



# Measles Identification & Response Tabletop Exercise

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Tampa Bay Health and Medical Preparedness Coalition

Healthcare Coalition Exercise Toolkit

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## Before You Start This Exercise

### **Purpose:**

This tabletop exercise helps healthcare organizations evaluate how they identify, isolate, and manage a patient with suspected measles or another highly infectious disease.

### **Recommended Participants:**

Infection Prevention, Emergency Management, Nursing Leadership, Physicians, Radiology, Laboratory, Environmental Services, Occupational Health, Administration, Safety.

### **Time Required:**

60–90 minutes.

### **Materials Needed:**

- Facilitator Guide
- Scenario Narrative
- Gap Identification Worksheet (Appendix B)
- After Action Report / Improvement Plan (Appendix C)

### **Expected Outcome:**

Participants identify operational challenges and develop improvement actions achievable within 30–60 days.

## Exercise Disclaimer

This exercise is designed to facilitate discussion and identify opportunities for improvement. It is conducted in a no-fault learning environment and is not intended to evaluate individual performance or assign blame.

## Acknowledgment

The Tampa Bay Health and Medical Preparedness Coalition (TBHMPC) would like to extend a special thank you to Elizabeth Todak for her leadership and collaboration in developing the initial measles tabletop exercise framework.

The original content was developed to support internal preparedness efforts and was generously shared with the coalition to support broader regional readiness. TBHMPC worked in collaboration with partners to expand and refine the material into this exercise toolkit for use across the healthcare continuum.

This resource reflects the coalition's commitment to shared learning, collaboration, and strengthening healthcare system resilience across the region.

## Exercise Overview

### Exercise Type:

Discussion-Based Tabletop Exercise

### Purpose:

Evaluate facility procedures for identifying and managing a measles patient while coordinating infection prevention actions and communication with public health partners.

### Core Capabilities:

- Infectious Disease Identification
- Healthcare Operations
- Situational Awareness
- Emergency Public Information and Warning

### Exercise Objectives

- Recognize clinical indicators suggesting measles infection.
- Demonstrate appropriate airborne isolation procedures.
- Discuss safe patient transport and diagnostic workflows.
- Evaluate internal communication and public health notification procedures.
- Identify staff exposure management practices.

### Exercise Control Structure

- Exercise Director – Oversees exercise execution and objectives.
- Facilitator – Guides discussion and keeps the exercise on schedule.
- Evaluator – Observes discussion and records operational insights.
- Recorder – Documents operational gaps and improvement actions.

### Exercise Ground Rules

- This is a no-fault learning environment.
- Focus on system improvements rather than individuals.
- Encourage open discussion.
- Identify practical and realistic solutions.

### Exercise Agenda

- Introduction and Overview – 10 minutes
- Scenario Narrative – 5 minutes
- Module 1 Discussion – 20 minutes
- Module 2 Discussion – 20 minutes
- Module 3 Discussion – 20 minutes
- Hotwash and Improvement Planning – 15 minutes

## Participation Reporting (Optional)

Participating organizations are requested to submit Appendix B – Gap Identification Worksheet and Appendix C – After Action Report / Improvement Plan (AAR/IP) following completion of this exercise. Submission will count toward one of your organization’s participation requirements for drills or exercises necessary to qualify for annual coalition grant funding. Completed appendices may be submitted to [Franklin.Riddle@Tampabayhmpc.org](mailto:Franklin.Riddle@Tampabayhmpc.org)

## Exercise Scenario and Discussion Modules

### Module 1 – Initial Patient Presentation

#### **\*\* 0905 Hours \*\***

A 12-year-old patient arrives with a parent reporting fever and rash for two days.

Observed Symptoms include:

- Fever (101.9°F)
- Persistent cough
- Rash beginning on the face

The patient remains in the waiting area for approximately 20 minutes prior to placement in an exam room.

#### Discussion Questions

- How would the patient be identified as a possible measles case?
- What triage screening questions trigger isolation?
- When should airborne precautions begin?
- Who must be notified internally?

### Module 2 – Diagnostics and Patient Movement

#### **\*\* 0930 Hours \*\***

- The provider evaluates the patient and begins to suspect possible measles infection.
- During the assessment, the parent reports the child has not been vaccinated.
- A chest X-ray is ordered to evaluate respiratory symptoms.
- The facility must determine how diagnostic imaging will be conducted while minimizing potential exposure to other patients and staff.

