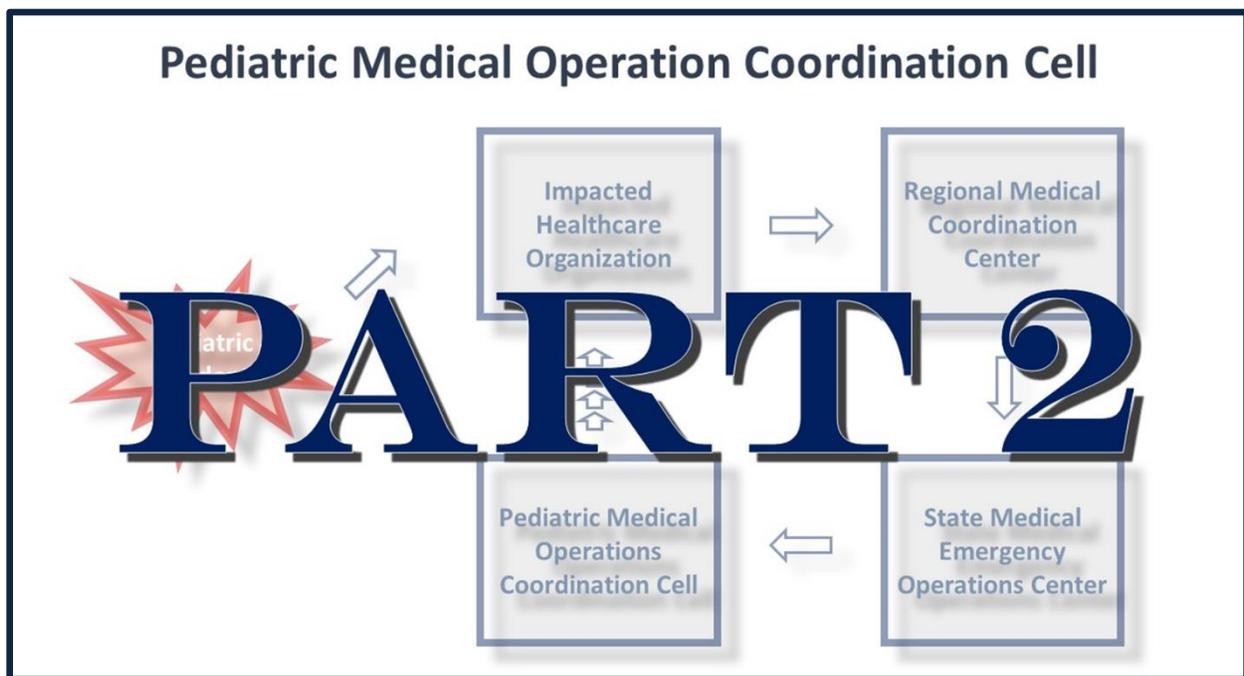




Pediatric Medical Operations Coordination Cell (PMOCC): A PMOCC and Pediatric Surge Workshop



Exercise Plan
19 July 2022

The Exercise Plan (ExPlan) gives state officials, healthcare providers, emergency managers and personnel information needed to participate in the exercise. Some exercise material is primarily intended for exercise planners, controllers, and evaluators, but participants may view other materials necessary to their participation. All exercise participants may view the ExPlan.

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WORKSHOP OVERVIEW

Workshop Name	Pediatric Medical Operations Coordination Cell (PMOCC): A PMOCC and Pediatric Surge Workshop
Workshop Date	9 August 2022 from 10:00 am to 1:00 pm EST
Scope	A 3 hour workshop, conducted from home-station via telephone and videoconferencing systems. Open participation with a target audience of FEMA Region V pediatric, disaster, and emergency response experts.
Mission Area(s)	Response and Recovery
Core Capabilities	Planning Operational Coordination Infrastructure Systems
Objectives	<ol style="list-style-type: none"> 1. Present 60 minutes of pediatric Surge Annexes to identify common standards and best practices of FEMA Region V states, to include Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. 2. Evaluate the potential value of PMOCC during 15-minutes of group interactive polling and discussion. 3. Envision how PMOCC could fit into the six state's disaster plans and augment current capabilities during facilitated, 20-minute, breakout discussions for each state. 4. Consider stakeholders, process, and interest for PMOCC within FEMA Region V states during 40-minutes of state report outs. 5. Collect and analyze Surge Workshop lessons and commentary via videoconference recording, live polling, videoconferencing chat, and workshop debriefing. Publish a workshop After Action Review (AAR) no later than 30 October 2022.
Sponsor	Region V for Kids Great Lakes Pediatric Consortium for Disaster Response conducts the workshop in support of an Assistant Secretary for Preparedness Response (ASPR) Pediatric Disaster Care Centers of Excellence grant.
Point of Contact	Ronald Ruffing MD, Division of Pediatric Emergency Medicine Children's Hospital of Michigan PMOCCworkshop@umich.edu

GENERAL INFORMATION

Workshop Objectives and Core Capabilities

The following workshop objectives in Table 1 describe the expected outcomes for the workshop. The objectives are linked to FEMA core capabilities, which are the distinct critical elements necessary to achieve specific mission area(s). Objectives and aligned core capabilities are guided by Region V for Kids Primary Investigators and selected by the Workshop Planning Team.

