



Situation Manual (SITMAN)
Winter Weather Tabletop Exercise
October, 2017

EXERCISE OVERVIEW

Exercise Name	2017 NSPA Vulnerable Populations Winter Weather Table Top Exercise
Exercise Dates	October 3, 2017 from 10:00 a.m. – 1:00 p.m. October 5, 2017 from 1:00 p.m. – 4:00 p.m.
Scope	This table top exercise is planned for three hours at the Vinton War Memorial in Vinton, VA.
Mission Area(s)	Protection, Mitigation, Response, and/or Recovery
Core Capabilities	Health and Social Services
Objectives	Objective 1: Understand facility and community-based procedures in preparation for a winter storm event. Objective 2: Understand facility and community-based activation and communication protocols during a winter storm event. Objective 3: Understand secondary effects of a winter storm event that spans multiple operational periods.
Threat or Hazard	Natural event: Winter Weather
Scenario	Winter storm affecting large portion of Southwest Virginia
Sponsor	Near Southwest Preparedness Alliance (NSPA)
Participating Organizations	This tabletop exercise is designed for all NSPA members and partners to include participants from hospitals, local emergency management, public health, long-term care, home health, dialysis, hospice, behavioral health, public safety, OCME, and any other regional stakeholders.
Point of Contact	Matthew Marry, Medically Vulnerable Populations Coordinator Near Southwest Preparedness Alliance, 540-798-1771, mmarry@vaems.org

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

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

Exercise Objective	Core Capability
Discuss a severe weather scenario to determine how your facility would prepare, paying special attention to your emergency response plan, capabilities, and staff responsibilities.	Health and Social Services
Identify the strengths and weaknesses in your plans for activation of facility-based emergency operations in response to a severe weather event. Points of focus include administrative, clinical and plant engineering as well as communication with community-based agencies.	Health and Social Services
Identify and understand the secondary effects of a large-scale winter weather event paying close attention to planning and logistics over multiple operational periods.	Health and Social Services

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **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).
- **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.
- **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 Regional Healthcare Coordination Center.

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, a facilitated Hot Wash will allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

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.

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.

After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement

Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

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.
- The entirety of this exercise occurs within the venue. No emergency communication outside of the venue should be made related to this exercise.

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.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- 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.
- 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.

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.

EXERCISE SCHEDULE

October 3, 2017

Time	Activity
9:30a - 10:00a	Registration
10:00a – 10:15a	Welcome and Exercise Briefing
10:15a – 12:00p	Module Discussions and Report Outs
12:10p – 1:00p	Debrief & Hotwash

October 5, 2017

Time	Activity
12:30p - 1:00p	Registration
1:00p – 1:15p	Welcome and Exercise Briefing
1:15p – 3:00p	Module Discussions and Report Outs
3:10p – 4:00p	Debrief & Hotwash

MODULE 1

Mon 0800 hrs.: The National Weather Service out of Blacksburg is reporting an impending winter storm event with a high likelihood to impact the entire region beginning Tuesday evening.

The impacts are forecasted to be significant snowfall with accumulations of 12-14 inches of snow covering a widespread area encompassing your facility.

Temperatures have been cold for several days and are forecast to remain so for the next couple of weeks.

QUESTIONS

For All

How will this affect your organization from an administrative standpoint? Clinical standpoint?

How and where do you establish your command center to activate your Emergency Operations Plan?

What are you communicating with staff, patients, residents, families, volunteers? How is this communication taking place?

For Nursing Homes/Hospitals and other Residential Facilities

What are your shelter-in-place preparations?

What facility concerns do you have now?

For Home Care/Hospice/PACE

What are current policies and procedures concerning personal preparedness for your critical staff?

How will you continue to provide care to your patients if travel is limited? If your primary business location is impacted?

For Dialysis/Surgery Center/Behavioral Health

What are your procedures for impending weather?

What are your triggers for implementation of these procedures?

For All

What are your policies for staff scheduling in this situation?

Who's responsible for the above – including communications, supplies, staffing, clinical decisions, etc.?

