



CMS/Healthcare Exercise Series
Evacuation and Surge Tabletop Exercise
Situation Manual (SITMAN)
September 2018



EXERCISE OVERVIEW

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| Exercise Name | 2018 Evacuation and Surge Table Top Exercise |
| Exercise Dates | September 25, 2018 from 10:00 a.m. – 1:00 p.m. (Tuesday) September 27, 2018 from 1:00 p.m. – 4:00 p.m. (Thursday) September 28, 2018 from 10:00 a.m. – 1:00 p.m. (Friday) |
| Scope | This table top exercise is planned for three hours at the Vinton War Memorial in Vinton, VA. |
| Mission Area(s) | Protection, Mitigation, Response, and/or Recovery |
| Core Capabilities | Health and Social Services |
| Objectives | Objective 1: Understand facility and community-based procedures in the evacuation and relocation of residents/patients and staff. Objective 2: Understand facility and community-based procedures for managing and receiving the influx/surge of patients from evacuating facilities. Objective 3: Discuss the recovery process for each: “Getting back to normal.” |
| Threat or Hazard | Major infrastructure impairment to healthcare facilities across the Near Southwest Region of Virginia |
| Scenario | Evacuation of healthcare facilities located within the NSW Region due to widespread infrastructure impairments creating a surge at other regional facilities who are receiving evacuees. |
| Sponsor | Near Southwest Preparedness Alliance (NSPA) |
| Participating Organizations | This tabletop exercise is designed for all NSPA members and partners to include participants from hospitals, local emergency management, public health, long-term care, home health, dialysis, hospice, behavioral health, public safety, OCME, and any other regional stakeholders. |
| Point of Contact | Robert Hawkins, Executive Director, Near Southwest Preparedness Alliance, 540-562-3482, rhawkins@vaems.org |

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| Exercise Objective | Core Capability |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Discuss plans & procedures to determine how your facility would undergo a full evacuation of patients/residents to appropriate alternate care facilities. Discuss your emergency response plans, capabilities, and staff responsibilities. | Health and Social Services |
| Identify plans & procedures in place to manage an influx or surge of patients at your facility due to receiving evacuees from other facilities. Points of focus include administrative, clinical and plant engineering as well as communication with community-based agencies. | Health and Social Services |
| Discuss the recovery process of getting your facility back to normal operating procedures after being impacted by an evacuation and/or surge event. | Health and Social Services |

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles

(e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.

- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the Regional Healthcare Coordination Center.

POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

At the conclusion of exercise play, a facilitated Hot Wash will allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

Evaluation

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement

Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- The entirety of this exercise occurs within the venue. No emergency communication outside of the venue should be made related to this exercise.

Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

EXERCISE SCHEDULE

September 25, 2018 (Tuesday)

| Time | Activity |
|-----------------|------------------------------------|
| 9:30a - 10:00a | Registration |
| 10:00a – 10:15a | Welcome and Exercise Briefing |
| 10:15a – 12:00p | Module Discussions and Report Outs |
| 12:10p – 1:00p | Debrief & Hot Wash |

September 27, 2018 (Thursday)

| Time | Activity |
|----------------|------------------------------------|
| 12:30p - 1:00p | Registration |
| 1:00p – 1:15p | Welcome and Exercise Briefing |
| 1:15p – 3:00p | Module Discussions and Report Outs |
| 3:10p – 4:00p | Debrief & Hot Wash |

September 28, 2018 (Friday)

| Time | Activity |
|-----------------|------------------------------------|
| 9:30a - 10:00a | Registration |
| 10:00a – 10:15a | Welcome and Exercise Briefing |
| 10:15a – 12:00p | Module Discussions and Report Outs |
| 12:10p – 1:00p | Debrief & Hot Wash |

MODULE 1

(EVACUATION)

On this date, at approximately 10:30 am, you are made aware that there has been a complete disruption of all water utilities to your facility, as well as several other healthcare facilities across the region. The problem is not expected to be repaired for at least 7-10 days. “Sheltering in place” is not an option. You and your staff are tasked with implementing an evacuation of all patients/residents and staff. Discuss the plans and procedures in place to undergo a complete evacuation of your facility to ensure patients are relocated to another facility that can provide the appropriate level of care for each evacuee. Discuss impacts to staff, resources, space, pharmacy, lab, dietary/food service, laundry/housekeeping, etc. appropriate to your organization.

