

NATIONAL EXERCISE PROGRAM

Situation Manual

OHIO CENTRAL REGION HOSPITALS
EVACUATION/SHELTER-IN-PLACE TABLETOP EXERCISE

U.S. DEPARTMENT OF HOMELAND SECURITY



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PREFACE

The Ohio Central Region Hospital (CRH) Evacuation (Evac) and Shelter-in-Place (SIP) Tabletop Exercise (TTX) is sponsored by the Central Ohio Trauma System (COTS). This Situation Manual (SitMan) was produced with input, advice, and assistance from the Ohio CRH Evac/SIP 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 Ohio CRH EVAC/SIP TTX Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. It is tangible evidence of COTS and Ohio CRH CRHs commitment to ensure public safety and health through collaborative partnerships that will prepare them to respond to any emergency.

The Ohio CRH EVAC/SIP TTX 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 exercise materials to third parties is at the discretion of the Central Ohio Trauma Systems (COTS) and the Ohio CRH EVAC/SIP Exercise Planning Team.

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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.
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INTRODUCTION

Background

For Central Region Hospitals (CRHs), there are few disaster risks rated higher than tornados. In the last several years, tornado touchdowns and resulting damage in and around Central Ohio have increased with touchdowns reported in Madison, Fairfield and Franklin counties. Hospitals have emergency codes and procedures to follow in case of tornado warnings and many participate with their community in an annual March tornado drill. Likewise hospitals test plans for efficient response to mass casualty influx (MCI) to support receipt of victim's that were unable to avoid the tornado's path.

But should a hospital be irreparably damaged from a tornado such that patient care is jeopardized, plans must also be in place to support a partial or total evacuation or sheltering-in-place (SIP) should that be the more reasonable option at the time.

Purpose

The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities for a response to an evacuation and/or SIP event. The exercise will evaluate hospital response using current policies, plans and procedures to manage the incident. Patient tracking, overall movement (internal and externally to receiving facilities) notifications and communications will also be evaluated.

Scope

This exercise emphasizes the ability of CRHs to effectively evacuate and/or receive patients from an evacuation and/or to SIP.

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 jurisdiction's homeland security strategy and Multiyear Training and Exercise Plan, of which this exercise is a component.

The capabilities listed here have been selected by the Ohio CRH EVAC/SIP TTX Exercise Planning Team from the priority capabilities identified in Ohio CRH Multiyear Training and Exercise Plan. These capabilities provide the foundation for development of the exercise design objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected target capabilities are:

- Communications
- Onsite Incident Management
- Evacuation and/or Shelter-in-Place Protection
- Medical Surge

Exercise Design 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 the following design objectives selected by the Exercise Planning Team:

Objective #1 Incident Command: Demonstrate the ability to implement HICS to effectively respond to evacuation, medical surge and/or shelter-in-place.

Objective #2 Patient Destination Planning: Demonstrate the ability to utilize hospital plans to efficiently locate receiving facilities appropriate for each patient's level of acuity.

Objective #3 Patient Tracking: Demonstrate the ability to utilize the hospital's plan to track patients from current area of care to the receiving facility.

Objective #4 Resource Management: Demonstrate the ability to recognize current and future resources needs and request, mobilize, and manage assets and resources.

Objective #5 Communications: Demonstrate the ability to notify and communicate with the appropriate agencies, organizations and personnel to effectively respond to and manage the incident.

Objective #6 Medical Surge: Demonstrate the ability manage an influx of patients in excess of 20% of current capacity. This is in the contract as a critical aspect. I suppose we can touch on it when we talk about other hospitals plans that are implemented.

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

This tabletop exercise (TTX) will be a multimedia, facilitated exercise. Players will participate in the following four modules:

- Module 1: Decision Making and Notification
- Module 2: Shelter in Place (SIP) Response
- Module 3: Evacuation Response
- Module 4: Hospital Receipt of Evacuees

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 discussion.

Exercise Guidelines

- This TTX will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond on the basis of 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 and preparedness efforts. Problem-solving efforts should be the focus.

Assumptions and Artificialities

In any exercise, 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, and there are no trick questions.
- All players receive information at the same time.

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MODULE 1: DECISION MAKING & NOTIFICATIONS

April 20, 2011: 1630 Hours

Central Ohio newscasters had been advising that severe storms were heading toward the region and they have arrived with a vengeance. Heavy rains are falling from black skies and particularly high winds are wrecking havoc with power lines. Rush hour traffic is at a standstill. There have been tornado warnings issued until 1930 hours but no touchdowns have been reported.

Shift change has just occurred at the hospital. Many from the first shift have decided to wait the storm out before wading into traffic. The hospital has full power and is monitoring weather radio and TV for news of changing circumstances.

April 20, 2011: 1710 Hours

Tornado sirens begin blaring and emergency weather reports indicate that a tornado has just touched down 10 miles west of the hospital with reports that another, 1 mile north of the first has also touched down. Both are heading east at six miles per hour. Code Gray- Tornado comes over the overhead page and patients are moved into hallways, away from danger of shattering glass.

April 20, 2011: 1820 Hours

The sounds of the wind is deafening inside the building. Debris in the air is hurled toward hospital glass on the west side of the building and sounds of shattering glass and pounding winds are louder now. The electricity goes out momentarily and then comes back on to some areas of the building. Emergency power is operational in many areas but is not functioning in some areas requiring the need to pass out flashlights to be able to see at all. The noise outside begins to slowly fade.

April 20, 2011: 1920 Hours

A big picture building assessment has been made now that the weather has quieted somewhat. All glass in the west side of the building, mostly patient rooms and administrative offices has been blown out. A switch on the generator's panel has blown leaving some areas of the hospital without emergency power, including the MICU and Long-Term Acute Care (LTAC) unit.

