Hospital Surge Tabletop Exercise

## Facilitator Guide / Situation Manual (SitMan)

## [Date]

This Facilitator Guide/Situation Manual (SitMan) provides exercise facilitators 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. The SitMan questions have been provided in the Participant Handout and are available for viewing by all exercise participants.

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| Throughout this document, instructions are included in green boxes that will guide you through the completion of this Facilitator Guide for your facility/agency. Delete the green boxes when you complete the Facilitator Guide. Replace highlighted text with information specific to your facility. |

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# Exercise Overview

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| **Exercise Name** | Hospital Surge Tabletop Exercise |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a discussion-based exercise planned for up to three hours at [FACILITY / HOSPITAL]. The exercise play is limited to the exercise participants in Appendix B. |
| **Focus Area(s)** | Response  |
| **HPP Capabilities** | • HPP Capability 4: Medical Surge |
| **Objectives** | 1. Test the ability of [FACILITY / HOSPITAL NAME] to handle a surge of trauma patients (20% and up to 75% of your average daily census) and would strain your resources. 2. Discuss and review [FACILITY / HOSPITAL NAME] medical surge plans and procedures. |
| **Threat or Hazard** | Medical surge of trauma patients  |
| **Scenario** | A local fair is happening near your hospital. On the closing night, the grandstands are full of people in preparation for a closing musical act. Part of the grandstand structure collapses causing multiple traumatic injuries.  |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Jurisdictions/ Organizations** | [Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.] |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)] |

# ‘Exercise in a Box’ Documents

Below is list of all the documents included in your Medical Surge “Exercise in a Box” packet along with some brief instructions and guidelines. Throughout all the documents there will be sections highlighted in yellow. These *yellow sections will need to be changed based on your organization’s specific information.* There will also be some *instructions in green* boxes throughout the documents that will help explain what needs to be completed and how to do so.

1. **Exercise Facilitator Guide / Situation Manual**

This Facilitator Guide gives exercise facilitators and evaluators information regarding the “Exercise in a Box” materials, information on how to run the exercise, and tips and tricks for facilitating a successful exercise.

1. **Exercise Sign in Sheet**

Print this sign in sheet and have everyone who is participating in the exercise sign in at the beginning of the exercise to ensure all attendance is accurately captured. This information should be copied into the After-Action Report.

1. **PowerPoint Presentation**

A PowerPoint presentation has been developed to help guide and facilitate the exercise.

1. **Player Handout**

The Participant Handout should be distributed to everyone participating in the exercise. This document lays out the scenario for each module and lists all of the questions required to complete the exercise.

1. **Exercise Evaluation Guide (EEG)**

The EEG should be filled out by each designated evaluator. The evaluators may be separate from the exercise participants, or you may designate any participants as evaluators as well. The information collected in the EEGs is what should be used to develop the After-Action Report. The EEGs may be filled out on paper or electronically.

1. **Participant Feedback Form**

Each participant should receive a Participant Feedback Form. This feedback form is to be filled out at the conclusion of the exercise and returned to the facilitator. The facilitator should ensure this information is collated and copied into the After-Action Report.

1. **After-Action Report/ Improvement Plan (AAR/IP) Template**

A template AAR/IP has been developed for this exercise. There are instructions throughout this template that will walk you through what needs to be added to ensure that you have a complete and accurate AAR/IP.

# 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 guided by senior leaders and selected by the Exercise Planning Team.

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| Please note that these objectives are baseline objectives for this tabletop exercise in a box. You as the exercise planning team have the ability to add more objectives as you see fit. You may add objectives that are specific to your facility / hospital surge plans.  |

| **Exercise Objectives** | **Capability** |
| --- | --- |
| Test the ability of [FACILITY / HOSPITAL NAME] to handle a surge of trauma patients (20% and up to 75% of your average daily census) and would strain your resources.  | HPP Capability 4: Medical Surge |
| Discuss and review [FACILITY / HOSPITAL NAME] medical surge plans and procedures. | HPP Capability 4: Medical Surge |

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 participants involved in the exercise, and their respective roles and responsibilities, are as follows:

1. **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.
2. **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.
3. **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.
4. **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

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

1. Module 1: Patients Begin to Present
2. Module 2: Ongoing Response
3. Module 3: Extended Response

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 discussions of response issues.

## Exercise Guidelines

1. 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.
2. 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.
3. 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.
4. Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.
5. 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.

