

SITMAN



SITUATION MANUAL

OHIO HOSPITAL ASSOCIATION

REGIONAL HOSPITAL EVACUATION/MASS FATALITY

TABLE TOP EXERCISE 2009



THIS SITMAN WAS DEVELOPED BY ARMADA LTD. UNDER CONTRACT TO THE OHIO DEPARTMENT OF HEALTH WITH FUNDING SUPPORT FROM THE HEALTH SERVICES AND RESOURCES ADMINISTRATION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER 93.889.

OHA Regional Hospital Evacuation and Mass Fatality 2009 TTX Situation Manual

PREFACE

The Ohio Hospital Association (OHA) Regional Hospital Evacuation and Mass Fatality 2009 TTX is sponsored by The Ohio Hospital Association and the Ohio Department of Health with funding support from the Health Services and Resources Administration, U.S. Department of Health and Human Services, Catalog of Federal Domestic Assistance (CFDA) Number 93.889. This Situation Manual (SitMan) was produced with input, advice, and perspective from a statewide hospital workgroup assisting with hospital evacuation and fatality management planning and exercise development, which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

The OHA Regional Hospital Evacuation and Mass Fatality 2009 TTX SitMan provides exercise participants with all the necessary tools for their roles in the exercise. This document was developed with the advice and assistance of the members of the OHA Regional Hospital Evacuation and Mass Fatality 2009 TTX planning team. It is tangible evidence of the Ohio Hospital Association's commitment to ensure hospitals are prepared to manage emergencies and disasters.

The OHA Regional Hospital Evacuation and Mass Fatality 2009 TTX is an unclassified exercise. The control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials deemed necessary to their performance. The SitMan may be viewed by all exercise participants.

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of the Ohio Hospital Association.

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HANDLING INSTRUCTIONS

1. The title of this document is the *OHA Regional Hospital Evacuation and Mass Fatality 2009 TTX Situation Manual (SitMan)*.
2. The information gathered in this SitMan is *For Official Use Only (FOUO)* and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Ohio Hospital Association is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information, please consult the following point of contact (POC):

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INTRODUCTION

Background

The Ohio Hospital Association (OHA) was awarded SY09 FY08 ASPR dollars through the Ohio Department of Health to develop hospital evacuation and fatality management planning templates for Ohio hospitals to utilize within their facilities. In addition, OHA was asked to design, conduct, and evaluate regional hospital evacuation and fatality management tabletop exercises that would test the newly created planning documents. These regional tabletop exercises are being conducted to reveal strengths and gaps in local, regional and statewide plans.

Purpose

The purpose of this exercise is to provide participants an opportunity to evaluate current response concepts, plans and capabilities in response to a possible medical evacuation and mass fatalities due to severe weather. The exercise will focus on local and regional coordination, critical decisions and integration of existing Memorandums of Understanding (MOU).

Scope

In this 6 hour tabletop exercise alert and notification, decision-making processes, Memorandums of Understanding and interagency coordination will be discussed and evaluated in response to severe weather that affects a local hospital. Exercise players will include hospital personnel, first responders and EMS, American Red Cross staff, emergency management, public health officials and other organizations identified within each region. All participating hospitals will assume the role of the affected hospital.

Target Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. States and Urban Areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction.

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The capabilities listed below have been selected by the OHA Regional Hospital Evacuation and Mass Fatality 2009 TTX planning team. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks.

- Communications
- Fatality Management
- Medical Surge
- On-site Incident Management
- Planning

Exercise Objectives

Exercise design objectives are focused on improving understanding of a response concept, identifying opportunities or problems, and/or achieving a change in attitude. The exercise will focus on the following design objectives selected by the exercise planning team:

Objectives:

- Assess the adequacy of local and regional plans that detail a response to a potential medical evacuation. Identify shortfalls in resources, limits in capabilities and conflicts in these medical evacuation plans.
- Discuss the decision-making process regarding medical evacuation versus shelter-in-place options.
- Assess the adequacy of local and regional plans that detail a response to a mass fatality incident. Identify shortfalls in resources, limits in capabilities and conflicts in these mass fatality plans.
- Discuss the decision-making process regarding the management of multiple fatalities.
- Review inter-agency mutual aid support and Memorandums of Understanding as they apply to the scenario.
- Clarify, evaluate or resolve any questions related to interagency coordination and integration.

