



# HCC-C NTHCC

## Pediatric Mass Casualty Medical Surge Incident TTX

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### Situation Manual

February 6, 2020

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. 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.

## EXERCISE OVERVIEW

Exercise Name	North Texas Healthcare Coalition Pediatric Mass Casualty-Medical Surge Incident TTX
Exercise Dates	February 6, 2020
Scope	Tabletop Exercise to take place February 6, 2020 at 2:00pm at United Regional Health Care System for a duration of two hours. The scope of this exercise is limited to coalition members and partners.
Mission Area(s)	Mitigation & Response
Core Capabilities	<ul style="list-style-type: none"> <li>• Health Care and Medical Response Coordination</li> <li>• Continuity of Health Care Service Delivery</li> <li>• Foundation for Health Care and Medical Readiness</li> <li>• Medical Surge (Pediatric)</li> </ul>
Objectives	<ol style="list-style-type: none"> <li>1. Evaluate disaster response interface between EMS and Hospital Emergency Responders in the region.</li> <li>2. Evaluate the mechanisms used for bi-lateral communication and information exchange for obtaining and maintaining situational awareness between hospitals, EMS, RHCC and local, regional and state level emergency management.</li> <li>3. Evaluate pediatric surge capacity and capability of both EMS agencies and hospitals including alternate cares sites.</li> <li>4. Review memorandum of understanding and transfer agreements with other EMS agencies and hospitals within and outside of the region.</li> </ol>
Threat or Hazard	Mass casualty incident resulting in a surge of pediatric patients.
Scenario	A school bus carrying 32 occupants, both children and adults has crashed near your hospital.

Sponsor

Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements; HCC-C North Texas Healthcare Coalition; Wichita Falls-Wichita County Public Health District.

Participating  
Organizations

See full list of participating agencies in Appendix B.

Point of Contact

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## **PREFACE**

This tabletop exercise is planned for February 6, 2020 for a duration of two hours and will culminate with a Hot-Wash immediately afterword's and an After Action Review within three weeks of the exercise followed by a formal After Action Report to be developed no later than 60 days after the TTX.

The 2020 NTHCC Regional Pediatric Mass Casualty-Medical Surge Incident Tabletop Exercise adheres to HSEEP principles, and is focused on testing objectives specifically designed to improve our understanding of response procedures, and to build our collective capabilities in health care and medical response coordination, continuity of health care service delivery, pediatric medical surge and information sharing, while identify areas for improvement in our Operational Area.

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## GENERAL INFORMATION

### Purpose

Although the region's percent of population under 18 years of age is 4% lower than the state average (see table below), each region has children with unique vulnerabilities which makes it vital that we address the needs of all children within the region and provide participants with an opportunity to evaluate their facility's current capabilities in response to a pediatric mass casualty incident and medical surge. This exercise will focus on the implementation and coordination of your internal emergency management plans, policies and procedures, critical decision making prior to and during the incident, adoption of Incident Command System principles, internal and external risk communications strategies, as well as integration within local and state response systems.

**Table 1. Percentage of Population <18 Years of Age**

County	Total Population	% Population <18 Years of Age	Land Area In sq. Miles	Population Per Square Mile
Archer	9,054	21.5	903.11	10
Baylor	3,726	23	867.48	4.3
Clay	10,752	20.1	1088.72	9.9
Foard	1,336	20.6	704.40	1.9
Hardeman	4,139	21.3	695.11	6.0
Jack	9,044	21.8	910.66	9.9
Montague	19,719	22.7	930.91	21.2
Wichita	131,500	22.5	627.78	209.5
Wilbarger	13,535	22.2	970.84	13.9
Young	18,550	24	914.47	20.3

### Scope

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

The Medical Surge tabletop exercise will explore the complex emergency management issues surrounding the pediatric surge of regional hospitals, and seeks to discover weaknesses and most importantly, will utilize objective critique to improve upon overall emergency preparedness within participating NTHCC member facilities upon the development of an After-Action Report/Improvement Plan.

