



Tabletop Exercise

Considerations & Template

Tabletop Exercises are simple, inexpensive, & low-risk ways to review & assess the viability of your emergency action plan (EAP) & crisis response. Tabletop exercises can be as simple, short (2 – 3 minute), impromptu discussions between two or more individuals involved in the execution of an EAP and/or can be comprehensive in nature (1 – 2 hours) & involve multiple interdisciplinary personnel from multiple internal & external agencies.

Before You Begin-

- Identify community partners who you wish to participate. Cast a wide net of internal & external multi-disciplinary personnel that may be involved in the event if possible.
- Identify a facilitator and/or an evaluator for the tabletop exercise. Utilize internal and/or external resources/expertise (e.g., risk management office; emergency management office; health department; OSHA office; fire/police/EMS; etc.)
- Determine subject matter/scenario & establish focus area(s) & core objectives
- Develop injects (possible unexpected challenges that can be injected into the exercise such as inclement weather, visiting team student-athlete, additional responses in the crowd/community prior to the incident, personnel not available at the time of the incident, equipment malfunctions, various timepoints, etc.)
 - Other names/terms for Injects: prompts, scenario twist, simulated incident, planned disruption, etc.
- Set up logistics (e.g., location; date/time; format- in-person vs virtual; etc.)
- Set ground rules for the exercise
- Develop evaluation criteria

Possible Scenarios-

- Cervical spine injury with or without cardiovascular compromise and/or neurological complications
- Sudden Cardiac arrest (on-field; student-athlete vs. coach/official/staff vs. spectator)
- Traumatic cardiac arrest
- Exertional heat injury (conscious individual; unconscious individual)
- Orthopedic emergency (e.g., open fractures/dislocations; femur/hip fracture; knee dislocation; humerus fracture; jaw fracture with vomiting; posterior SC dislocation)
- Isolated head injury (conscious patient vs. unconscious patient; with or without posturing, seizures, etc.; various timepoints)
- Truncal Trauma (e.g., rib fracture/pneumothorax; internal bleeding; etc.)
- Medical (e.g. asthma exacerbation; anaphylaxis; seizure disorder; diabetic emergency; testicular injury)
- Uncontrolled hemorrhage
- Mental Health emergency (e.g. suicidal ideation; anxiety; PTSD)
- Crisis situation (e.g. structure collapse; bus crash; active assailant; environmental emergency; car through crowd; etc.)

Possible Injects/“What Ifs” -

- **Visiting team student-athlete**
 - What if the injured SA is from a visiting team?
 - Considerations- their AT is present? Their AT is not present? Their AT is present but not able to respond/is busy with another SA?
 - What advanced communication has taken place? Who is the team leader of the incident? How is communication managed during the incident?
 - What protocols are used if both groups utilize different protocols? (e.g., equipment removal v no equipment removal)
 - What equipment is being used? How is equipment being replaced?
 - Where are they being transported? How?
 - Special circumstances
 - How do you manage/communicate w/family & parents?
 - What resources post-event are you providing the team? Family? Visiting AT?
- **Inclement weather**
 - What happens if/when- rain, wind, cold weather, excessive heat, lightning? How does weather impact the initial management of the injury? How does weather change injury management protocols?
 - What additional preparations need to be taken?
 - What additional equipment is necessary to have on hand?
- **Missing personnel-**
 - Athletic Trainer/Team Physician/other are not present at the time of injury- how does this change the management?
- **Equipment malfunction-**
 - Specific equipment malfunctions, how does this change the scenario? Management of the injury?
- **Transportation issues-**
 - Construction alerts- normal access points are not accessible due to construction- how does this change management? How is this communicated? To whom? When?
 - Normal transportation vehicle is not available- how does this change management?
 - Transportation vehicle breaks down- what happens? How does this change management?
- **Adverse and/or unexpected events affecting the patient and/or emergency situation-**
 - Adverse events affecting the patient- goes downhill, seizures, “hidden injury”
 - Unexpected events taking place- simultaneous injuries- on field, on sidelines, in stadium
- **Coach/Staff/Administration/Parental interference**
 - Who manages?
 - How does this affect the emergency?
- **Scenario taking place “outside the lines”/off-field/“non-traditional” locations (e.g. locker room; weight room; offices; stands; while traveling- “planes, trains, buses, hotels, & automobiles”; etc.)**



