



# Ebola Virus Table Top Exercise



# Purpose

To provide participants an opportunity to evaluate current response concepts, plans and capabilities in response to a possible outbreak of a viral disease with high mortality.





# Objectives

- Test screening, triage, follow up protocols
- Coordinate isolation requirements throughout patient flow through the facility
- Plan for Patient Surge
- Discuss Patient, Staff, and Visitor Safety
- Discuss Notification practices





# Exercise Instructions

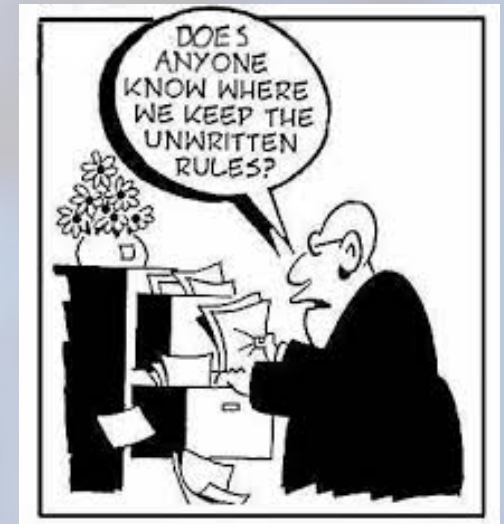
- This is an exercise based on a possible event
- Process the information just as you would in a real-life incident. Avoid the temptation to “solve” the entire scenario.
- There is no “hidden agenda” or any trick questions.
- Participation is the key to making this exercise a success.
- Feel free to make valid assumptions based on the information provided.
- Respond based on your knowledge of current plans and capabilities (you may use only existing assets).





# Rules of Engagement

- This is an open, low-stress, no-fault environment.
- Offer any suggestions or recommended actions that could improve response and preparedness efforts.
- Be respectful of others as varying viewpoints, even disagreements, may occur.





# Scenario

At 7pm on Friday a 23 year-old male presented to the Emergency Department with a three-day history of fever (101.5), muscle pain and severe headache. His past medical history is unknown.

## Vitals/Symptoms:

- Temp 101.5
- Headache
- Muscle pain
- Abdominal cramps





# Discussion

## Emergency Department:

- How would ER registration handle a patient that has flu-like symptoms or says “I think I have Ebola”?
- What symptom related questions would you ask this patient?
- What travel history questions would you ask this patient?

15 Minutes for Discussion





# Discussion

Upon further investigation, it is learned that the patient's illness started with light fever and aches, and that he recently arrived in Tennessee to attend college. His route from Sierra Leone included flights to London, JFK, BNA, and bus to LOCAL AREA. Patient stayed in his dorm room for three days feeling sick before presenting at the ED on day three.



- *What isolation procedures would be enacted?*
- *What personal protective equipment measures have been considered for staff?*
- *Who needs to be contacted with this information?*
- *What contact tracing questions would you ask this patient?*

15 Minutes for Discussion





# Discussion

It is discovered through conversations with the roommate that the patient's brother, in Sierra Leone died from Ebola. Patient's roommate also is feeling bad with severe stomach cramping and is still in the dorm facilities. Tennessee Department of Health has been notified and contact tracing at BNA has begun. Patient has begun vomiting and fever remains elevated.

- *What additional considerations need to be taken with patient's roommate?*
- *What screening measures need to be taken?*
- *What infection control requirements and instructions should be required for putting on and removing PPE?*
- *What is current inventory of needed PPE?*



15 Minutes for Discussion



# Discussion

Patient's roommate has been found to have mild food poisoning, and epidemiological data has shown no second generation infections from exposure to this patient. Patient has continued to deteriorate. The Centers for Disease Control and Prevention (CDC) has been consulted and has recommended transport for this patient to another hospital to occur in twenty four hours.

- *How would you prepare patient for transport?*
- *How would you prepare hospital to return to normal operations?*
- *How would you manage and dispose of patient waste?*



15 Minutes for Discussion



# Hotwash



**TENNESSEE**  
DEPARTMENT OF  
**HEALTH**

Tennessee Department of Health  
Emergency Preparedness Program  
Healthcare Preparedness

**Tabletop Exercise  
Situation Manual**



Ebola Virus Disease  
September 24, 2014







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*Please call the TDH Emergency Preparedness Program for more information or supporting documents for this exercise series 615- 741-7247.*

# Introduction

## Goal

This document is designed to assist in conducting Tabletop exercises to improve healthcare preparedness for building infrastructure and staff capacity for infectious disease outbreak responses.

## Exercise Objective

Improve preparedness for a response to a patient infected with Ebola Virus Disease presenting at a healthcare facility.