### TTX 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.

Table 1. Exercise Objectives and Associated Core Capabilities

Exercise Objective	Core Capability
1. Evaluate disaster response interface between EMS and Hospital Emergency Responders in the region.	C.1 Foundation for Health Care and Medical Readiness, Objective 4: Train and Prepare the Health Care and Medical Workforce
2. Evaluate the mechanisms used for bi-lateral communication and information exchange for obtaining and maintaining situational awareness between hospitals, EMS, RHCC and local, regional and state level emergency management.	C.2 Health Care and Medical Response Coordination, Objective 3: Coordinate Response Strategy, Resources, and Communications
3. Evaluate pediatric surge capacity and capability of both EMS agencies and hospitals including alternate cares sites.	C.4 Medical Surge (Pediatric), Objective 2: Respond to a Medical Surge
4. Review memorandum of understanding and transfer agreements with other EMS agencies and hospitals within and outside of the region.	C.4: Medical Surge, Objective 1: Plan for a Medical Surge

## 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.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **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 exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

## **Exercise Structure**

The exercise will be a multimedia, facilitated exercise. Players will participate in the following four modules.

- **Module 1: EMS and Prehospital Disaster Response Planning**
- **Module 2: Communication**
- **Module 3: Surge Capacity and Alternate Care Sites**
- **Module 4: MOU's, Transportation and EMS Interagency Assistance**

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 functional group discussions of appropriate mitigation/response issues. For this exercise, the functional groups are as follows:

- Hospitals
- EMS
- Emergency Management
- Other Health Care Providers
- Health Care Coalition (Regional Healthcare Coordination Center)

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

## **Exercise Guidelines**

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using 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 mitigation/response/recovery efforts. Problem-solving efforts should be the focus.

## **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. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- There is no hidden agenda, and there are no trick questions.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.
- The pediatric MCI and medical surge incident is located in each hospital's region.
- Focus your discussion efforts on assessing plans and resources available to medically manage the initial triage and surge of pediatric patients.

## **Exercise Evaluation**

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

## **Module 1: EMS and Prehospital Disaster Response Planning**

### **Questions**

1. How are EMS agencies in your area dispatched?
2. How many ambulances would be available to respond to a mass casualty incident (MCI)?  
Would it be different if were 10:00 PM instead of 10:00 AM?
3. Who is responsible for medical oversight of the EMS response to the MCI?
4. How is an initial EMS response managed and prioritized?
5. Who will coordinates on-scene triage at an MCI?
6. How much experience do EMS personnel have with pediatric trauma?
7. Are pre-hospital personnel trained in pediatric multiple casualty incident triage such as JumpStart?
8. What specific triage method is used on scene in your jurisdiction?

## Module 2: Communication

### Scenario

0900 – 0945 AM

It's an icy morning in your area. A local school bus with only one adult occupant (the driver) was heading south and hit a patch of black ice and veered over the medium and crashed into another school bus which went into the grassy shoulder and rolled once before coming to a stop on its side. The bus that flipped over was on its way to a field trip. Children who are on the school bus range from 7 – 11 years of age. There are 32 occupants aboard, including adult teachers, chaperones, and the driver. A witness to the accident has called 9-1-1 to report the accident. Ambulances, fire, and police are on-scene.

The victims have been extricated from the bus. The crash occurred five miles from your hospital.



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

### Questions

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

1. Who does the initial caller reporting the incident typically speak to?
2. What information does EMS receive from dispatch prior to scene arrival?
3. What initial information is communicated to the receiving facility by EMS?
4. Who notifies area hospital(s) to expect pediatric patients?
5. What barriers are there to effective bi-lateral communication?

6. In prior MCI responses, have details pertinent to the response been accurate?
  - a. How does this affect response at your health care facility?
7. What do healthcare facility and EMS expect from the Coalitions Regional Healthcare Coordination Center (RHCC).
  - a. Who will notify the RHCC to stand-up?
  - b. What initial notifications are made by the RHCC and how is the information disseminated?