#### Discussion Questions

- Would portable imaging be used?
- How would the patient be transported safely within your facility or outward if needed?
- What precautions prevent exposure during transport?
- What cleaning procedures occur afterward?

## Module 3 – Confirmation and Operational Impact

**\*\* 1005 Hours \*\***

Laboratory testing confirms measles infection.

At this point, the facility must evaluate:

- Potential staff exposures
- Patient exposure in waiting areas
- Notification requirements for public health authorities

Facilities should consider both local health department reporting requirements and internal escalation procedures when discussing notification timelines.

Additional operational considerations include staff immunity verification and potential broader communication within the organization.

### Discussion Questions

- Who must be notified internally and externally?
- When should public health be notified?
- How would staff exposures be evaluated?
- What occupational health processes would be triggered?
- Would this event warrant activation of Incident Command (HICS/NHICS)?

### Incident Command Considerations

Facilities may activate Incident Command if:

- Multiple staff exposures occur
- Operational disruption develops
- Media attention occurs
- Regional cases increase

## Appendix A - Facilitator Guide

### Measles Identification & Response Tabletop Exercise

#### Purpose of the Exercise

This discussion-based tabletop exercise allows healthcare organizations to evaluate their procedures for identifying and managing a patient with suspected measles or another highly infectious disease.

The exercise focuses on early identification of infectious disease indicators, appropriate airborne isolation procedures, safe patient transport and diagnostic workflows, staff exposure management, and internal communication and public health notification.

#### Exercise Objectives

1. Recognize clinical indicators that may suggest measles infection.
2. Discuss appropriate isolation precautions and patient placement.
3. Evaluate procedures for transporting infectious patients within the facility.
4. Identify staff exposure management procedures.
5. Identify operational improvements that can be addressed within 30–60 days.

#### Suggested Participants

- Infection Prevention
- Emergency Department
- Nursing Leadership
- Physicians or Medical Director
- Radiology
- Environmental Services
- Occupational Health
- Emergency Management
- Administration

#### Exercise Format

This exercise uses a progressive scenario format. The scenario unfolds in three stages representing a patient’s movement through the healthcare system. Each scenario inject is followed by discussion questions designed to help participants examine their facility’s current processes.

#### Suggested Exercise Timeline

Introduction and overview	10 minutes
Scenario Inject 1 discussion	15 minutes
Scenario Inject 2 discussion	15 minutes
Scenario Inject 3 discussion	15 minutes
Hotwash and improvement planning	15–20 minutes
Total recommended time	60–90 minutes

### **Facilitator Role**

The facilitator guides discussion, keeps the exercise on schedule, encourages participation, and captures key insights. Facilitators should focus discussion on systems and processes rather than individual performance.

### **Ground Rules**

This exercise is a no-fault learning environment. Participants should speak openly about challenges and focus on identifying system-level improvements.

### **Exercise Hotwash**

At the conclusion of the exercise, facilitate a brief discussion. Ask participants what worked well, what challenges or gaps were identified, and what improvements should be prioritized. Key observations and improvement priorities should be captured in the Gap Identification Worksheet (Appendix B).

### **Exercise Documentation**

Following completion of the exercise, complete Appendix B – Gap Identification Worksheet and Appendix C – After Action Report / Improvement Plan, then you may choose to submit both documents to TBHMPC to count towards exercise participation requirements and to be included in an overarching regional AAR / IP.

### **Exercise Deliverables**

Each participating facility should produce a completed Gap Identification Worksheet and AAR/IP identifying operational challenges and improvement actions.

## Appendix B - Gap Identification Worksheet

### Purpose

This worksheet is used to capture key operational challenges and improvement opportunities identified during the exercise discussion. Participants should focus on system-level issues related to policies, procedures, communication, resources, or training, rather than individual performance.

Groups should identify the most significant operational challenges and prioritize practical improvement actions that could reasonably be addressed within the next 30–60 days.