Work through the following questions as if only YOUR facility is being impacted.

QUESTIONS

For All

Does your Emergency Operations Plan (EOP)/ All-Hazards Plan include procedures specific to Evacuation?

What are your organization’s triggers to making a decision to evacuate your facility?

How and where do you establish your command center to activate your Emergency Operations Plan?

How will this affect your organization from an administrative standpoint? What about from a Clinical standpoint?

How is your organization/facility responding in accordance with CMS guidelines?

What level of transportation and special medical equipment is needed for each evacuating patient type? (ICU, Behavioral Health, Bariatric, etc.)

How does your plan address the communication of patient health information to a receiving facility?

What information are you communicating with staff, patients, residents, families, volunteers? How is this communication taking place?

What challenges specific/unique to your facility would you have to consider?

What resources could/should you send along with patients/residents to assist the receiving facilities?

For Nursing Homes/Hospitals and other Residential Facilities

LTC Facilities- How will you activate the Virginia LTC Mutual Aid Plan to find available Beds across the region? What staffing concerns will you face?

Who do you notify of your evacuation? (Internal and External?)

How are you communicating with those outside of your organization?

What are the specific considerations/needs for In-patient Behavioral Health patients as they relate to evacuation?

Regarding patients being held on Temporary Detention Orders (TDO's) or Emergency Custody Orders (ECO's,) what are the implications to consider when transporting/transferring to an alternate location/facility? (Legal, Security, etc.)

For Home Care/Hospice/PACE

What current policies and procedures are in place if you needed to assist families with relocating patients to other locations? Discuss concerns regarding transportation needs.

How will you continue to provide care to your patients if water was not available in your clients' homes? What actions would need to be implanted to ensure continuity of care?

For Dialysis/Surgery Center/Behavioral Health

What are your procedures for finding alternate services for patients when your facility is not operational?

What notifications are made, and by whom? (Media notification?)

Do all Staff members know how to make contact with patients/clients/other facilities?

What are the "trigger points" for implementation of these procedures?

For RHCC

What is your role and responsibility to help facilitate the simultaneous evacuations across the region?

What is the process in place to share critical information across the region to all stakeholders?

Follow Up For All

What are your policies for staff scheduling to assist with transferring patients/clients to an appropriate/alternate location for continued care during this situation?

Who's responsible for communications, supplies, staffing, clinical decisions, etc.?

MODULE 2

(SURGE)

Your facility has been tasked with receiving multiple patients from other healthcare facilities who had to evacuate. Your facility is now experiencing a surge. Discuss what plans and procedures your facility has in place to manage a surge event. What implications to your facility will you incur by taking on more patients in a short period of time? Discuss impacts to staff, resources, space, pharmacy, lab, dietary/food service, laundry/housekeeping, etc. appropriate to your organization.

QUESTIONS

For All

What are your immediate actions, concerns and priorities for:

- Administration
- Clinical
- Plant Operations

Have you activated your EOP? Describe your command structure. Identify your number of Licensed Beds.

What are the considerations for prioritizing patient care and for adopting an altered *standard of care*?

For Nursing Homes/Hospitals and other Residential Facilities

Discuss your plans and procedures in place to assist other facilities who request bed-space for evacuating patients/residents from other facilities.

What concerns do you have in regard to additional resources needed to care for the additional residents? (How will this impact your *burn-rate* for linens, food, medicine, staff?)

What is your process to receive/on-board additional staff who are implemented under the Mutual Aid Plan?

What do you need to establish and utilize the alternate care space that you've identified?

For Home Care/Hospice/PACE

How do you identify and contact patients needing evacuation from their homes? How do you communicate this information with local emergency management?

What arrangements do you have to transfer care to an unaffected organization if possible?

For Dialysis/Surgery Center/Behavioral Health

What arrangements do you have in place to ensure your patients are cared for if you are unable to meet their needs?

What are your current arrangements for transportation of your most vulnerable patients to other treatment facilities? What are the liability concerns about facilitating transportation?

Do you have the ability to accommodate incoming “surged” patients? (Adequate chairs, other supplies, increased hours, staffing and other considerations?)

