Caring For Kids: A Region 7, Rural Pediatric Surge Tabletop Exercise

A close-up of a hand holding a child

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Participant Handbook

25 April 2024

The Participant Handbook gives exercise participants, primary investigators, and state officials information needed to engage and participate in the exercise. Some exercise materials are primarily intended for exercise planners, controllers, and evaluators, but the Handbook is primarily written for exercise participants. All exercise planners and participants may view the Handbook.

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1. **Participant Checklist**

**Note**: Detailed information for each checklist activity is available in the Handbook.

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* **Register:** Visit [**Caring for Kids Registration**](https://umich.qualtrics.com/jfe/form/SV_dmt2FMOU1LfYHxY) to register for the exercise.
* **Gather:** Get a copy of your organization’s Emergency Operations Plan (EOP) or similar emergency management document. Bring an electronic or paper copy of the plan with you to the exercise.
* **Review:** Read and develop a detailed understanding of your organization’s EOP prior to the exercise.
* **Preview Questions:** Review scenario questions on pages B-1 through B-6 of this Participant Handbook.
* **Anticipate:** Be prepared to react to pediatric scenarios on behalf of your organization in a manner as prescribed by the organization’s EOP.
* **Arrive:** Between 9:00am and 9:45am on 25 April 2023, check-in with conference organizers. A buffet breakfast will be available starting at 9:00am for exercise participants.
* **Education Presentations:** When solicited for input to the various topics and discussions of the morning education briefings, contribute your experience.
* **Exercise:** When prompted, respond to exercise scenarios. Use an Evaluation Scorecard (Appendix C) to analyze your organization’s Emergency Operations Plan’s utility for the unfolding scenario. Note gaps in pediatric capabilities and areas for plan improvement.

**Key Point of Information:** The exercise will include 3 hours of interactive pediatric Mass Casualty Incident scenarios. In addition to evaluating Emergency Operations Plans against the scenarios and noting areas for improvement, all participants are asked to also evaluate the scenarios from a larger perspective to identify gaps in local pediatric capabilities and capacities that a healthcare coalition can address. “

**Points of Contact:**

Region 7 Healthcare Coalition Website: [Region 7 Healthcare Coalition](https://www.miregion7.com/)

Exercise Website: [Region 7 Rural Pediatric Surge Exercise webpage](https://emscimprovement.center/domains/preparedness/asprcoe/eglpcdr/exercises/region-7-rural-pediatric-exercise/)

Exercise Email: [CaringforKids@umich.edu](mailto:CaringforKids@umich.edu)

1. **How to Participate in the exercise**

**Register:** Registration is available on the [Region 7 Healthcare Coalition website](https://www.miregion7.com/event-listings/caring-for-kids-a-region-7-pediatric-surge-table-top-exercise) and at the following link: [Caring for Kids Registration](https://umich.qualtrics.com/jfe/form/SV_dmt2FMOU1LfYHxY).

**Preview Questions:** Since the exercise is planned as an open, low-stress, no-fault, learning environment and planners are not seeking to create “gotcha” situations, **exercise planners are making all questions and scenarios available to participants beforehand**. Exercise facilitators and discussion moderators retain discretion to formulate and ask spur of the moment questions to foster discussion and follow up on pertinent points of observation. Questions are presented in Appendix B; in the order they will be presented during the exercise.

**Homework:** To leverage the Tabletop Exercise for maximum value, participants are encouraged to get and review their organization’s Emergency Operations Plan (EOP). Developing a deep familiarity of the plan’s details will facilitate quick and doctrinally correct responses to scenario injects.

**Pre-submit Questions:** Exercise participants interested in submitting a question prior to the exercise for any of the planned topics or questions are encouraged to do so. Please submit questions to [CaringforKids@umich.edu](mailto:CaringforKids@umich.edu).

**Arrive:** Check-in with exercise organizers between 9:00am and 9:45am on 25 April 2024, at BJ's Catering and Event Center, 990 N Center Ave, Gaylord, MI 49735.

**Conference:** When solicited for input to the various topics and discussions of the morning education presentations, contribute your experience and expertise.

**Exercise:** When prompted, respond to exercise scenarios. Use an Evaluation Scorecard (Appendix C) to analyze your organization’s Emergency Operations Plan’s utility for the unfolding scenario. Note areas for plan improvement and gaps in pediatric capabilities appropriate for Healthcare Coalition intervention.

**Email:** Given the size of the audience and limited time frame, all questions or comments may not be addressed during the exercise. Participants are encouraged to submit questions and comments for inclusion in the exercise record, database and after-action review (AAR). Submit questions and comments directly to exercise planners by emailing [CaringforKids@umich.edu](mailto:CaringforKids@umich.edu).