## Critical Planning Considerations

- Timely recognition and isolation
- Personal protective equipment use
- Protection of healthcare workers, patients, and visitors
- Proper reporting to the Tennessee Department of Health
- Information management both internal and external
- Surveillance, contact tracing, and movement monitoring
- Maintaining normal hospital operations
- Laboratory services coordination
- Environmental and waste management
- Patient transportation

## Background

Emerging outbreaks such as the 2014 Ebola Virus Disease (EVD) is a severe, often-fatal disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola Outbreaks have occurred sporadically since initial recognition in 1976. The disease is caused by infection with Ebola virus, named after a river in the Democratic Republic of the Congo (formerly Zaire) in Africa, where it was first recognized.

## Scope

This exercise scenario is based on an infectious disease outbreak of Ebola Virus Disease.

## HPP/PHEP Capabilities

Healthcare Systems Preparedness  
Emergency Operations Center Coordination  
Public Information and Communication  
Responder Safety and Health  
Information Sharing  
Non-Pharmaceutical interventions  
Laboratory  
Surveillance and Epidemiology

## Participants

**Players:** Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.

**Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.

## Tabletop Exercise Structure

- At **TIME** facilitators will provide a synopsis of the Ebola Virus Disease outbreak.
- Players will address discussion issues/questions or tasks as a provided.
- At **TIME** the tabletop will end, a hot wash will occur.

## Guidelines

- This tabletop will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Discussions are predicated on the basis of your knowledge of current plans and capabilities and insights derived from your training and experience.
- This tabletop is intended to be a learning environment for all participants. It is expected that experienced staff will share their knowledge and guide discussions.
- Discussion outcomes may serve to inform process/flow enhancements or changes as appropriate to improve the efficiency and effectiveness of information management and dissemination.

## Assumptions and Artificialities

In any tabletop, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and event discussions occur as they are presented.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.

# Facilitation Information

## Scenario

A 23 year-old male presented to **INSERT** Emergency Department with a three-day history of fever (101.5), muscle pain and severe headache. His past medical history is unknown.

### Break for discussion: 15 minutes

*Using the TDH fever and travel condensed triage guidance document and interactive map at the web link listed below, determine if patient meets criteria for advanced screening and protection.*

<http://health.state.tn.us/Ceds/ebola.htm>

*What symptom related questions would you ask this patient?*

*What travel history questions would you ask this patient?*

Upon further investigation, it is learned that the patient's illness started with light fever and aches, and that he recently arrived in Tennessee to attend college. His route from Sierra Leone included flights to London, JFK, BNA, and bus to **LOCAL AREA**. Patient stayed in his dorm room for three days feeling sick before presenting at the ED on day three.

### Break for discussion: 15 minutes

*Using the TDH fever and travel condensed triage guidance document and interactive map, determine if patient meets criteria for advanced screening and protection.*

<http://health.state.tn.us/Ceds/ebola.htm>

*What isolation procedures would be enacted?*

*What personal protective equipment measures have been considered for staff?*

*Who needs to be contacted with this information?*

*What contact tracing questions would you ask this patient?*

It is discovered through conversations with the roommate that the patient's brother, in Sierra Leone died from Ebola. Patient's roommate also is feeling bad with severe stomach cramping and is still in the dorm facilities. Tennessee Department of Health has been notified and contact tracing at BNA has begun. Patient has begun vomiting and fever remains elevated.



**Break for discussion: 15 minutes**

*What additional considerations need to be taken with patient's roommate?*

*What screening measures need to be taken?*

*What infection control requirements and instructions should be required for putting on and removing PPE?*

*What is current inventory of needed PPE?*

<http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>

Patients roommate has been found to have mild food poisoning, and epidemiological data has shown no second generation infections from exposure to this patient. Patient has continued to deteriorate. The Centers for Disease Control and Prevention (CDC) has been consulted and has recommended transport for this patient to another hospital to occur in twenty four hours.

**Break for discussion: 15 minutes**

*How would you prepare patient for transport?*

*How would you prepare hospital to return to normal operations?*

*How would you manage and dispose of patient waste?*

**Hotwash**

Conduct a hotwash to identify issues brought up during this exercise. The purpose of the hotwash is to simply identify issues and not immediately address items that require future follow up.

**After Action**

Please complete the survey at this link:

<https://redcap.health.tn.gov/redcap/surveys/?s=GzuQA3hoN9>

De-identified results and lessons learned will be shared statewide.