### Participation Reporting (Optional)

Participating organizations are requested to submit Appendix B – Gap Identification Worksheet and Appendix C – After Action Report / Improvement Plan (AAR/IP) following completion of this exercise. Submission will count toward one of your organization’s participation requirements for drills or exercises necessary to qualify for annual coalition grant funding. Completed appendices may be submitted to [Franklin.Riddle@Tampabayhmpc.org](mailto:Franklin.Riddle@Tampabayhmpc.org)

### Facility Information

Facility Name	
Facility Type	
County	
Exercise Date	
Facilitator Name	

### Top Operational Challenges Identified

Based on the discussion, identify the three most significant operational challenges related to managing a suspected or confirmed measles patient.

	Operational Challenge
#1	
#2	
#3	

### Optional Category Reference:

- Policy / Procedure
- Communication
- Training / Competency
- Resources / Equipment
- Space / Isolation Capacity
- Technology / EMR
- Leadership / Authority

**Improvement Actions (30–60 Days)**

Identify realistic improvement actions that could be addressed within the next 30–60 days.

Improvement Action	Responsible Department	Target Timeline

**Additional Observations (Optional)**

Use this space to capture additional insights, concerns, or improvement opportunities identified during the exercise discussion.

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**Coalition Support Needs (Optional)**

Are there areas where coalition support or regional coordination may help address identified challenges?

Examples may include:

- Training or education needs
- Public health coordination
- Regional communication procedures
- Resource availability

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**Strengths Identified**

#	Strength Identified
1	
2	
3	

**Areas for Improvement**

#	Area for Improvement	Category (optional)
1		
2		
3		

**Optional Category Reference:**

- Policy / Procedure
- Communication
- Training / Competency
- Resources / Equipment
- Isolation Capacity
- Technology / EMR
- Leadership / Authority

**Improvement Plan**

Issue	Corrective Action	Responsible Department	Target Completion

**Coalition Support Needs (Optional)**

Are there areas where coalition support, regional coordination, or additional guidance may assist your organization in addressing improvement actions?

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**Additional Comments**

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**Documentation of Participation**

Facility Representative Name	
Title	
Signature	
Date	



# MEASLES

Rubeola



Rubeola, known as measles, is an illness caused by one of the most contagious viruses.

## How does it spread?

- Those with a prior history of infection or who have received the full series of the Measles, Mumps, Rubella (MMR) immunization are 98% protected and are unlikely to contract measles.
- Measles spreads through the air when an infected person breathes, coughs, or sneezes.
- Measles can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area.
- If 10 individuals without immunity come in contact with measles, up to 9 of them will contract the disease.

## What is the severity?

In some cases, measles may cause severe illnesses including pneumonia or encephalitis. While encephalitis is rare, this swelling of the brain requires hospitalization and intensive treatment. It can cause seizures, hallucinations, permanent brain damage, blindness, hearing loss, and memory loss.

## Who is at highest risk of severe illness?

- Children and adults that are immunocompromised or have underlying health conditions.
- Infants under 12 months.
- Pregnant women.

## Is there treatment?

Since measles is caused by a virus, there is no specific treatment. Medications can help manage symptoms. However, based on exposure time frame, susceptible contacts may be candidates for post-exposure prophylaxis through MMR or immunoglobulin through their health care provider.

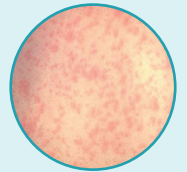
## What should I do if I recognize symptoms?

**Do not** abruptly visit a health care provider without contacting them ahead of time. If you suspect or notice any symptoms, contact your health care provider or local county health department to receive instructions on how to safely seek medical attention without exposing others.

## Symptoms

Measles symptoms appear 7 to 14 days after contact with the virus and include:

- High fever up to 105° F
- Red, watery eyes
- Cough
- Runny nose



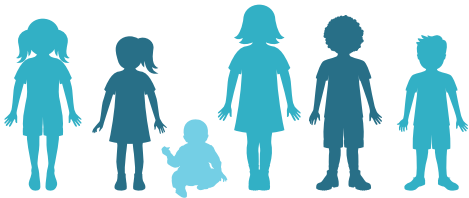
MEASLES RASH

The most common symptom of measles is a rash that often develops on the face and neck, but can spread to the entire body.

Measles rash appears 3 to 5 days after the first symptoms.

# MEASLES

## IT ISN'T JUST A LITTLE RASH



Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:



**High fever**  
(may spike to more than 104°F)



**Cough**



**Runny nose**



**Red and/or watery eyes**



**Rash**  
(breaks out 3-5 days after symptoms begin)

## Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.