Workshop Objective	Core Capability
Present 60 minutes of pediatric Surge Annexes to identify common standards and best practices of FEMA Region V states, to include Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.	Planning
Evaluate the potential value of PMOCC during 15-minutes of group interactive polling and discussion.	Planning
Envision how PMOCC could fit into the six state's disaster plans and augment current capabilities during facilitated, 20-minute, breakout discussions for each state.	Operational Coordination Infrastructure Systems
Consider stakeholders, process, and interest for PMOCC within FEMA Region V states during 40-minutes of state report outs.	Planning Infrastructure Systems
Collect and analyze Surge Workshop lessons and commentary via videoconference recording, live polling, videoconferencing chat, and workshop debriefing. Publish a workshop After Action Review (AAR) no later than 30 October 2022.	Planning Operational Coordination Infrastructure Systems

Table 1. Workshop Objectives and Associated Core Capabilities

Workshop Purpose

During a pediatric disaster or emergency, effective coordination among responding agencies is critical for a successful, integrated response. Coordination is a foundation of other response activities. The purpose of the *Pediatric Medical Operations Coordination Cell Workshop* is twofold: 1) present and identify current and best practices of Region V pediatric surge annexes and 2) discuss utility and interest in developing a PMOCC for each Region V state.

Workshop Timeline

The *Pediatric Medical Operations Coordination Cell Workshop* is a 3-hour workshop scheduled on Tuesday, August 9th from 10:00 am to 1:00 pm EST. Refer to Appendix A for the agenda.

Supporting and Planning Materials

As tools and information for dissemination, workshop management and coordination, the following documents will be published to further describe and refine the workshop:

- Situation Manual 1 August 2022
- Participant Handbook 2 August 2022
- Data Collection Plan 5 August 2022
- After Action Review (AAR) 30 October 2022

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people. Groups of participants involved in the workshop, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active, functional role in performing their regular roles and responsibilities during an exercise. Players discuss or initiate actions in response to the simulated emergency. There are no functional players for this workshop.
- **Facilitators.** Facilitators provide situation updates and control an exercise. They provide additional information or resolve questions as required. Facilitators will serve as moderators during breakout discussions for this workshop.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of an exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with Exercise Evaluation Guides (EEGs). There are no evaluators for this workshop.
- **Observers.** Observers view the exercise but do not play or control the exercise. Observers are invited to evaluate and comment. For this workshop, all participants are observers. All participants are requested to complete polling questions on the conduct of the workshop at the end of the workshop.

Workshop Assumptions and Artificialities

In any workshop, assumptions and artificialities may be necessary to complete objectives in the time allotted and/or account for logistical limitations. Workshop participants should accept that assumptions and artificialities are inherent in any workshop and should not allow these considerations to negatively impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the workshop and, as such, are assumed to be present before the workshop starts. The following assumptions apply to the workshop:

- The workshop is conducted in a no-fault learning environment wherein existing capabilities, plans, systems, and processes will be discussed.

- During the workshop, participants engage in accordance with their state’s policies and procedures.
- Participants may need to balance workshop participation with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this workshop, the following artificialities apply:

- All workshop participants are staged and ready at 10:00 am ET on 9 August 2022.
- Time periods for tasks have been significantly limited to facilitate a concise, effective workshop.
- Workshop participants are expected to fulfill Observer duties throughout: identifying, recording, and reporting workshop performance against professional norms and expectations.

WORKSHOP LOGISTICS

Safety

Workshop participant safety takes priority over workshop activity. The following general requirements apply to the workshop:

- Home stations organizations are responsible for providing a safe and secure environment for workshop participants. Any safety concerns must be immediately reported in accordance with home station organizational policies and procedures.
- The workshop will occur virtually to support social distancing preventive measures as may be necessary due to an ongoing viral pandemic. Home station organizations are responsible to implement appropriate public health measures at their locations.

POST-WORKSHOP AND EVALUATION ACTIVITIES

Debriefings

Post-Workshop debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Report Outs

At the conclusion of breakout discussion, moderators facilitate a Report Out to allow state representatives to brief their states conclusions. All participants attend. The Report Out will not exceed 40 minutes.

Participant Feedback Survey

A participant poll provides an opportunity to comment candidly on workshop activities and design. A live polling link will be provided to all participants. Poll responses will be collected electronically in real time. All participant responses are anonymous.

Evaluation

After-Action Report

The AAR summarizes key information related to evaluation. An AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic workshop information, including the workshop name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the workshop sponsor and POC. The AAR for this workshop will focus on presenting: 1) Pediatric Surge Annex current and best practices, 2) participant input and opinion related to PMOCC, and 3) participant commentary on conduct of the workshop.