For RHCC

What is your role and responsibility to help facilitate and/or track the movement of patients/residents from one facility to another?

What is the process in place to share critical information across the region to all stakeholders?

Follow Up For All

How are you communicating with staff, patients, patients’ families, the public?

What is your messaging? Are you participating in regional situation reports?

What is the importance of providing/acquiring a regional status report?

How are you staying engaged and in communication with your Healthcare Coalition?

Are you utilizing the VHASS Event Board to monitor other evacuation activities in the region?

What external relationships do you have with similar facilities, local emergency management professionals, corporate structures, or the healthcare coalition to assist you in an incident such as this?

What steps can you take now to enhance these relationships in advance of a planned and/or no-notice evacuation or surge event at your facility?

What role do you think the Healthcare Coalition (NSPA) serves in regard to its efforts to assist all regional partners in these types of events?

MODULE 3

(RECOVERY)

After a week of working on the water delivery system, authorities have given the *all clear* for all facilities in the region to resume normal operations. What steps need to take place in order to get patients, residents and staff back to their respective facilities? Discuss the recovery process in regard to transportation needs, transfer of medical records, transfer of medication, business continuity issues, budgetary impacts, staff compensation/overtime implications.

What challenges would you likely face as you begin restoring your facility back to normal operations?

What documentation will be needed to ensure reimbursements/billing is appropriately accounted for?

Who is responsible for tracking all aspects of the recovery process?

For All

What are your immediate actions, concerns and priorities for administration, clinical, plant operations leadership regarding the recovery process?

How have you handled multiple operational periods? Staffing adjustments?

How will you relay to the public that operations are back to normal?

Long-term Care/Hospital and other Residential Facilities

Describe your plans for resuming normal operations pertaining to administrative, clinical, and plant operations standpoint.

How long will this take?

What would long-term plan look like?

Dialysis/Surgery Center/Behavioral Health

What steps will you take to resume normal operations? Describe your protocols for communicating with other providers, patients, physicians, etc. regarding any remaining limitations.

How will you prioritize the more vulnerable patients at your location?

Home Health/Hospice/PACE

What are your first-order procedures to get operational once you have returned patients and staff back to their original locations?

What are your challenges to IT, payroll, and maintaining documentation?

For RHCC

What is your role and responsibility to assist healthcare organizations in the recovery process?

What is the process in place to share critical information across the region to all stakeholders?

FINAL QUESTIONS:

What external relationships do you have with similar facilities, local emergency management professionals, corporate structures, or the healthcare coalition to assist you in an incident such as this?

What steps can you take now to enhance these relationships in advance of a planned and/or no-notice evacuation or surge event at your facility?

What role do you think the Healthcare Coalition (NSPA) serves in regard to its efforts to assist all regional partners in these types of events?

Appendix A: Exercise Participants

To be compiled from attendance sheets at completion of exercise

Appendix B: Acronyms

| Acronym | Term |
|---------|-----------------------------------------------|
| NSPA | Near Southwest Preparedness Alliance |
| EOP | Emergency Operations Plan |
| HVA | Hazard Vulnerability Analysis |
| VDH | Virginia Department of Health |
| VDEM | Virginia Department of Emergency Management |
| VDOT | Virginia Department of Transportation |
| AAR/IP | After Action Report/Improvement Plan |
| CMS | Centers for Medicare & Medicaid Services |
| PACE | Program of All-Inclusive Care for the Elderly |
| RHCC | Regional Healthcare Coordination Center |
| LTC | Long Term Care |
| OCME | Office of the Chief Medical Examiner |
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| | |

Appendix C: AAR Documentation

Instructions

Complete the following sections with information specific to your facility. This information will be used to populate the AAR documentation that NSPA will provide in preparation for the **October 9th AAR Webinar**.

This is NOT your final AAR document. NSPA will send you an AAR with details specific to this exercise. You will be responsible for inputting the facility-specific info from below into the AAR when you receive it.

What was supposed to happen:

(In an ideal situation, how would your facility have handled this scenario?)

What actually occurred:

(Compared to ideal, what were you actually able to do?)

What we did well:

What we need to improve:

(Select the most important 3-5 items)

Plan for improvement:

(For each area of improvement from above, who will address and on what timeline?)