



# NOVEL CORONAVIRUS (COVID-19)

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Health Emergency  
Preparedness  
Table-Top Exercise (TTX)

**FACILITATORS' GUIDE**



World Health  
Organization

HEALTH  
**EMERGENCIES**  
programme

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## I. OVERVIEW

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**WHAT IS IT?** The COVID-19 Table-Top Exercise (TTX) is a simulation package which uses a progressive scenario together with series of scripted specific injects to enable participants to consider the potential impact of an outbreak in terms of existing plans, procedures and capacities. The aim of the TTX is to strengthen national levels of readiness against the virus through a series of facilitated group discussions.

The TTX simulation package differs to other forms of functional/field-based Simulation in a number of ways:

- It is not a test of a plan or other specific preparedness measures; stress testing is done through other forms of functional simulation exercises.
- The key outcomes are aimed at identifying gaps and strengthening preparedness, rather than testing of preparedness measure:
- There is greater flexibility with regards to time, numbers and profile of participants.
- The TTX requires less time and resources to plan and implement than a functional or field-based exercise.

Where feasible, the use of drills, a functional or field-based exercises could be considered as a follow-on activity to this TTX.

## OBJECTIVES

The objectives of the TTX are to:

- Share information on the progress of your preparation, including response capabilities, plans and procedures to identify and respond to an imported case of COVID-19 in your country.
- Identify areas of interdependence between health actors and other sectors
- Conduct gap analysis based on the WHO Operational Readiness Benchmarks for COVID-19 (*see in reference documents*).
- Develop an action plan to enhance your level of readiness, based on the WHO Operational Readiness Benchmarks for COVID-19.
- Review the operation management process for a suspected case of COVID-19
- Confirm arrangements for notification, coordination and internal communications before and after the confirmation of a COVID-19 case.
- Confirm procedures related to the management of a suspected cases before and after laboratory confirmation.
- Review plans to clarify lines of accountability (roles & responsibilities) and communication to enable a timely, well-coordinated and effective response.
- Review the requirements of public health laboratories and funding
- Review risk and media communications plans.

**OUTCOMES** As a result of the simulation and debriefing activities, participants should:

- Identify the main risks an outbreak will pose in terms of their current response procedures and capacities.
- Identify and agree on next steps and timeframe to strengthen preparedness.
- Better understand the roles/responsibilities and methodologies to work with counterparts and other external partners.
- Be familiar with guidelines, documentation, and tools available to assist in planning and responding to an outbreak.
- Team building, in support of managing a response to COVID-19 and other national emergencies.

## II. SIMULATION STRUCTURE

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### ELEMENTS OF THE SCENARIO

The events portrayed in the TTX Simulation unfold over a period of approximately 4 weeks. It should be noted that the actual timeframe of an outbreak and evolution could be slower or faster, depending on the nature of the virus and the particular circumstances of the outbreak.

The simulation begins with a unconfirmed reports of COVID-19 like symptoms in a single, sub-national level, primary health care facility of the country; this is confirmed as COVID-19 by lab test, leading to the commencement of a containment operation. In spite of the contact tracing and containment operation the virus starts to spread throughout the country.

Elements of the Scenario include:

- A report of a walk-in of a patient with COVID-19 symptoms and recent travel history to China.
- Containment, treatment and contact tracing
- Procedures for testing and confirmation of COVID-19
- Reporting and lines of communication
- Additional cases confirmed
- Transition from containment to nationwide response operation
- Role of regional and international partners

## SCENARIO ADAPTED TO THE COUNTRY

The generic simulation package consists of a series of slides which develop the scenario from the initial report of a suspected case through to multiple cases geographically dispersed across the country. In addition to the scenario, each slide contains a series of questions for the group to discuss and answer.

In order to provide a realistic context for the simulation, the scenario and relevant inject **package must be adapted to the country specific context**, and incorporate the following elements:

- Existing national plans and procedures
- Group structure / participants
- Geographical location of the country and location of services within the country (health care facilities etc)
- National response including key containment and mitigation actions likely to take place
- Media response
- Impact on livelihoods, travel, communities, health services, security
- Regional and international responses

***This adaptation is essential for the success of the exercise; this is what makes the simulation 'real' to participants and makes the simulation effort worthwhile.***

The facilitators are responsible for adapting the simulation materials; this should be done in close collaboration of the WHO and the relevant Ministries.

**SIMULATION  
TIMEFRAME**

The full TTX simulation package is designed to take place over the course of a full day or be split over two mornings.

Depending on the country context, a briefing on the national response or contingency plan, with all relevant stakeholders, can be done before the simulation.

The decision on which model to use will need to be taken by the in-country team in consultation with the Lead Facilitator.



### III. TARGET AUDIENCE

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#### PRIMARY TARGET AUDIENCE

This package is primarily targeted at Government and health sector partners.

It is advised to identify/group participants into the functional areas outline in the WHO Operational Readiness Benchmarks for COVID-19, in order to ensure that participants get the most out of the injects and discussion points. Cross-cutting functions can either be formed into an additional group or combined with the most relevant of the functional areas.

