



2018 - 2022

MULTI-YEAR TRAINING & EXERCISE PLAN (MYTEP)

The Multi-Year Training and Exercise Plan (MYTEP) is a document that establishes overall **exercise program priorities and outlines in a multi-year schedule of training and exercise activities** designed to address those priorities and validate core capabilities.

The MYTEP involves an increasing level of complexity over the ensuing five years and is reviewed on an annual basis to ensure that the exercises are developed, conducted, and evaluated using tenets from the Homeland Security Exercise Evaluation Program (HSEEP).

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Record of Changes

The Central VA Healthcare Coalition maintains the MYTEP as a living document intended to be annually reviewed and revised, with input from all coalition stakeholders.

Plan Review, Evaluation, and Changes		
Date of Change	Distribution	Description of Change
11/16/18	See attendance	MYTEP Workshop 2018 held
12/01/18	12/14/18	Plan draft review
12/26/18	12/26/18	Plan draft review
01/02/19	01/09/19	Course offering review / approval
01/09/19	N/A	MYTEP added to annex of CVHC Preparedness and Response Plan
01/09/19	01/09/19	MYTEP draft sent to CVHC members and partners for review prior to approval at 01/25/19 CVHC meeting
01/10/19	01/10/19	Edits to course offering
01/25/19	01/25/19	Approval of current MYTEP at CVHC monthly meeting by quorum
06/28/19	06/28/19	Update of course calendars and coordinator POC
09/17/19	09/17/19	Held annual MYTEP Workshop, solicited input from members / partners, based on polling determined updated MYTEP for FY20 (July 19 – July 20)
09/24/19	09/24/19	Proposed annual update to MYTEP presented to CVHC Program Director
10/08/19	10/08/19	Updated with poll data from MYTEP workshop 2019
09/22/20	09/22/20	Held annual MYTEP Workshop, solicited input from members / partners, based on polling determined updated MYTEP for FY20 (July 19 – July 20)
11/11/20	11/11/202	Updated MYTEP plan with Workshop information, approved by Executive Board
09/07/21	09/07/21	Held MYTEP Workgroup meeting with stakeholders
09/21/21	09/21/21	Held annual MYTEP Workshop, solicited input from members / partners, based on polling
10/14/21	10/14/21	Updated MYTEP plan with Workshop information, approved by Executive Board

Table of Contents

1. Preface..... 4

2. Points of Contact..... 4

3. MYTEP Workshop Dates..... 4

4. Purpose..... 5

5. Program Priorities..... 6

1. HCC – Level Specialty Surges.....6

2. Regional Threats and Hazards.....7

 2.1. Corresponding Core Capabilities 7

 2.2. Rationale – Hazards Vulnerability Assessment..... 7

 2.3. Annual Courses to be Continued..... 8

 2.4. Individual Facility / District Training Goals 8

6. MYTEP Results 8

1. 2018.....8

 1.1. CVHC HVA Top 5..... 8

 1.2. Regional Threats and Hazards..... 8

 1.3. Additional External Courses of Interest (Low Priority) 9

2. 2019.....9

 1.1. CVHC HVA Top 5..... 10

 1.2. Regional Threats and Hazards..... 10

 1.3. Additional External Courses of Interest (Low Priority) 10

3. 2020.....11

 1.1. CVHC HVA Top 5..... 11

 1.2. Regional Threats and Hazards..... 11

 1.3. Additional External Courses of Interest (Low Priority) 13

4. 2021.....13

 1.1. CVHC HVA Top 5..... 13

 1.2. Regional Threats and Hazards..... 13

7. Methodology and Tracking..... 14

Appendix A – ASPR Four Health Care Preparedness and Response Capabilities..... 16

1. Preface

The role of the Multi-Year Training and Exercise Plan (MYTEP) is to document an organizations overall training and exercise program priorities for a specific multi-year time period. It is considered to be a living document that can be updated and refined annually by the Central Virginia Healthcare Coalition (CVHC) Members and the CVHC Executive Board prior to approval.

It is the responsibility of the CVHC Preparedness, Exercise, and Training Coordinator to develop and administer the MYTEP after conduction of a Multi-Year Training and Exercise Plan Workshop (MYTEPW).