## 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)/Improvement Plan (IP)

# Participant Information and Guidance

## Exercise Setup

### Printed Materials for Exercise Day

* Situation Manual (SitMan)
	+ 1 copy per exercise participant
	+ Can be sent out prior to exercise day
* Exercise Sign in Sheet
	+ 1 copy printed for exercise day
* Player Worksheet
	+ 1 copy printed per exercise participant
* Exercise Evaluation Guide (EEG)
	+ 1 copy printed per exercise group or team
* Participant Feedback Form
	+ 1 copy printed per exercise participant

### Room Setup Considerations

* A facility/room that would ensure enough tables and chairs for every participant.
* Arrange tables to best suit the exercise (for example, U-shaped layout for exercises requiring facilitation and participant interaction).
* A facility/room with acoustics that encourage discussion.
* A facility/room with the accessibility of parking and restrooms for all participants, to include any special needs requirements.
* A facility/room consistent with the number of attendees expected.
* A facility/room with appropriate power, internet bandwidth, and cell phone reception and service to support exercise play.

### Other Exercise Considerations

* Send an RSVP/invitation for the exercise.
* Pre-establish groups or teams prior to the exercise. These groups or teams can be setup by department, agency type, or clinical level.
* Provide light refreshments or lunch for exercise participants. Consider if there is an opportunity for a working lunch.

### Exercise Rules

The following general rules govern exercise play:

1. 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.
2. All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **“This is an exercise.”**

### Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

### During the Exercise

1. Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise facilitator.
2. Exercise facilitators will give you limited information. You are expected to obtain other necessary information through existing emergency information channels.
3. All exercise communications will begin and end with the statement **“This is an exercise.”** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
* Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a facilitator or evaluator.

# Exercise Documents

## Situation Manual (SitMan) and Participant Worksheet

The SitMan and Participant worksheets should be printed and provided to each participant on the day of the exercise. The exercise is broken into three modules. Each module starts with a basic scenario that should be provided to the whole group by the facilitator. Participants should be given time to discuss each item at their tables. The worksheets are theirs to keep and should be used to take detailed notes. It is recommended that one copy be retained for proof of completion.

## Exercise Evaluation Guides (EEGs)

Each table or group should receive a printed copy of an Exercise Evaluation Guide (EEG). After each module, time should be allotted to evaluate the efforts of each table based on the criteria of the EEG. A copy of these EEGs should be retained for completion of the After-Action Report/Improvement Plan.

## Participant Feedback Forms

Each individual should receive a printed copy of the Participant Feedback Form. After the exercise, each participant should be asked to provide feedback for the facilitators on a Participant Feedback Form. The facilitator should collect the forms and add details to the After-Action Report (AAR).

## After-Action Report / Improvement Planning

The AAR/IP is a document that generally includes an exercise overview, analysis of capabilities, and a list of corrective actions. The length, format, and development timeframe of the AAR/IP depend on the exercise type and scope. These parameters should be determined by the exercise planning team, based on the expectations of senior leaders. The AAR/IP should include an overview of performance related to each exercise objective and associated capabilities. An AAR/IP Template has been provided as part of the “Exercise in a Box” materials.

## Additional Facilitator Information and Guidance

### Completing a Hot Wash/Debrief

The player hot wash is a meeting that provides an opportunity to discuss identified strengths and areas for improvement immediately following the exercise. An experienced facilitator leads the hot wash and ensures the discussion remains constructive. The information gathered during a hot wash contributes to the AAR/IP and any exercise suggestions can improve future exercises. A hot wash also provides an opportunity for players to provide clarification and time to fill-out Participant Feedback Forms, which helps to generate the AAR/IP.

### Sample Hot Wash Agenda

**Agenda Items**

* Review of Exercise Objectives
* Performance Assessment by Objective
	+ What functions / tasks went well? What actions can be sustained?
	+ What were the pain points? What can be improved upon?
* Top Priorities Moving Forward
* Action Items / Next Steps
	+ Development of the After-Action Report and Improvement Plan based on participant feedback and evaluation guides
* Distribution / Collection of Participant Feedback Forms

# Module 1: Patients Begin to Present

## Scenario

A grandstand has collapsed at a local fair and [FACILITY / HOSPITAL NAME] is the closest hospital to the scene. Patients start to arrive at via EMS and personal vehicles. Shortly after patients begin to arrive, staff in your emergency department determine that there will likely be a surge of trauma patients.

## Key Issues

1. [FACILITY / HOSPITAL NAME] will be experiencing a surge of trauma patients over the next few hours.
2. It is unknown at this time how many patients may present at [FACILITY / HOSPITAL NAME].

