

Situation Manual

READY – SET – GETOUT

HEALTH CARE ASSOCIATION OF NEW JERSEY



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FINAL

PREFACE

The **READY – SET - GetOut** 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 **READY – SET - GetOut** 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 **READY – SET - GetOut** Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. It 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.

The **READY – SET - GetOut** 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 DHS and the **READY – SET - GetOut** Exercise Planning Team.

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HANDLING INSTRUCTIONS

1. The title of this document is the **READY – SET - GetOut 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 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 consult the following points of contact (POCs):

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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. 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.

The evacuation of a long term care or assisted living facility is an extremely serious task and obviously one that presents significant risks to the residents you are responsible for protecting. The movement of vulnerable, medically complex individuals who are often bed-ridden, comatose, who have serious medical conditions, cognitive impairment, or who may rely on medical equipment to sustain life, may create serious health consequences. In addition, the evacuation of a long term care facility or assisted living facility during disasters may also include the movement of logistical supplies such as medical records, medications, equipment, and companion animals. It is also recognized that the healthcare worker will play a critical role in the safe evacuation of their elderly at-risk population. These workers must ensure that their resident's medical, mental and physical needs are met at all times.

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 public health event. Unfortunately, as demonstrated during recent large scale disasters within the United States, the special needs of long term care facilities have not always been incorporated as part of local, state and regional disaster response systems.

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 strengthen a facility's capabilities.

This exercise is tangible evidence of HCANJ's commitment to ensure 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.

Purpose

The purpose of this exercise is to provide participants with an opportunity to evaluate their facility's current capabilities in response to a full evacuation of their residents. This exercise will focus on the implementation and coordination of your internal emergency management plans, policies and procedures, critical decision making during the evacuation of residents/clients, adoption of Incident Command System principles, internal and external risk communications strategies, as well as, the importance of long term care's integration within local and state response systems.

Scope

This exercise emphasizes the importance of including long term care facilities in the emergency management process by ensuring that their internal emergency management plans are exercised, evaluated, and validated.

The **READY – SET – GetOut** tabletop exercise will explore the complex emergency management issues surrounding the evacuation of a long term care facility, seeks to discover weaknesses and most importantly, will utilize objective critique to improve upon overall emergency preparedness within participating HCANJ member facilities upon the development of an After-Action Report/Corrective Action Plan.

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 capability listed below has been selected by the **READY – SET - GetOut** 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 this capability and its associated critical tasks. The selected target capability is:

- **Citizen (Resident) Evacuation and Shelter-In-Place**

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 a single target capability from the Target Capabilities List, **Citizen (Resident) Evacuation and**

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Shelter-In-Place. 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 Citizen (Resident) Evacuation and Shelter-In-Place target capability, this exercise will:

1. Examine your facility's ability to implement an internal emergency management system (Incident Command System) during an evacuation event.
2. Evaluate your facility's available resources (human, equipment, mutual aid) that are essential to the safe and efficient evacuation of residents and companion animals during an emergency evacuation event.
3. Explore the internal and external communications systems and networks that will be employed during an emergency evacuation event.

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 **READY – SET - GetOut** tabletop exercise (TTX) will be a group discussion based and mediator facilitated exercise. Players will participate in the following three modules:

- **Module 1: “Do You Smell Something?”**
- **Module 2: “Move It or Lose It!”**
- **Module 3: “Which Way Did She Go?”**

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 **READY – SET - GetOut**, the functional groups consist of the following 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, HCANJ**
- **9:05– 9:20** **Exercise Introduction and Overview**
- **9:20 – 9:25** **Module 1 - Introduction “Do You Smell Something?”**
- **9:25 – 9:55** **Caucus Period**
- **9:55 – 10:10** **Brief Out**
- **10:10 – 10:15** **Module 2 - Introduction “Move It or Lose It!”**
- **10:15 – 10:45** **Caucus Period**
- **10:45– 11:00** **Brief Out**

- 11:00 – 11:05 **Module 3 - Introduction “Which Way Did She Go?”**
- 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: “DO YOU SMELL SOMETHING?”