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Participants

- *Players* respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
- *Observers* support the group in developing responses to the situation during the discussion; however, they are not participants in the moderated discussion period.
- *Facilitators* provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key planning committee members may also assist with facilitation as subject matter experts (SMEs) during the tabletop exercise.

Exercise Structure

This will be a basic, moderated tabletop exercise. Information will be provided to all players at the same time. Players will participate in the following 5 distinct modules:

- Module 1: Initial Response
- Module 2: On-going Response
- Module 3: MOUs/Partnerships
- Module 4: Interagency Coordination
- Module 5: Hot Wash

Each module will begin with a situation briefing or update and will offer a list of questions for discussion. Participants should feel free to openly ask questions of other players, express thoughts and/or opinions. The facilitator and evaluators will capture the responses.

Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This 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 response and preparedness efforts. Problem-solving efforts should be the focus.
- Assume cooperation and support from other responders and agencies.

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- The situation updates, written material and resources are the basis for discussion. There are no situational injects.

Assumptions and Artificialities

In any exercise a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There is no “hidden agenda”, nor any trick questions.
- All players receive information at the same time.

Exercise Schedule

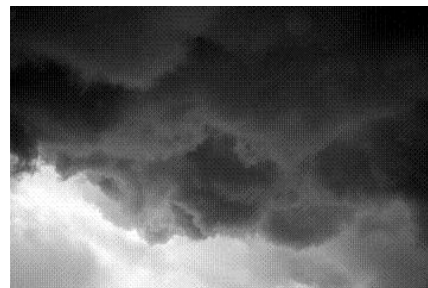
8:30-9:00am	Registration
9:00-9:15am	Welcome and Introductions
9:15-10:15am	Module 1-Initial Response <ul style="list-style-type: none">• Situation Briefing• Facilitated Discussion
10:15-11:15am	Module 2-Ongoing Response <ul style="list-style-type: none">• Situation Briefing• Facilitated Discussion
11:15-11:45am	LUNCH!
11:45-12:45pm	Module 3-MOUs and Partnerships <ul style="list-style-type: none">• Situation Briefing• Facilitated Discussion
12:45-1:45pm	Module 4-Interagency Coordination <ul style="list-style-type: none">• Situation Briefing• Facilitated Discussion
1:45-2:00pm	BREAK!
2:00-2:45pm	Module 5-Hot Wash <ul style="list-style-type: none">• Provide one strength in current plans and processes• Provide one change that should be considered to improve current plans and processes
2:45-3:00pm	Closing Comments and Next Steps

MODULE 1: INITIAL RESPONSE

Scenario Events

9:15am

It has been a stormy day throughout Ohio. The area has been hit with several severe thunderstorms and Ohio Emergency Management Agency (OEMA) reports receiving information about 12 separate tornados throughout the state. The region is currently under a tornado watch.



9:30am



The tornado sirens sound. Initial news reports indicate that a mile wide EF4 tornado has ripped through a densely populated part of town. Emergency Medical Service (EMS) has notified your hospital that an estimated 15 patients are en route to your facility due to a building collapse at a shopping center.

9:45am

Your hospital receives the following casualties:

- 11 **REDS** all in critical, unstable condition
- 2 **YELLOWs** both with multiple broken bones and lacerations
- 2 **Greens**, both young adults with mild injuries
- EMS reports more casualties are expected to be transported to surrounding hospitals. An estimated 60 casualties have been accounted for at this time.
- The hospital inpatient beds are at 80% capacity and there are several patients waiting in the Emergency Department (ED) to be admitted.