In order to ensure full participation, while also providing full coverage for each of the functional areas, the recommend numbers of participants is 30-40. This allows for 2-3 people per functional area and also sufficient places for cross-functional support.

As a minimum, participation should include the following:

- WHO Resident Representative, or appointed designate
- National Disaster Management and Coordination representatives
- Logistics
- Epidemiological surveillance and contact tracing
- Laboratory diagnostics
- Infection Prevention and Control
- Clinical management
- Risk Communication
- National Security / Border Entry Points

Participation should be at senior management / technical level in order to ensure accountability for the process. Participants must also represent national and sub-national levels.

In addition to the Health Sector, attendance from the broader National Disaster Management structure is highly desirable. Involvement of relevant UN and health sector partners is also strongly encouraged.

## IV. FACILITATOR REQUIREMENTS

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### FACILITATION TEAM COMPOSITION

The TTX Simulation is run by a Lead Facilitator, this person will be responsible for the adaptation of the materials to the national context, the delivery of the package and subsequent de-briefing.

The implementation of this package be supported by the WHO Country Office through the active involvement of the WHO Resident Representative and technical staff. During the TTX, the designated facilitation members will sit with their relevant functional group and are responsible for taking notes and capturing key points to assist with the debrief sessions.

**Support from the WHO Country Office is essential to ensure the success of the simulation and follow on activities.**

### WHO'S ROLE

WHO's involvement is key to the success of the exercise. A WHO representative should provide direct advice in the adaptation of the scenarios and injects to the local context.

### GOVERNMENT AND INTER- AGENCY SUPPORT

Although the package includes detailed guidance for the facilitation team on how to prepare for and conduct the simulation, the lead facilitator will require additional support in preparing for and conducting the exercise.

Such support should be requested through the Minister of Health and the Office of the UN Resident Representative and/or UNOCHA if present in your country and as needed. This will be critical to ensuring that measures undertaken to strengthen national levels of readiness are align with and benefit from wider national preparedness initiatives.

On completion of the TTX, the WHO WR should provide a briefing for the senior officials.

## FACILITATORS TASK

The facilitation team will be responsible for the following tasks:

- Adapt the materials to the country specific context
- Complete the practical arrangements (invite participants, office space, IT set up, lunch, etc..)
- Run the package, including the presentation of all injects
- Facilitate the discussion process by asking specific leading questions
- Observe the group dynamics and assess how the group is achieving the objectives of the exercise
- Prepare for the debriefing by assessing the substance of the work undertaken during the simulation
- Draft the exercise report together with recommendations and follow up actions to be undertaken, with a timeline for completion, and directly linked to the WHO Operational Readiness Benchmarks for COVID-19.

## V. ORGANISATIONAL REQUIREMENTS

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### **SUPPORT AND COMMITMENT FROM LEADERSHIP**

The full support and commitment of the Minister of Health, WHO WR and contributing Heads of Agencies are critical to the success of the simulation. They will need to be briefed prior to the exercise and may give you valuable input to assist with the adaptation of the simulation material.

The results of the simulation should enable the Minister of Health, WHO Representative, Resident Coordinator and Heads of Agencies to take strategic preparedness actions to enhance the level of readiness.

### **TIME COMMITMENT**

The implementation of this TTX requires the full commitment of the facilitation team. Nevertheless, this can be done in a relatively short time.

- 1-2 days.. Involvement of the facilitation team in the preparatory work, including the adaptation of the scenario, customization of the participants' guide and practical arrangements
- 4 hours.... Roll out and facilitation the TTX for the participants
- 4 hours.... Facilitate the debriefing sessions for the participants
- 1 day ..... Draft exercise report and compile action plan

## FACILITATOR ACTION CHECK LIST

The following list provides an indication of the actions required to be undertaken by the facilitator in order to prepare and deliver the full package.

- **Invitation** sent to all Participants, this should go from the Minister of Health and WHO Resident Representative a minimum of 3-5 days prior to the simulation.
- **Logistical / administration arrangements** in accordance with the instructions contained in this document: 1 weeks prior to the simulation
- **Adaptation of the package** to fit the country context in collaboration with a WHO country team member, Ministry of Health and other key stakeholders. This will include the revision of the **scenario** and **injects** as well as the **participants' guide**: 2-3 days prior to the simulation
- A **briefing** to the Minister of Health, WR and RC/HC to provide final information on the participant list and the running of the simulation: 1-2 days before the exercise.
- **Send** the participants' guide to all participants: 1-2 days before the exercise.
- **Setup of the room**: 1 day before the simulation
- **Materials to be printed**: 1 day before the simulation
  - One copy per participant:
    - Scenario sheets
    - participants' guide
    - Participant evaluation sheet
    - WHO Operational Readiness Benchmarks for COVID-19
  - A few copies per table:
    - Documents in the "reference documents" folder of this TTX package. (check on WHO website for eventual updated versions.)

## RESOURCES REQUIRED

- A large room that is able to seat up to 40 participants in small groups or a “U” shape.
- An overhead protector and screen.
- Breakout areas for the debrief group discussions (after the TTX.)
- One flip chart and marker pens per group.