

Tabletop Exercise for Chemical Surge Plans

**Exercise Participant Conduct Brief**

**Exercise Date:** Click or tap to enter a date.

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# Funding Acknowledgements And Disclaimer

Funding Acknowledgements:

The Pediatric Disaster Care Centers of Excellence are supported by the Administration for Strategic Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3M with 0 percent financed with nongovernmental sources.

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. For more information, visit HRSA.gov.

Disclaimer:

The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | Click or tap here to enter text. |
| **Host Organization(s)** | Click or tap here to enter text. |
| **Exercise Date and Time** | Click or tap here to enter text. |
| **Scope** | This is a discussion-based Tabletop Exercise.   * The primary host will guide the process and environment. * This exercise will be delivered virtually, in-person, or both. * There are three modules, each covering different sections of the Plan. * If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. * The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations. |
| **Focus Area(s)** | National Preparedness Goal Mission Area: Response  Core Capability: Public Health, Healthcare, and Emergency Medical Services |
| **Capabilities** | Health Care Preparedness and Response Capabilities   * Capability 2. Health Care and Medical Response Coordination * Capability 4. Medical Surge |
| **Objectives** | Players will:   * Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. * Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. * Click or tap here to enter text. * Click or tap here to enter text. |
| **Threat or Hazard** | Recent events have brought forth concerns regarding rail accidents and the release of hazardous materials threatening resource constrained areas. Additionally, Pediatric resources are limited and would be strained in a chemical surge. |
| **Scenario** | This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised. |
| **Participating Organizations** | See list in Appendix A |
| **Exercise Host Contact(s)** | Click or tap here to enter text. |

# General Information

## Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are selected by the Exercise Planning Team.

| **Exercise Objectives** | **Capability** |
| --- | --- |
| Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. | Health Care Preparedness and Response Capabilities   * Capability 2. Health Care and Medical Response Coordination * Capability 4. Medical Surge |
| Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. |
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*Table 1. Exercise Objectives and Associated Capabilities*

## Participant Roles and Responsibilities

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

**Players:** 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.

**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:** 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

Players will participate in the following three breakout modules:

* Module Breakout 1 - Activation, Roles & Responsibilities
* Module Breakout 2 - Operations
* Module Breakout 3 - Special Considerations

Each module begins with a scenario inject that summarizes key events occurring within that period. After the updates, players review the situation and engage in their breakout room.

After each breakout, players will engage in a moderated plenary discussion in which a spokesperson from each breakout group will present a synopsis of the group’s actions, based on the scenario and review of their Plan.

## Exercise Guidelines

This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. 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 jurisdiction’s/ 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 planning efforts. Problem-solving efforts should be the focus.

The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

# Evaluation

## Evaluation & After-Action Report

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Evaluation Forms. 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)/Improvement Plan (IP). **The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.**

An Evaluation Form will be provided to record observations for the After-Action Report. It is encouraged that you identify a separate individual or individuals to do the observation and complete the Evaluation Form. This information will be easily transferred to the After-Action Report template.

## Exercise Feedback

All players may be asked to complete an Exercise feedback form at the end of the exercise. The following feedback can be collected:

* Overall evaluation of the exercise structure and organization
* Effectiveness of the virtual or in-person environment(s)
* Sharing highlights from the breakout discussions:
  + Strengths identified
  + Areas for improvement identified
  + Action items

# Agenda

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| Date and Time | Click or tap here to enter text. |
| Location | Click or tap here to enter text. |
| 15 minutes | Welcome and Introductions |
| 40 minutes | Module Breakout 1 - Activation, Roles & Responsibilities |
|  | 30 minutes in breakout followed by 10 minutes sharing in large group |
| 40 minutes | Module Breakout 2 - Operations |
|  | 30 minutes in breakout followed by 10 minutes sharing in large group |
| 40 minutes | Module Breakout 3 – Special Considerations |
|  | 30 minutes in breakout followed by 10 minutes sharing in large group |
| 15 minutes | Wrap-up and closing comments |
| 30 minutes | Hotwash Breakout Optional – breakout Facilitator releases players |