Key Tasks

* Determine initial actions based on surge plans when facing a medical surge event.
* Determine who and how staff at in different departments are made aware of the surge event.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. How would staff in the emergency department learn that there is going to be a surge of trauma patients once initial patients begin to present?
2. What immediate actions are taken in preparation for a surge event?
3. Who outside of the emergency department would be contacted?
	1. How are they contacted?
	2. Are any outside partners notified at this time?
4. Facing a medical surge of an unknown number of patients, what initial actions would be taken at your facility overall?
5. What are the triggers for activating your hospital’s command center (HCC) and medical surge plan?
	1. Would the scenario push you to activate the HCC or surge plan at this time?

# Module 2: Ongoing Response

## Scenario

At this point in time more patients have begun to arrive at the emergency department. Many of the patients arriving will need some type of emergency surgery. As emergency department staff begin to gather more information from patients and EMS it seems as though you could see as many as **X** patients arrive at your emergency department over the next several hours.

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| When developing this exercise for your hospital, choose a number of patients that would surge by at least 20% and up to 75% of your average daily census and strain your resources.  |

## Key Issues

1. The anticipated 20% - 75% surge of patients will strain and potentially overwhelm [FACILITY / HOSPITAL NAME].

Key Tasks

* Determine what HICS positions would be filled in this event.
* Review / determine what your facility / hospital surge plan triggers are.
* Review / determine what each department’s role is in a surge event.

## 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.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. Upon activating your HCC, what positions of the hospital incident command system (HICS) would be filled?
	1. Is this outlined in your hospital emergency operations plan?
2. What mechanism would the ED staff use to notify the HCC of the number of potential trauma patients?
3. How would the HCC communicate the situation update to the following departments?
	1. Intensive Care Unit (ICU) / Critical Care
	2. Medical / Surgical Units
	3. Perioperative Services
	4. Ambulatory Care
	5. Support/Ancillary Care Services

## Scenario Update

At this point in the scenario, you receive a notification from the scene that the grandstands have further collapsed causing 15 -25 more trauma victims ranging in acuity that will likely be transported to your hospital.

1. Now that the scope of the incident is better understood, what surge activities and actions will take place for the following departments?
	1. Intensive Care Unit (ICU) / Critical Care
	2. Medical / Surgical Units
	3. Perioperative Services
	4. Ambulatory Care
	5. Support/Ancillary Care Services
2. Would the HCC be reaching out to any external partners?
	1. If so, who would you be reaching out to and what would the message be?
3. Would there be any type of triage unit set up outside / external to the ED?
	1. If so, who is in charge of setting this up?
4. What are your overall concerns moving into a potentially extended surge event and what would be done to minimize the strain on your facility and staff?

# Module 3: Extended Response

## Scenario

The majority of victims have been transported from the scene of the incident to your facility, although many are still waiting in the emergency department to be triaged and placed in a bed. As the surge event continues it becomes evident that staffing levels may become an issue.

## Key Issues

1. The majority of victims have been transported to your facility.
2. Many are waiting in the ED to be triaged and placed in a bed.

Key Tasks

* Review triage procedures in a surge event.
* Review internal patient tracking procedures and mechanisms.
* Develop example objectives for your response to the surge event.

## 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.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What actions are taking place in each of the following departments to make bed space and support the overall effort to care for the surge of patients?
	1. Intensive Care Unit (ICU) / Critical Care
	2. Medical / Surgical Units
	3. Perioperative Services
	4. Ambulatory Care
	5. Support/Ancillary Care Services
2. How are patients tracked once they arrive at your facility?
3. Does the triage process change during a surge event from normal day-to-day operations?
4. How rapidly is your facility able to decompress patients to open up bed space?
5. What is the trigger for requesting additional staff to report to work?
6. Discuss and develop 2-3 objectives for your facility for the next 8 hours.

# Appendix A: Exercise Schedule

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| Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan. The times for each module are approximate and not prescriptive. You may spend more or less time on each module depending on the level of discussion. |

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| Date | [Insert Date] |
| [Time] | Welcome and Introductions (15 Minutes) |
| [Time] | Module 1: Patients Begin to Present (30 Minutes) |
| [Time] | Module 2: Ongoing Response (30 Minutes) |
| [Time] | Break (10 Minutes) |
| [Time] | Module 3: Extended Response (30 Minutes) |
| [Time] | Hotwash (15 Minutes) |
| [Time] | Closing Comments |

# Appendix B: Exercise Participants

| **Participating Department**  | **Name** | **Job Title**  |
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# Appendix C: Acronym List

| **Acronym** | **Term** |
| --- | --- |
| AAR/IP | After Action Report / Improvement Plan  |
| ED | Emergency Department  |
| EEG | Exercise Evaluation Guide  |
| HCC | Hospital Command Center  |
| HICS | Hospital Incident Command System |
| HPP | Hospital Preparedness Program  |
| ICU | Intensive Care Unit  |
| POC | Point of Contact |
| SitMan | Situation Manual  |
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