

Operation Helping Hands

Situation Manual

April 26, 2017

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

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| --- | --- |
| **Exercise Name** | Operation Helping Hands |
| **Exercise Date** | 26 April 2017 |
| **Scope** | This exercise is a Table Top Exercise (TTX) that will be conducted over a four (4) hour period on 26 April 2017 at Town U.S.A Emergency Management. The exercise will be focused on a review and evaluation of current plans, policies, and procedures as they are related to the threat. |
| **Mission Area(s)** | Response and Recovery |
| **Healthcare Preparedness Capabilities** | Emergency Operations Coordination Intelligence and Information Sharing  Medical Surge Recovery /Continuity of Operations |
| **Objectives** | Metrolina Healthcare Preparedness Coalition Stakeholders will validate their respective plans for medical surge at their facilities  The Metrolina HPC will validate the Regional Healthcare Support Cell Plans and management processes as they pertain to a hurricane and flooding incident  Each agency will discuss and validate their understanding and coordination of medical surge support to other healthcare facilities as it pertains to a hurricane and flooding incident  Each agency will discuss the process and planning of receiving, transporting and returning patients associated with a healthcare facility effected by a hurricane and flooding |
| **Threat or Hazard** | Category Four Hurricane |
| **Scenario** | As of last Friday, The National Oceanic and Atmosphere Agency (NOAA) have been tracking a large storm that formed off the North-West coast of Africa. As it approached the United States and the Caribbean, the storm has intensified in strength and is tracking in the direction of Bermuda. On Friday, the storm arrived in Bermuda as a category 3 storm and has been named Hurricane Harald. Once in the Bermuda Triangle the storm has taken a slight turn north. NOAA is now predicting that the storm is on track to arrive on the North Carolina coast as a category 3 storm and has the potential due to recent warm weather to increase in intensity to a category 4. |
| **Sponsor** | The Metrolina Healthcare Preparedness Coalition |
| **Participating Organizations** | A County,B County, C County, D County |
| **Point of Contact** | KC Bernesser  Assistant Regional Coordinator-Education/Exercise  Metrolina Healthcare Preparedness Coalition  1110-E Center Park Dr. Charlotte, NC  Mobile: 704-258-8966 |

# 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 | Healthcare Preparedness Capability |
| --- | --- |
| Metrolina Healthcare Preparedness Coalition Stakeholders will validate their respective plans for medical surge at their facilities | Emergency Operations Coordination information Sharing  Medical Surge |
| The Metrolina HPC will validate the Regional Healthcare Support Cell Plans and management processes as they pertain to a hurricane and flooding incident. | Emergency Operations Coordination  Information Sharing Medical Surge |
| Each agency will discuss and validate their understanding and coordination of medical surge support to other healthcare facilities that were effected by hurricane and flooding | Emergency Operations Coordination information Sharing  Medical Surge Recovery/Continuity of Operations |

Table 1. Exercise Objectives and Associated Healthcare Preparedness 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 Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

* Module 1: Readiness Planning
* Module 2: Response Planning
* Module 3: Response
* Module 4: Recovery

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions of appropriate Planning, Response, and Recovery issues. For this exercise, the functional groups are as follows:

* Hospitals
* EMS systems
* Local Emergency Management
* State Emergency Management and the Office of EMS

Public Health

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group’s actions, based on the scenario.

## 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 Planning, 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 impact 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.
* Participants should understand that time jumps will occur to help move the TTX to a conclusion.
* Although there are not objectives specifically addressing every partnering agency in this TTX, it is recognized that they would be contacted for assistance during an event outlined in this scenario.
* Bee County and City Hospital are the only areas affected, all others can function within their normal parameters

## Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks. Players will be asked to complete participant feedback forms. These documents will be used to evaluate the exercise and compile the After-Action Report (AAR).