The MYTEPW is held annually and is open for attendance by all CVHC Members and Stakeholders. Each member facility, agency, or organization participates in order for a complete analysis and collective representation of regional risks and needs. The items identified in the workshop guide the training and exercise opportunities funded through the CVHC and the Hospital Preparedness Program (HPP) over the defined funding years which are outlined in the MYTEP.

2. Points of Contact

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3. MYTEP Workshop Dates

- November 16, 2018
- September 17, 2019
- September 22, 2020
- September 21, 2021

4. Purpose

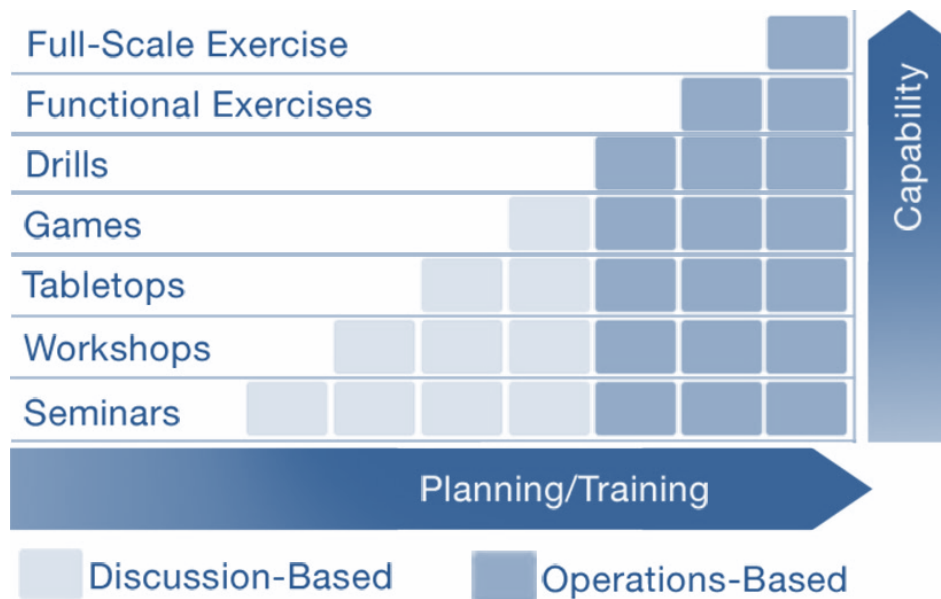
The purpose of the MYTEP is to document an organization’s overall training and exercise program priorities for a specific multi-year time period. It is considered to be a living document that can be updated and refined annually. These priorities are linked to corresponding ASPR Healthcare Preparedness and Response Capabilities, and, if applicable, a rationale based on existing strategic guidance, threat assessments, corrective actions from previous exercises, or other factors. This Multi-year TEP identifies the training and exercises that will help Central Virginia Healthcare Coalition build and sustain the core capabilities needed to address its training and exercise program priorities.

The Multi-year TEP should lay out a combination of progressively building exercises – along with the associated training requirements – which address the priorities identified in the Training and Exercise Planning Workshop (TEPW). A progressive, multi-year exercise program enables organizations to participate in a series of increasingly complex exercises, with each successive exercise building upon the previous one until mastery is achieved. Further, by including training requirements in the planning process, organizations can address known shortfalls prior to exercising capabilities.

A Multi-year TEP may also serve as a follow-on companion document state, local, and member-facility based planning or strategy. The MYTEP can provide a roadmap for CVHC to follow in accomplishing the priorities described therein.

Included in this Multi-year TEP is a training and exercise schedule, which provides a graphic illustration of the proposed activities scheduled for the years 2018 through 2022.

The MYTEP is developed on progressive principles of The Homeland Security Exercise and Evaluation Program (HSEEP) model pictured below.



Model 1

5. Program Priorities

The MYTEP workshop conducted annually, identifies needs for regional training through conduction of guided data polling of both regional and facility / agency and hazard vulnerability analysis. Discussion and review of existing strategy documents, threat and hazard identification and risk assessments, capabilities assessments, past After-Action Reports (AARs) and Improvement Plans (IPs) informed the development of the Consolidated Priorities. Additionally, ASPR guidance on the five-year outlined HCC-Level Specialty Surge Annexes were considered for MYTEP planning and application.

