# Exercise Plan: Frontline Facilities for HCID #1 MERS Presentation

Date: Time: Type of Exercise (circle one): mini-drill table top game

Purpose: To test the ability to identify a person with HCID at point of entry to the facility.

Scenario: Adult person arrives at the triage area (ED, UC, Clinic) with fever, cough, and travel to Saudi Arabia. Patient had been hospitalized in Saudi Arabia last week for chest pain.

Objective (SMART): Hospital ED staff with be able to identify HCID patient and place patient in mask and negative pressure room as per hospital protocol within 10 minutes.

Location in Facility (circle one): Emergency Department Urgent Care Clinic Procedure Area

Participants and Agencies involved:

Exercise Director:

Evaluator:

Actor:

Participants:

Master Scenario Events List (MSEL)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inject # | Inject Time | Inject Description | Expected Action | Outcome – Evaluation Notes |
| 1 |  | Actor patient arrives in the drill location with fever and cough | Patient is greeted, asked about symptoms |  |
|  |  |  | Mask placed on patient |  |
|  |  |  | Patient asked about travel when and where |  |
| 2 |  | Actor patients offers: has traveled to Saudi Arabia last week | Patient roomed in a negative pressure room |  |
|  |  |  | Patient is informed that he is being isolated just for now until a diagnosis can be determined. |  |
|  |  |  | Appropriate isolation signage hung |  |
|  |  |  | \*HCID Level 1 Full Barrier Isolation PPE is located and made available |  |
|  |  |  | Charge nurse notified |  |
| 3 |  | Exercise Director asks if there is anyone else who should be notified | Provider information of patient situation |  |
|  |  |  | Provider determines that patient may have MERS-CoV |  |
|  |  |  | List of potentially exposed staff and patients started and kept at room entry |  |
|  |  |  | Infection Prevention and Infectious Disease physician notified |  |
|  |  |  | MDH is called 651-201-5414 |  |

## Hotwash Notes:

Director, Evaluator, Actor, Participants

## After Action Report:

### Strengths:

### Opportunity for Improvement: (Ask the 5 Whys)

|  |  |  |
| --- | --- | --- |
| Improvement/Correction Action: | Assigned to: | Due by: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

## Definitions:

**Frontline Hospitals:** all hospitals are considered frontline hospitals

**HCID:** high consequence infectious disease

**\*HCID Full Barrier Isolation PPE Levels:**

**Level 1 (have available close to point of care in kits or on cart)**

* Fluid-resistant gown or coverall (ANSI/AAMI level 3)
* Gloves that extend past gown cuff
  + 2 pairs for suspected viral hemorrhagic fever (VHF)
  + 1 pair for viral respiratory pathogens
* Fit-tested N95 respirator or PAPR (CDC states regular face mask can be used for clinically stable persons under investigation (PUIs) with suspected VHF)
* Full face shield
* Hair cover and booties optional

**Level 2 (have PPE list below stating where items can be found)**

* Impermeable gown extending to mid-calf or coverall (ANSI/AAMI level 4)
* 2 pairs of gloves that extend past gown cuff
* Fit-tested N95 respirator or PAPR
* Hood or head cover that extends to shoulders and covers neck
* Full face shield
  + Impervious boots extending to mid-calf
  + All skin covered; use apron in some circumstances

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To obtain this information in a different format, call: 651-201-5414.