# Scenario Set Up

### Day 1:8:00AM

As of last Monday, The National Oceanic and Atmosphere Agency (NOAA) have been tracking a large storm that formed off the North-West coast of Africa. As it approached the United States and the Caribbean, the storm intensifies in strength and is tracking in the direction of Bermuda. On Thursday, the storm has arrived in Bermuda as category 3 storm and has been named Hurricane Rock. Once in the Bermuda Triangle the storm has taken a slight turn north. NOAA is now predicting that the storm is on track to arrive on the North Carolina coast on Wednesday the 17th as a category 3 storm. The hurricane has the potential, due to recent warm weather, to increase in intensity to a category 4.

### Day 2: 8:00PM

Hurricane Rock has made landfall on the coast of North Carolina and is creating heavy rain bands throughout the state. With the increase of rain in the area, the ground has become saturated and high potential of flooding is possible across the state.

### Day 3: 4:00PM

The flooding has impeded over 100 roads and major interstates. An 8PM curfew for Bee County has been put in place due to looting reported at local stores. Daytime temperatures are in the upper 70s with high humidity and nighttime temperature dropping to the low 50s. There are 4 large shelters in place at the outskirts of the flooded areas and are being supported by Red Cross and FEMA. National Guard has been deployed to area and is assisting with water rescues.

## Suggested Questions for Table Top Discussions:

Based on the scenario information provided, start a discussion on some subjects that would pose a concern at this stage.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

* Who in the organization is responsible for monitoring or would likely hear or receive a bulletin or alert from the National Hurricane Center or other alerting authority? How would they receive this information?
* What information are you sharing with your [employees/volunteers/congregants] at this time?
* What notifications, if any, would you make?

# Module 1: Readiness Planning

City Hospital has already begun to see significant limitations to their facility. They are without water, normal power (generators running with issues) and limited supplies and deliveries. The hospital was at 95% census at day 1 and has been unable to discharge any patients home. The ED has seen a daily census increase of >200%. A large structure fire occurs in an apartment house with 20 families and there are multiple injuries. There is a high probability that Novant City Hospital will need to be decompressed.

With this increase of probability, the Metrolina Regional Healthcare Support Cell has been activated to evaluate immediate bed availability across the region.

### \*Facilitator Note: Have regional hospitals report bed availability and determine the number of patients they are willing to accept\*

## Key Issues City Hospital Is Facing

* Flooding in their area
* Command Center Activation Support
* Lack of bed availability
* Need for transportation
* Need for transfer of patients to outlining facilities
* How well will Patient be tracked

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Suggested Questions for Table Top Discussions

* How can you help?
* Who from your agency would be point of contact (POC)?
* How do you decide who is involved in receiving the patients?
* If City Hospital needs to decompress, who would register bed availability in your facility?
* Who would be involved in EM? What resources, if any, need to be acquired?
* What preparations would your agency / organization need?
* Who makes the decision for availability? Who makes the call? And to whom does the call go to?
* What transportation vehicle and man power is available?
* What specialty beds / care are available in your facility?
* How will continuity of care be conducted between Novant Brunswick and your facility? Will all received patients go through your ED first?

# Module 2: Response Planning

The decision at 3:38 PM was made that City Hospital will need to be decompressed with moving patients to other facilities in surrounding counties. Victims continue to make their way to City Hospital while the decompression is being implemented.

The number of patients that are going to be transferred has been agreed upon. The patients are being scheduled to begin moving from City Hospital to your facilities/county

The hurricane continues to feed the rain bands throughout the state along with strong winds. Flight service is still grounded until the rain bands and winds decrease to a safe level.

### \*Facilitator Note: Have regional hospitals confirm bed availability and confirm the number of patients they are willing to accept\*

## Key Issues City Hospital is Facing

* Limited Access to City Hospital is secondary to their flooding
* Emergency Command Center Activation
* Bed Availability confirmation and readiness
* Organized patient transportation
* Patient transfer with possibility of accompanying family members
* Patient tracking from City Hospital to receiving facility

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Suggested Questions for Table Top Discussions

* How would tracking patients be conducted between hospitals and other medical facilities (such as long term care, hospice, VA, and rehab)?
* What preparation for receiving of patients at your facility is needed?
* What information are you sharing with your [employees/volunteers/congregants)?
* What do you need from the sending hospital or expect?
* EMS – in situations like this, how would duty crews and ambulances be coordinated?
* EMS – Is there a POC from your agency and at the staging area at City Hospital for direction and information on the patient they would be transporting?
* EMS – Is restocking the ambulance a concern?
* EMS – How would crew changes be conducted if needed?
* How would you set up any additional shelters or place for family members that are associated with the patient’s being transferred?
* How would you communicate tracking of the patients in cases where public health may be a concern?
* How would you assist and help communicate with the tracking and conducting of moving the patients?
* How would you handle any mental health patients that may be transferred?