MODULE 2

Wed 0600 hrs.: The region has experienced a snowfall event exceeding the original forecast. The majority of the region received over 20 inches of snow with additional amounts falling in the higher elevations. Snow continues to fall and is expected to do so until 2100 hrs. tonight.

Traffic is largely impossible – even for 4x4 vehicles. Local and state emergency management organizations are advising against all unnecessary travel to expedite snow removal. VDOT reports their first priority will be major thoroughfares and arterial routes. They state they hope to have most primary roads cleared by 0800 hrs. Thursday. Secondary roads are expected to be cleared within 48 hours of the end of the snowfall.

QUESTIONS

For All

What are your immediate actions, concerns and priorities for:

- Administration
- Clinical
- Plant Operations

Have you activated your EOP? Describe your command structure.

For Nursing Homes/Hospitals and other Residential Facilities

What is your resource burn rate for critical resources (food, meds, linens, staff, generator fuel)?

For Home Care/Hospice/PACE

How do you identify and contact patients needing evacuation from their homes? How do you communicate this information with local emergency management?

What arrangements do you have to transfer care to an unaffected organization if possible?

For Dialysis/Surgery Center/Behavioral Health

What arrangements do you have in place to ensure your patients are cared for if you are unable to meet their needs?

What are your current arrangements for transportation of your most vulnerable patients when the roads begin to clear?

For All

How are you communicating with staff, patients, patients' families, the public? What is your messaging? Are you participating in regional situation reports?

What is the importance of providing/acquiring a regional status report?

MODULE 3

Sat 1100 hrs.: The majority of roadways are now passable for most vehicles.

An unexpected warm-up occurred yesterday, assisting with snow-melt on the ground. Temperatures dropped again overnight and a major concern at this point is ice buildup on roofs of homes, businesses, etc.

Heavy ice/snow loads at your primary business location have caused structural damage (details and required actions below)

For All

What are your immediate actions, concerns and priorities for administration, clinical, plant operations leadership?

How have you handled multiple operational periods?

Due to structural damage at your primary location:

- **Long-term Care/Hospital and other Residential Facilities:**

You must internally relocate 10% of your residents because their rooms have been rendered uninhabitable.

- Describe your plans for this internal surge from an administrative, clinical, and plant operations standpoint.
- How long will this take?
- What would long-term plan look like?

- **Dialysis/Surgery Center/Behavioral Health**

Your facility capacity (throughput) has been decreased by 50% for the foreseeable future.

- Describe your protocols for communicating with other providers, patients, physicians, etc. regarding your current limitations.
- How will you prioritize vulnerable patients at your location?

- **Home Health/Hospice/PACE**

Your primary business location is unusable with roof collapse rendering most of your property damaged.

- What are your first-order procedures to get operational in a new space?
- What are your IT challenges?
- What downstream challenges will this location change if it lasts three weeks?

Questions continue on next page...

Final Question:

For All

What external relationships do you have with similar facilities, local emergency management professionals, corporate structures, or the healthcare coalition to assist you in an incident such as this?

Appendix A: Exercise Participants

To be compiled from attendance sheets at completion of exercise

Appendix B: Acronyms

Acronym	Term
NSPA	Near Southwest Preparedness Alliance
EOP	Emergency Operations Plan
HVA	Hazard Vulnerability Analysis
VDH	Virginia Department of Health
VDEM	Virginia Department of Emergency Management
VDOT	Virginia Department of Transportation
AAR	After Action Report

Appendix C: AAR Documentation

Instructions

Complete the following sections with information specific to your facility. This information will be used to populate the AAR documentation that NSPA will provide in preparation for the October 17th AAR Webinar.

This is NOT your final AAR document. NSPA will send you an AAR with details specific to this exercise. You will be responsible for inputting the facility-specific info from below into the AAR when you receive it.

What was supposed to happen:

(In an ideal situation, how would your facility have handled this scenario?)

What actually occurred:

(Compared to ideal, what were you actually able to do?)

What we did well:

What we need to improve:

(Select the most important 3-5 items)

Plan for improvement:

(For each area of improvement from above, who will address and on what timeline?)