

Situation Manual

MID SUMMER'S NIGHTMARES

HEALTH CARE ASSOCIATION OF NEW JERSEY



Exercise Date: 2/22/12

Publishing Date: 2/17/12

FINAL

PREFACE

The *Mid Summer's NightMARES* (Medical Alliance, Response, Evacuation & Surge) tabletop exercise is sponsored by the Health Care Association of New Jersey (HCANJ). This Situation Manual (SitMan) was produced with input, advice, and assistance from the *Mid Summer's NightMARES* Exercise Planning Team, which followed guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

The *Mid Summer's NightMARES* SitMan provides exercise participants with all the necessary tools for their roles in the exercise. This exercise is tangible evidence of the Health Care Association of New Jersey's commitment to ensure the safety of our membership, their facilities, staff, and visitors through collaborative partnerships that will help prepare them to respond to any emergency.

Mid Summer's NightMARES is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. 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.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives. Public release of the *Mid Summer's NightMARES* exercise materials to third parties is at the discretion of the HCANJ and the *Mid Summer's NightMARES* Exercise Planning Team.

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HANDLING INSTRUCTIONS

1. The title of this document is the *Mid Summer's NightMARES Tabletop Exercise (TTX) Situation Manual (SitMan)*.
2. Information gathered in this SitMan is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is 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 Health Care Association of New Jersey (HCANJ) is prohibited.**
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information about the exercise, please contact the Exercise Director.

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INTRODUCTION

Background

The New Jersey Department of Health & Senior Services (NJDHSS) requires nursing home facilities and assisted living facilities to develop written emergency plans, policies and procedures and conduct drills to include staff and selected residents. Moreover, the Centers for Medicare & Medicaid Services (CMS) requires nursing facilities to develop and maintain emergency management plans, policies and procedures to meet all potential emergencies and disasters such as fire, severe weather, pandemics, and missing residents, otherwise known as “all-hazards” planning. All-hazards planning ensures facilities are prepared to manage the consequences of any disaster, regardless of the agent or actor. All long term care facilities must train and educate their employees on emergency procedures, review their plans on a periodic basis, and conduct unannounced drills in order to test their procedures.

Long term care facilities must embrace and expand upon their knowledge of emergency management methodologies (Incident Management System (NIMS) / Incident Command System (ICS) that are congruent with their external healthcare, public health, homeland security and emergency management partners with whom they may be required to work in conjunction with, during a catastrophic weather-related event. Unfortunately, as demonstrated during recent large scale disasters within the United States, the unique needs of long term care facilities have not always been incorporated as part of local, state and regional disaster response systems.

Last summer, New Jersey was significantly impacted by Hurricane Irene. According to the National Hurricane Center, Hurricane Irene made landfall, barely as a Category 1 storm near Little Egg Inlet at 5:35AM on August 28, 2011. No other storm in the history of New Jersey had resulted in so many long term care facility evacuations. In addition, many healthcare facilities experienced medical surge, power outages, road closures, and flooding. While there was great emphasis on the evacuation capabilities of long term care facilities across the southern tier of the state, little has been done to explore the medical surge capabilities of long term care facilities in other areas of New Jersey.

Similar to the overarching mission of homeland security, in order to strengthen emergency preparedness, long term care facilities must develop their ability to prevent, protect, respond, and recover. The implementation of a facility’s emergency management plan and the true validation of their plan through the exercise and improvement planning process will only serve to strengthen a facility’s capabilities.

This exercise is tangible evidence of HCANJ’s commitment to improve the safety of our membership, their facilities, staff, and visitors through education and the development of collaborative partnerships that will help prepare them to respond to any emergency whether natural or man-made. Moreover, future “community” promotion of healthcare resiliency will require a strengthening of disaster preparedness and response through healthcare coalition participation – including the long term care facilities.

Purpose

The purpose of this exercise is to provide participants with an opportunity to evaluate their facility's current medical surge capabilities in response to a severe weather event. This exercise will focus on the implementation and coordination of internal emergency management plans, policies and procedures, critical decision making, communications capabilities and the ability to manage a disaster situation requiring medical surge of residents into the facility's operations.

Scope

The *Mid Summer's NightMARES* tabletop exercise will explore the complex emergency management issues resulting from a regional catastrophic weather-related event.

