



**CVHC**  
CENTRAL VIRGINIA HEALTHCARE COALITION

2019 Exercise Series  
Heatwave  
Table Top Exercise (TTX)  
Situation Manual (SITMAN)

## EXERCISE OVERVIEW

<b>Exercise Name</b>	2019 Exercise Series: Heat Wave TTX for Long Term Care Facilities
<b>Exercise Dates</b>	June 13, 2019
<b>Scope</b>	This exercise is a Tabletop Exercise planned for 2 hours. Exercise play is limited to participating agencies and information provided in the Situation Manual.
<b>Mission Area(s)</b>	Protection, Mitigation, Response, and/or Recovery
<b>Core Capabilities</b>	Health and Social Services
<b>Objectives</b>	<p>Objective 1: Understand facility and community-based procedures in preparation for an extreme temperature heat related event.</p> <p>Objective 2: Understand facility and community-based activation and communication protocols during an extreme heat related event.</p> <p>Objective 3: Understand secondary effects of an extreme heat event that spans multiple operational periods.</p>
<b>Threat or Hazard</b>	Natural event: Temperature Extremes (Heat Related)
<b>Scenario</b>	Heatwave affecting large portion of Central Virginia
<b>Sponsor</b>	CVHC
<b>Participating Organizations</b>	This tabletop exercise is designed for members of the staff in participating facilities who would be responsible for activating the facility’s Emergency Operations Plan and staffing the facility’s Emergency Command Center utilizing incident management policies and procedures.

**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
Discuss a severe heatwave 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 an extreme heatwave 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, wide-spread extreme heat related 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.
- 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.

### 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.

## 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.

## EXERCISE SCHEDULE

**June 13, 2019**

<b>Time</b>	<b>Activity</b>
<b>1000-1020</b>	<b>Welcome and Exercise Briefing</b>
<b>1020-1045</b>	<b>Module One</b>
<b>1045-1115</b>	<b>Module Two</b>
<b>1115-1145</b>	<b>Module Three</b>
<b>1145-1200</b>	<b>Debrief &amp; Hotwash</b>

**Rationale:**

"Extreme Heat often results in the highest number of annual deaths among all weather-related hazards," (www.Ready.gov, 2018). In most regions of the United States, extreme heat is defined as a multi-day period of high heat and humidity with temperatures above 90 degrees. In extreme heat, due to slowed evaporation, the body must work extra hard to maintain a normal temperature. This can lead to extreme health risks and/or death. Extreme temperatures also increase the demand on public utilities and facility or home utility systems to perform under harsh conditions, leading to a higher potential for failure of these systems.

## MODULE 1

Monday 0800 hrs.: The National Weather Service out of Wakefield is reporting an impending extreme heat event and high humidity centered in the North East and expanding over much of the United States to begin tomorrow, Tuesday. Central Virginia is amongst one of the highest threat areas for increased humidity during the heatwave.

The impacts are unknown at this time but projected to increase a public health threat to the widespread area encompassing your facility.

Temperatures have been greater than 95\* F for two days and forecast to remain so for the next couple of weeks.

## QUESTIONS

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

How and where do you establish your command center to activate your Emergency Operations Plan? What about the Incident Command System?

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

What are your shelter-in-place preparations?

What facility concerns do you have now?

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

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

What are your procedures for impending weather?

What are your triggers for implementation of these procedures?

What are your policies for staff scheduling in this situation?

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

## MODULE 2

Wednesday 0600 hrs.: The region has experienced a extreme temperatures exceeding the original forecast. The majority of the region marked in at greater than 105\* F and 75% humidity during sunlight hours. Today's heat index is 80, temperature is 112\*F and will not reach under 100 until after 2100 tonight.

State-wide water restrictions are in effect

Cooling shelters full

Power grid failure / black out to Greater Richmond Area

Wild fires have sprung up in many local farming areas

Local officials are urging for the cancelation of all unnecessary outdoor events

## QUESTIONS

What are your immediate actions, concerns and priorities for:

- Administration
- Clinical
- Plant Operations

Have you activated your EOP? Describe your command structure.

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

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?

Have you been able to communicate with vendors that provide critical supplies? What issues do you potentially have to address regarding this issue?

## MODULE 3

Saturday 1100 hrs.:

Generator failure do to explosion at VCU Health – on power failure grid

And Covenant Woods building damage due to fire / loss water access

### **For All**

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

How have you handled multiple operational periods?

### **Due to structural damage at your primary location:**

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?

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?

## Appendix A: Exercise Participants

To be compiled from attendance sheets at completion of exercise

## Appendix B: Acronyms

Acronym	Term
RHCC	Regional Healthcare Coordination Center
EOP	Emergency Operations Plan
HVA	Hazard Vulnerability Analysis
VDH	Virginia Department of Health
DEM	Virginia Department of Emergency Management
VDOT	Virginia Department of Transportation
AAR	After Action Report
CVHC	Central Virginia Healthcare Coalition

## Appendix C: AAR Documentation

### Instructions

Complete the following sections with information specific to your facility.

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:

### 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?)