



The Unthinkable Surge

Situation Manual

February 11, 2014

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

Exercise Name	The Unthinkable Surge
Exercise Date	February 11, 2014
Scope	This tabletop exercise is planned for three hours.
Mission Area(s)	Response
Core Capabilities	Medical Surge, Emergency Operations Coordination, Operational Communications
Objectives	<ol style="list-style-type: none"> 1. Evaluate long term care facility plans, policies and procedures related to the medical surge during a mass casualty event. 2. Evaluate long term care facility plans, policies and procedures related to operational communications with regional coalition healthcare stake holders during a mass casualty event. 3. Evaluate long term care's plans, policies and procedures to engage incident management at the Emergency Operations Center to coordinate multi-agency information and resource allocation.
Threat or Hazard	Severe weather resulting in medical surge of multiple long term care facilities
Sponsor	Health Care Association and Leading Age New Jersey
Participating Organizations	Long term care – Skilled Nursing and Assisted Living Facilities, Medical Coordination Center Coordinators
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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
Evaluate long term care facility plans, policies and procedures related to the medical surge during a natural disaster.	Medical Surge
Evaluate long term care's plans, policies and procedures to engage incident management at the Emergency Operations Center to coordinate multi-agency information and resource allocation.	Emergency Operations Coordination
Evaluate long term care facility plans, policies and procedures related to operational communications with regional coalition healthcare stake holders during a natural disaster.	Operational Communications

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.
- **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, policies, and procedures.

Exercise Structure

This is a facilitated exercise. Players will participate in the following three modules:

- Module 1: “Not Again!”
- Module 2: “It’s On!”
- Module 3: “Overwhelmed”

Each module begins with a verbalized 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 response/recovery issues. For this exercise, the functional groups are as follows:

- Long Term Care – Skilled Nursing and Assisted Living Facilities

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 response/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.

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, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MODULE 1: “NOT AGAIN!”



Yet another hurricane marches up the eastern seaboard. Hurricane Alpha is another unusual storm in that, unlike the hurricanes of the past two years, this storm is relatively small, but packs a big punch. Hurricane Alpha is a fast moving storm, but maintains a small area of deep convection averaging only 25 miles in diameter with peak surface winds of approximately 120mph. The storm is currently tracking due north and is expected to make direct landfall on Long Island, New York. Hurricane Warnings have been issued for New York City. Storm surge of between 9-12 feet is expected to be devastating along the coast of Long Island Sound and into New York City, however, it appears that the State of New Jersey will not sustain significant damage due to the counter-clockwise direction of the winds.

In response to the impending storm, New York City is placed under a total evacuation order. The United States Secretary of Health and Human Services declares a public health emergency and invokes the 1135 waiver authority. Additionally, the Governors of New York and New Jersey declare a State of Emergency. All New York City healthcare facilities are advised by emergency management to evacuate and the Governors of New York and New Jersey conduct a joint conference call and press briefing. Being a good neighbor, New Jersey's Governor agrees to accept the vast majority of the New York City evacuees, especially those within the healthcare systems since the travel time and distance is relatively short compared with the other potential viable evacuation options.

Key Issues

- A small sized Category 3 Hurricane – “Alpha” aims at New York City
- New Jersey is expected to sustain little damage from the storm
- New Jersey has agreed to accept a vast quantity of storm evacuees from healthcare facilities
- Health and Human Services declares a public health emergency/1135 waiver is invoked

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.

Long Term Care

1. What triggers within your organization warrant the operationalization of your emergency management plan(s)? Where does this information come from?
2. Have you pre-identified expanded treatment areas of care within your facility or campus that could accommodate a medical surge?
3. How many additional medical surge patients could your operations accommodate?
4. With whom are you communicating internally and externally about the status of your operations? How is this accomplished?
5. What methods would you utilize to communicate with your employees to ensure that your facility is adequately staffed?
6. How would you ensure that your facility is adequately staffed to support surge operations? What agencies would you expect to assist in the coordination of this type of event?
7. Has your facility conducted a risk based Hazard Vulnerability Analysis (HVA)? Where does medical surge rank?
8. Has your facility implemented mitigation measures to address this hazard?
9. What other types of issues need to be immediately considered to accommodate medical surge within your operations?
10. Has your facility ever drilled or exercised on medical surge into your building?
11. How many individuals within your facility have been trained in the Incident Command System? To what level?

MODULE 2: “IT’S ON!”



Seventy-two hours prior to landfall, after confirmation from the National Weather Service that Hurricane Alpha will indeed strike, New York City commences with its mass evacuation plan.

The Commissioner of the New Jersey Department of Health advises that thousands of evacuees can be expected to move into health care facilities across the state, with the biggest influx generally within the Northwest public health region. In response, hospitals across the state cancel elective surgeries and begin to decompress in order to make every bed available for use. Your facility receives several phone calls from hospitals and Medical Coordination Centers to inquire about your ability to accept patients.

The commissioner indicates that long term care facilities are considered a vital resource to accommodate medical surge and requests that all facilities report their bed availability and any special resource requests to their regional Medical Coordination Center. The Commission indicates that 911 communications capabilities with New York City are at times unreliable because of the vast number of phone calls into the system.