Tabletop Exercise Template

Agenda

- I. Welcome
- II. Introductions
- III. Mission / Focus / Objectives
- IV. Ground Rules / Expectations
- V. Scenario Overview
 - a. Date/Time: _____
 - b. Location: _____
 - c. Activity: _____
 - d. Personnel Available: _____
 - e. Equipment Available: _____
 - f. Other Relevant/Pertinent Information for the Scenario: _____
- VI. Scenario
 - a. Scenario Start
 - b. Inject #1: _____
 - c. Continuation of Scenario
 - d. Inject #2: _____
 - e. Continuation of Scenario
 - f. Inject #3: _____
 - g. Continuation of Scenario
 - h. Inject #4: _____
 - i. Continuation of Scenario
 - j. Scenario End
- VII. Post-Event Debrief
- VIII. Event Summary
- IX. Documentation / After-Action Report

Date of Activity:
Individuals In Attendance:

Additional Notes about Exercise



Reviewing, Practicing, Training, and Rehearsing the Emergency Action Plan

The purpose of this document is to clearly define the components of Reviewing, Practicing, Training, and Rehearsing within the context of the EAP to help reduce perceived barriers, such as time and resources. Numerous examples are provided to help ATs recognize how each component can be conducted in as little time as a few minutes, or a more extensive and planned time frame of a few hours. This resource seeks to eliminate to support ATs in fostering a culture of preparedness, ensuring the effective execution of the EAP, and enhancing the overall safety and well-being of student-athletes.

Review:

To examine or assess (something) formally with the possibility or intention of instituting change if necessary; to examine or study again; to go over or examine critically or deliberately; to look back on: take a retrospective view of;

- **Examples of reviewing the EAP:**
 - o Abbreviated review of one or more individual aspects of an EAP (e.g., checking gates/locks; location of equipment; access points; “wait locations”; etc).
 - Can be completed in short length of time (1 – 2 minutes) by an individual or can expand to longer periods of time involving multiple individuals.
 - o Comprehensive and/or more intensive review of one or more various individual aspects of an EAP completed by an individual and/or multiple individuals.
 - Can last from 5 – 30 minutes in length. For example – facility walk-through with EMS and/or other members of the interdisciplinary team examining access routes, elevators, equipment location, communication, & “what-if” scenarios.
 - o Conduct a “Tabletop” Exercise (see sample) that reviews, examines, and/or tests various scenarios & “injects”, as well as communication strategies, critical thinking & decision-making, response strategies, pressure points, and adaptability of involved personnel.
 - “Tabletop” exercises can range in scope from simple (5 – 10 minutes with limited involved personnel) to more complex (1 – 3 hours with many members of the interdisciplinary team).
Tabletop exercises
 - o Daily AT readiness check (see sample)
 - o Pre-event medical meeting
 - o Facility walk-throughs
 - o Post event debrief (see example)
 - o Video review and/or self-reflection of televised events
 - Utilize video recordings of injuries or incidents to self-reflect on your own EAP. Share videos with staff and ask that they analyze how they would respond to the incident in various settings (e.g. home vs away games, practices, after hours, strength and conditioning setting, etc.)
 - o Coach, staff, student-athlete, and/or bystander education - share key points, short videos, educational material, etc. routinely. Review/debrief with individuals after various situations.
 - o Review of various emergency protocols, catastrophic injury plan, crisis management plan, etc. Can be completed by email, at staff meetings, and/or as a formal event.
 - o Reviewing roles and responsibilities with all medical personnel and additional stakeholders
 - o Reviewing scope of coverage documents
 - o Reviewing PPE and medical alerts
 - o Review individual pieces of equipment

Practice:

To carry out, apply; to do or perform often, customarily, or habitually; to perform or work at repeatedly so as to become proficient; to train by repeated exercises; individuals perform single skills based on competency-based evaluation formats taking time to stop and correct mistakes, remediate knowledge, etc.

- *Examples of practicing the EAP:*

- o Practicing a variety of skills utilized in various emergencies (e.g. jaw thrust technique, head-tilt/chin-tilt technique, chest compressions, auscultation location and breath sounds, cervical collar measuring, specific cervical immobilization techniques, etc.)
- o Performing daily AT readiness check
- o Physical practice of high-acuity, low-occurrence (HALO) skills
- o Responding to an injured athlete and/or emergency in real-time
- o Checking and maintaining emergency equipment
- o Mental health assessment practice (e.g. [GAD-7](#), [PHQ-9](#), [APSQ](#), etc.)
- o Completing comprehensive documentation of practice session(s) and providing objective measurements
- o Practicing critical incident stress debriefing and stress management techniques (CISD) (e.g., [ATs Care](#))

Train:

To form by instruction, discipline, or drill; to undergo instruction, discipline, or drill; to make prepared for a test of skill; to teach so as to make fit, qualified, or proficient; “stepped up” approach to practice sessions where individuals work through simple to complex skills combinations with opportunities to pause and restart based on education, remediation, corrective actions.

