**Background Information**

This document was created to support the [IPAC Education Session #3: Simulation Exercises](https://kingstonhsc.ca/healthcare-providers/se-ipac-hub-and-spoke/training-and-education-material) provided by the South East IPAC Hub and Spoke team. This document provides a step-by-step guide in selecting and tailoring a specific case scenario for your own table top exercises. The facilitator can modify each scenario to fit their home’s needs and objectives. Scenarios and questions were adapted from KFLA Public Health, Grey County Long Term Care, and Jarlette Health Services table top exercises.

**Step 1: Select a Community Scenario**

Select a level of community transmission for COVID-19 and Influenza.

Optional *-* Add an extra layer to your community scenario: “*There has been word of a variant of concern (VOC) in the community. This VOC is reported to have high transmissibility and high immune escape, meaning vaccine effectiveness is greatly reduced*.”

|  |  |
| --- | --- |
| **COVID-19**  *There is a (choose one - LOW/MODERATE/HIGH) level of community COVID-19 transmission in your region currently*.” | **Influenza**  *“There is a (choose one - LOW/MODERATE/HIGH) level of community influenza transmission in your region currently.”* |

**Step 2: Define Your Home Scenario**

**Other Considerations:** Enter text here.

* + Number of units/home areas: Enter text here.
  + Number of residents: Enter text here.
  + Number of staff: Enter text here.
  + COVID-19 vaccination rate: Enter text here. %
  + Influenza vaccination rate: Enter text here. %

**Step 3: Select a Core Scenario**

Select a core scenario to go through with your team. Each core scenario has 4 chronological messages that lead the home into a confirmed COVID-19 outbreak.

|  | **Core Scenario A -** *Adapted from KFLAPH* | **Core Scenario B -** *Adapted from Grey County LTC* | **Core Scenario C -** *Adapted from Jarlette Health Services* |
| --- | --- | --- | --- |
| **Message 1** Initial Information | ***Day 1***  *Resident who is fully vaccinated returns to LTCH from an acute care stay (3 days) following a fall and subsequent broken arm. The resident has one roommate who is also fully vaccinated against COVID-19. After dinner, they both watch a movie in the common room the night of the resident’s return. The resident develops a cough the day after their return. The resident and their asymptomatic roommate is tested for COVID-19.* | ***Day 1***  *An EVS worker was working on Monday evening. They went home mid shift, reporting that they were just not feeling well. The charge RN swabbed them for COVID-19 due to a fever and the swab was sent with the Tuesday courier.* | ***Day 1 - Evening***  *You receive a call from the Nurse Manager advising you that Mr. McIntosh in room 105 on home area 1 (HA1) is complaining of fatigue and “not quite feeling like myself”. He refused to come to the dining room for dinner.* *The RPN assesses Mr. McIntosh – vitals remain stable, no new or worsening symptoms.*  ***Day 2 - Morning***  *On the next morning, Mr. McIntosh is complaining of fatigue and shortness of breath. Temperature is 37.8oC.* |
| **Message 1** Questions to Consider | * What are your immediate actions? * What are some pre-emptive actions while you await more information (e.g., test results)? * What are you considering for planning for tomorrow? * How accessible is resident/staff vaccination status?   If the core scenario presents symptomatic staff,   * How easily are staff assignments and movements within the home tracked?   If the core scenario presents symptomatic residents,   * Are any pre-emptive measures implemented for the resident (and their roommate, if applicable)? * Are any pre-emptive measures implemented for the floor? | | |
| **Message 2**  Resident/staff information  (Update) | ***Day 2***  *The resident’s result is positive for COVID-19. Mutation testing comes back, and the sample initially screens as N501Y negative and E484K negative. This sample is sent for whole genome sequencing to identify it as a specific variant. The home is still awaiting results for the resident’s roommate.* | ***Day 2***  *The EVS worker tested positive for COVID-19. The Director of Care just checked the fax machine, and the positive results are there.* | ***Day 2 - Morning***  *The Nurse Manager informs you that Ms. Smith in room 107-B on HA 1 is complaining of malaise, sore throat and nausea. Ms. Baker is the roommate of Ms. Smith. She is asymptomatic.*  *The home is still awaiting results for Mr. McIntosh.* |
| **Message 2** Questions to Consider | * What are your immediate next actions? * What is your communication strategy? * What is the threshold for declaring an outbreak? * What control measures will be put in place? * What education will you provide? | | |
| **Message 3** Resident/staff information  (Update)  **Message 3** (continued) | ***Day 3***  *Following testing of the resident’s floor (inclusive of staff who interact with this floor) as directed by the local public health unit, 10 other residents have tested positive for COVID-19, as well as 1 kitchen member who served dinner on the floor, 1 PSW who works on the floor, and 1 nurse who works on the floor.*  *10 of these cases are fully vaccinated, 1 is partially vaccinated, and 2 are unvaccinated.*  *You report the activity to the local Public Health unit, and they have declared you in a confirmed COVID-19 outbreak.* | *As your team debriefs, you are informed that a PSW is headed home. She does not feel well and is achy. The DOC has asked her to go get swabbed. The courier has already left for the day. The DOC knows that this PSW and the EVS staff member generally take breaks together. Since it has been cold out, they are smoking in one of their cars.*  *Additionally, two residents on the unit where the PSW was working are not feeling well. The two residents are isolated. Nasopharyngeal swabs are collected and tested for COVID-19. These two residents are fully vaccinated and have received their third dose.*  *You contact the local Public Health unit to discuss the activity on this unit. Public Health has advised to put in enhanced control measures and close off visiting to that unit.* | *You contacted the local Public Health Unit to discuss activity on HA1. They have declared you in a suspect outbreak on HA1. Nasopharyngeal swabs are collected for COVID-19, Influenza A, B and a full respiratory panel. Swabs are on route to the Public Health Lab.*  ***Day 2 - Afternoon***  *The Nurse Manager informs you that Mr. Roy in 204 -1 on home area 2 is exhibiting a new, mild non-productive cough and is complaining of a sore throat.* |
| **Message 3** Questions to Consider | * What are your immediate actions? * What will your communication strategy be?   Consider residents and families, staff, external care facilities, transport services, etc.   * What control measures will be put in place? * Are the home’s resources and planning sufficient to curb the outbreak at this point?   Consider staffing, testing and assessment, physical resources, etc. | | |
| **Message 4**  Additional positive cases. Confirmed outbreak status. | ***Day 4***  *Because the kitchen staff served the entire home, all floors are tested.*  *There are now 32 positive cases on the index floor, 10 staff members who have become positive cases, and 24 positive cases on the adjacent floor (wing) of the LTCH.*  *The index case’s whole genome sequencing returned as a novel SARS-CoV-2 variant with high transmissibility (similar to Delta) and an mRNA vaccine effectiveness of only ~40% after 2 doses (high level of immune escape).* | ***Day 3***  *People are hearing that 2 staff members went home; rumors are going around that one has COVID-19.*  *The home received results from the PSW and she is positive for COVID-19. Public Health has confirmed that the EVS staff and PSW were indeed closely connected during period of communicability and deemed them epidemiologically link.*  *You also receive the results for the two residents tested and they are positive for COVID19. The LTCH is now in a confirmed outbreak. Public Health has asked that we close off that unit and swab all residents.* | ***Day 3 - Morning***  *You receive a call from the local Public Health Unit advising that Mr. McIntosh, Ms. Smith, and Ms. Baker are positive for COVID-19. Mr. Roy’s swabs are pending.*  *The local Public Health Unit declares the home in a confirmed COVID-19 outbreak.*  *The Nurse Manager informs you that 5 additional residents on HA2, 4 additional residents on HA1, and 2 residents on HA3 are exhibiting symptoms.* |
| **Message 4** Questions to Consider | * What are your immediate actions? * What will your communication strategy be?   Consider residents and families, staff, external care facilities, transport services, etc.   * What control measures will continue or be enhanced? * Are the home’s resources and planning sufficient to curb the outbreak at this point?   Consider staffing, testing/assessment, physical resources, etc.   * What supports will you need to address any gaps identified? | | |

