



**EVHC**  
Eastern Virginia  
Healthcare Coalition

*Building Partnerships in Preparedness*

# **Pediatric Surge Coalition Tabletop**

SITUATION MANUAL (SITMAN)

09/18/2020

## Exercise Overview

<b>Exercise Name</b>	Pediatric Surge Coalition Tabletop
<b>Exercise Dates</b>	September 18, 2020
<b>Scope</b>	<p>This is a virtual tabletop exercise, planned for approximately three hours. To be conducted on the ZOOM platform, with the availability of breakout rooms.</p> <p>The scope of this exercise is limited to coalition leaders, hospital emergency department staff, administrators.</p>
<b>Mission Area(s)</b>	Preparation and Response
<b>Core/Healthcare System Capabilities</b>	<p>HPP Cap. 1: Foundation for health care and medical readiness.</p> <ol style="list-style-type: none"> <li>1. Access community planning for children, pregnant women, seniors, individuals with access and functional needs, including people with disabilities, and other with unique needs.</li> </ol> <p>HPP Cap. 2: Health Care and Medical Response Coordination.</p> <ol style="list-style-type: none"> <li>1. Develop information sharing procedures.</li> <li>2. Utilize communications systems and platforms.</li> <li>3. Coordinate resource needs during an emergency.</li> </ol> <p>HPP Cap. 3: Continuity of Health Care Service Delivery.</p> <ol style="list-style-type: none"> <li>1. Access and address equipment, supply and pharmaceutical requirements.</li> <li>2. Protect responders' safety and health.</li> </ol> <p>HPP Cap. 4: Medical Surge.</p> <ol style="list-style-type: none"> <li>1. Plan for medical surge.</li> <li>2. Respond to a medical surge.</li> <li>3. Provide pediatric care during a medical surge response.</li> </ol>
<b>Threat or Hazard</b>	Bleacher collapse
<b>Scenario</b>	A collapse of bleachers during a school activity causing children and adults to become injured.
<b>Sponsor</b>	EVHC and Children's Hospital of the Kings Daughters
<b>Participating Organizations</b>	Full list of participating agencies in Appendix B.
<b>Point of Contact</b>	<p>Eastern Virginia Healthcare Coalition          1104 Madison Plaza Chesapeake, VA 23320          Office: (757) 963-0632          E-mail: evhc@vaems.org</p>

## General Information

### Exercise Objectives and HPP Capabilities

Core Capabilities	Exercise Objective
<p style="text-align: center;"><b>Capability 1</b> <b>Foundation for health care and medical readiness</b></p>	<ol style="list-style-type: none"> <li>1. Develop and test response planning that addresses family reunification.</li> <li>2. Training and prepare the healthcare and medical workforce.</li> <li>3. Educate and train on identified preparedness and response gaps.</li> </ol>
<p style="text-align: center;"><b>Capability 2</b> <b>Health Care and Medical Response Coordination.</b></p>	<ol style="list-style-type: none"> <li>1. Identify and coordinate resource needs during an emergency.</li> <li>2. Communicate with health care providers, non-clinical staff, patients, and visitors during an emergency.</li> <li>3. Develop a plan that contains essential elements of information to include patient distribution and tracking procedures.</li> </ol>
<p style="text-align: center;"><b>Capability 3</b> <b>Continuity of Health Care Service Delivery</b></p>	<ol style="list-style-type: none"> <li>1. Access equipment and supplies necessary to properly treat children.</li> </ol>
<p style="text-align: center;"><b>Capability 4</b> <b>Medical Surge</b></p>	<ol style="list-style-type: none"> <li>1. Test the capability of the facility to manage, distribute, and track pediatric patients.</li> </ol>

### Exercise Purpose, design and scenario summary.

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

- Module 1: Pediatric surge and distribution
- Module 2: Patient tracking
- Module 3: Family reunification