The scope of this exercise is confined to either an individual long-term care facility or a network of managed long-term care facilities. In addition, the scope extends to all local emergency services and emergency management resources available to the long-term care facilities in their immediate community. The scope of this exercise does not include the state or federal government or any private sector stakeholders outside of the healthcare system(s) of the participating long-term care facilities.

Target Capabilities

The National Planning Scenarios and 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 because 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 that 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. These priority capabilities are articulated in the New Jersey Department of Health and Senior Services (NJDHSS) Multiyear Training and Exercise Plan (TEP), of which this exercise is a component.

The capabilities listed below have been selected by the *Mid Summer's NightMARES* Exercise Planning Team and provides the foundation for development of the exercise design objectives and scenario. The goal of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected target capabilities are:

- **Medical Surge**
- **Communications**

Exercise Objectives

Exercise design objectives focus on improving understanding of a response concept, identifying opportunities or problems, and achieving a change in attitude. This exercise will focus on two target capabilities from the Target Capabilities List including: **Medical Surge and Communications**. This tabletop exercise is designed to assist HCANJ's member facilities in

exercising, evaluating, and validating their emergency management plans, policies and procedures.

Within the context of your individual plans, policies and procedures and the listed target capabilities, this exercise will:

1. Examine your facility's ability to implement an internal emergency management system (Incident Command System) in order to effectively manage medical surge into your facility during a regional catastrophic weather-related event.
2. Investigate internal and external communications modalities.
3. Evaluate your facility's plans to accommodate a medical surge of residents from an evacuating healthcare facility.

Participants

- **Players.** Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
- **Observers.** Observers support the group in developing responses to the situation during the discussion; they are not participants in the moderated discussion period, however.
- **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 TTX.

Exercise Structure

The **Mid Summer's NightMARES** tabletop exercise (TTX) will be a group discussion based and mediator facilitated exercise. Players will participate in the following three modules:

- **Module 1: "They Always Veer Right – Right?"**
- **Module 2: "Build It – They Will Come"**
- **Module 3: "They're Here!"**

Each module begins with a situation update that summarizes key events occurring within that time period. After the updates, participants will review the situation and engage in functional group discussions of appropriate response issues. For **Mid Summer's NightMARES**, the functional groups consist of the following LTC representatives:

- **Facility Administration**
- **Nursing Management**
- **Security/Support Staff**

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

Exercise Guidelines

- This is an open, low-stress, no-fault environment. The discussions will explore policies, decisions, actions, and key relevant issues, which will require participants to respect the observations, opinions, and perspectives of others.
- Treat the scenario incidents as real.
- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training.
- 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.
- Keep the time constraints in mind and comments focused, where possible.

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.
- When possible, discussions and decision-making should be informed, first, by active plans, policies, and procedures. If this presents an obstacle for the group as it progresses through the modules, discussions and decision-making can be hypothetical and based on group consensus when possible.

Agenda

- **8:30 – 9:00AM Registration**
- **9:00 – 9:05 Welcome – J. David Weidner, Director, Emergency Preparedness**
- **9:05– 9:20 Exercise Introduction and Overview**
- **9:20 – 9:25 Module 1 - Introduction “They Always Veer Right – Right?””**
- **9:25 – 9:55 Caucus Period**
- **9:55 – 10:10 Brief Out**
- **10:10 – 10:15 Module 2 - Introduction “Build It – They Will Come”**
- **10:15 – 10:45 Caucus Period**
- **10:45– 11:00 Brief Out**
- **11:00 – 11:05 Module 3 - Introduction “They’re Here!”**

- 11:05 – 11:35 **Caucus Period**
- 11:35 – 11:50 **Brief Out**
- 11:50 – 12:30 **Hot Wash**
- 12:30PM **Lunch and networking**

MODULE 1: “THEY ALWAYS VEER RIGHT – RIGHT?”

