

VCU School of Nursing Tabletop Exercise Situation Manual (SitMan)



April 9th, 2019



EXERCISE OVERVIEW

Exercise Name	VCU SON Tabletop Exercise
Exercise Dates	April 9, 2019
Scope	This exercise is a Tabletop Exercise planned for three hours. Exercise play is limited to participating agencies and information provided in the Situation Manual.
Mission Area(s)	Protection, Mitigation, Response, and/or Recovery
Core Capabilities	Health and Social Services
Objectives	<p>Objective 1: Understand facility and community-based procedures in preparation for a spring/summer weather event.</p> <p>Objective 2: Understand facility and community-based activation and communication protocols during a spring/summer storm event.</p> <p>Objective 3: Understand secondary effects of a spring/summer storm event that spans multiple operational periods.</p>
Threat or Hazard	Natural event: Spring/summer weather event
Scenario	Spring/summer weather event affecting Metro Richmond
Sponsor	Central Virginia Healthcare Coalition (CVHC)
Participating Organizations	This tabletop exercise is designed for School of Nursing, VCU
Point of Contact	Central Virginia Healthcare Coalition (CVHC)

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 a severe weather scenario to determine how your facility would prepare, paying special attention to your emergency response plan, capabilities, and staff responsibilities.	Health and Social Services
Identify the strengths and weaknesses in your plans for activation of facility-based emergency operations in response to a severe weather event. Points of focus include administrative, clinical and plant engineering as well as communication with community-based agencies.	Health and Social Services
Identify and understand the secondary effects of a large-scale spring/summer weather event paying close attention to planning and logistics over multiple operational periods.	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 affect their participation. During this exercise, the following apply:

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.
- Participants may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
- Decisions are not precedent setting and may not reflect the organization's final position.
- Time lapses are artificially used to achieve the exercise objectives.

Artificialities

During this exercise, the following artificialities apply:
Exercise communication and coordination is limited to the participating exercise organization and the Regional Healthcare Coordination Center.

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

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 Point of Contact (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.

EXERCISE SCHEDULE

April 9, 2019

Time	Activity
1	Welcome and Exercise Briefing
2	Module One
3	Module Two
4	Module Three
5	Debrief & Hotwash

MODULE 1

This morning at 0800 hrs. The National Weather Service (NWS) out of Wakefield is reporting the following;

There is a risk of severe storms across much of Central Virginia (VA) and the Piedmont from mid-afternoon into tonight. The severe risk extends into the Tidewater and Hampton Roads areas. Primary threats will be damaging winds, isolated tornadoes and frequent lightning.

There is also a risk of Flash Flooding across all of Central VA, Tidewater, and Hampton Roads. Storms will produce very heavy rainfall later this afternoon and into tonight. Some locations may experience several rounds of storms resulting in flash flooding. Some areas across Central VA received 2 to 5 inches or more of rain yesterday and last night. Many area creeks and streams are already swollen. This could lead to the rapid development of flash flooding from heavy rainfall.

The primary timing of the severe weather and flood threat is from 1400 (2 pm) today through midnight tonight.

QUESTIONS

1. How will this affect your organization from an administrative standpoint? Clinical standpoint?
2. How and where do you establish your command center to activate your Emergency Operations Plan?
3. What would your incident command system (ICS) structure look like?
4. What are you communicating with staff, patients, residents, families, volunteers? How is this communication taking place?
5. What facility concerns do you have now?
6. What are current policies and procedures concerning personal preparedness for your critical staff?
7. How will you continue to provide care to your patients if travel is limited? If your primary business location is impacted? Maintain business continuity?
8. What are your procedures for impending weather?