Stormz Rest Home is a highly respected long term care facility that houses 150 residents who are not self-sufficient and who require medical supervision by trained medical professionals. In the event of an emergency, the staff must be well equipped and trained to manage the circumstances including a possible evacuation. Thirty (30) of the residents reside on a specialized unit for patients with Alzheimer’s disease and who have significant deficits in cognitive ability that may make successful evacuation and management during an emergency, even more challenging. Staff must be well trained to handle the special needs of this frail population. At any given time, 85 individuals at the facility would be unable to safely evacuate via the stairwells. In addition, the facility houses a 35 bed subacute unit which serves medically complex residents during their rehabilitative courses. These residents are vulnerable and could be placed at even greater health risk in the event of an evacuation. Residents of long term care facilities typically have a higher degree of disaster-associated risks than other populations and thus the decision to evacuate this facility is extremely complex. Additionally, the facility houses several companion animals including three cats, a dog and a cage full of parakeets.



May 4, 2010: 0800 Hours

It is a typical late spring day in New Jersey with temperatures hovering around 72F. The entire staff is happy to enjoy a break from such a long cold winter and an extremely wet spring. Stormz Rest Home’s morning nursing shift has recently arrived and they are eager to start the day.

May 4, 2010: 0903 Hours

Nurse Ratchet has just finished her second cup of coffee when she detects the first hint of smoke in the area located adjacent to the main elevators. She quips to her assistant: “Do you smell something?” Ignoring it and returning to her mound of paperwork, it isn’t until Ralph Cramden, the Environmental Services Supervisor, detects smoke pouring from inside the elevator while

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servicing the second floor that suspicions of a possible fire finally begin to mount. Indeed, inside the electrical room on the first floor, a fire has started within the main electrical control panels, activating the fire detection and suppression systems throughout the building.

**May 4, 2010: 0904 Hours**

The automated fire alarm system is activated and the local fire department is immediately notified. The acrid smell of smoke emanates from the elevator shafts and a faint haze of smoke quickly covers the first, second and third floors of the entire facility. Power to each of the elevators within the facility suddenly goes completely out and even the back-up power to the elevators does not function. All electrical service to the facility has been lost. Local fire officials are now responding.

May 4, 2010: 0915 Hours

Local law enforcement and fire department units arrive on scene and establish a command post on the south side of the building. Firefighters enter the facility from several doorways, dragging hose behind them the whole way. Inside the building, although there are no sign of flames, many of the residents have noticed the smell of smoke and begin to become agitated; some panic.



Key Issues

- Immediate On-Scene Incident Command
- Activation of Emergency Management Plan
- Communications
- First priorities and life safety

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. Who is in charge until the fire department arrives on scene?
2. Based on your emergency management plan, what are your priority action items for consideration at this point of the incident? Are there any safety concerns for your residents at this time?
3. Does your facility utilize the Incident Command Structure (ICS)? Are all individuals within your senior management team trained and educated in the Incident Command Structure? Have the roles within Incident Command been pre-established? When do you activate your internal Incident Command Structure? Does your emergency management plan identify a pre-established incident command post within your facility?
4. At this time, who needs to be advised (internally/externally) of the incident? How would this be accomplished?

MODULE 2: “MOVE IT OR LOSE IT!”

May 4, 2010: 0930 Hours

Within minutes of their arrival, the fire department has extinguished the blaze. However, all areas of the facility now are filled with smoke. Although the danger of fire has been eliminated, the facility still has no power. There is great debate as to the need to evacuate or shelter in-place and try to establish normal operations as soon as possible. The fire chief advises that the interior of the building is dangerous to the health of your residents due to the continued smoke condition and the lack of utilities. The request to evacuate the entire facility has now been made by the incident commander.

**May 4, 2010: 0945 Hours**

There are currently 85 individuals at the facility who are unable to safely evacuate via the stairwells without transportation assistance. In addition, there are 30 residents with medically complex histories and rehabilitative needs. Many of these individuals reside on the second and third floors of the facility. Healthcare workers are extremely worried about your residents.

May 4, 2010: 1100 Hours

A local news helicopter now circles overhead and reporters from television outlets have converged on the scene for media coverage. There are rumors that one resident has died as a result of a heart attack and smoke inhalation. The news media are clamoring for information about the incident and the impending resident evacuation. Additionally, family members now flock to the facility or call to inquire about their loved ones.