Table 1

1. HCC – Level Specialty Surges		Date
FY19 – Pediatrics	IS – 366: Planning for the Needs of Children in Disasters	09/10/2020
	CVHC Pediatric TTX – MCI	09/28/2020
	TEEX MGT 439: Pediatric Disaster Response and Emergency Preparedness	10/19/2020 – 10/20/2020
FY20 – Infectious Diseases	MGT-319 Medical Countermeasure Point of Dispensing Planning and Response course (VILT Course)	11/17/2020 – 11/18/2020
	NETEC Webinars (x24)	01/21-12/21
	Webinar: Past, Present, and Future of Crisis Standards of Care	06/30/2021
FY21 – Burn		
FY22 – Radiation		
FY23 - Chemical		

2. Regional Threats and Hazards

2.1. Corresponding Core Capabilities

The Assistant Secretary for Preparedness and Response (ASPR) developed four high-level objectives that the nation's health care delivery system, including CVHC and individual health care organizations, should undertake to prepare for, respond to, and recover from emergencies. These capabilities illustrate the range of preparedness and response activities that, if conducted, represent the ideal state of readiness in the United States¹. CVHC will use these objectives to develop, teach, or find appropriate classes during the defined funding years of this document.

- Capability 1: Foundation for Health Care and Medical Readiness
- Capability 2: Health Care and Medical Response Coordination
- Capability 3: Continuity of Health Care Service Delivery
- Capability 4: Medical Surge

Capability description and definition can be found in Annex A.

2.2. Rationale – Hazards Vulnerability Assessment

A hazard vulnerability analysis (HVA) is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system's ability to provide these services. This assessment may also include estimates of potential injured or ill survivors, fatalities, and post-emergency community needs based on the identified risks.

CVHC sends out an HVA to all stakeholders annually via email, or more recently a web based fillable form. The general principals include:

- CVHC members will participate in the HVA process, using a variety of HVA tools²
- The HVA process will be coordinated with state and local emergency management organization assessments (e.g., Threat and Hazard Identification and Risk Assessment, THIRA)³ and / or any public health hazard assessments (from CVHC jurisdictions). The intent is to ensure completion, share risk assessment results, and minimize duplication of effort
- CVHC will solicit input from their health care facilities, EMS, and other health care organizations for the development of the regional HVA based on their facilities' or organizations' HVAs

¹ 2017-2022 Health Care Preparedness and Response Capabilities. (2017). Retrieved from <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

² ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools. (2018). Retrieved from <https://files.asprtracie.hhs.gov/documents/aspr-tracie-evaluation-of-hva-tools-3-10-17.pdf>

³ National Risk and Capability Assessment. (2020). Retrieved from <https://www.fema.gov/emergency-managers/risk-management/risk-capability-assessment>

- The assessment components will include regional characteristics, such as risks for natural or man-made disasters, geography, and critical infrastructure
- The assessment components will address population characteristics (including demographics), and consider the vulnerable populations who might require additional help in an emergency, such as children; pregnant women; seniors; individuals with access and functional needs, including people with disabilities; and others with unique needs

2.3. Annual Courses to be Continued

- VHASS Communications Drill for MVP – Monthly
- Hospital CRISiS Roll Call Drill – Monthly
- VHASS Training – Monthly
- Coalition Surge Test – Annually
- HERT – At partner / member hospital – As needed
- ABLS – At partner / member hospital – Twice annually
- HICS / HIMT CVHC Course – As needed

2.4. Individual Facility / District Training Goals

Each participant had the opportunity to create individual and district training goals during the regional MYTEPW

6. MYTEP Results

1. 2018

The MYTEP Workshop conducted on November 16, 2018, identified the following needs for the MYTEP through conduction of guided gap analysis of both jurisdiction-based groups and facility / provider type groups. Discussion and review of existing strategy documents, threat and hazard identification and risk assessments, capabilities assessments, and past After-Action Reports (AARs) and Improvement Plans (IPs) informed the developed of the Consolidated Priorities.