**1 out of 5** people who get measles will be hospitalized.



**1 out of every 20** children with measles will get pneumonia, the most common cause of death from measles in young children.



**1 out of every 1,000** people with measles will develop brain swelling, which may lead to brain damage.



**1 to 3 out of 1,000** people with measles will die.

### Long-term complications

A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.



## You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.



[www.cdc.gov/measles](http://www.cdc.gov/measles)

# Appendix F

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## EMS Measles Exposure Scenario

### Facilitated Discussion Exercise

#### Purpose

This facilitated discussion scenario is designed to help Emergency Medical Services (EMS) agencies evaluate their procedures for managing post-exposure notification and response related to a suspected measles patient.

The scenario focuses on operational, administrative, and workforce considerations following a delayed notification of exposure, with emphasis on workforce protection, communication pathways, exposure documentation, and continuity of operations.

This discussion is conducted in a no-fault learning environment and is intended to identify system-level improvement opportunities, not individual performance.

#### Scenario Overview

EMS personnel are often the first point of patient contact and may encounter infectious patients prior to diagnosis or visible clinical indicators.

This scenario examines how an EMS agency responds when a potential exposure is identified after patient transport, requiring coordination between hospitals, EMS leadership, and occupational health systems.

#### Scenario Inject

##### Day 0 – Patient Encounter

An EMS unit responds to a pediatric patient presenting with fever, cough, and general malaise. The patient has no visible rash at the time of transport.

During patient history, the caregiver reports recent international travel. The patient is transported to a local emergency department.

No additional infection control precautions beyond standard PPE are utilized during the encounter.

### Day 2 – Exposure Notification

Two days after the transport, the receiving hospital contacts the EMS agency and reports that the patient has tested positive for measles.

EMS personnel involved in the transport may have been exposed. The hospital advises the agency to begin exposure evaluation and follow-up procedures for the crew.

### Discussion Questions

#### Workforce Protection & Preparedness

What steps does your agency take to preemptively determine and document measles immunity for EMS personnel?

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Is immunity status readily accessible during an exposure event?

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Are vaccination records tracked centrally or at the individual level?

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#### Communication & Notification Pathways

What is the standard communication pathway when a hospital reports a potential exposure?

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Who is responsible for initiating internal notifications?

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How is information communicated to affected crew members?

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**After-Hours Notification**

Is there a written policy for handling exposure notifications after hours?

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Who is responsible for receiving and acting on these notifications outside normal business hours?

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Are there any delays or gaps in notification based on time of day?

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**Immediate Operational Actions**

What are the next steps once exposure is confirmed?

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Who conducts exposure risk assessment?

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Are personnel removed from duty immediately or based on risk level?

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How is staffing maintained if crew members are taken out of service?

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**Workforce Management & Housing Considerations**

What options are available for alternate housing for personnel who may have been exposed?

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Are there existing agreements for temporary housing or isolation support?

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How are decisions made regarding quarantine vs. continued work?

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**Occupational Health & Administrative Considerations**

How is this exposure documented for occupational health purposes?

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What processes are in place for worker's compensation related to infectious disease exposure?

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Who determines eligibility for coverage?

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Are there policies addressing paid leave during monitoring or quarantine and return-to-work criteria?

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**Coordination with External Partners**

How does your agency coordinate with hospitals, local health departments, and coalition partners?

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Is there a defined process for public health reporting and guidance integration?

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## Facilitator Notes

Encourage participants to focus on system-level processes, not individual actions. Ensure clear ownership of responsibilities is identified.

Watch for gaps in documentation, communication, workforce protection, and policy clarity.

If discussion stalls, prompt with:

- What would break if this happened during peak staffing shortages?
- What happens if multiple crews are exposed?
- Is this process written—or assumed?

## Expected Outcomes

Participants should identify:

- Top 3 operational challenges
- Top 3 improvement actions (30–60 days)

Findings should be documented using Appendix B – Gap Identification Worksheet and Appendix C – After Action Report / Improvement Plan.

## Integration with Coalition Objectives

This scenario supports regional preparedness by identifying EMS workforce vulnerabilities, gaps in exposure notification processes, opportunities for standardized regional coordination, and needs for policy development and training.