# Appendix A – Suggested Resources

| **Breakout Module / Topics** | **Resources** |
| --- | --- |
| **Breakout 1 - Activation, Roles & Responsibilities** | |
|  | [Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) - Extensive Pediatric Response Resources](https://www.wrap-em.org/index.php/search-resources)  [Broad set of resources including pediatric surge plans, inpatient and outpatient guidelines, fact sheets, and more.](https://nwhrn.org/plans-and-tools/) |
| Activation/Notification | [ASPR TRACIE – Emergency Operations Plan Activation and Triggers](https://asprtracie.hhs.gov/technical-resources/resource/7277/emncy-operations-plan-activation-and-triggers)  [ASPR TRACIE – Hospital Activation of the Emergency Operations Plan Checklist](https://asprtracie.hhs.gov/technical-resources/resource/7243/hospital-activation-of-the-emncy-operations-plan-checklist) |
| Information Sharing | [ASPR TRACIE – Topic Collection: Information Sharing](https://asprtracie.hhs.gov/technical-resources/80/information-sharing/77)  [SAMHSA – Communicating in a Crisis: Risk Communication Guidelines for Public Officials US Department of Health & Human Services](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-01-01-005.pdf)  [FEMA – Integrated Public Alert and Warning System (IPAWS)](https://www.fema.gov/emergency-managers/practitioners/integrated-public-alert-warning-system) |
| Roles & Responsibilities | [ASPR TRACIE – Hospital Emergency Preparedness Coordinator Job Description](https://asprtracie.hhs.gov/technical-resources/resource/7206/hospital-emncy-preparedness-coordinator-job-description)  [ASPR TRACIE – Topic Collection: Coalition Models and Functions](https://asprtracie.hhs.gov/technical-resources/24/coalition-models-and-functions/21) |
| **Breakout 2 - Operations** | |
| Triage | [ASPR TRACIE – Topic Collection: Pre-Hospital Mass Casualty Triage and Trauma Care](https://asprtracie.hhs.gov/technical-resources/33/pre-hospital-mass-casualty-triage-and-trauma-care/0)  [Burn Surge Video Series - Minnesota Dept of Health – Burn Surge Video Series](https://www.health.state.mn.us/communities/ep/surge/burn/video.html)  [Minnesota Dept of Health – Triage of Patients with Cutaneous Burns Only During Mass Casualty Incidents](https://www.health.state.mn.us/communities/ep/surge/burn/triageburns.html)  [ASPR TRACIE – Topic Collection: Burns](https://asprtracie.hhs.gov/MasterSearch?qt=burns&limit=20&page=1) |
| Facility Load-leveling | [ASPR TRACIE – Medical Operations Coordination Centers (MOCC) / Patient Load-Balancing: Summary of Lessons Learned During COVID-19](https://files.asprtracie.hhs.gov/documents/mocc-patient-load-balancing-summary-of-lessons-learned-during-covid-19.pdf) |
| Tracking | [ASPR TRACIE – Topic Collection: Patient Movement, MOCCs, and Tracking](https://asprtracie.hhs.gov/technical-resources/70/patient-movement-and-tracking/0) |
| Reunification | [ASPR TRACIE – Topic Collection: Family Reunification and Support](https://asprtracie.hhs.gov/technical-resources/64/family-reunification-and-support/0)  [American Academy of Pediatrics - Family Reunification Following Disasters: A Planning Tool for Health Care Facilities](https://downloads.aap.org/AAP/PDF/AAP%20Reunification%20Toolkit.pdf)  [EIIC New England EMS for Children – Activity Resource Packet](https://emscimprovement.center/state-organizations/new-england/new-england-behavioral-health-toolkit/activity-resource-packet/) |
| **Breakout 3 – Special Considerations** | |
| Behavioral Health | [WRAP-EM – Mental Health Resources for Children, Families and Providers](https://wrap-em.org/index.php/mentalhealth)  [WRAP-EM Just In Time Resource – PsySTART: Psychological Simple Triage and Rapid Treatment](https://www.calhospitalprepare.org/sites/main/files/file-attachments/psystart_fact_sheet_wrapem_jit.pdf) |
| Decontamination | [ASPR TRACIE – Topic Collection: Pre-Hospital Patient Decontamination](https://asprtracie.hhs.gov/technical-resources/39/pre-hospital-patient-decontamination/37)  [ASPR TRACIE – Topic Collection: Hospital Patient Decontamination](https://asprtracie.hhs.gov/technical-resources/38/hospital-patient-decontamination/37)  [HHS – Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities](https://www.dhs.gov/sites/default/files/publications/Patient%20Decon%20National%20Planning%20Guidance_Final_December%202014.pdf) |
| Evacuation | [ASPR TRACIE – Topic Collection: Healthcare Facility Evacuation/Sheltering](https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/0)  [FEMA – Improving Public Messaging for Evacuation and Shelter‐in‐Place: Findings and Recommendations for Emergency Managers from Peer-Reviewed Research](https://www.fema.gov/sites/default/files/documents/fema_improving-public-messaging-for-evacuation-and-shelter-in-place_literature-review-report.pdf) |
| Special Pathogens | [ASPR TRACIE – Infectious Diseases](https://asprtracie.hhs.gov/infectious-disease) |
| Security | [ASPR TRACIE – Health Care Security Resources](https://asprtracie.hhs.gov/technical-resources/resource/11050/health-care-security-resources) |

# Appendix B – Exercise Acknowledgements

| **Participating Organizations** |
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| **Local** |
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| **Materials kit provided by** |
| Pediatric Pandemic Network |

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| **The Planning Team** | |
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NOTE: A finalized list of participating facilities and organizations should be generated post exercise.

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**Pediatric Pandemic Network**

[pedspandemicnetwork.org](https://pedspandemicnetwork.org/)

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