1.1. CVHC HVA Top 5

1. Tornado
2. Power Outage
3. Water Disruption
4. Seasonal Influenza
5. Patient Surge

1.2. Regional Threats and Hazards

- 1) **Severe Weather** – can occur in any part of the region and at any time. Severe weather includes hazardous conditions produced by thunderstorms, damaging winds, tornadoes, hail, flash flooding and flooding, wind, snow, sleet, and or/freezing wind.
 - a) Supporting Training Courses and Exercises:
 - i) AWR 331: Winter Weather Hazards – Science and Preparedness (NDPC)
 - ii) AWR 308: Natural Disaster Awareness for Caregivers (NDPTC)
 - iii) AWR 343: Hurricane Awareness (NDPTC)

- iv) IS 271: Anticipating Hazardous Weather & Community Risk, 2nd Edition
 - v) 2019 HPP Exercise Series – Tabletop (TTX)
- 2) **Communications Failure** – With heavy reliance on technology coinciding with increasing numbers of natural disasters interrupting our stream of digital communications in the present day, the lack of an effective communications system during a disaster or in and of itself can be massive emergency in the healthcare setting. Mitigating and planning for congestion of services, loss of services, network failures, power supply disruptions and knowing potential resources and redundancies must be strategic to improve emergency preparedness.
- a) Supporting Training Courses and Exercises:
 - i) IS-242.B: Effective Communication
 - ii) NIMS 2017
 - iii) IS-802: Communications (ESF-2)
 - iv) CVHC Preparedness Course: Satellite Phone Specific Training
 - v) CVHC Preparedness Course: VHASS Training (monthly)
 - vi) Monthly RHCC Communications Exercise
- 3) **Surge Event** - Areas such as Central Region with a span of metropolitan and rural areas hosting large events must be prepared to manage large numbers of casualties related to major incidents. Managing patient distribution to trauma centers, utilizing standalone healthcare facilities, understanding hospital capacities, resource availability, coalition and RHCC support functions, and family reunification all important areas of focus in the healthcare setting.
- a) Supporting Training Courses and Exercises:
 - i) ICS 300 & 400
 - ii) CVHC Preparedness Course: HIMT / HICS Review Course
 - iii) 2019 HPP Exercise Series – Full Scale Exercise (FSE)
- 4) **Man Made Threat: Civil Unrest / Active Shooter** – Civil unrest nearby or active shooter events in healthcare settings present many unique challenges from large numbers of vulnerable patient populations, hazardous materials, infectious diseases, secure units, and other special challenges such as weapons and Magnetic Resonance Imaging (MRI) machines, as well as implication when caregivers are unable to respond to treat victims or continue providing care.
- a) Supporting Training Courses and Exercises:
 - i) CHEC I/II/III
 - ii) ICS – 354: Facility Unit Leader
 - iii) DHS: Active Shooter Workshop
 - iv) Civil Unrest Functional Exercise

1.3. Additional External Courses of Interest (Low Priority)

1. HCL MGT – 901: Healthcare Leadership for Mass Casualty Incidents ICE (HCL)
2. HERT-B TtT AWR-901: Hospital Emergency Response Training for Mass Casualty Incidents - Basic Train-the-Trainer HERT-B TtT / ICE (HERTtT)
3. FRAME AWR-900: Framework for Healthcare Emergency Management (FRAME)

2. 2019

The MYTEP Workshop conducted on September 17, 2019, identified the following needs for the MYTEP through conduction of guided data polling of both regional and facility / agency hazard vulnerability analysis. Discussion and review of existing strategy documents, threat and hazard identification and risk assessments, capabilities assessments, past After-Action Reports (AARs) and Improvement Plans (IPs) informed the developed of the Consolidated Priorities. Additionally, ASPR guidance on the five-year outlined HCC-Level Specialty Surge Annexes were considered for MYTEP planning and application (See *Table 1*).

1.1. CVHC HVA Top 5

1. Tornado
2. Power Outage
3. Water Disruption
4. Seasonal Influenza
5. Patient Surge

1.2. Regional Threats and Hazards

1) Tornado

- a. Supporting Training Courses and Exercises:
 - i. IS-319: Tornado Mitigation Basics for Mitigation Staff – I Hour ONLINE, FREE
 - ii. AWR 326: Tornado Awareness – 8 Hours (NDPTC Mobile) COST
 - iii. AWR 343: Hurricane Awareness – 4 Hours (NDPTC Mobile) COST
 - iv. AWR 308: Natural Disaster Awareness for Caregivers – 4 Hours (NDPTC Mobile) COST

2) Power Outage

- a. Supporting Training Courses and Exercises:
 - i. National Infrastructure Advisory Council: Surviving a Catastrophic Power Outage
 - ii. Guest Speaker – Carter Machinery – October 2019
 - iii. Preparedness Awareness Paper