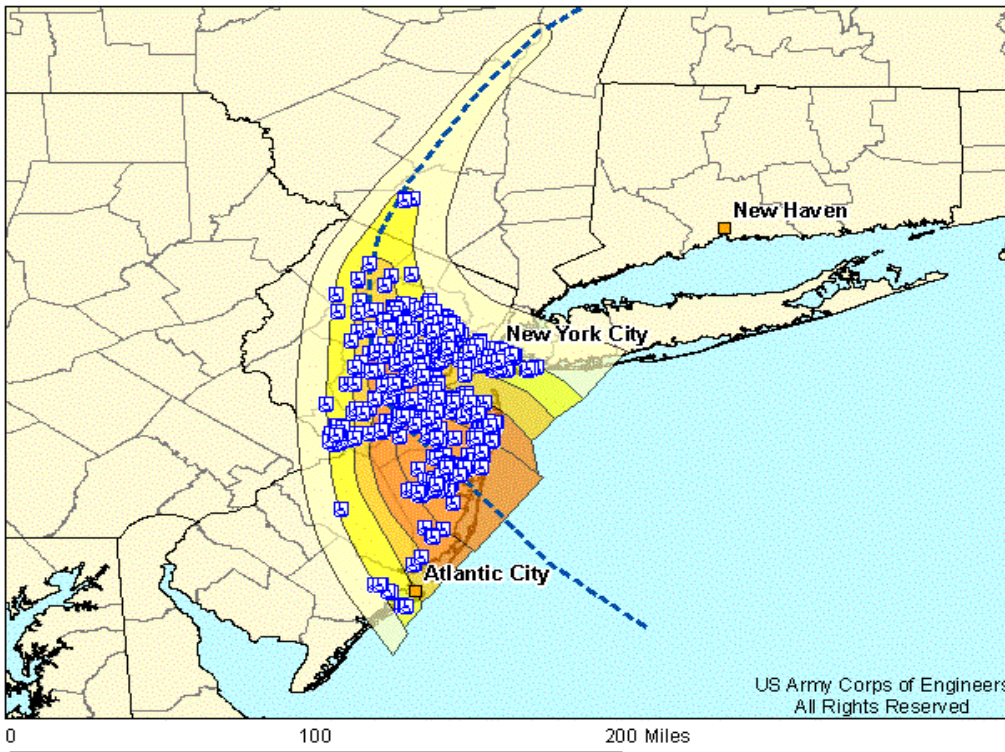
July 18, 2012

Category III Hurricane Espo is “certain” to make landfall directly into the central coastal counties of New Jersey in a manner which has never before been seen. Air temperatures and ocean water temperatures are extremely high, even for this time of the year. Due to the impending storm surge, each of the coastal counties from Cape May to Monmouth is now anticipating a mandatory evacuation order. A “Red Alert” notice has been issued by the New Jersey Department of Health and Senior Services. Your long term care facility has previously entered into a memorandum of agreement (MOA) to accept evacuated residents from a coastal facility. The media is abuzz with conflicting reports on storm tracking, potential shortages of supplies, power outages and how state emergency management agencies will deal with the aftermath of this storm.



Hurricane NJ-Track 4 Nursing Homes Landfall Expected In About **24** Hours

**For Planning
Purposes Only!**



Most Probable Landfall Nursing Homes Inside Hurricane Force Winds

New Jersey - 488
New York - 75
Pennsylvania - 1

*Model results per County on
following page*

This model is based on a
Category 3 storm making landfall
near Point Pleasant, NJ.

Nursing Homes
 Forecast Track

Key Issues

- Storm tracking for hurricanes is always unpredictable;
- It is the summer season and key personnel may be on vacation;
- NJDHSS has issued a “Red Alert” notice; and
- Communications.

Questions

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

The following questions are provided as suggested general 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.