*Please call the TDH Emergency Preparedness Program for more information or supporting documents for this exercise series 615- 741-7247.*

# References

## 1. TDH Condensed Fever and Travel Triage Guidance:



Condensed Triage  
Guidanc\_TDH.pdf

Web Link:

[http://health.state.tn.us/Ceds/PDFs/ebola/Fever%20and%20Travel\\_Condensed%20Triage%20Guidanc\\_TDH.pdf](http://health.state.tn.us/Ceds/PDFs/ebola/Fever%20and%20Travel_Condensed%20Triage%20Guidanc_TDH.pdf)

## 2. Steps for Putting on and Removing Personal Protective Equipment (PPE):



ppe-poster.pdf

Web Link: <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>

## 3. Laboratory Guidance for Ebola Specimens:



ebola-lab-guidance.p  
df

Web Link: <http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>

## 4. Ebola Preparedness Checklist for Hospitals:

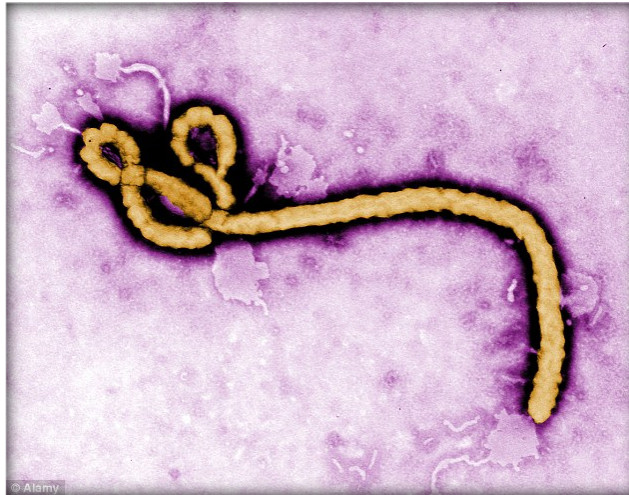


hospital-checklisk-ebo  
la-preparedness.pdf

Web Link: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>

Tennessee Department of Health  
Emergency Preparedness Program

**RHOC/Health Department  
Ebola Virus Disease  
Tabletop Exercise Situation Manual**



## HANDLING INSTRUCTIONS

- The title of this document is *RHOC/Health Department Ebola Virus Disease Tabletop Exercise Situation Manual*.
- Information gathered in this situation manual (SitMan) is designated as **For Exercise Use Only** (FEUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in-whole or in-part, is not allowed without prior approval from the Tennessee Department of Health.
- Any inquiries concerning the authorized use of this document or any other planning-related materials should be directed to:

Robert Goff, MPH  
Emergency Response Coordinator  
Tennessee Department of Health  
Southeast Regional Office  
540 McCallie Avenue, Suite 450  
Chattanooga, TN 37402  
(423) 634-1956  
[robert.f.goff@tn.gov](mailto:robert.f.goff@tn.gov)



# OVERVIEW

## Goal

This document is designed to assist in conducting tabletop exercises to improve health department preparedness for building infrastructure and staff capacity for infectious disease outbreak responses.

## Exercise Objective

Improve preparedness for a response to a patient infected with Ebola Virus Disease presenting at a health department.

## Critical Planning Considerations

- Timely recognition and response
- Personal protective equipment use
- Protection of personnel, patients, and visitors
- Proper reporting to the Tennessee Department of Health
- Information management, both internal and external
- Surveillance, contact tracing, and movement monitoring
- Maintaining normal operations

## Background

Ebola Virus Disease (EVD) is a severe, often-fatal disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola outbreaks have occurred sporadically since initial recognition in 1976, with the most recent outbreak currently taking place in West Africa. The disease is caused by infection with Ebola virus, named after a river in the Democratic Republic of the Congo (formerly Zaire) in Africa, where it was first recognized.

## Scope

This exercise scenario is based on an infectious disease outbreak of EVD.

## Public Health Emergency Preparedness Capabilities

- Responder Safety and Health
- Non-Pharmaceutical Interventions
- Information Sharing

## Participants

- **Players:** Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
- **Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.

## TABLETOP EXERCISE STRUCTURE

### Agenda

- At 9:15 AM ET, facilitators will provide a scenario of the discovery of an individual with possible EVD.
- Players will address discussion issues/questions or tasks as provided.
- At 10:30 AM ET, the tabletop will end, and a hot wash will occur.

### Exercise Guidelines

- The scenario is plausible, and event discussions occur as they are presented.
- There is no “hidden agenda”, nor any trick questions.
- In any tabletop exercise, assumptions and artificialities may be necessary to complete play in the allotted time.
- Discussions are predicated on the basis of your knowledge of current plans, procedures, capabilities, and insights derived from your training and experience.
- This exercise is intended to be a learning environment for all participants. It is expected that experienced personnel will share their knowledge and guide discussions.
- Offer suggestions or recommended actions that could improve response and preparedness efforts.

