

Situation Manual (SITMAN)

2020 CMS “Rethinking Continuity”

October 2020

# Exercise Overview

| **Exercise Name** | Near Southwest Preparedness Alliance 2020 CMS “Rethinking Continuity” |
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| **Exercise Dates** | October 20th: Tuesday, 1:00 p.m. – 4:00 p.m.  October 21st: Wednesday, 9:00 a.m. – 12:00 p.m.  October 22nd:Thursday, 1:00 p.m. – 4:00 p.m. |
| **Scope** | This exercise is designed for organizations to utilize current COVID-19 Infectious Disease policies, procedures and practices and utilizing Contingency of Operations (COOP) plans answer questions for continued success. |
| **Mission Area(s)** | * Response * Sustainment * Recovery |
| **Core Capabilities** | Continuity of Health Care Service Delivery |
| **Objectives** | * Objective 1: Identify internal limitations associated with current COVID-19 operations * Objective 2: Identify external opportunities associated with COVID-19 operations * Objective 3: Analyze current sustainment strategies * Objective 4: Analyze organizational de-escalation strategies * Objective 5: Identify current recovery planning processes |
| **Threat or Hazard** | SARS-CoV-2 (COVID-19) Infectious Disease: Business Contingency - Continuity of Operations (COOP) |
| **Scenario** | Virginia had its first confirmed case of COVID-19 on March 7, 2020. Since that date all healthcare organizations have had to deal with the potential for contamination of facilities, employees and patients. During COVID-19, organizations have faced multiple unforeseen issues in the response to this disease when combined with other daily concerns for healthcare delivery. Being able to continue operations while dealing with the disease, laws and regulation changes that continually plague organizational routines is imperative for success. |
| **Sponsor** | Near Southwest Preparedness Alliance – Regional Healthcare Coalition |
| **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** | Near Southwest Preparedness Alliance Staff:   * Robert Hawkins, Executive Director, (540) 525-8681, [rhawkins@vaems.org](mailto:rhawkins@vaems.org) * Mark Cromer, RHCC Manager, (540) 339-2490, [mcromer@vaems.org](mailto:mcromer@vaems.org) * Monica McCullough, Training and Exercise Coordinator, (540) 529-9649, [mmccullough@vaems.org](mailto:mmccullough@vaems.org) * Mary Kathryn Alley, Medically Vulnerable Populations Coordinator, (540) 541-0315, [mkalley@vaems.org](mailto:mkalley@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 Objectives** | **Core Capability** |
| --- | --- |
| Identify internal limitations associated with current COVID-19 operations | Continuity of Health Care Service Delivery |
| Identify external opportunities associated with COVID-19 operations | Continuity of Health Care Service Delivery |
| Analyze current sustainment strategies | Continuity of Health Care Service Delivery |
| Analyze organizational de-escalation strategies | Continuity of Health Care Service Delivery |
| Identify current recovery planning processes | Continuity of Health Care Service Delivery |

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 facility. No emergency communication outside of the facility should be made related to this exercise.
* Organizational participants will interact virtually, utilizing the facilitation platform and controller (Host) instructions.

**Exercise Schedule**

## October 20th, 2019 (Tuesday: 1:00 - 4:00 pm)

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| --- | --- |
| **Time** | **Activity** |
| **12:30 - 1:00** | **Registration** |
| **1:00 - 1:15** | **Welcome and Exercise Briefing** |
| **1:15 - 3:00** | **Module Discussions and Report Outs** |
| **3:10 - 4:00** | **Debrief & Hot Wash** |

**October 21st, 2019 (Wednesday: 9:00 am - 12:00 noon)**

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| --- | --- |
| **Time** | **Activity** |
| **8:30 - 9:00** | **Registration** |
| **9:00 - 9:15** | **Welcome and Exercise Briefing** |
| **9:15 - 11:00** | **Module Discussions and Report Outs** |
| **11:00 - 12:00** | **Debrief & Hot Wash** |

## October 22nd, 2019 (Thursday: 1:00 - 4:00 pm)

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| **Time** | **Activity** |
| **12:30 - 1:00** | **Registration** |
| **1:00 - 1:15** | **Welcome and Exercise Briefing** |
| **1:15 - 3:00** | **Module Discussions and Report Outs** |
| **3:10 - 4:00** | **Debrief & Hot Wash** |

**Pre-Module Activity**

In the pre-module activity, you were asked to identify your critical business functions. In your assigned breakout rooms please list the top five (5) organizational concerns you have identified over the last few months of COVID-19. You have 15 minutes to complete this assignment.

**MODULE 1**

The question for this module will be given by the controller during the TTX. Please, write the question on this sheet HERE, and utilizing your team answer in the notes section below.

**Question:**

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**Notes:**

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**MODULE 2**

The question for this module will be given by the controller during the TTX. Please, write the question on this sheet HERE, and utilizing your team answer in the notes section below.

**Question:**

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**MODULE 3**

The question for this module will be given by the controller during the TTX. Please, write the question on this sheet HERE, and utilizing your team answer in the notes section below.

**Question:**

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**Appendix A: Exercise Participants**

To be compiled from attendance sheets at completion of exercise

**Appendix B: Acronyms**

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| **Acronym** | **Term** |
| AAM | After Action Meeting |
| AAR/IP | After Action Report/Improvement Plan |
| CMS | Centers for Medicare & Medicaid Services |
| COOP | Continuity of Operations Plan |
| ECO | Emergency Custody Order |
| EEG | Exercise Evaluation Guide |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plan |
| HVA | Hazard Vulnerability Analysis |
| ICS | Incident Command System |
| LTC | Long Term Care |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| NOAA | National Oceanic and Atmospheric Administration |
| NSPA | Near Southwest Preparedness Alliance |
| NWS | National Weather Service |
| OCME | Office of the Chief Medical Examiner |
| PACE | Program of All-Inclusive Care for the Elderly |
| POC | Point of Contact |
| RHCC | Regional Healthcare Coordination Center |
| SitMan | Situation Manual |
| TDO | Temporary Detention Order |
| TTX | Tabletop Exercise |
| VDEM | Virginia Department of Emergency Management |
| VDH | Virginia Department of Health |
| VDOT | Virginia Department of Transportation |
| VHASS | Virginia Healthcare Alerting and Status System |

**Appendix C: AAR Documentation**

* **Instructions**

Complete the following sections with information specific to your facility. This information will be used to develop the AAR documentation that your facility will complete for the **November 10th AAR Workshop.**

This is NOT your final AAR document. NSPA will send you an AAR template with details specific to this exercise. You will be responsible for inputting the facility-specific info from your facilitated discussions 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?)