## Module 3: Surge Capacity and Alternate Care Sites

0945 AM

Victims are ready to be transported. There are a total of 27 pediatric victims and 6 adult victims. Triage results in the field by EMS are:

Field Triage Status and Age	Red (Immediate)	Yellow (Delayed)	Green (Minor)
Pediatrics (< 18 years)	8	4	15
Adults (≥ 18 years)	1	1	4

### Questions

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

1. Would your emergency operations plan/hospital command center be activated.
2. Would the county EOC be activated?
3. How will your organization meet the current demand for pediatric care?
4. How will your organization meet the current demand for pediatric care?
5. Can your organization generate pediatric-specific surge capacity?
6. How would decision about specific pediatric surge elements be made?
7. What outside resources need to be considered at this time?
8. Who will request them?
9. Where and how will your hospital set up triage?
10. With limited EMS resources available, when and how do you prioritize which pediatric patients should be transferred to a higher level of care?
11. Is this determined on scene or at closest hospital?
12. How will you track these patients?
13. How will EMS manage and prioritize their pediatric resources?
14. What additional EMS resources can be requested if the readily-available ambulances are insufficient?
15. Who should request these assets?

## Module 4: Memorandum of Understanding, Transportation Certificates and EMS Interagency Assistance.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 4. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

1. Does your hospital have MOUs with other hospitals regarding MCIs, diversion status, transfers in the event your hospital becomes overwhelmed by an incident?
2. Does your hospital have MOUs with Level 1 Pediatric Trauma Centers outside of the region?
  - a. If yes, when was the last time it was reviewed and exercised?
  - b. In no, have you identified the closes Level 1 Pediatric Trauma Centers to your hospital?

## APPENDIX A: EXERCISE SCHEDULE

Time	Activity
<b>February 6, 2020</b>	
1345	Registration
1400	Welcome and Opening Remarks
1415	Module 1: Briefing, Caucus Discussion, and Brief-Back
1440	Module 2: Briefing, Caucus Discussion, and Brief-Back
1500	Module 3: Briefing, Caucus Discussion, and Brief-Back
1520	Module 4: Briefing, Caucus Discussion, and Brief-Back
1540	Hot Wash/Closing Remarks
<b>February 26, 2020 TTX After Action Review</b>	
<b>Location: TBD</b>	

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Air Evac
AMR
Baylor County EMS
Chillicothe Hospital
Electra Memorial Hospital
Encompass Health Rehab Hosp. WF
Faith Community Hospital
Faith Community EMS
Fresenius Kidney Care
Graham Regional Medical Center
Graham/Young County EMS
Hardeman County Hospital
High Plains Health Providers
Hospice of Wichita Falls
Intrepid USA Home Health
Kell West
Nocona Hospital
Nortex Regional Planning Commission
Promise Hospital
Red River Hospital
Seymour Hospital
Texas State Hospital Wichita Falls & Vernon
Trans Star Ambulance
United Regional Health Care System
WF WC Public Health District
Wichita County OEM
Wilbarger General

## **APPENDIX C: RELEVANT PLANS**

### Emergency Operations Plan

- Response Plan
- Medical Surge Plan
- Continuity of Operations Plan
- Recovery Plan

## APPENDIX D: ACRONYMS

Acronym	Term
AAM	After Action Meeting
AAR	After Action Report
ASPR	Office of Assistant Secretary for Preparedness & Response
CST	Coalition Surge Test
DHS	U.S. Department of Homeland Security
EMS	Emergency Medical Services
EVAC	Evacuating Facility Assessor
ExPlan	Exercise Plan
FE	Functional Exercise
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
LEAD	Lead Assessor
NTHCC	North Texas Healthcare Coalition
POC	Point of Contact
SimCell	Simulation Cell
SME	Subject Matter Expert
WebEOC	Web-Based Emergency Operations Center