3) Water Disruption

- a. Supporting Training Courses and Exercises:
 - i. Workshop / Regional Planning Session
 - ii. Guest Speaker: Brian Epperson spoke to water issue
 - iii. Preparedness Awareness Paper
 - iv. [CDCs Emergency Water Supply Planning Guide for Hospitals](#)
 - v. [Emergency Planning for Water Providers and Healthcare Facilities, Journal AWWA, Vol. 102. No. 1](#) \$7.00

1.3. Additional External Courses of Interest (Low Priority)

1. HCL MGT – 901: Healthcare Leadership for Mass Casualty Incidents ICE (HCL)
2. HERT-B TtT AWR-901: Hospital Emergency Response Training for Mass Casualty Incidents - Basic Train-the-Trainer HERT-B TtT / ICE (HERTtT)

3. FRAME AWR-900: Framework for Healthcare Emergency Management (FRAME)

3. 2020

The MYTEP Workshop conducted on September 22, 2020, identified the following needs for the MYTEP through conduction of guided data polling of both regional and facility / agency hazard vulnerability analysis. Discussion and review of existing strategy documents, threat and hazard identification and risk assessments, capabilities assessments, past After-Action Reports (AARs) and Improvement Plans (IPs) informed the developed of the Consolidated Priorities. Additionally, ASPR guidance on the five-year outlined HCC-Level Specialty Surge Annexes were considered for MYTEP planning and application (See *Table 1*).

