



<AGENCY NAME>

Volunteers in Surge Tabletop Exercise Situation Manual (SITMAN)



“Blueprint for the Use of Volunteers in Hospitals and Rural Medical Centers”

This product was produced under the direction of the Mesa County Advanced Practice Center (APC) at the Mesa County Health Department and was supported by Award Number 1H75TP000309-01 from the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). Its contents are solely the responsibility of the Mesa County APC and do not necessarily represent the views of the CDC or NACCHO.”

The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program which provides a standardized policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning. This SITMAN was produced with the understanding that adherence to the policy and guidance presented in the HSEEP Volumes ensures that exercise programs conform to established best practices and helps provide unity and consistency of effort for exercises at all levels of government.



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<Year> Volunteers in Surge TTX

1. Introduction

The <Year> <Agency <Name> Volunteers in Surge Tabletop Exercise (TTX) was developed to test <Agency Name>'s Medical Surge and Volunteer Management target capabilities. Contributors to this exercise included <List Contributing Agencies>. The exercise design team, in order to create this exercise, considered the following:

- Emergency Operations Plan requirements (Medicaid/Medicare/Joint Commission);
- Plan activation, supporting resources (staff and equipment), support agencies;
- Volunteer credentialing, activation, roles, policies and procedures;
- Communications (internal, external- public and media);
- County emergency support plans.

Information contained in this Situation Manual (SITMAN) should be used as guidance for preparation and participation in the <Year> <Agency Name> Volunteers in Surge Tabletop Exercise (TTX.)

a) **Schedule of events**

- 12:00 p.m. Introduction: Welcome & Introductions- <Name>
- 12:15 p.m. Purpose and Objectives/Target Capabilities: Overview- <Name>
- 12:45 p.m. Begin TTX Injects & EOP Resource Binder- Participants
- 1:15 p.m. Break-Participants
- 1:30 p.m. Resume TTX: Injects & EOP Resource Binder –Participants
- 2:30 p.m. End TTX/Evaluations/Questions -<Name>

b) **Purpose**

- To identify the impact that surge medical incidents play in overwhelming staff in a rural hospital setting.
- To address the steps required to identify potential areas of staff shortage- both medical and non-medical personnel.
- To assess current plans/policies for gaps in the hospital's capacity for volunteer and donations management in medical surge scenarios.
- To apply ICS/NIMS principals to scenarios involving medical surge and volunteer assisted response.

c) **Scope**

- **Name of Exercise:** <Year> <Agency Name> Volunteers in Surge Tabletop Exercise (TTX)
- **Target Audience:** <Agency Name> Hospital Emergency Management Group and Response Partners
- **Time/Date:**
- **Location:**
- **Exercise Design Team:**

d) **Design objectives**



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- Participants will identify areas where staffing will need to be augmented/replaced by medical and non-medical volunteers.
- Participants will assess current plans/policies for gaps in the roles, credentialing, management, and training for the use of volunteers.
- Participants will effectively evaluate the impact of volunteer management on incident response.
- Participants will identify areas of advanced planning and training necessary to an effective response using volunteers in rural hospitals and clinics.

e) Exercise structure

- **Length:** 2 hour tabletop exercise with a 45-minute introduction and a 30-minute questions and evaluation session.
- **Equipment:** Communication facilities and systems (other than internet access) will not be required for this tabletop
- **Barriers:** No known resource barriers
- **Exercise materials:** Participants have access to a paper and/or electronic versions of a <Agency Name> Hospital Emergency Operations *Plan* Resource Manual (provided during the Workshop) during the TTX provided by exercise planners. The Resource Manual should include everything required by participants to inform discussion during the TTX. Additional handouts will be provided as needed.
 1. **EOP Resource Manual (RM):** Includes selected list of reference materials many of which are plan appendices, and examples, as well as summaries of articles. Other items to consider collecting in your practice and/or jurisdiction are known plans or suggested template plans related to the exercise.
 2. **Target Capabilities (TC) related tools:** References include resources that will be utilized in the functional and full-scale exercise for planning, training, and evaluation.
 3. **PowerPoint slide set:** items to serve as reference during exercise/ conversation without opening the Resource Book.
- **Injects:** Participants will have access to “injects” in PowerPoint and paper form with questions that will substitute for prompts to identify response actions.