1. Has your long term care facility conducted a yearly hazard vulnerability analysis? Does your LTC facility have a HVA? If so, when was it reviewed and who did you review it with?
2. Has your long term care facility identified surge capacity/alternate care facilities outside of your facility? Do you know the number of residents they can accommodate and the level of care that can be provided there? How will evacuated residents get from your facility to the alternate facility?
3. Does your facility have a plan for receiving residents who are being relocated from another facility due to a disaster? Does your plan include a least an estimate of the number and type of residents your facility could accommodate and how staffing would be handled due to a medical surge?
4. What essential supplies must your facility obtain to adequately prepare for a surge of residents? Does your facility have provisions for alternate sources of supplies if the initial supply becomes exhausted / depleted?
5. Would the Incident Command System (ICS) be activated at this time? What ICS staffing positions would be implemented? Are these individuals familiar with their roles and responsibilities within the ICS system? Have you provided the appropriate job action sheets and training?
6. Does your facility have an established bed tracking system (bed/acuity type, equipped capacity by type, and occupancy by type)? How would your facility respond to bed availability requests from facilities/agencies without a signed MOA/MOU?
7. By how many beds could your facility increase surge capacity over the next several hours (2, 6, 12, 24 hours)? Are there policies and/or procedures in place to identify what must be accomplished PRIOR TO the next operational period? What information is your facility providing to on-duty staff? How is this information communicated to off-duty staff? Does information NEED to be communicated to ALL off-duty staff (i.e. even staff on vacation)?
8. What means of maintaining situational awareness related to this hurricane event would your facility utilize? Have you recently validated the contact information within your “call-down” list and with HCANJ’s Amerilert system? How often is this conducted? Who is responsible for this task?
9. What local, State, Federal or private sector partners could you work with to help ensure adequate staffing, supplies, equipment and bed space? Do you have MOA/MOU’s with them? Have you conducted joint exercises with them yet?
10. Has your facility coordinated surge capacity requirements on a regional basis (i.e. with hospitals, home care, FQHC’s, your regional Medical Coordination Center etc..)?

MODULE 2: “BUILD IT – THEY WILL COME”

July 19, 2012



The Governor has declared a “State of Emergency”. The State is now a few hours from anticipated landfall of Hurricane Espo. Evacuation of long term care and other healthcare facilities, including hospitals, are now well under way, but luckily, your operations are not in the mandatory evacuation zone. Medical shelters across the state are at capacity. Healthcare facilities continue to scramble to address evacuation orders and find available bed space. Transportation assets to assist in evacuations are at a premium. The evacuating facility advises that they will require space to accommodate approximately twenty five (25) geriatric residents. Your facility’s staff is becoming anxious about the impending storm and has concerns about the well-being of their family members and homes, especially since many of them live along the Jersey Shore. Some of your staff members indicate that they may not report to work. Road closures, contraflow, and travel bans now commence across New Jersey.



Key Issues

- Current declared “State of Emergency” and travel bans;
- Facility staffing issues;
- State medical shelters are at or near capacity; and
- Reimbursement.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any additional requirements, critical issues, decisions, or questions that should be addressed at this time.

The following questions are provided as suggested general 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 in this section.

1. What components of your organization's emergency management plan have now been activated if any?
2. What is the maximum number of additional new incoming residents that could be accommodated (by resident type, acuity level and other resident-specific characteristics) that would define facility needs in order to meet required care levels for new incoming temporary residents?
3. Is your facility currently prepared to implement clinical practice guidelines for crisis standards of care, including the effective allocation of scarce resources?
4. Does your emergency management plan specifically address time and logistics required to increase resident surge? Has your staff trained and exercised medical surge procedures? Has your facility participated in a systematic coordinated regional surge equipment, surge training, or surge exercise?
5. Based on your emergency management plan, what are the priority action items for consideration at this point?
6. During a declared "State of Emergency", what travel credentials would your healthcare workers require if mandated to report to the facility? How would they get there? Does your facility have accommodations for on-duty staff (families/pets) that are unable to leave and/or return home? If so, for how many employees and for how long?
7. Would these individuals be permitted on the road? Would they come? What travel credentials would be universally recognized by local, county, State Police officials?
8. What sources of information will your facility rely on to receive critical situational awareness related to this storm? Related to road closures? Related to emergency declarations?
9. How will you notify external agencies of the continued status and well-being of the facility? Who are the stakeholders who need to be notified / updated?
10. Without the ability to communicate via landline phones and (potentially cell phones) due to the lack of power, what other means of communication does your facility currently possess to contact external partners?
11. Does your organization have personnel available to provide behavioral health services to patients, families, and staff?

MODULE 3: “THEY’RE HERE!”

July 20, 2012

Several buses and ambulances arrive at your facility carrying evacuated residents and their belongings. Sally Jones is the insulin-dependent diabetic, wheelchair-bound wife of a resident from the evacuating facility. She had nowhere else to go and accompanies her husband on the bus to your facility and forgot her insulin. Few support staff ultimately accompany the evacuated residents. Hurricane Espo makes direct landfall in Point Pleasant, New Jersey. Upon making landfall, Hurricane Espo’s storm surge takes out barrier islands. Across the state, utility companies report numerous power outages, roads are blocked, and emergency management personnel advise that reoccupation of evacuated facilities will not be accomplished for days or perhaps weeks.

