



Arizona Crisis Standards of Care Tabletop Exercise

Situation Manual

May 19, 2015

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EXERCISE OVERVIEW

Exercise Name	Arizona Crisis Standards of Care Tabletop Exercise
Exercise Dates	May 19, 2015
Scope	This exercise will address crisis standards of care (CSC) indicators, tactics, public information capacity, electronic information and triage systems, emergency operation center coordination, information sharing, and healthcare coalition and local jurisdiction involvement.
Mission Area(s)	Response
Capabilities	Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, and Medical Surge
Threat or Hazard	Blast injuries and infectious disease outbreak
Sponsor	Arizona Department of Health Services (ADHS)
Participating Organizations	ADHS, county health departments, tribal public health, Indian Health Services, Arizona Division of Emergency Management, local emergency management, hospitals, long term care representatives, healthcare coalition partners, etc.
Point of Contact	<p>Andrew Lawless Emergency Response & Communication Coordinator Arizona Department of Health Services andrew.lawless@azdhs.gov</p> <p>Teresa Ehnert Bureau Chief, Public Health Emergency Preparedness Arizona Department of Health Services teresa.ehnert@azdhs.gov</p>

EXERCISE SCHEDULE

Time	Activity
5/19/2015	
9:00 AM	REGISTRATION
9:30 AM	Opening Remarks – Dr. Cara Christ, ADHS
9:45 AM	CSC Plan Overview – Andrew Lawless, ADHS
10:00 AM	Clinical Recap – Dr. Frank Walter, ADHS
11:15 AM	Plan Organization and Responsibilities – Andrew Lawless, ADHS
11:30 AM	WORKING LUNCH – Public Health Response in a Catastrophic Incident (Video Presentation) and Audience Response Activity – ADHS Staff
12:30 PM	Module 1 – Blast Injuries Scenario
1:00 PM	Module 1 – Facilitated Discussion
1:40 PM	Module 2 – Influenza Like Illness (ILI) Scenario
2:10 PM	Module 2 – Facilitated Discussion
2:50 PM	Next Steps and Closing Remarks – Andrew Lawless, ADHS
3:00 PM	ADJOURN



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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 Objective	Capabilities	Functions
1) Identify potential gaps in interagency coordination for healthcare, public health, emergency management, and first responders	Emergency Operations Coordination - HPP	Function 2: Assess and notify stakeholders of healthcare delivery status Function 3: Support healthcare response efforts through coordination of resources
2) Explore solutions to expand emergency public information and electronic triage systems	Emergency Public Information & Warning - PHEP	Function 3: Establish and participate in information system operations Function 5: Issue public information, alerts, warnings, and notifications
3) Assess the flow of information between response partners	Information Sharing - HPP	Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture
4) Evaluate indicators and tactics documented in Arizona CSC Plan for the state, local jurisdictions, and healthcare facilities	Medical Surge - HPP	Function 3: Assist healthcare organizations with surge capacity and capability Function 4: Develop Crisis Standards of Care guidance

Table1. 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:

- **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.
- **Observers.** 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.
- **Facilitators.** 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.** 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 two modules:

- Module 1: Blast Injury Scenario
- Module 2: Influenza Like Illness (ILI) Scenario

Each module begins with a presentation that summarizes key events and assumptions. After the presentation, participants review the situation and engage in group discussions surrounding key policy and response issues.

After the discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's discussions, based on the scenario.

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 policy development and response 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.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned groups. 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).



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TABLE TOP EXERCISE

MODULE 1: BLAST INJURY SCENARIO



MODULE 1: BLAST INJURY SCENARIO

- Thousands of spectators are gathered for a popular sporting/entertainment event.
- State and local emergency management, EMS, law enforcement, and public health are on standby for the large event, but no definite threats have been identified.
- Around 4:00 PM a series of explosions occur at the event.
- Additional explosions occur outside the event as people attempt to evacuate.
- Victims begin arriving at local area hospitals in private vehicles; EMS cannot keep up with the number of injured.
- A make-shift triage area is established in the vicinity, away from the immediate scene of the blasts.
- Terrorism is suspected, and the FBI is on scene to handle the investigation.
- Hospitals and other healthcare facilities are notified and placed on alert, statewide.
- Blood supplies were low before the blast and the need for donations has increased dramatically.
- The number of casualties is approximately 1,500 with:
 - 200 red
 - 400 yellow
 - 700 green
 - 100 black
 - 100 dead

Immediate, Delayed, Minimal, Expectant (IDME) Mnemonic

Status	Color	Summary
Immediate	RED	<ul style="list-style-type: none"> • Life-threatening injury or illness • Lifesaving Interventions (LSI) • First to treat
Delayed	YELLOW	<ul style="list-style-type: none"> • Serious, but not life-threatening • Delaying treatment will not affect outcome • Second to treat
Minimal	GREEN	<ul style="list-style-type: none"> • Walking wounded • Third to treat
Expectant	BLACK	<ul style="list-style-type: none"> • Palliative care, unless new resources allow triage upgrade

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.