f) Exercise conduct

- Participants will use, and are encouraged/invited to bring or provide any pertinent jurisdictional planning documents or facility plans, checklists, or tools.
- Participants will have the ability to ask the facilitator or other participants for explanation/clarification when necessary.
- The “injects” are prompts for discussion- not opportunities to question the “reality” of the scenario or events.
- Focus should be placed on the exercise objectives, plans, training, and coordination systems that *currently* exist- not those that *should* exist.

g) Roles and responsibilities

- **Facilitators** will provide leadership for the evaluation team and keep the exercise moving. Exercise Resources are provided by <Agency Name>.
- **Recorder** will not take an active role in the discussions, but will record all exercise play relevant to the evaluation.
- **Evaluators will** work closely with the participants and provide a direct link between the facilitator and the participants during the exercise discussion.
- **Observers** will be given access to the discussions, but will not interfere in exercise play.
- **Participants:** Agency personnel who discuss their roles and responses to the scenario during the exercise. Exercise participants consist of <Agency <Name> emergency response personnel, public health staff, and other medical and hospital administration/staff, as well as potential response partners.

h) Assumptions and artificialities

- *Time compression* will be used to accelerate the events in order to focus on planning and decision-making.
- Response actions will not be as important as *policies and procedures* themselves that dictate response decisions.
- The scenario is *not meant to overwhelm hospital resources* but will implicate areas that may begin to be overwhelmed should multiple operational periods, or resource shortages begin to become a factor in the scenario.
- The nature of the cause of the emergency *may be impossible* given circumstances outside the exercise designer’s subject matter experience. This should not be used by participants to excuse them from exercise play.

i) Exercise rules

- Breaks will occur- take your own if needed.
- Participate- don’t dominate/dictate. Allow everyone to consider the possibilities before passing judgment.



j) Target Capabilities

- **Volunteer Management and Donations** is defined as the capability to effectively coordinate the use of volunteers and donations in support of domestic incident management. In this scenario it would be the capability to effectively identify roles/responsibilities for volunteers assisting in a situation where both medical and non-medical hospital resources are being overwhelmed.
- **Medical Surge** is defined as rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

2. Scenario

0900: A train with an unknown liquid becomes separated and derailed during a routine railcar connection. More than 50 students/staff are exposed to a “plume” while arriving for school. Numerous resources are dispatched through 911 and the Emergency Department at <Agency Name> is alerted. School staff is told to shelter-in-place for an “indefinite period of time.” It is projected that the operations will continue for at least the next 15 hours (until midnight).

While these events are taking place, <Agency Name> Hospital becomes the Emergency Operations Center for the response due to the proximity to the incident, to medical care, and food service for responders and volunteers. It becomes apparent as the day drags on that volunteer support will be crucial to maintaining operations throughout the evening and the next day.