Each module begins with a scenario update that summarizes key events occurring within that time period. After the updates, all participants will review the situation and engage in large group discussions where each functional group will describe their response processes with the rest of the exercise participants. For this exercise, the functional groups are as follows:

- Health Care Facilities
- Emergency Medical Services
- Health Care Coalition (HCC) Leaders

## 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 response or 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.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

## 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 Response to Disasters

### Scenario

#### 08:00 AM

It's a beautiful spring morning, skies are clear and temperatures are predicted to be in the mid 70's for the day. The school near your hospital is hosting their annual spring field day for grade levels kindergarten to fifth grade. They are planning multiple activities across the school campus to include the school track. Activities are to begin around 9:00 AM and last until 2:00 in the afternoon.

### Questions

1. Does your facility take any additional actions when there are community events happening nearby?
2. Is there a staff position that monitors community activities for your facility?
3. During staff briefings is there any mention of local events that may impact the Emergency Department?
4. What type of working relationship do you have with your local EMS agency? Has your staff participated in any type of training with EMS (MCI, Hazmat, etc.)?
5. Has your staff had MCI training? If so, when was the last time your facility tested their MCI knowledge?
6. Has your staff participated in MCI training with your local EMS agency within the past 1-2 years?

### Scenario Update

#### 1:00 PM

Throughout the day people have come in with injuries sustained during the spring activities. As the festivities wind down students and parents have gathered on the bleachers for the awards ceremony and closing remarks from the principal. The number of students enrolled at the school exceed 1,600; in addition to the hundreds of staff and parents there to help. Suddenly there is a collapse on the bleachers causing hundreds of children and adults to fall. Victims are trapped in the failed structure, people are running towards and away from the collapse. Teachers are attempting to get the children who are not involved away from the site. Multiple calls are coming in to the local 911 center.

### Questions

1. Would this be considered an MCI? Who would you or your staff notify? What are your internal organizational plans to manage a pediatric mass casualty event?
2. What type of triage method would you use?
3. How would you track these patients and parents/guardians?

4. Who would collaborate with school officials for reunification? Who is responsible for the children who are unaccompanied?

## Module 2: Patients Patients everywhere!

### Scenario Update

#### 1:25 PM

Children are being brought into the emergency department by frantic adults in their personal vehicles who are also injured. EMS units are also calling in advising they have multiple patients on the way to your facility.

### Questions

1. Does your facility have the equipment necessary to manage multiple patients from infant to 10 years old?
2. How will you manage the care of those children who are not accompanied by parent/guardian?
3. Where will you set up triage, family reunification centers, and media areas?
4. At your hospital, how would a decision about the following be made?
  - a. Prepare for patient surge (e.g. utilizing space in a different way)?
  - b. When surge capacity has been reached or exceeded?
5. How will you manage the increasing number of injured patients?
  - a. Hysterical parents who can't locate their children?
  - b. Staff members who may have had children involved in the incident?
6. How will your organization meet the current demand for pediatric care (beds, staffing, supplies, etc.)?
7. What outside resources need to be considered at this time:
  - a. blood products?
  - b. fatality resources?
  - c. EMS for interfacility transfers?
  - d. What role does the transfer center play?
  - e. Other?
8. How will you communicate between hospitals?
  - a. How will you relate critical information to EMS regarding capacity at each facility for the most critical patients (i.e. which patients should go to which hospital)?
  - b. Would you create a VHASS alert?
    - i. Notify the RHCC?
  - c. Contact the transfer center?

## Module 3:

### Scenario Update

#### 2:45 PM

Things are starting to settle down; those who are more seriously injured have been stabilized. Which of these pediatric patients will require follow-up at CHKD? Which patient can be treated at the acute care hospital.

### Questions

1. Who decides how the priority which patients need to be transferred to other hospitals?
2. What is your reunification process?
3. What is your patient tracking process?
4. What is the process for determining patient distribution?
5. How will you track all of the pediatric patients and reunify them with the appropriate family members?
  - a. How will you determine who is the appropriate family member?
  - b. How will you address the mental health needs of staff and patients?