### Exercise Rules

- This is an open, low-stress, no-fault environment. Be respectful of others as varying viewpoints—even disagreements—are expected.
- Process the information just as you would in a real-life incident. Avoid the temptation to “solve” the entire scenario.
- Questions are intended to drive discussion and do not necessarily denote expected actions. If certain actions would be carried out based on a question, describe the actions and why. If action would not be carried out, explain why.
- Respond based on your knowledge of current plans and capabilities. You may use only existing plans and resources.
- Feel free to make valid assumptions based on the information provided.

## FACILITATION INFORMATION

## Scenario, Part 1

At 9:30 AM on Thursday, a 22-year old male arrives at Bradley County Health Department and requests a wheelchair for his 21-year old wife, who is in the car. He returns to the building with his wife and reports that she has what appears to be the flu. He reports that on Sunday she awoke with a headache and back ache and that her symptoms have progressed to a fever of around 101°, sore throat, and achiness all over her body.

## Discussion, 5 minutes

- What symptom-related questions would you ask?
- What other questions might you ask at this point?

## Notes

[illegible]

## Scenario, Part 2

The couple are students at Lee University and live on campus. The patient states that she recently returned from a trip the day before she started feeling sick. She is from Liberia and had been visiting her family in Tubmanburg. She departed Roberts International Airport on Friday and changed planes in Morocco, New York, and Atlanta before arriving in Chattanooga at 7:00 PM on Saturday. From there, she took a shuttle to Cleveland. She reports that she has felt nauseous since the morning of the visit to the health department and had an episode of diarrhea overnight.

## Discussion, 30 minutes

*Using the TDH fever and travel condensed triage guidance document and interactive map, determine if patient meets criteria for advanced screening and protection.*

<http://health.state.tn.us/Ceds/ebola.htm>

- What actions would be taken with regard to the patient, and who would carry them out?
- What action would be taken with regard to the husband, health department personnel, and visitors, and who would carry them out?
- What travel history questions would you ask?
- What contact tracing questions would you ask?
- Who needs to be contacted with this information?
- What isolation procedures would be enacted?
- What personal protective equipment (PPE) measures would be considered?
- If PPE use is chosen, what instructions should be required regarding its use?  
<http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>
- How would you determine the current inventory of PPE?

## Notes

[illegible]



## Scenario, Part 3

The Tennessee Department of Health (TDH) has been contacted and has reported the wife's travel to the Center's for Disease Control and Prevention. TDH recommends that the patient be admitted immediatly to a medical facility.

## Discussion, 10 minutes

- What is our process at this point for internal communication?
- How will the patient be taken to the hospital?
- Who needs to be contacted with this patient's information before she is transported?
- What measures need to be taken to return to normal health department operations?

## Notes

[illegible]

## Scenario, Part 4

Lee University has been informed of the wife's condition. Citizens soon hear of the situation as well, and calls begin to come in to the health department. Health department personnel begin to ask questions about the potential of the same thing happening in other health departments in the region.

## Discussion, 15 minutes

- What information should be shared with Lee University, and how should it be shared?
- What actions should be taken to handle questions from the public?
- What resources are available for health department personnel who are concerned about additional cases reporting to our facilities?

## Notes

[illegible]

## Hotwash

The purpose of the hotwash is to simply identify issues and not immediately address items that require future follow up.



## EXERCISE EVALUATION GUIDE

<p><i>Exercise Name:</i> <b>SER RHOC Ebola TTX</b></p> <p><i>Exercise Date:</i> <b>October 3, 2014</b></p>	<p><i>Organization/Jurisdiction:</i></p> <p><b>TDH Southeast Region</b></p>	<p><i>Venue:</i></p> <p><b>Chattanooga State Office Bldg.</b></p>
<b>Response</b>		
<p><i>Exercise Objective:</i> <b>Improve preparedness for a response to a patient infected with Ebola Virus Disease presenting at a health department.</b></p>		
<p><i>Core Capability:</i> <b>Emergency Preparedness Response</b></p> <p>Ensure the availability of guidance and resources to address all hazards, including disease outbreaks in support of the responder operations and the affected communities.</p>		
<p><i>Organizational Capability Target 1: Non-Pharmaceutical Interventions</i></p> <p><i>Critical Task 1:</i> Determine appropriate level of and resources for isolation/quarantine based on existing resources</p> <p><i>Critical Task 2:</i> Determine appropriate level of and resources for social distancing based on existing resources</p> <p><i>Source(s):</i> SER Emergency Operations Plan; CDC; TDH</p>		
<p><i>Organizational Capability Target 2: Responder Safety and Health</i></p> <p><i>Critical Task 1:</i> Provide direction for acquisition of personal protective equipment and directions for use</p> <p><i>Critical Task 2:</i> Notify health department personnel with situational awareness and appropriate direction</p> <p><i>Critical Task 3:</i> Access disaster mental health support for health department personnel</p> <p><i>Source(s):</i> SER Emergency Operations Plan; CDC; TDH</p>		
<p><i>Organizational Capability Target 3: Information Sharing</i></p> <p><i>Critical Task 1:</i> Ensure optimal coordination, decision-making, and communication among stakeholders at all levels of government as well as private and community stakeholders</p> <p><i>Critical Task 2:</i> Gather all available information and determine what messages need to be publicly disseminated and to whom</p> <p><i>Critical Task 3:</i> Provide education to community stakeholders based on event status</p> <p><i>Source(s):</i> SER Emergency Operations Plan; TDH</p>		