Primary Discussion Questions

- 1) Which agencies and partners need to be notified regarding activating the State Disaster Medical Advisory Committee (SDMAC)?
- 2) What resources (e.g., space, staff, and supplies) would be in greatest demand during this type of disaster? What additional resources might be considered? See “Appendix G Resource Challenges by Disaster Type” on pages 117-121.
- 3) How would local public health and emergency management coordinate with the SDMAC to help healthcare facilities implement CSC?
- 4) What elements of the Ethical Code of Conduct will be most important for policy makers? See “Appendix A CSC Code of Ethics for the State of Arizona” on pages 96-101.
- 5) What additional tactics might be used to assist healthcare facilities and county health departments during this response? See pages 107-109 of *AZ CSC Plan* for a list of proposed tactics.
- 6) How can the SDMAC coordinate with county health departments and healthcare system partners to quickly implement CSC guidance?
- 7) How can policy and guidance developed by the SDMAC be most efficiently integrated into public messaging? See pages 81-83 of the *AZ CSC Plan*.

Questions for Further Consideration

- 1) What additional indicators and tactics should healthcare facilities consider for a CSC response?
- 2) What additional indicators and tactics should local health departments consider for a CSC response?
- 3) How will SDMAC members balance the needs of existing patients receiving treatment with the huge influx of new casualties resulting from the blast?
- 4) How can existing systems and resources be used to provide electronic alternate care, e.g., telephone triage, online triage, electronic prescriptions? See page 49 of the *AZ CSC Plan* for additional information on electronic alternate care.

TABLE TOP EXERCISE

MODULE 2: INFLUENZA LIKE ILLNESS (ILI) SCENARIO



MODULE 2: INFLUENZA LIKE ILLNESS (ILI) SCENARIO

- It is December and flu season is getting underway.
- Many hospitals are operating at or near capacity.
- An unusual cluster of severe respiratory disease is detected in the state.
- Within weeks, cases spread to most AZ counties.
- Hospitals, urgent care facilities, and other clinics are inundated with ILI cases.
- IV solution supplies were thin before the outbreak. Over the last several weeks, shortages are reaching a critical level.
- Personal Protective Equipment (PPE) is also in short supply and local/statewide distributors and caches have been exhausted.
- This new form of ILI is impacting neighboring states as well and the supply shortage is now nationwide.
- It is estimated that thousands of people across the state have contracted this new form of ILI and approximately 1,000 of them have required hospitalization over the last 2 weeks.
- The SDMAC has been convened to develop guidance and help establish priorities.

Primary Discussion Questions

- 1) What steps can the SDMAC take to ensure equitable allocation of resources (space, staff, and supplies) across the state? See “Appendix G” in the *AZ CSC Plan* for information.
- 2) How can CSC guidance be integrated into public messaging to address considerations for access and functional needs (AFN) populations?
- 3) What priorities would the SDMAC consider when developing guidance and recommendations for healthcare professionals?
- 4) During an infectious disease crisis, how will the SDMAC coordinate guidance and recommendations with public information staff in charge of public inquiry and media relations?
- 5) How will electronic and telephone-based information systems be used to support public information and electronic triage/prescriptions? See section on electronic alternate care systems on p. 49 of the *AZ CSC Plan*.

APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ADEMA	Arizona Department of Emergency and Military Affairs
ADHS	Arizona Department of Health Services
AFN	Access and Functional Needs
CSC	Crisis Standards of Care
DPS	Department of Public Safety
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
FBI	Federal Bureau of Investigation
HPP	Hospital Preparedness Program
IC	Incident Command
ILI	Influenza Like Illness
PHEP	Public Health Emergency Preparedness
PPE	Personal Protective Equipment
SDMAC	State Disaster Medical Advisory Committee
SME	Subject Matter Expert