KET HC 2017 FSE: Regional Pediatric Surge Event Exercise

Exercise Plan/Participant Guide/Controller and Evaluator Handbook
October 19, 2017

EXERCISE OVERVIEW
<table>
<thead>
<tr>
<th>Exercise Name</th>
<th>KET HC 2017 FSE: Regional Pediatric Surge Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Dates</td>
<td>October 19, 2017</td>
</tr>
</tbody>
</table>
| Scope                  | This exercise is a full-scale exercise planned for 1 day at various locations within the Knox/East TN Healthcare Coalition’s jurisdiction. Exercise play is limited to the parameters set forth within each participating organization. |}
| Mission Area(s)       | Response, and Recovery                           |
| Core Capabilities      | HPP Capabilities 1: (Foundation for Health Care and Medical Readiness), 2 (Health Care and Medical Response Coordination), 3 (Continuity of Health Care Service Delivery), 4 (Medical Surge) |
| Objectives             | • Evaluate internal organizational plans ability to respond to a pediatric mass casualty event.  
                          • Discuss the internal and external communications systems utilized during such events, to include patient tracking.  
                          • Evaluate the resource needs and methods for requesting additional support.  
                          • Define the organization’s ability to coordinate with outside agencies.  
                          • Discuss how to manage and recover from a pediatric mass casualty in the healthcare system.  
                          • Evaluate organizational and coalition reunification plans. |
| Threat or Hazard       | Mass casualty event resulting in a surge of pediatric patients |
| Scenario               | The local community is experiencing a line of heavy storms with the possibility of tornadic activity. The National Weather Service issues a watch for possible tornados for the area. Tornado hits at the Fairgrounds during student day, occurring at a central park area for each county. University of Tennessee Medical Center and East Tennessee Children’s Hospital are at capacity. Patients are rushed to local facilities for treatment, with 80% of them below the age of 8. Many are brought in without guardians or identification. Several other patients are brought in by private vehicle. Media descends on facilities for information.  
                          If facilities choose, they can add in decon scenario. A rail line that runs close to the fairgrounds is also hit. A train car carrying chlorine or acrylonitrile is damaged. |
| Sponsor                | Knox/East TN Healthcare Coalition utilizing ASPR Hospital Preparedness Program Funding |
## Participating Organizations

- American Red Cross
- AMR Knoxville EMS
- Big South Fork Medical Center
- Blount Memorial Hospital
- Claiborne County Hospital
- Covenant Health Corporate
- East Tennessee Children’s Hospital
- Fort Loudon Medical Center
- Fort Sanders Regional Medical Center
- Jefferson Memorial Hospital
- Jellico Community Hospital
- Knox County Regional Forensic Center
- Knox County Schools
- LaFollette Medical Center
- Lakeway Regional Hospital
- LeConte Medical Center
- Medic Regional Blood Center
- Methodist Medical Center
- North Knoxville Medical Center
- Parkwest Medical Center
- Penninsula Psychiatric Hospital
- Physicians Regional Medical Center
- Regional Medical Communications Center/Medlink 2
- Roane County Medical Center
- Sweetwater Hospital Association
- Tennessee Department of Health - East Tennessee Regional Health Office
- Tennessee Department of Health - Knox County Health Department
- Turkey Creek Medical Center
- University of Tennessee Medical Center

## Point of Contact

<table>
<thead>
<tr>
<th>Charity Menefee</th>
<th>Wanda Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knox County Health Department</td>
<td>East TN Regional Health Office</td>
</tr>
<tr>
<td>140 Dameron Avenue</td>
<td>2101 Medical Center Way</td>
</tr>
<tr>
<td>Knoxville, TN 37917</td>
<td>Knoxville, TN 37920</td>
</tr>
<tr>
<td>(865) 215-5098</td>
<td>(865) 549-5294</td>
</tr>
<tr>
<td><a href="mailto:Charity.menefee@knoxcounty.org">Charity.menefee@knoxcounty.org</a></td>
<td><a href="mailto:Etrhc.health@tn.gov">Etrhc.health@tn.gov</a></td>
</tr>
</tbody>
</table>
GENERAL INFORMATION

Exercise Objectives and Domains

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to domains, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned domains are guided by elected and appointed officials and selected by the Exercise Planning Team.

<table>
<thead>
<tr>
<th>Exercise Objective</th>
<th>Domains PHEP/ HPP</th>
</tr>
</thead>
</table>
| Evaluate internal organizational plans ability to respond to a pediatric mass casualty event. | Domain 2: Incident Management  
Domain 3 : Information Management                                                   |
| Discuss the internal and external communications systems utilized during such events, to include patient tracking. | Domain 2: Incident Management  
Domain 3 : Information Management                                                   |
| Evaluate the resource needs and methods for requesting additional support.         | Domain 2: Incident Management  
Domain 3 : Information Management                                                   |
| Define the organization’s ability to coordinate with outside agencies.             | Domain 2: Incident Management  
Domain 5: Surge Management                                                             |
| Discuss how to manage and recover from a pediatric mass casualty in the healthcare system. | Domain 2: Incident Management                        |
| Evaluate organizational and coalition reunification plans.                        | Domain 2: Incident Management                        |

Table 1. Exercise Objectives and Associated Domains

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.

- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
• **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.

• **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).

• **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.

• **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.

• **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.

• **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

**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.

**Assumptions**

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

• 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.

• Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.

• Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell.
- The tornado event is located in each organization’s INDIVIDUAL structure/facility (not a region-wide weather event).

**EXERCISE LOGISTICS**

**Safety**

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase “real-world emergency.” The following procedures should be used in case of a real emergency during the exercise:
  - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
  - The controller aware of a real emergency will initiate the “real-world emergency” broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the all controller/evaluators as soon as possible if a real emergency occurs.

**Site Access**

**Security**

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites and the Control Cell and/or SimCell is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

**Media/Observer Coordination**

Organizations with media personnel and/or observers attending the event should coordinate with the sponsor organization for access to the exercise site. Media/Observers are escorted to designated areas and accompanied by a participating organization’s designated representative at all times. Sponsor organization representatives and/or the observer controller may be present to
explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

**Exercise Identification**

Exercise staff may be identified by badges, hats, and/or vests to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation.
**POST-EXERCISE AND EVALUATION ACTIVITIES**

**Debriefings**
Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

**Hot Wash**
At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes at all exercise venues. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

**Controller and Evaluator Debriefing**
Controllers and evaluators will need participate in a debriefing (hotwash) on October 25, 2017 at 0200. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

**Participant Feedback Forms**
Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash. All documents need to be scanned and emailed to etrhc.health@tn.gov within 2 working days for information to be included in After Action report.

**Evaluation**

**Exercise Evaluation Guides**
EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

**After-Action Report**
The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.
Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.
PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement “This is an exercise.”
- Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made...
by the exercise’s trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

- All exercise communications will begin and end with the statement “This is an exercise.” This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

**After the Exercise**

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.
- Controller needs to scan all documents within 5 business days and email to etrhc.health@tn.gov

**Simulation Guidelines**

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals. The SimCell number is 865-549-5308.
## APPENDIX A: EXERCISE SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Personnel</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October 16, 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1200</td>
<td>Participants</td>
<td>TNHAN sent advising of upcoming severe weather and upcoming mass crowding event</td>
<td>All Venues</td>
</tr>
<tr>
<td>1400</td>
<td>Controllers/Evaluators</td>
<td>Controllers/Evaluators Mtg</td>
<td>Knox County Health Department</td>
</tr>
<tr>
<td><strong>October 18, 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 0700 and 1700</td>
<td>Participants</td>
<td>Weather Advisory emailed</td>
<td>All Venues</td>
</tr>
<tr>
<td><strong>October 19, 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0730</td>
<td>All</td>
<td>Weather Advisory/Watch</td>
<td>All Venues</td>
</tr>
<tr>
<td>0930</td>
<td>All</td>
<td>Tornado Warning Issued</td>
<td>All Venues</td>
</tr>
<tr>
<td>0945</td>
<td>All</td>
<td>Tornado Touchdown</td>
<td>Fairgrounds</td>
</tr>
<tr>
<td>0947</td>
<td>*Optional</td>
<td>Tornado Hits Traincar</td>
<td>*Optional</td>
</tr>
<tr>
<td>1200</td>
<td>All</td>
<td>Exercise End</td>
<td>All Venues</td>
</tr>
<tr>
<td>Immediately Following the Exercise</td>
<td>All</td>
<td>Venue Hot Washes/turn in all Participant Feedback Forms</td>
<td>All Venues</td>
</tr>
<tr>
<td><strong>October 25, 2017</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0200</td>
<td>Evaluators</td>
<td>Exercise Hotwash</td>
<td>Knox County Health Department</td>
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</table>
## APPENDIX E: ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term</th>
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<tbody>
<tr>
<td>AAR</td>
<td>After Action Report</td>
</tr>
<tr>
<td>ALT</td>
<td>Assisted Living Facility</td>
</tr>
<tr>
<td>ASPR</td>
<td>Assistant Secretary for Preparedness and Response</td>
</tr>
<tr>
<td>DHS</td>
<td>U.S. Department of Homeland Security</td>
</tr>
<tr>
<td>EEGs</td>
<td>Exercise Evaluation Guides</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
</tr>
<tr>
<td>ETRO</td>
<td>East TN Regional Office (Tennessee Department of Health)</td>
</tr>
<tr>
<td>ExPlan</td>
<td>Exercise Plan</td>
</tr>
<tr>
<td>FSE</td>
<td>Full Scale Exercise</td>
</tr>
<tr>
<td>HH</td>
<td>Home Health</td>
</tr>
<tr>
<td>HPP</td>
<td>Hospital Preparedness Program</td>
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<td>HSEEP</td>
<td>Homeland Security Exercise and Evaluation Program</td>
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<td>IAP</td>
<td>Incident Action Plan</td>
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<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>IP</td>
<td>Improvement Plan</td>
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<td>HICS</td>
<td>Hospital Incident Command System</td>
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<td>KCHD</td>
<td>Knox County Health Department</td>
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<tr>
<td>KET HC</td>
<td>Knox/East TN Healthcare Coalition</td>
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<tr>
<td>MSEL</td>
<td>Master Scenario Events List</td>
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<tr>
<td>POC</td>
<td>Point of Contact</td>
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<tr>
<td>SIMCELL</td>
<td>Simulation Cell</td>
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<tr>
<td>SME</td>
<td>Subject Matter Expert</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled Nursing Facility</td>
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<tr>
<td>VIPs</td>
<td>Very Important Persons</td>
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