A mass exodus of people via foot, car, and medical transport begin to move across bridges and tunnels into New Jersey. Traffic become a huge nightmare on the New Jersey Turnpike and Garden State Parkway. The first influx of evacuees surge into the state. A small family of three who aren't event from a healthcare facility search unsuccessfully for a Red Cross Shelter, but because they only speak Spanish they pull into the first healthcare facility they come across. They end up at your door step seeking shelter as do several unsolicited community volunteers who state that they would like to offer their assistance. Then unexpectedly, after learning from Facebook and a Twitter feed that your long term care facility can accept evacuees, hours later, a State EMS Task Force Medical Ambulance Bus (MAB) arrives at your front door carrying 25 patients. These individuals have a vast array of medical conditions including: COPD/respiratory/oxygen dependent, diabetes, cardiac/hypertension, dementia and chronic wounds.

Key Issues

- New York City commences with its mass evacuation plan
- Hospitals cancel elective surgeries and implement rapid discharge plans to lower volume
- Long term care facilities are requested to report bed availability
- MAB arrives with 25 patients

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. 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.

Long Term Care

1. What impact would the addition of 25 new patients into your operations have? How long do you believe you could sustain operations in this manner?
2. Currently, how are decisions regarding healthcare organization information and resource management coordinated and integrated into your facility's emergency operations?
3. During the storm, evacuation and medical surge, what information sharing processes exist to support ongoing communications to inform healthcare organizations about the status of healthcare delivery in the community?
4. What protocols exist to communicate the operational status of your healthcare organization? What protocols exist to communicate the operational status of partner healthcare organizations?
5. How can your facility's incident management team assist with decisions regarding resource availability and needs? How would resource needs be tracked for decision making and optimal resource allocation?
6. Is your long term care facility aware of any accessible regional (public or private) medical supply caches and how to request them? How would this be accomplished?
7. If volunteer healthcare workers were to deploy to your location, how would you verify that these individuals are properly trained and credentialed to assist with patient care and other duties during surge operations? Would you request volunteers? How would you make this request and where would the request be placed?
8. What site security considerations are needed within triage/surge areas? Does your long term care facility have sufficient security staff to accomplish this task?
9. How would your facility keep track of new patients entering/exiting your building?

10. Who are the key contacts within your region that you should maintain communications with throughout this type of emergency?

Would your facility consider implementing lock-down to prevent additional surge? What are the triggers for deciding to lock-down or restrict access to the facility? Is this in conflict with any regulations related to open visitation for residents and other patient rights provisions?

MODULE 3: “OVERWHELMED”



For once, the weather experts are correct! Hurricane Alpha leaves New Jersey relatively unscathed, but New York sustains significant damage to its critical infrastructure. Moreover, only a week after the storm, many of the key resources needed to sustain the medical surge are fast becoming depleted as the healthcare system becomes overwhelmed with the demand for healthcare services. Currently, no specific timeline exists for repatriation of evacuees and your long term care facility owner is getting increasingly upset with their extended stay. Cash flow for the organization could be problematic and your employees are concerned that they may not get paid on time. Several employees are upset and threaten not to return to work.

Health care facilities report to their Medical Coordination Centers that there is a significant shortage of medical supplies including oxygen, pharmaceutical supplies including insulin, ventilators, bariatric cots, pediatric equipment and supplies, beds, transportation assets and the most critical resource – actual healthcare providers.

Key Issues

- Key resources are fast becoming depleted
- The facility sustains a cash flow problem due to extended operations
- Healthcare workers threaten not to return to work

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.

Long Term Care

1. Who specifically within your organization is responsible for procuring needed supplies to accommodate a large scale medical surge? What equipment do you believe you would need? Where would you get it?
2. With the potential for overloading the waste-handling capacity of your facility, what protocols should be developed to address the challenges associated with increased volume of medical waste during an emergency? Could this expense be recouped?
3. Are there any special considerations to discuss if fatality management becomes an issue within the operation due to medical surge? Who would you contact if morgue space is problematic?
4. What external communications issues are you most concerned about at this juncture? Who is your team communicating with most often to ensure that situational awareness is disseminated across the healthcare continuum? Do you have all of their phone numbers?
5. How would your staff be compensated for extended overtime during an out-of-state external declared disaster beyond your facility's control?
6. Are there established MOUs/MOAs that will be activated to determine the responsible party for replenishment of surge equipment, supplies and pharmaceuticals?
7. What plans would your long term care facility refer to in order to start to return to normal operations?
8. Does your emergency management plan designate a specific individual who is responsible for tracking expenditures during this emergency event? If a Presidential Declaration of Emergency is NOT issued, what options are available to assist your facility in cost reimbursement? (Centers for Medicare/Medicaid Services, Health and Human Services, Insurance, etc.)
9. Who specifically is responsible for compiling the after action report and for ensuring that corrective actions are addressed related to this event?

APPENDIX A: EXERCISE SCHEDULE

Time	Activity
February 11, 2014	
8:30 – 9:00am	Registration and Welcome
9:00 – 9:20am	Module 1: “Not Again!”
9:20 – 9:50am	Caucus Discussion, and Brief-Back
9:50 – 10:10am	Module 2: “It’s On!”
10:10 – 10:40am	Caucus Discussion, and Brief-Back
10:40 – 11:00am	Module 3: “Overwhelmed”
11:00am – 11:30am	Caucus Discussion, and Brief-Back
11:30 – 12:00pm	Hot Wash
12:00pm	Closing Comments / Lunch