- *Examples of training for the EAP:*

- o Training rescue breathing/patient ventilation
 - Jaw thrust + BVM mask seal + bag squeeze timing, etc.
- o CPR/AED/First Aid Training
 - Train on compressions and breathing, pit crew concepts, AED application, switching providers, etc.
- o Comprehensive documentation of objective measures and training
- o Hands-on professional development related to HALO skills
- o Role playing various emergency scenarios
- o Completion of competency-based skills checklists
- o Mental health skills training (e.g. SLAP, [MHFA](#), [QPR](#), etc.)
- o Communication skills training (e.g. Team Leader Training, Conflict Resolution Training, etc.)
- o EMS-based “Whole-Part-Whole” approach
 - First Whole: demonstrate the complete skill with explanation
 - Part: break down the skill step-by-step
 - Second Whole: repeat the skill in real-time without commentary

Rehearse:

A practice exercise; a private performance or practice session preparatory to a public appearance; short, scenario-based simulation that involves all aspects of the EAP, including activating EMS, communications, equipment retrieval, skill execution, and transportation, without any pauses. It ensures personnel work through the entire scenario in real-time, addressing adverse events as they occur, followed by a formal debrief. Multiple or single scenarios can be conducted within a specific rehearsal time period. Overall time for a single rehearsal can range from 5-10 minutes (simple scenario rehearsal before or after practice) to 1-4 hours (complex rehearsal, multiple scenarios, involvement of multiple levels of personnel such as athletics healthcare team, police/fire/EMS, administration, event staff, etc.)

- *Examples of an EAP Rehearsal:*

- o Rehearsing specific scenarios that are venue, personnel, and activity specific; These scenarios can include:

- Cervical spine injury
 - Unresponsive athlete
 - Uncontrolled hemorrhage
 - Sudden cardiac arrest
 - Exertional heat illness
 - Truncal trauma
 - Medical issue
 - Orthopedic trauma
 - Isolated head injury
 - Equipment-laden athlete
 - Confined space/unstable surface
 - Environmental situations
 - Mass casualty incidents (MCI)
 - Mental health crisis/emergency

- o Rehearsing scenarios with different types of medical coverage

- AT and/or multidisciplinary health care team personnel are present on-site (e.g. AT and/or other health professional is available at the venue)
 - AT and/or multidisciplinary health care team personnel are not present on-site, but are available within 3-5 minutes (e.g. AT is covering another activity nearby)
 - AT and/or multidisciplinary health care team personnel are not present on-site and are not available within 3-5 minutes (e.g. after-hours activities; AT is not present nearby)



Simulated Scenario Planning Template

Scenario:

Patient Type	Manikin/Simulated Patient
Setting	· Practice/Game/Other · Day of the Week · Time · Location · Weather · Other information
Personnel	· AT is present on-site · AT is not present on-site but is available XX minutes away · AT is not present & is not available · What other personnel are available?
Equipment	· What equipment is available? · Where is the equipment located?
Scenario	· Video-based; · Mechanism of injury
Patient Information/PMH	
Initial Signs/Sx	
Initial Vital Signs	● LOC/GCS- ● Pulse- ● Respirations- ● Blood Pressure- ● SpO2- ● Temperature-
Case Progression	

2 nd Vital Signs	● LOC/GCS- ● Pulse- ● Respirations- ● Blood Pressure- ● SpO2- ● Temperature-
Case Progression 2	
3 rd Vital Signs	● LOC/GCS- ● Pulse- ● Respirations- ● Blood Pressure- ● SpO2- ● Temperature-
IF's/Injects	
EMS Handoff	
EMS Interventions	
Transportation	
Simulation Objectives/Goals	
Debrief	

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Objective Metrics (items to consider evaluating as simulation is occurring, not all inclusive and some metrics may not be applicable):

Metric	Time	Comment
Recognition of cardiac arrest		
Initiation of chest compressions		
Initial communication		
Arrival of emergency equipment		
Application of AED (pads applied; unit turned on)		
1 st Defibrillation shock		
1 st Breath		
Equipment removal		
Placement/Initiation of mechanical CPR		
Placement of advanced airway (ETT or supraglottic)		
Initiation of oxygen		
Transport/Removal from field		
Chest Compression Fraction (CCF)		
CPR Score		
Ventilation Score		
Overall Score		

Comments