1.1. CVHC HVA Top 5

1. Infectious Disease
2. Severe Thunderstorm
2. Winter storm
3. Tornado
4. Communications Failure

1.2. Regional Threats and Hazards

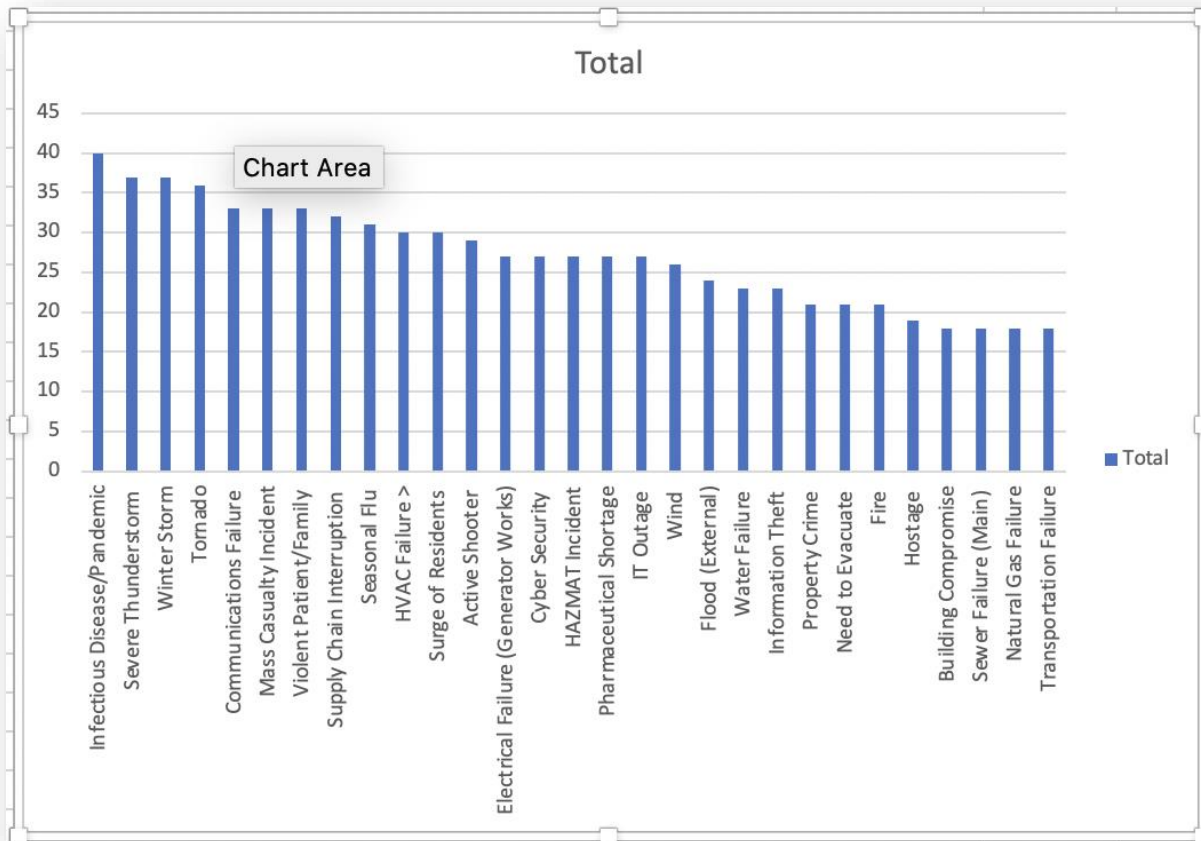


Figure 1: Regional HVA Results 2020

Values	
Infectious Disease/Pandemic	40
Severe Thunderstorm	37
Winter Storm	37
Tornado	36
Communications Failure	33
Mass Casualty Incident	33
Violent Patient/Family	33
Supply Chain Interruption	32
Seasonal Flu	31
HVAC Failure >	30
Surge of Residents	30
Active Shooter	29
Electrical Failure (Generator Works)	27
Cyber Security	27
HAZMAT Incident	27
Pharmaceutical Shortage	27
IT Outage	27
Wind	26
Flood (External)	24
Water Failure	23
Information Theft	23
Property Crime	21
Need to Evacuate	21
Fire	21
Hostage	19
Building Compromise	18
Sewer Failure (Main)	18
Natural Gas Failure	18
Transportation Failure	18

Figure 2: Regional HVA Table Result 2020

1) Infectious Disease

- a. Supporting Training Courses and Exercises:
 - i. Hospital Emergency Response Training for Mass Casualty Incidents – 8 Hours (01/31/20)
 - ii. MVP Pandemic TTX Exercise – 4 Hours (03/20/20 & 04/03/20)

- iii. Respiratory Protection Part 4: Respiratory Implementation Considerations – 1 Hour (05/20/2020)
- iv. VDH: N95 Train the Trainer Fit Testing – 4 Hours (11/03/2020)
- v. Medical Countermeasures POD Planning and Response VILT Course – 16 hours (12/08/20 – 12/09/20)

2) Weather Extremes

- a. Supporting Training Courses and Exercises:
 - i. Exercise Series: Tropical Storm – 4 Hours (02/25/20, 02/26/20, 02/27/20)
 - ii. COVID19 Pandemic Operational Guidance for the 2020 Hurricane Season – 2 Hours 05/20/20
 - iii. Patient Tracking Seminar – 2 Hours (08/19/20)
 - iv. Hurricane Preparedness in a Pandemic TTX – 4 Hours (08/18/21 & 11/10/20)

3) Communications Failure

- a. Supporting Training Courses and Exercises:
 - i. Monthly VHASS MVP Communications Drill – 4 Hour (01/21 – 12/20)
 - ii. Monthly VHASS CRISiS Radio Communications Drill – 1 Hour (01/21 – 12/20)

1.3. Additional External Courses of Interest (Low Priority)

- 1. Intro to HICS for Long Term Care and Hospitals
- 2. ICS 300 and 400
- 3. HERT-B TtT AWR-901: Hospital Emergency Response Training for Mass Casualty Incidents - Basic Train-the-Trainer HERT-B TtT / ICE (HERTtT)
- 4. FRAME AWR-900: Framework for Healthcare Emergency Management (FRAME)

4. 2021

The MYTEP Workshop conducted on September 21, 2021, identified the following needs for the MYTEP through conduction of guided data polling of both regional and facility / agency hazard vulnerability analysis. Discussion and review of existing strategy documents, threat and hazard identification and risk assessments, capabilities assessments, past After-Action Reports (AARs) and Improvement Plans (IPs) informed the developed of the Consolidated Priorities. Additionally, ASPR guidance on the five-year outlined HCC-Level Specialty Surge Annexes were considered for MYTEP planning and application (See *Table 1*).

