



CVHC Winter Weather TTX

Situation Manual

March 1st, 2018

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.



EXERCISE OVERVIEW

| | |
|--------------------------|---|
| Exercise Name | 2018 CVHC Vulnerable Populations Winter Weather Table Top Exercise |
| Exercise Dates | March 1 st 2018 from 0800 hours to 1200 hours |
| Scope | This exercise is a Tabletop Exercise, planned for four hours at Henrico Public Safety Training Building. Exercise play is limited to participants attending the exercise; no external resources will be utilized. |
| Mission Area(s) | Prevention Response Recovery |
| Core Capabilities | <ul style="list-style-type: none"> • Healthcare and Medical Response Coordination • Continuity of Healthcare Service Delivery |
| Objectives | <ul style="list-style-type: none"> • Identify and Coordinate Resource Needs during an Emergency • Communicate with Healthcare Providers, Non-Clinical Staff, Patients, Family Members during an Emergency • Identify Essential Functions for Healthcare Delivery • Plan for Continuity of Operations • Maintain Access to Non-Personnel Resources during an Emergency • Protect Responders' Safety and Health • Plan for and Coordinate Healthcare Evacuation and Relocation |
| Threat or Hazard | Natural Event: Winter Weather Event |
| Scenario | A winter storm is forecasted to affect Central Virginia over the next 48 hours. Snowfall amounts are predicted to be 12 to 14 inches of snow in most areas, there could be pockets of higher accumulations in some areas. |
| Sponsor | Central Virginia Healthcare Coalition (CVHC) |

Participating Organizations

This tabletop exercise is designed for all CVHC 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

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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 |
|---|--|
| Identify and Coordinate Resource Needs during an Emergency | Healthcare and Medical Response Coordination |
| Communicate with Healthcare Providers, Non-Clinical Staff, Patients, Family Members during an Emergency | Healthcare and Medical Response Coordination |
| Identify Essential Functions for Healthcare Delivery | Continuity of Healthcare Service Delivery |
| Plan for Continuity of Operations | Continuity of Healthcare Service Delivery |
| Maintain Access to Non-Personnel Resources during an Emergency | Continuity of Healthcare Service Delivery |
| Protect Responders' Safety and Health | Continuity of Healthcare Service Delivery |
| Plan for and Coordinate Healthcare Evacuation and Relocation | Continuity of Healthcare Service Delivery |

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.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve **Prevention, Response, and Recovery** efforts. Problem-solving efforts should be the focus.

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 affect their participation. During this exercise, the following apply:

- 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.
- All players receive information at the same time.
- 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.
- Decisions are not precedent setting and may not reflect any organizations final position.
- Time lapses are artificially used to achieve the exercise objectives.

Exercise Rules

This is intended to be a safe, open environment. The problems and challenges are real and there is no “textbook” solution. The following exercise ground rules have been developed to ensure that the goals and objectives are met in a reasonable amount of time and the Tabletop Exercise (TTX) runs smoothly:

- This exercise will be held in an open, low stress, no fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e.,

you may use only existing assets) and insights derived from your training.

- Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve mission area efforts. Problem solving efforts should be the focus, but do not allow issues to dominate so that progress is not hindered. If needed, add those issues to the “parking lot”.
- Keep the exercise’s objectives in mind throughout the exercise.
- Treat the scenario incidents as real events and play your appropriate role.
- Participate openly and focus discussions on appropriate topics – asking questions, sharing thoughts, and offering forward looking, problem solving suggestions are strongly encouraged, as these will enhance the exercise experience and planning efforts.
- Keep your comments focused and consider time constraints.
- Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources.
- Participate in discussions on the issues and procedures flowing from each move presented.
- Exercise controllers and facilitators as needed will convey additional rules for the exercise as needed.

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.

MODULE 1

Mon 0800 hrs. The National Weather Service out of Wakefield is reporting an impending winter storm event with a high likelihood to impact the entire region beginning Tuesday evening.

The impacts are forecasted to be significant snowfall with accumulations of 12-14 inches of snow covering a widespread area encompassing your facility.

Temperatures have been cold for several days and are forecast to remain so for the next couple of weeks.

QUESTIONS

For All

How will this affect your organization from an administrative standpoint?

Clinical standpoint?

Patient standpoint?

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

What are you communicating with staff, patients, residents, families, volunteers?

How is this communication taking place?

Is your facility capable to sustaining itself for 72 to 96 hours after an event?