9. What are your triggers for implementation of these procedures?

10. What are your policies for staff scheduling in this situation?

11. Who's responsible for the above – including communications, supplies, staffing, clinical decisions, etc.?

12. What is the procedure for protect-in-place? How would you prepare residents?

MODULE 2

Weather reports indicate that the barometric pressure is dropping rapidly. Reports predict heavy rain, hail, lightning, and wind gusts up to 45 mph. The storm front is approaching from the southwest at 10 mph and is now producing severe thunderstorms and golf ball size hail at Richmond International Airport. They have received over an inch of rain in the past hour. Based on worsening conditions, the NWS issues a Tornado Watch for the City of Richmond and surrounding jurisdictions until 2000 hrs. Local media outlets are broadcasting the tornado watch, including shots of Doppler radar images and live reports near the severe weather.

1600 hours

Local media Doppler radar systems indicate a thunderstorm circulation with strong winds blowing in and away from the west indicating to forecasters that a tornado is highly possible. The National Weather Service issues a Tornado Warning for the City of Richmond, In addition, local authorities use the Integrated Public Alert and Warning System (IPAWS) advising residents to immediately seek shelter underground and away from windows. Virginia Commonwealth University activates their Outdoor Warning System. Within minutes, the 9-1-1 Call Center receives numerous reports of people describing what appears to be a tornado. The 9-1-1 Call Center advises callers to take cover, forwarding information about these potential tornado sightings to the Emergency Operations Center (EOC). Simultaneously, neighboring Public Safety Answering Points (PSAPs) notify dispatch that they have activated their warning systems.

QUESTIONS

1. What are your immediate actions, concerns and priorities for:
 - Administration
 - Clinical
 - Plant Operations
2. Have you activated your EOP? Describe your command structure.
3. What is your resource burn rate for critical resources (food, meds, linens, staff, generator fuel)?
4. How do you communicate with local emergency management?
5. What arrangements do you have to transfer care to an unaffected facility if necessary?
6. How are you communicating with staff, patients, patients' families, the public? What is your messaging? Are you participating in regional situation reports?
7. What is the importance of providing/acquiring a regional status report?

MODULE 3

The tornado dissipated at **1648**, although pockets of heavy rain continue to move northeast. Skies remain cloudy, but storm conditions have largely diminished across the region. Initial analysis by the NWS concludes the tornado traveled over 12 miles in approximately 30 minutes. With an estimated wind speed of 190 miles per hour, it has been preliminarily estimated to be an EF4.

The community has experienced extensive power outages. Many of the streets are blocked by debris and downed power lines. Standing water is also making some streets impassable.

Your facility has sustained some damage. Some windows have cracked but are still intact. Roof leaks have impacted several portions of the building. The facility is on emergency generator power.

Second shift staff are reporting that it will be difficult if not impossible to report to work on time due to the road conditions.

QUESTIONS

1. What are your immediate actions, concerns and priorities for administration, clinical, plant operations leadership?
2. How have you handled staffing during multiple operational periods?
3. Due to structural damage at your primary location:

Discuss steps necessary to 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 the long-term plan look like?
4. What external relationships do you have with similar facilities, local emergency management professionals, corporate structures, and/or the healthcare coalition to assist you in an incident such as this?

Appendix A: Exercise Participants

To be compiled from attendance sheets at completion of exercise

Appendix B: Acronyms

Acronym	Term
CVHC	Central Virginia Healthcare Coalition
EOP	Emergency Operations Plan
AAR/IP	After Action Report/Improvement Plan
EOC	Emergency Operations Center
PSAP	Public Safety Answering Point
NWS	National Weather Service
AAM	After Action Meeting
ICS	Incident Command System
EEG	Exercise Evaluation Guide
POC	Point of Contact
IPAWS	Integrated Public Alert and Warning System

Appendix C: After Action Report/Improvement Plan (AAR/IP) Documentation

Instructions

Complete the following sections with information specific to your facility. This information will be used to populate the AAR/IP documentation that the Central Virginia Healthcare Coalition will provide in preparation for a formal AAR/IP.

This is NOT your final AAR/IP document. Central Virginia Healthcare Coalition will send you an AAR/IP with details specific to this exercise. You will be responsible for inputting the facility-specific info from below into the AAR/IP 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: (3-5 items)

Plan for improvement:

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