**Improve:** Addressing the gaps in organizational plans, participants are encouraged to develop and implement concrete, measurable corrective actions to strengthen and refine their organization’s Emergency Operations Plan.

# Exercise Overview

| **Exercise Name** | Caring for Kids: A Region 7 Pediatric Surge Tabletop Exercise |
| --- | --- |
| **Exercise Dates** | 25 April 2024 from 10:00am to 4:00pm EST |
| **Scope** | A Tabletop Exercise (TTX) and education presentations planned for 6 hours, conducted at BJ's Catering and Event Center, Gaylord, Michigan. Exercise play is limited to participating hospitals, clinics, and EMS agencies as needed to respond to three pediatric mass casualty incidents that exceeds local and regional resources. |
| **Mission Area(s)** | Readiness and Response |
| **ASPR Core Preparedness Capabilities** | Foundation for Health Care and Medical Readiness  Health Care and Medical Response Coordination  Continuity of Health Care Service Delivery  Medical Surge |
| **Objectives** | 1. **Conduct** a two-hour Pediatric Surge TTX featuring 3 iterations and scenarios of increasing complexity to stress pediatric disaster plans of 15 participating organizations.  2. Participating organizations **Evaluate** current pediatric response plans against the exercise scenarios to identify areas for improvement and report at least three proposed changes to their plans.  3. Consider public health/behavioral health response actions against exercise scenarios to **Identify** in total two interventions for incident recovery phase.  4. **Convene** pediatric experts and Region 7 Healthcare Coalition members for 35 minutes to present five briefings on regional pediatric capabilities, limitations, and practices.  5. **Determine** current pediatric transfer practices of Region 7 organizations internal and external to Region 7 during 25 minutes of briefings and discussions.  6. **Introduce** organizational techniques to respond and manage a pediatric surge during a 30-minute presentation. |
| **Threat or Hazard** | Pediatric Mass Casualty Incident |
| **Scenario** | Three scenarios: 1) Active Shooter, 2) School Bus Accident, and 3) Roof Collapse. See Exercise Injects in Participant guide for detailed scenario descriptions. |
| **Sponsor** | Region 7 Health Care Coalition and Region V for Kids Pediatric Disaster Center of Excellence |
| **Participating Organizations** | Functional participants are the Region 7 hospitals, clinics, trauma, and EMS agencies. All other participants in the exercise will participate in an observer/evaluator role. |
| **Point of Contact** | Kal Attie, MD  Medical Director  Region 7 Healthcare Coalition  CaringforKids@umich.edu |

# 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 ASPR Preparedness and Response capabilities (appendix C), which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by Region 7 leadership and selected by the Exercise Planning Team.

| **Tabletop and Conference Objective** | **Preparedness and Response Capability** |
| --- | --- |
| **Conduct** a two-hour Pediatric Surge tabletop exercise featuring 3 iterations and scenarios of increasing complexity to stress pediatric disaster plans of 15 participating organizations. | Foundation for Health Care and Medical Readiness  Health Care and Medical Response Coordination  Medical Surge |
| Participating organizations **Evaluate** current pediatric response plans against the exercise scenarios to identify areas for improvement and report at least three proposed changes to their plans. | Foundation for Health Care and Medical Readiness  Medical Surge |
| Considerpublic health/behavioral health response actions against exercise scenarios to **Identify** in total two interventions for incident recovery phase. | Health Care and Medical Response Coordination Continuity of Health Care Service Delivery |
| **Convene** pediatric experts and Region 7 Healthcare Coalition members for 35 minutes to present five briefings on regional pediatric capabilities, limitations, and practices. | Foundation for Health Care and Medical Readiness |
| **Determine** current pediatric transfer practices of Region 7 organizations internal and external to Region 7 during 25 minutes of briefings and discussions. | Foundation for Health Care and Medical Readiness  Health Care and Medical Response Coordination |
| **Introduce** organizational techniques to respond and manage a pediatric surge during a 30-minute presentation. | Foundation for Health Care and Medical Readiness  Continuity of Health Care Service Delivery  Medical Surge |

Table 1. Exercise Objectives and Associated Core Capabilities

## Exercise Purpose

During a disaster or emergency, an organization’s ability to surge treatment and patient transportation is critical for a successful response. Multi-agency coordination is critical to an integrated response. The purpose of the *Caring for Kids: A Region 7 Pediatric Surge Tabletop Exercise* is two-fold: 1) test Region 7 Mass Casualty Incident (MCI) plans and 2) develop a keen understanding of pediatric resources available within the region.