What is your facilities plan for a power loss during an event?

What are your policies for staff scheduling in this situation?

At your facility, who is responsible for communications, supplies, staffing, clinical decisions, etc.?

For Nursing Homes/Hospitals and other Residential Facilities

What are your shelter-in-place preparations?

What facility concerns do you have now?

For Home Care/Hospice/PACE

What are current policies and procedures concerning personal preparedness for your critical staff?

What are current policies and procedures concerning personal preparedness for your patients that are home bound?

How will you continue to provide care to your patients if travel is limited? If you are primary business, location is impacted.

For Dialysis/Surgery Center/Behavioral Health

What are your procedures for impending weather?

What are your triggers for implementation of these procedures?

MODULE 2

Wed 0600 hrs. The region has experienced a snowfall event exceeding the original forecast. The majority of the region received over 20 inches of snow with additional amounts falling in the higher elevations. Snow continues to fall and is expected to do so until 2100 hrs. tonight.

Traffic is largely impossible – even for 4x4 vehicles. Local and state emergency management organizations are advising against all unnecessary travel to expedite snow removal. VDOT reports their first priority will be major thoroughfares and arterial routes. They state they hope to have most primary roads cleared by 0800 hrs. Thursday. Secondary roads are expected to be cleared within 48 hours of the end of the snowfall.

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.

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

What is your messaging?

Are you participating in regional situation reports?

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

For Nursing Homes/Hospitals and other Residential Facilities

What is your resource burn rate for critical resources (food, meds, linens, staff, and generator fuel)?

For Home Care/Hospice/PACE

What is your policy for checking on patients following the storm?

- How do you contact them?

How do you handle patients who need daily care but you are unable to reach them?

- How do you contact your local emergency manager?

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 when the roads begin to clear?

MODULE 3

Sat 1100 hrs. The majority of roadways are now passable for most vehicles.

An unexpected warm-up occurred yesterday, assisting with snowmelt on the ground. Temperatures dropped again overnight and a major concern at this point is ice buildup on roofs of homes, businesses, etc.

Heavy ice/snow loads at your primary business location have caused structural damage (details and required actions below)

For All

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

How have you handled multiple operational periods?

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?

Due to structural damage at your primary location:

Long-term Care/Hospital and other Residential Facilities:

You must internally relocate 10% of your residents because their rooms have been rendered uninhabitable.

Describe your plans for this internal surge from an administrative, clinical, and plant operations standpoint.

How long will this take?

What would long-term plan look like?

Dialysis/Surgery Center/Behavioral Health

Your facility capacity (throughput) has been decreased by 50% for the foreseeable future.

Describe your protocols for communicating with other providers, patients, physicians, etc. regarding your current limitations.

How will you prioritize vulnerable patients at your location?

Home Health/Hospice/PACE

Your primary business location is unusable with roof collapse rendering most of your property damaged.

What are your first-order procedures to get operational in a new space?

What are your IT challenges?

What downstream challenges will this location change if it lasts three weeks?

Appendix A: Exercise Participants

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|---|
| American Renal Associates |
| American Renal Associates Raceway |
| ARA - East Henrico Dialysis Center |
| ARA Mechanicsville |
| ARA Mechanicsville Dialysis |
| ARA Westhampton Dialysis |
| Covenant Woods Continuing Care |
| Covenant Woods Retirement Community |
| DaVita Mechanicsville |
| Fresenius Kidney Care |
| Fresenius Kidney Care-Goochland |
| Fresenius Kidney Care-Laurel Park |
| Fresenius Kidney Care-Mechanicsville |
| Fresenius Kidney Care-West End |
| Fresenius Kidney Care-West Leigh |
| Glenburnie Rehab and Nursing Center |
| Heritage Hall - Blackstone |
| Kindred at Home |
| Riverside PACE MacTavish |
| Riverside PACE Richmond |
| Sentara Halifax Home Health and Hospice |
| Sentara Halifax Regional Hospital |

Appendix B: Acronyms

| Acronym | Term |
|---------|---|
| CVHC | Central Virginia Healthcare Coalition |
| 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 | After Action Review |
| PACE | Program of All-Inclusive Care |
| IT | Information Technology |
| RHCC | Regional Healthcare Coordination Center |

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 Central Virginia Healthcare Coalition will provide in preparation for the AAR Webinar that will be hosted on March 27th, 2018.

This is NOT your final AAR document. Central Virginia Healthcare Coalition 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?