A replacement switch for the generator is not onsite. Hospital vendors report at least a 36-hour timeframe for delivery of the new one.

The phone is ringing off the hook from patient family members and media wanting information about the situation.

Key Issues

- Tornado-producing storms have moved into Central Ohio.
- Rush hour traffic has completely clogging traffic arteries in the area and around the hospital.

- Many hospital staff from the first shift has elected to ride the storm out at the hospitals.
- The hospital is now on emergency power, but glitches prevent it from working in all imperative areas.
- A preliminary building assessment shows 50% of patient rooms are completely inhabitable due to damage.
- Two critical care units are without power.
- Emergency generator will not function at capacity for a minimum of 36 hours.
- Patient family members and media are calling the hospital for information.

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. Would the Hospital Incident Command System be activated at this point? If so, what is the activation process? Which positions would currently be in play?
2. Would the hospital consider evacuation or SIP at this point? Who would make this decision and based on what critical factors.
3. What notifications, if any, would you make?
4. Would you request additional resources at this point? If so, what and from whom?
5. How will you handle incoming calls from patient family members requesting a situation report?
6. What other hospital plans, if any, would be activated?
7. Would your hospital go on diversion?
8. How will you keep yourselves current regarding the event?
9. What other actions would you take at this point?

MODULE 2: SIP RESPONSE

April 20, 2011: 2045 Hours

The Hospital Incident Commander (IC) has decided to immediately evacuate 50% of your patients in light of the lack of electricity and the inability to get a replacement switch for the generator board for at least 36 hours. Critical care patients have been evacuated to other areas within the hospital capable of continuing their care and the Hospital Incident Liaison (HIL) has been contacted for support assistance.

April 20, 2011: 2100 Hours

Fifteen minutes after the request for assistance from the HIL, the HIL responds that the Emergency Management Agency has informed them that transportation will be unavailable for a hospital evacuation for the near future. Infrastructure has been damaged and most all roads around your hospital are completely clogged with rush hour traffic, abandoned vehicles and storm damage debris. The EMA recommends that the hospital SIP until resources become available.

Key Issues

- Hospital has decided to evacuate 50% of its patients.
- Transportation for the evacuation is currently not able to get through the clogged traffic and road closures to get to the hospital.
- The EMA has recommended SIP until further notice.

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. Would the Hospital Incident Command System be activated or changed in light of this new situation?
2. What activities would now need to occur for a SIP?
3. Would you continue preparations for an eventual evacuation? If yes, what activities would be included in this preparation?
4. Would you have any security issues at this point?
5. What other hospital plans, if any, would be activated?

6. Would your hospital go on (or stay on) diversion?
7. How will you keep yourselves current regarding the event?

MODULE 3: EVACUATION RESPONSE

April 21, 0330 Hours

Your Liaison Officer has just been contacted by the EMA that the roadways are becoming more clear but some areas are still impassable. They report that the Ohio Fire Service is standing-by to assist with your hospital's evacuation and they have requested a communication contact for transportation coordination. They have cleared 20 + ambulances for immediate assistance with more available as necessary. The local community transportation agency is also standing by with several city buses.

Staff that stayed to avoid storm traffic is now involved in the emergency response.

Key Issues

- The EMA has contacted you with evacuation support services. Your evacuation can now begin.
- The Ohio Fire Service is requesting a transportation contact for coordination.
- Twenty (20) + ambulances and several large community transportation buses are immediately available to assist you.
- You have one and a half times the normal 2nd shift staff due to 1st shift staying to avoid traffic issues earlier.

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. Now that the evacuation can proceed, what notifications will you make?
2. Would you call in any additional staff?
3. What security measures would you take now?
4. What HICS positions would you consider activating now?
5. How will you find destinations for your evacuating patients?
6. How will you coordinate internal patient movement for transportation out of the hospital?
7. How will you coordinate arriving external transportation to your hospital campus?

8. How will you track patients as they move throughout your hospital and to the receiving destination?
9. How will you notify patient family members? Who else needs to be notified?
10. Will you request any additional resources? From whom?
11. How will you transfer medical information regarding the patient to the receiving facility?

MODULE 4: HOSPITAL RECEIPT OF EVACUEES

April 21, 0400 Hours

You have been hearing reports on the news that a large hospital in your county must evacuate 50% of its patients immediately. You realize that your hospital will likely be receiving evacuees from this hospital. Just as you realize this, a page comes through from the HIL.

Key Issues

- One large hospital in the county is evacuating 50% of its patients.
- You receive a page from the HIL.

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. What types of information will the HIL be requesting and what actions will you take to respond?
2. Would the HICS be activated at your hospital? If yes, what positions?
3. How would you accommodate an influx of patients to your hospital when these patients are from an evacuating facility?
4. What emergency plans would be put into play at your hospital?
5. Would you call in any additional staff at this point?

APPENDIX A: ACRONYMS

Acronym	Term
COTS	Central Ohio Trauma System
CRH	Central Region Hospital
EMS	Emergency Medical Services
Evac	Evacuation
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise and Evaluation Program
HICS	Hospital Incident Command System
HIL	Hospital Incident Liaison
IST	Incident Support Team (Urban Search and Rescue)
MFI	Mass Fatality Incident
MOU	memorandum of understanding
PIO	Public Information Officer
POC	point of contact
SIP	Shelter-in-Place
SitMan	Situation Manual
SME	subject matter expert
TCL	Target Capabilities List
TTX	tabletop exercise
UTL	Universal Task List

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