**Key Issues**

- Resident and staff safety concerns due smoke condition
- Complete utility lose has rendered elevators inoperable.
- Evacuation or Shelter In-Place decision is in question
- Transport of resident medical equipment, records and medications
- Human resource requirements for safe evacuation of residents
- Information management (family, staff, resident and media)

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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. Who has the authority to request an evacuation/shelter-in-place of the facility? Is this decision made primarily by one individual or as part of a decision making team (Unified Command)? Who will direct and coordinate the evacuation?
2. Does your emergency management plan specifically address evacuation procedures? How is the evacuation of your residents prioritized? Has your staff trained and exercised on evacuation procedures?
3. What arrangements and transport capabilities are available to remove pets from the facility? Who would receive them? Have you made contact with your County Animal Response Team (CART)?
4. Would a Public Information Officer (PIO) be identified at this point? Does your emergency management plan identify who it would be?
5. How will you notify family members of the plan to evacuate? Who will conduct this process? What information will the family be provided? Who would address any media inquiries? What crisis communications message would you provide to the media?
6. Does your facility have sufficient equipment to aid in the evacuation? What are the number, types and source of the equipment and vehicles required for evacuation of the facility? Where would you procure additional resources?

If time permits – you may consider the following:

7. Does your emergency management plan contain updated MOU/MOAs (transfer agreements) with all receiving facilities?
8. What other agencies might provide assistance? How and when would they be contacted?

MODULE 3: “WHICH WAY DID SHE GO?”

May 4, 2010: 1400 Hours

The decision to evacuate the facility has been authorized and now commences in a calm and orderly manner. The entire facility is still without power. Staff and residents of all floors have been notified of the decision to evacuate. During the evacuation, one resident, Casey Jones, develops severe respiratory distress while being transported out of the building. Additionally,

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due to the stress involved in the evacuation process, your healthcare workers are fast becoming tired and show signs of fatigue.

**May 4, 2010: 1900 Hours**

The resident evacuation process is well underway. The fire department had propped open the rear doors to the facility to help ventilate the building with large floor fans. Martha Washington, an insulin dependent diabetic, has somehow wandered into the main lobby of the building and down the hallway in search of one of the community feline friends. She is convinced that “Boomer” has escaped out the rear entrance door. With all the activity in the lobby area, no one notices as Mrs. Washington exits the rear door and goes outside to investigate.

**May 4, 2010: 1910 Hours**

The Washington family arrives on site and inquires of the whereabouts of their beloved grandmother. Nurse Ratchet reviews the resident evacuation roster in an effort to satisfy the inquiry and determines that Mrs. Washington is not in her room and has yet to be accounted for.

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A massive search of the facility and grounds finds Mrs. Washington just outside the rear of the building behind several pine trees. Mrs. Washington is scared and dazed, but otherwise uninjured.

May 4, 2010: 2359 Hours

All residents have been successfully evacuated from the facility.

**Key Issues**

- Resident, equipment and medication identification and tracking
- Internal and external communications
- Information management
- Communications
- Medical triage and prioritization

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. How many people would you estimate would be required to facilitate the safe evacuation of the entire facility?
2. Do you have policies in place to request additional facility healthcare workers to assist your residents during an emergency event? How long would it take for these individuals to respond? Have you ever drilled/exercised this policy?

3. How will residents and equipment be identified before, during and after the evacuation? How are those residents that depend on medical “technology” identified during the evacuation process?
4. Who is responsible for identification and tracking of residents during the evacuation process? How would this be coordinated?
5. Who would you contact or notify in the event of a missing resident and how would this notification best be communicated?
6. How will the methods of communication between staff, family, residents and the media differ before, during and after the evacuation?

If time permits – you may consider the following:

7. How will your facility begin to restore normal system operations and the return of residents to the facility? What process would be taken to clean-up and return the facility to pre-event status?
8. How would you compensate and adjust for lost of revenue during the event? Does your emergency management plan define an individual who would keep track of reimbursements? How are the financial aspects of resident care handled with the receiving facilities? What documentation needs to be initiated for the incident and future cost reimbursement submission?
9. How are the equipment and medicines transferred during resident evacuation accounted for if it is not returned to the resident upon reoccupation of the building?
10. Who has the ultimate authority to make the decision to allow for the safe re-entry of residents into the facility?
11. Does your emergency management plan establish a debriefing methodology for staff, family, and residents?

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?

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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
d. The ICS Quick Reference Guide 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

