COVID-19 cases in the University community?
6. What information can/cannot be shared with the University community regarding the employee and her illness as contact tracing efforts are conducted?
7. Where will contacts be referred when/if they need medical evaluation or testing? What costs, if any are incurred, will be paid for/reimbursed by University X?

# Module 2: Students return and classes resume at UNIVERSITY X, a student becomes ill

## Scenario

Just over two weeks have passed since the staff member in the Geology department tested positive for COVID-19. University X leadership, in close partnership with the local health department, have worked diligently to perform contact tracing and monitoring. Only the spouse of the ill staff member has tested positive for COVID-19 and since he was a known contact, he had been in quarantine well before his illness started and did not spread COVID-19 to others. Like his spouse, his illness was mild and he has recovered.

No other instances of COVID-19-like illness have been reported among faculty or staff, despite extensive screening procedures that were enacted after the initial case was reported.

Students begin to return to campus and the surrounding community. Off campus students have been moving in over the past few weeks and campus residence halls conducted a staggered move-in over a two-week period to allow for additional social distancing. Orientation activities were conducted virtually prior to the arrival of students on campus in order to avoid large gatherings of students and orientation advisors. Students have been largely complaint with social distancing measures during move-in/prior to the start of classes, but the University X Office of Student Affairs has received multiple reports from concerned parents and community members that students have congregated in large numbers at private off-campus residences and on the outdoor patios of certain local restaurants.

Classes begin online and in-person one week after all students have returned to campus. Most students are compliant with established social distancing protocols, use of cloth face coverings, etc. and the semester is off to a smooth start overall.

On the fifth day of classes, a senior student studying world history reports to the student health center complaining of headaches, general malaise, and difficulty breathing. He is referred to the local hospital where he is tested for COVID-19. While waiting for respiratory swab to be taken, his nurse notices he has become lethargic and doctors perform a more extensive examination of the patient. Given his low oxygen saturations and underlying medical conditions, he is admitted for further workup. Six hours after he is admitted to the hospital, the laboratory reports he has tested positive for COVID-19.

The local health department is aware of the case because the case-patient was reported to the health department by hospital infection control staff and reaches out to the University health center during their case/contact investigation.

Initial information provided to the health department from the hospital indicates that the student is a 21 year old commuter student who resides off campus. He is enrolled in two courses this semester and he reported that in both classrooms, students practiced social distancing and wore masks. He is willing to ensure compliance with isolation requirements once he is discharged from the hospital, but refuses to name his potential contacts for fear of getting them in trouble.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2.

1. Given that a student has now tested positive, what are the next steps/protocols that should be followed by University X?
2. Who will be the primary person/entity responsible for communicating/liaising with the health department? How do University X policies and state/federal statutes (such as FERPA) affect the ability to share information they may have about the student or his contacts with the health department?
3. What information about the student’s illness can be shared with the University X community in order to achieve the goal of transparency that University X seeks to maintain about COVID-19 cases in the University community?
4. Who will be in charge of identifying and monitoring contacts of the case? Will University X take the lead, the local health department, or will the task be shared?
5. Where will contacts of the case be able to receive medical evaluation/testing and who will pay for those services?
6. How will information about contacts under monitoring (including those who develop symptoms, test results for those who are tested, etc.) be communicated between the local health department and University X staff?

# Module 3: Additional cases reported, contact tracing intensifies

## Scenario

The two roommates who reside with the ill student are tested and found to be positive for COVID-19. Both are members of a local fraternity and report numerous contacts among students and members of the local town owing to their living off campus and working part-time jobs at local businesses that serve large numbers of the general public. It is estimated that about 100 students and 150 members of the general public have been exposed to COVID-19.

University staff work with the Provost’s Office, the Office of Student Affairs, and the fraternity to compile a list of students who have been exposed to the cases during classes and events held at the fraternity house.

## Questions

1. Who is responsible for notifying students who have been identified as exposed and enrolling them into monitoring?
2. How will members of the general public be notified about their exposure?
3. Who will conduct contact monitoring on students and members of the general public and how will information collected during this process be organized?
4. Who will perform medical evaluation and testing for those contacts who become ill?
5. How will test results (negative or positive) and release from monitoring/requests for isolation be communicated?
6. What happens if 10 people in a dorm test positive? Does that whole floor of the building or dorm get isolated/quarantined?
7. What if there are 100 cases on campus? Does school lock down and return to online only instruction?

# Appendix A: Corrective Action & improvement Planning

Improvement Planning is a process by which the areas for improvement from the exercise are turned into concrete, measurable corrective actions that strengthen capabilities. In this way, Improvement Planning activities can help shape a jurisdiction’s/organization’s preparedness priorities and support continuous improvement.

For each exercise objective (listed on page 2), ask the following questions:

1. What worked well in our exercise discussions?
2. What areas for improvement did we reveal through our exercise discussions?
3. What corrective actions can we develop to improve our plans, policies and procedures based on our discussions? Specific, measurable, achievable, relevant, and time-bound (SMART) corrective actions are actionable steps intended to resolve capability gaps and shortcomings identified in the exercise.



During development of corrective actions, the organization’s Point of Contact (POC) assumes the responsibility for the identified issues. Lastly, the organization’s POC determines an initial list of appropriate corrective actions to resolve the identified issues.

# Appendix B: Corrective Action Plan

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| --- | --- | --- | --- | --- |
| **Area For Improvement** | **SMART Corrective Action** | **Responsible Party** | **Start Date** | **Completion Date** |
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# Appendix C: Acronyms

| Acronym | Term |
| --- | --- |
| AAR | After Action Report |
| CDC | Centers for Disease Control and Prevention |
| COVID-19 | Coronavirus disease caused by the SARS-CoV-2 virus |
| DCLS | Division of Consolidated Laboratory Services |
| DHS | U.S. Department of Homeland Security |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guide |
| HAN | Health Alert Network |
| HHS-BARDA | Health and Human Services Biomedical Advanced Research and Development Authority |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| ICS | Incident Command System |
| IMT | Incident Management Team |
| IHE | Institute of Higher Education |
| LPAI | Low Pathogenic Avian Influenza |
| MOU | Memorandum of Understanding |
| POD | Point of Dispensing |
| RIDT | Rapid Influenza Diagnostic Test |
| RT-PCR | Reverse Transcriptase Polymerase Chain Reaction |
| SARS | Severe Acute Respiratory Syndrome |
| SitMan | Situation Manual |
| SitRep | Situational Report |
| SME | Subject-Matter Expert |
| TTX | Tabletop Exercise |
| US | United States of America |
| USDA | United States Department of Agriculture |
| VDH | Virginia Department of Health |
| WHO | World Health Organization |

# Appendix D: Sample Exercise Schedule

|  Time | Activity |
| --- | --- |
| 10 minutes | Welcome, Introductions, Overview and Objectives |
| 60 minutes | Module 1: Faculty and staff return* Scenario Vignette Presentation
* Group Discussion
 |
| 60 minutes | Module 2: Students return and classes resume at University X, a student becomes ill* Scenario Vignette Presentation
* Group Discussion
 |
| 60 minutes | Module 3: Additional cases reported, contact tracing intensifies* Scenario Vignette Presentation
* Group Discussion
 |
| 30 minutes | Hotwash (Debrief) & Corrective Action Planning |
| 10 Minutes | Closing Remarks/Adjourn |

\*Note: All times are estimates. Each IHE is encouraged to set a time of sufficient length to accomplish the exercise objectives based on their own specific needs and adjust times for the exercise modules accordingly.