## Appendix A: Acronyms

<b>Acronym</b>	<b>Term</b>
AAR	After Action Report
ED	Emergency Department
EEG	Exercise Evaluation Guide
EM	Emergency Manager
EMS	Emergency Medical Services
HCC	Health Care Coalition
HPP	Health Care Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
MCI	Mass casualty incident
MOU	Memoranda of understanding
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise



## Appendix B: Exercise Participants

### Participating Organizations

#### Health Care Facilities

Children’s Hospital of the Kings Daughters

Bon Secours

Sentara Healthcare

Riverside Health System

Individual Participants:

Beth Cumbie – Sentara Williamsburg

Beth Davis – Sentara Williamsburg

Donna Panto – Sentara Williamsburg

Gretchen Ward – Sentara Williamsburg

Randy Marley - Sentara Williamsburg

Betsy Holzworth – Sentara Williamsburg

Sally Herbert, Sentara

Patti Montez, Sentara

Walt Soto – CHKD

Dr. Melanie Weller, CHKD

Kamil Cak, CHKD

Dawn Jennings, CHKD

Denise Lorenz, CHKD

Shanon Mack, CHKD

Craig Beck, Riverside

Marissa Eramian, Riverside

Kristen Reimers, Riverside

Valerie Green

**Health Care Coalition Leaders: Judy Shuck, Program Manager, Mary Morton, Exercise and Training Coordinator, Amy Green, MVP-C, Brian Pierce, RHCC Manager, Scott Maynard, Resource Management.**

## Participant Feedback Form

Thank you for participating in this exercise. Your observations, comments, and input are greatly appreciated, and provide invaluable insight that will better prepare our nation against threats and hazards. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. *Please keep comments concise, specific, and constructive.*

### Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

**Name:** Judy Shuck, Mary Morton, Amy Green, Brian Pierce, Scott Maynard.

**Agency/Organization Affiliation:** Eastern Virginia Healthcare Coalition

**Position Title:** Program Manager

**Number of Exercises Previously Participated in:**  0  1-5  5-10  15+

**Exercise Role:**  Player  Facilitator/Controller  Observer  Evaluator

### Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree	1	2	3	Strongly Agree	5
The exercise scenario was plausible and realistic.	1	2	3	<input checked="" type="checkbox"/>	5	
Exercise participants included the right people in terms of level and mix of disciplines.	1	2	3	<input checked="" type="checkbox"/>	5	
Participants were actively involved in the exercise.	1	2	3	<input checked="" type="checkbox"/>	5	
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	<input checked="" type="checkbox"/>	5	
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	<input checked="" type="checkbox"/>	5	
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	<input checked="" type="checkbox"/>	5	
After this exercise, I am better prepared to deal with the capabilities and hazards addressed.	1	2	3	<input checked="" type="checkbox"/>	5	

## Part III: Participant Feedback

**1. I observed the following strengths during this exercise:**

Strengths
Good working partnership with the Coalition and EMS partners
Forced consideration of event details and management that we had not considered in the past.
Great opportunity to learn from others on the call.

**2. I observed the following areas in need of improvement during this exercise (e.g., updating plans, adding to coalition membership, needed trainings, etc.)**

Areas for Improvement
New COVID19 PPE and physical distancing requirements need to be planned into the Family Care Center Annex.
Opportunities exist to invite community first responders into our emergency planning process. Hold a workgroup meeting with Emergency Management and School officials to determine best course of action for family reunification and identification of students.
Work to integrate schools into our family reunification process, add additional staff to FCC to assist with process.

**3. Please provide any recommendations or comments you may have in regards to this or future exercises:**

EASTERN VIRGINIA HEALTHCARE COALITION  
 1104 MADISON PLAZA, SUITE 201  
 CHESAPEAKE, VA 23322  
 757-963-0632  
[evhc@vaems.org](mailto:evhc@vaems.org)  
<https://www.evhc.org/>