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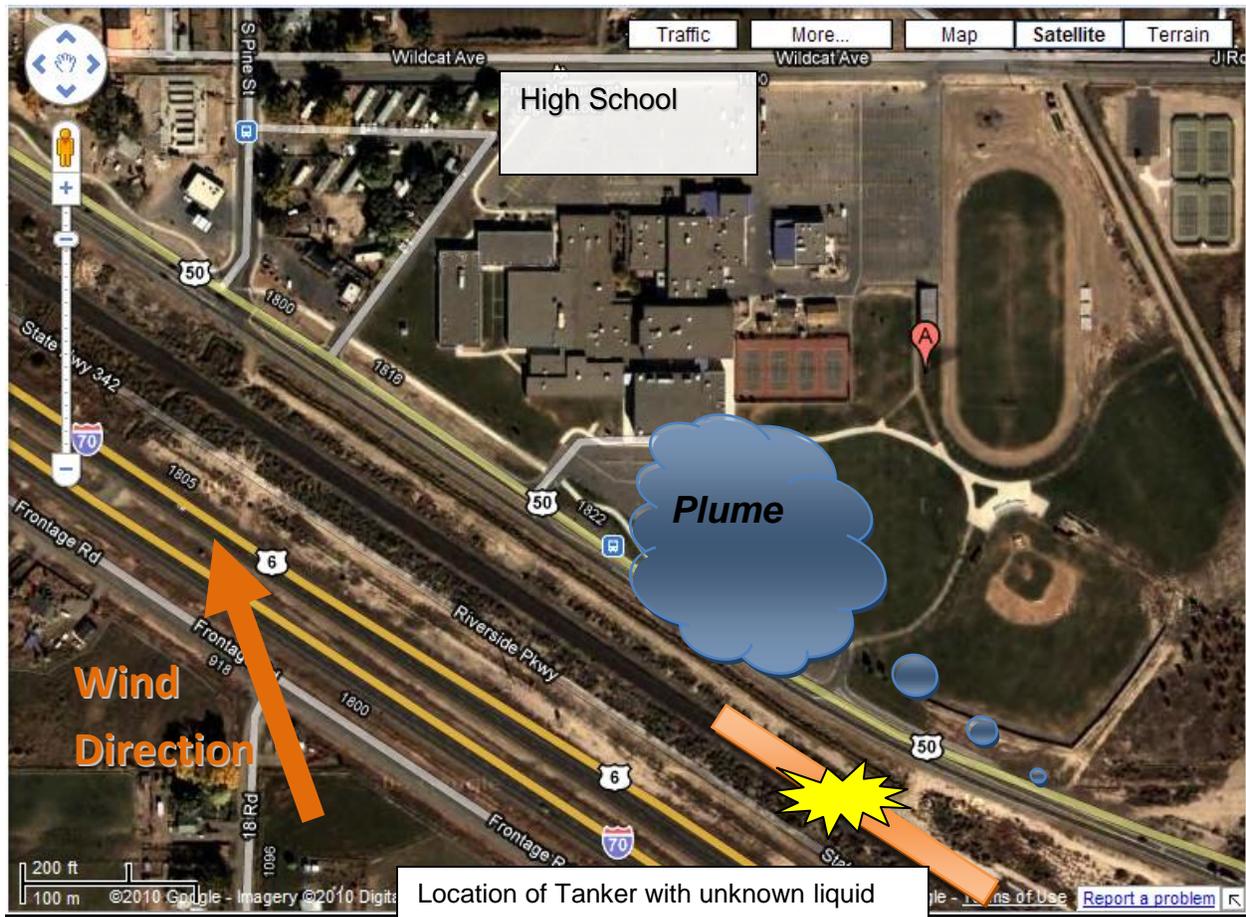


FIGURE 1: Map of Incident Area



3. Participant Questions

- **What do I bring?**

Bring policies, procedures, or training materials you feel speaks to the objectives/goals of the scenario. Lunch will be provided and any materials needed to provide background to the scenario will be provided by the facilitators.

- **Will this be a realistic scenario?**

Participants are urged to avoid focusing on discussion scenario. The intent of the exercise is to accept the proposed scenario and focus on event planning and response to improve your individual, responder, agency and community capacity to fulfill its roles and responsibilities.

- **Wouldn't "other" organizations take the lead?**

Centers for Medicare and Medicaid Services (CMS) and Joint Commission both set, as a standard, that organizations must be able to sustain emergency operations for 96 hours without assistance. This exercise not only models this type of response but also assumes that then nearest source of care is the most likely to be utilized immediately following an incident of this nature.

- **What is the likelihood that volunteers would be used?**

There are many examples of medical surge events where volunteers are often used to support or replace medical professionals. Medical Reserve Corps (MRC) volunteers is a best-case scenario for providing surge staffing where multiple operational periods, multiple incidents, or specialized training in Incident Command is required to support hospital operations for an indefinite period of time.

4. Reference Appendices

- a) Local information: **None needed.**
- b) Fact Sheets: **(Include any fact sheets necessary for inclusion.)**