1.1. CVHC HVA Top 5

- 1. Seasonal Flu / Pandemic
- 2. IT / Comms Failure
- 3. Weather Extremes
- 4. Patient Surge
- 5. Fire

1.2. Regional Threats and Hazards

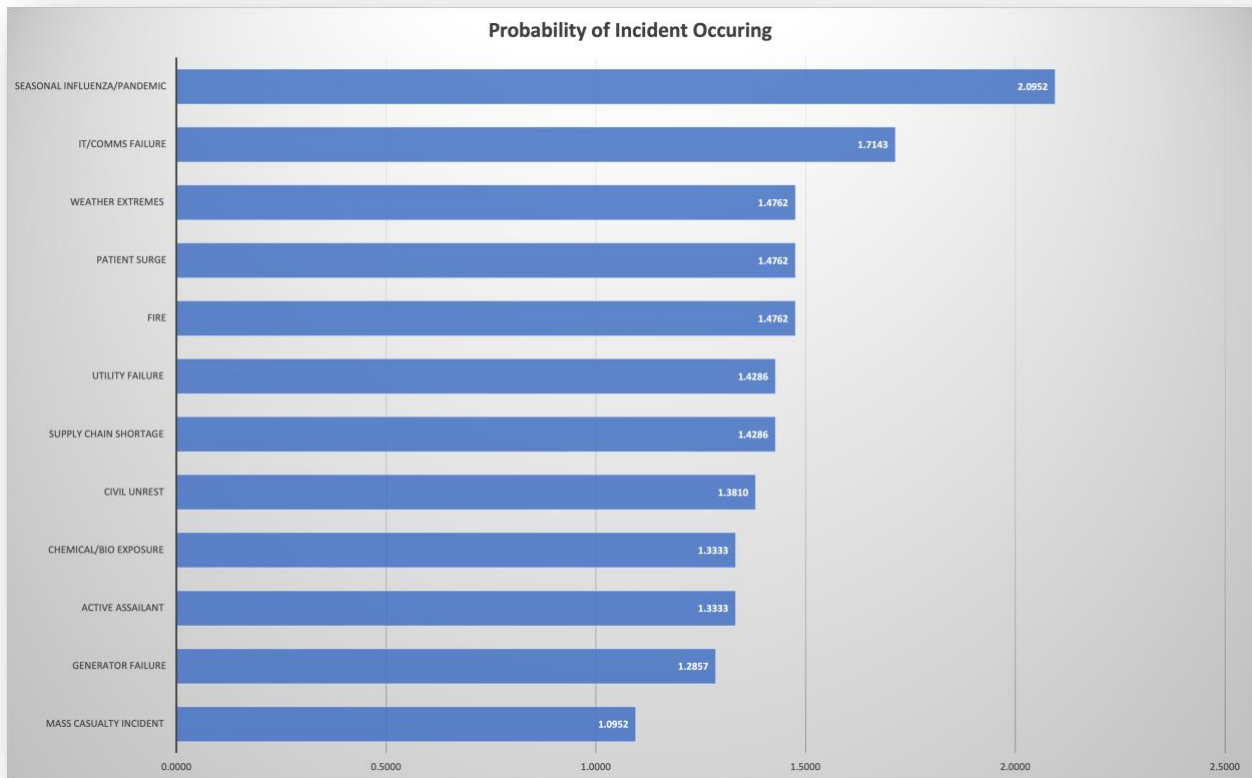


Figure 3 Regional HVA Table Result 2021

- 1) **Seasonal Flu / Pandemic**
 - a. Supporting Training Courses and Exercises:
- 2) **IT / Comms Failure**
 - a. Supporting Training Courses and Exercises:
- 3) **Weather Extremes**
 - a. Supporting Training Courses and Exercises:
 - b.

1.3. Additional External Courses of Interest (Low Priority)

Above classes will be updated at the annual 2022 MYTEPW.

7. Methodology and Tracking

The training courses and exercises were chosen by relativity to the top-ranking items discovered in the workshop analysis. Each will be tracked with respect to progression and improvement through:

- Challenging participants with increasingly advanced coursework and scenarios
- Incorporating, reinforcing, and verifying lessons learned
- Identifying demonstrated capabilities and areas in need of improvement

- Providing a means of evaluation and corrective action for exercises
- Ensuring a method to share lessons learned and best practices from training courses and exercise

Appendix A – ASPR Four Health Care Preparedness and Response Capabilities⁴

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community’s 5 health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

⁴2017-2022 Health Care Preparedness and Response Capabilities. (2017). Retrieved from <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>