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. Improvement Planning will not occur as a result of the workshop as organizational plans will not be tested.

PARTICIPANT INFORMATION AND GUIDANCE

Workshop Rules

The following general rules govern workshop participation play:

- Real-world emergency actions take priority over workshop activities.
- Workshop participants will comply with real-world emergency procedures, unless otherwise directed by the control staff.

Participant Instructions

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

Before the Workshop

- Review appropriate organizational annexes, plans, and workshop support documents.
- Review planned poll and discussion questions. Refer to Annex B for questions.
- Be at the appropriate home-station site at least 15 minutes before the workshop starts.
- Connect to the designated Zoom videoconference session 10 minutes before the workshop starts.

During the Workshop

- Respond to workshop polls.
- Present questions to workshop facilitators through videoconference chat.
- Maintain a log of observations and suggestions for improvement of workshop conduct.

After the Workshop

- Provide any After Action Review notes or comments to workshop planners no later than 16 August 2020 by email to PMOCCWorkshop@umich.edu.

Appendix A: Workshop Schedule

Time	Activity
9:45 am	Join videoconference - confirm a strong, quality connection
10:00 am	Welcome Remarks / Exercise Introduction
Educational Presentations	
10:10 am	PMOCC Overview and Orientation
10:20 am	Waukesha Christmas Parade Pediatric MCI Debrief
10:35 am	Pediatric Mental Health in Emergency Departments
10:50 am	Be Ready: Disaster Preparedness for CYSHCN Patients
11:05 am	5-minute Break
11:10 am	Pediatric Hazard Vulnerability Analyses (HVAs)
11:25 am	Legal Implications of Providing Care Across State Lines
11:40 am	15-minute Lunch Break
11:55 am	Introduction of PMOCC Demonstration
PMOCC Demonstration	
Noon	Demonstration of PMOCC to include: Mobilization PMOCC internal operating procedures Developing situational awareness Initial response to a pediatric incident
1:00 pm	5-minute Break
Break Out Discussions	
1:05 pm	Table-Top Introduction
1:10 pm	<u>Break Out Sessions by Organization Type</u> State Agencies Health Care Coalitions Children's Hospitals Local Hospitals Community Organizations
1:30 pm	<u>Break Out Sessions by State</u> Illinois Indiana Michigan Minnesota Ohio Wisconsin
1:50 pm	Discussion Report Outs
2:00 pm	Exercise Hot Wash
2:15 pm	End of Workshop

Appendix B: Poll and Discussion Questions



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Initial Full Group Questions

Presented by Mentimeter live polling presentation x 15 minutes

1. Multiple Choice: yes, no, or not sure

From an operations perspective, is Pediatric Expertise embedded within your state's, region's, or city's Emergency Medical Operations structure?

Yes

No

Not sure

2. Free text question

If your Emergency Medical Operations response structure has Pediatric Expertise in-house, please describe?

3. Free Text question

If your Emergency Medical Operations structure has Pediatric Expertise in-house, how is the expertise activated and coordinated?

4. Word Cloud

Please identify two benefits that a PMOCC could provide during a disaster or surge incident?

5. Word Cloud

For your state, name two obstacles to implementation of a PMOCC?

6. Free Text

If there is a unique feature of your state that precludes implementation of the PMOCC concept, please name the feature.

7. Free Text

Describe any alternative options to a PMOCC within your state for Emergency Management disaster preparedness and response of a pediatric event?

8. Multiple Choice

For your state, identify the minimum, core stakeholders and leadership needed for first discussions of a PMOCC?





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Moderator Questions

For the state breakout discussions x 20 minutes

- 1) At a state-wide level, where does pediatric expertise exist and operate within your state's current plans?
- 2) How could a PMOCC augment and integrate into existing plans?
- 3) Is there an insurmountable barrier to PMOCC implementation within your state?
- 4) Is there an alternative option to a PMOCC for your state?
- 5) Discuss primary agencies, members, and leadership of a PMOCC implementation workgroup for your state.
- 6) Is there interest in partnering with Region V for Kids for initial exploration of implementing a PMOCC or alternative in your state?



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Large Group Report Out

For state debriefing the breakout discussions x 40 minutes

Each state will have 5 to 6 minutes to debrief their breakout discussion

- 1) At a state-wide level, where does pediatric expertise exist and operate within your state's current plans?
- 2) How could a PMOCC augment and integrate into existing plans?
- 3) Is there an insurmountable barrier to PMOCC implementation within your state?
- 4) Is there an alternative option to a PMOCC for your state?
- 5) If interested, identify primary agencies, members, and leadership of a PMOCC implementation workgroup.
- 6) Is there interest in partnering with Region V for Kids for initial exploration of implementing a PMOCC or alternative in your state?

Appendix C: Acronyms

Acronym	Term
AAR	After Action Review
ASPR	Assistant Secretary for Preparedness and Response
EEG	Exercise Evaluation Guide
ExPlan	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program
PMOCC	Pediatric Medical Operations Coordination Cell
SitMan	Situation Manual