**Step 4: Add your Mix-Ins** *(optional)*

Additional situations can be added to your core scenarios as an extra layer for discussion.

Each home should determine which messages to include in their exercise based on their objectives. Examples include the following:

| **Category** | **Messages to Consider** | **Questions to Consider** |
| --- | --- | --- |
| Staffing Shortage | *Two PSWs who are scheduled to work on unit [insert unit here] on the following day have called in refusing to work. You expect more staff to also call in refusing to work.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Staffing Shortage | *You receive a call from the Nurse Manager advising that you are short 6 PSWs and 2 RPNs for day shift. All calls have been made and overtime has been offered with no success.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Staffing Shortage | *A [insert key management role] manager is suddenly required to be on-leave due to personal matters.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Community Partners at Maximum Capacity | *The local hospital is overwhelmed and needs to discharge a resident back into your long term care home.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Community Partners at Maximum Capacity | *There have been 3 resident deaths in the long term care home. You contact local funeral homes and are advised that they are unable to facilitate body removal and storage.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Resident Care | *One of the symptomatic residents have a diagnosis of dementia and is not following isolation protocol. He is walking on the home area and entering co-residents’ rooms.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Resident Care | *The Nurse Manager informs you that: 1 of the symptomatic residents on unit [insert unit] was a confirmed COVID-19 case during a previous outbreak and is considered recovered.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Resident Care | *You receive a call from a family member who informs you that they want to move their loved one out of the home tonight.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Delay in Laboratory Results | *Three additional residents presented with new symptoms and were swabbed. All three swabs were sent to the Public Health lab at the same time. Two results were received in a timely manner, but the one remaining result has not been received yet.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Improper Staff IPAC Practices | *The home has brought in contract agency staff to help with staffing shortages. IPAC training is provided to them prior to working in the home. However, your nurse manager noted that some of them have been observed walking in the hallway and between resident rooms with the same pair of gloves on.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Materials & Supply Shortage | *Although you ordered extra supplies prior to the outbreak, the home is starting to run low on PPE. It is estimated to have enough supply for 3 more days of operation. Your attempt to order new supplies from your routine medical supplier was delayed due to the supply chain issues. New supplies expected arrival is 5 days.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |
| Materials & Supply Shortage | *Due to a small flood in the supply storage area, the home only has 5 NP swabs left on-site.* | * What is your plan? * What are your immediate next actions? * What is your communication strategy? * What education will you provide? |

**Step 5: Insert your Recovery Plan**

|  |  |
| --- | --- |
| **Message** | **Questions to consider** |
| *Through strict adherence to control measures and the diligence of the team, there have been no new cases. Resident cases are improving and resolving. The local Public Health Unit declares the outbreak over.* | * What is your communication plan (residents, families, staff, internal and external stakeholders)? * What is the plan for operational recovery? * What control measures will continue? * What are the takeaways from this experience? * Are there gaps to address? * How will you support residents? Families? Staff? Leadership team? |

|  |  |
| --- | --- |
| ***References*** | * *KFLA Public Health (2021). COVID-19 Tabletop Exercises Fall 2021: Long Term Care and Retirement Homes - M. Tripp & J. Hamilton.* * *Grey County Long Term Care (2021). Outbreak Tabletop Exercise.* * *Jarlette Health Services (2021). COVID-19 Preparedness and Response – Assessment and Table Top Exercise* |