# Module 3: Response

Patient care transferring and transporting are starting to be conducted from City Hospital. The paperwork and medical information is limited because of power and staffing decrease.

Communication with the hospital and City Hospital EOC is still functional via cell phones and radios.

### \*Facilitator Note: Discuss family members of transferred patients\*

## Key Issues

* Communication limitations
* Continued tracking of bed availability between receiving facilities
* Receiving of patients into your facility
* Family members of transported patients
* Patient tracking

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Suggested Questions for Table Top Discussions

* What are the current process and communications platform(s) being used
* How would tracking patients be conducted between hospitals and other medical facilities (such as long term care, hospice, VA, and rehab)?
* What, if any, decisions should be made at this time? Who can make those decisions (name, position/role)?
* How would you set up communication between any additional shelters or place for family members that are associated with the patient’s being transferred and the new receiving facility?
* EMS – How do you determine the number of crews to commit with no drain to your system?
* How does your facility handle the med surge?
* Who tracks the bed availability with incoming patients from City Hospital and your local patients who continue to come to your facility?
* What information are you sharing with your regional stakeholders?
* How would you assist and help communicate with the tracking of the transporting vehicles?

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# Module 4: Recovery

The storm has broken apart since hitting land and the amount of rain across the Metrolina Region has diminished. You have been requested to transfer the admitted patients back to City Hospital. The roadways have been cleared in Bee County. Flight service has resumed operations.

## Key Issues

* Family Reunification
* Critical Incident Stress Management
* Documentation

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Suggested Questions for Table Top Discussions

* What are your priority action items at this point?
* What, if any, recovery plans would be instituted?
* Would you set up a family information or education center at your facility?
* What, if any, measures are being taken for the emotional well-being of essential and non-essential staff?
* What documentation needs to be initiated for the incident and future cost reimbursement?
* Do you deactivate your regional support cell? If so, at what point?
* What, if any, documentation needs to be initiated for the incident and/or any future cost reimbursement?
* How do you organize the transport of the patients back?
* Is flight services an option for transporting critical patients back to City Hospital?
* Who is the POC for organizing the transfer of patients? How do you coordinate it?

# Appendix A: Exercise Schedule

| Time | Activity |
| --- | --- |
| **17 August 2016** | |
| 11:30AM – 12:00 PM | Registration |
| 12:00PM – 12:15PM | Welcome and Opening Remarks |
| 12:15 PM – 1:00 PM | Scenario setting and Module 1: Briefing, Discussion, and Brief-Back |
| 1:00 PM – 1:15 PM | Break |
| 1:15 PM – 2:15 PM | Module 2 and 3: Briefing, Caucus Discussion, and Brief-Back |
| 2:15PM – 3:00 PM | Break |
| 3:00PM – 3:30PM | Module 4: Briefing, Caucus Discussion, and Brief-Back |
| 3:30PM – 3:45PM | Hot Wash |
| 3:45PM – 4:00PM | Closing Comments |

# Appendix B: Exercise Participants

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| Participating Organizations |
| **State** |
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| **Hospitals** |
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| **Emergency Management** |
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| **Public Health** |
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| **Long Term Care** |
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# Appendix C: Acronyms

| **Acronym** | **Term** |
| --- | --- |
| TTX | Table Top Exercise |
| NOAA | National Oceanic and Atmosphere Agency |
| NCEM | North Carolina Emergency Management |
| POC | Point of Contact |
| SitMan | Situation Manual |
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