Key Issues

- Evacuated residents arrive;
- Support staff is fatigued and in smaller numbers than anticipated;
- Communications outside of the facility may hampered; and
- There are supply chain concerns.

Questions

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

The following questions are provided as suggested general 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 in this section.

1. Would you, as the receiving facility administrator, be required to verify credentials of newly arriving clinical staff? If so, what credentials will you verify? How is this accomplished? Are there exclusion criteria for those who do not possess the requisite credentials?
2. Would your facility make accommodations for staff families and their pets? How would they do this?
3. What about Sally Jones who requires clinical intervention?
4. Does your plan indicate where an initial reception and triage site would be established to receive new residents? If so, how does your facility maintain accountability for new residents?
5. What medical records, medical equipment, and supplies would you anticipate receiving with each new resident? Does your facility have policies or procedures for just-in-time training on medical devices or equipment that your staff may be unfamiliar with and that accompanies new residents?

6. Does your plan take into account healthcare worker incident stress? Does your organization provide staff with mental health services? At what point in the incident does the mental well-being of staff become a concern? When do you begin to offer mental health services and/or debriefings?
7. Does your operation have a means of augmenting / supplementing non-clinical staff (e.g. custodians, security, cooks, etc)? Does your facility rely on third-party or outsourced contractors for any non-clinical services? How will these services be impacted if travel restrictions are imposed?
8. Do your current MOA's adequately detail the terms and conditions, activation and notifications protocols, cost accounting, billing procedures, and other logistics required to accommodate the needs of both the evacuated and receiving facilities?
9. Is your facility's insurance up-to-date for coverage? If your facility has recently been renovated, expanded, or increased their clinical service, you may need to reconsider...
10. How are costs tracked and reimbursed, both for your staff and for the new residents? How are the new residents billed for service? Are you staff familiar with these adjusted billing practices under "disaster" conditions?
11. How will your facility and staff return to normal operations? How will your facility design and implement an improvement process based on the lessons learned of this event?

APPENDIX A: PARTICIPANT FEEDBACK FORM

Please enter your responses in the form field or check box after the appropriate selection.

Participant Name:

Title:

Agency:

Role (please place a checkmark in one of the boxes below):

Player ☐

Observer ☐

Facilitator ☐

Evaluator ☐

Part I – Recommendations and Action Steps

Based on discussions today and the tasks identified, list the top 3 issues and/or areas that need improvement.

Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.

Describe the action steps that should be taken in your area of responsibility. Who should be assigned responsibility for each action item?

List the policies, plans, and procedures that should be reviewed, revised, or developed.
Indicate the priority level for each.

Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe and / or record?

Part II – Exercise Design and Conduct

1. What is your assessment of today's exercise?

Please rate, on a scale of 1 to 5, the assessment factors listed below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

<u>Assessment Factor</u>	Rating of Satisfaction with Exercise				
	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
a. The exercise was well structured and organized.	1	2	3	4	5
b. The exercise scenario was plausible and realistic.	1	2	3	4	5
c. The Situation Manual was useful.	1	2	3	4	5
e. Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
f. The participants included the right people at the right level and mix of disciplines.	1	2	3	4	5

2. What changes would you make to improve this exercise?

Please provide any recommendations on how this and future exercises could be more useful to you.

3. What additional training or experience would you like to have?

Your participation was very important—thank you

APPENDIX B: ACRONYM LIST

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ALS	Advanced Life Support
BLS	Basic Life Support
DHS	U.S. Department of Homeland Security
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FOIA	Freedom of Information Act
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
ICP	Incident Command Post
MAA	Mutual-aid agreement
MCC	Medical Coordination Center
MCI	Mass Casualty Incident
MCIP	Mass Casualty Incident Plan
MOU	Memorandum of understanding
NIMS	National Incident Management System
NRP	National Response Plan
PIO	Public Information Officer
POC	Point of Contact
SitMan	Situation Manual
SME	Subject matter expert
SOP	Standard Operating Procedure
TCL	Target Capabilities List
TTX	Tabletop exercise