Points of Discussion:

- The Hospital Incident Command System (HICS) has been activated.
- Who is the Hospital Incident Commander (position)?
- What other HICS roles would be activated at this point?
- What communications have been established and with whom?
- Ohio Department of Health (ODH) and the State Emergency Operations Center (EOC) have requested a bed availability update---how would this be communicated and shared?
- What safety and security issues are being addressed?
- What do community partners expect from the hospital at this point?
- What are the initial response objectives for the hospital and overall incident?

MODULE 2: ONGOING RESPONSE

Scenario Events:

10:25 am

- A severe thunderstorm warning has been issued. Heavy downpours, dangerous lightening and winds up to 50 mph have been noted with this storm.
- The storm in combination with the tornado has caused downed trees and power lines leading to a broad power failure across a 35 mile area. The outage is impacting homes and businesses.
- First responders are quickly becoming overwhelmed with calls from the public requesting assistance. Power officials fear the damage to be extensive.
- Your hospital has lost all external power and emergency generators are supplying emergency power to the facility. It is uncertain how long the power will be out.
- OEMA reports many roads are closed due to downed lines, trees and standing water.



As of 10:30am your hospital has received:

- 20 REDS (Trauma Centers have received an additional 40 critical patients)
- 15 YELLOWS
- 25 GREENS, including walk-ins
- 10 critical patients transported by EMS to your hospital expired shortly upon arrival to the Emergency Department (Trauma Centers have experienced 20 fatalities). They were victims of the collapsed shopping center.

Facility Update:

- Emergency generator has less than 24 hour fuel supply
- Water is leaking in both the Emergency Department and Intensive Care Unit from the ceiling
- Potable water supply-Advised by Public Works that water is potentially unsafe due to storm water surge
- HVAC system is not working
- Cell phones are not reliable due to system overload

Points of Discussion:

- Command (Incident Command System (ICS) / Unified Command System (UCS))
- Evacuation vs. Shelter in Place
- Fatalities (morgue spaces, supplies)
- Safety and Security
- Communication Plan (internal/external) The switchboard is overwhelmed; ED is inundated with phone calls
- Media /Family and Friends (deceased, current in-patients)
- Patient Care Considerations
- Resources(Staffing, Fuel, Supplies, Beds, Other)



MODULE 3: MEMORANDUMS OF UNDERSTANDING

Scenario Update 11:45 a.m.

- Power officials indicate electricity will not be restored for up to a week
- The hospital is becoming overwhelmed with persons seeking electricity and a safe haven
- Family and community members are gathering in the hospital lobby and ED, appear to be agitated due to lack of coordinated information
- 2 primary vendors (materials and pharmaceuticals) have difficulty reaching the hospital due to road closures, shipments are delayed
- Staff members are anxious about their own families and homes
- 30% of staff have called off for the next shift



What MOUs and Partnerships have been activated?

- Local (Hospitals, Community Organizations, First Responders)
- Regional Coordination
- State Coordination
- Resource Requests
- Staffing
- Vendors
- Transportation
- Other



MODULE 4: INTERAGENCY COORDINATION

Roles, Responsibilities and Expectations

- Affected Hospital
- Regional Coordinator/Ohio Department of Health
- EMA/OEMA
- Coroner
- Public Health
- Fire/EMS
- Law Enforcement
- Red Cross
- Other agencies

Discussion Questions

1. How do HIPAA and EMTALA come into play throughout the scenario?

2. What reporting and communication expectations exist among response agencies?

3. Is there a standardized method of communicating and reporting information throughout the incident?

Scenario Update

- A total of 205 casualties reported state-wide
- 36 fatalities occurred within the region
- Power officials expect power will be restored within 10 days
- Streets will be re-opened within 3-5 days
- A federal declaration was received

MODULE 5: HOT WASH

Points of Discussion

- Strengths in Plans and Processes

- Recommended Improvement to Plans and Processes

- Any Significant Findings

- Any Questions that Remain Unanswered