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
<b>Non-Pharmaceutical Interventions</b>	Determine appropriate level of and resources for isolation/quarantine based on existing resources		
	Determine appropriate level of and resources for social distancing based on existing resources		
<b>Responder Safety and Health</b>	Provide direction for acquisition of personal protective equipment and directions for use		
	Notify health department personnel with situational awareness and appropriate direction		
	Access disaster mental health support for health department personnel		
<b>Information Sharing</b>	Ensure optimal coordination, decision-making, and communication among stakeholders at all levels of government as well as private and community stakeholders		
	Gather all available information and determine what messages need to be publicly disseminated and to whom		
	Provide education to community stakeholders based on event status		
		<b>Final Core Capability Rating</b>	

Phone \_\_\_\_\_

P – Performed without Challenges S – Performed with Some Challenges M – Performed with Major Challenges U – Unable to be Performed
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## This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## Ratings Definitions

<b>Performed without Challenges (P)</b>	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
<b>Performed with Some Challenges (S)</b>	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
<b>Performed with Major Challenges (M)</b>	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
<b>Unable to be Performed (U)</b>	The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).



## Ebola Response Exercise Survey

This brief survey is designed to assist in documenting exercise findings for response to an Ebola patient. This data will be used to improve healthcare preparedness statewide through the sharing of lessons learned. All information reported will be de-identified.

Thank you!

<b>Name of Person Completing Survey:</b> <small>* must provide value</small>	<input type="text"/>
<b>Email:</b> <small>* must provide value</small>	<input type="text"/>
<b>Type of Facility:</b> <small>* must provide value</small>	<input type="text" value="▼"/>
<b>Name of Healthcare Facility:</b> <small>* must provide value</small>	<input type="text" value="▼"/>
<b>Department Name:</b> <small>* must provide value</small>	<input type="text"/>
<b>County</b> <small>* must provide value</small>	<input type="text" value="▼"/> <small>County that the facility is located</small>
<b>Have you completed an Ebola table top exercise?</b> <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>reset</small>
<b>Date of tabletop exercise:</b> <small>* must provide value</small>	<input type="text"/> <small>Today M-D-Y</small>
<b>Were existing hospital plans sufficient for appropriate care of an Ebola patient?</b> <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No <small>reset</small>
<b>What lessons were learned from the exercise?</b> <small>* must provide value</small>	

Expand

What areas of improvement were identified?

\* must provide value

Expand

Have you completed an Ebola Functional/Full-scale exercise?

\* must provide value

☒ Yes  
☐ No

reset

Date of Functional/ Full-scale exercise?

\* must provide value



Today

M-D-Y

### Planning Consideration Questions

	Yes	No	Unsure	
Was the patient recognized and isolated in a timely manner? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Was all personal protective equipment worn appropriately? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Was all personal protective equipment removed appropriately? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Was patient movement monitored to prevent exposure to others? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Was the Tennessee Department of Health notified and consulted? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Was contact tracing in the hospital initiated in a timely manner? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Were normal hospital operations affected? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Was the hospital able to contain all patient waste products? * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset

Time (minutes) from ED door to patient isolation?

\* must provide value

Time (minutes) from ED door to PPE available for staff?

\* must provide value

Time (minutes) from ED door to contacting ICP?

\* must provide value

**Time (minutes) from ED door to contacting TDH?***\* must provide value***What lessons were learned from the exercise?***\* must provide value*

Expand

**What areas of improvement were identified?***\* must provide value*

Expand

**Please upload after action documentation if available. (PDF format preferred)** [Upload document](#)**Submit**