## Exercise Timeline

The *Caring for Kids: A Region 7 Pediatric Surge Tabletop Exercise* is a 6 hour exercise and education session scheduled on Thursday, April 25th, from 10:00 am to 4:00 pm EST. Refer to Appendix A for the timeline.

## Supporting and Planning Materials

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

* Situation Manual 4 April 2024
* Participant Handbook 11 April 2024
* After Action Review (AAR) 30 June 2024

## 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, functional role in performing their regular roles and responsibilities during the exercise in accordance with organizational plans. Players discuss or initiate actions in response to the simulated emergency.
* **Facilitators.** Facilitators provide situation updates and control the exercise. They provide additional information or resolve questions as required.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise.
* **Observers.** Observers view the exercise but do not play or control the exercise. Observers are invited to evaluate and comment on performance during the Table Top discussion.

## 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 scenarios are plausible and occur as presented.
* During the exercise, participating agencies operate in accordance with their own policies and procedures.
* Exercise injects contain 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:

* All exercise participants are staged and ready at 10:00am on 25 April 2024.
* Time periods for tasks have been significantly limited to facilitate a concise, effective exercise.
* The exercise is solely focused on Pediatric Mass Casualty Incident operations.
* Exercise participants are expected to fulfill Evaluator duties throughout: identifying, recording, and reporting exercise performance against established objectives.

# Exercise Logistics

## Safety

Exercise participant and observer safety takes priority over exercise events. The following general requirements apply to the exercise:

* Exercise Planners are responsible for providing a safe and secure environment for exercise participants. Any safety concerns must be immediately reported to the exercise host and facilitators.
* Exercise participants will follow venue safety rules and regulations for the duration of the day.
* For an emergency that requires assistance, use the phrase “**real-world emergency**.” The following procedures should be used in case of a real emergency during the exercise:
* Standard fire and safety regulations relevant to the at BJ's Catering and Event Center will be followed during the exercise: including alarm activation, use of fire suppression equipment, evacuation routes, and muster locations. Upon evacuation, report to exercise planners for personnel accountability.
* Emergency Medical Services: The staff at BJ's Catering and Event Center will coordinate with local emergency medical services in the event of a real-world emergency.

Exercise Schedule



**The exercise agenda is subject to change.**

**TTX Scenarios and Questions**

1. **Module 1: Active Shooter**

## Scenario

### April 25, 2024: 1:10 pm

Your hospital receives reports of an adult argument at a local daycare center that escalates into active shooter assault on the center caregiver with shotgun. Multiple children injured due to proximity to caregiver. Police arrive and shoot two bystander children while killing the shooter. All violence and death occurs in plain view of a class of 12 preschoolers.

## Injects

### #1 – April 25, 2024: 1:15 pm

Caregiver, shooter, and one child deceased on scene.

Four children arrive to your facility with trauma injuries requiring minimal surgical intervention and are stable enough for routine transfer.

One child arrives with trauma injuries that require immediate, extensive surgery, critical care transport, and ICU placement.

### #2 – April 25, 2024: 1:20 pm

Five additional children transported to your Emergency Department for evaluation.

The sudden arrival of parents, police, and media create a human surge in your ED.

## Key Issues

Pediatric population Trauma MCI, will:

* stress all hospitals
* require Pediatric ICU consult
* require cross-border transfers
* require behavioral health support

## Actions

Based on the scenario and injects, participants notionally enact their organization’s Emergency Operations Plan (EOP) and identify appropriate actions to implement. Concurrently, participants evaluate the plan and identify gaps hindering appropriate response.

### Participant Questions

1. Does your organization’s Emergency Operations Plan (EOP) provide a response specifically for a pediatric MCI or surge incident?
2. As presented, did the resource and expertise requirements generated by the scenario and injects exceed the pediatric capabilities and capacity of your organization?
3. Other than pediatric ICU consultation and critical care transport, are there any other external pediatric resources that were needed for the scenario?
4. Does your organization’s EOP provide pediatric behavioral health for patients/families?
5. Does your organization’s EOP include behavioral health for staff?
6. What areas of emergency management and response are missing or need improvement within the EOP?
7. Did you identify any response gaps within your organization’s EOP? Are the gaps generic to all MCIs? Are there gaps unique to pediatric MCI?

# Module 2: School Bus Accident

## Scenario

### April 25, 2024: 1:45 pm

Your hospital receives reports of a school bus sliding off a road at 35 mph and rolling onto its side. Total occupant count is 26 children ranging in age from 7 to 15 plus a bus driver. In addition to trauma injuries, all passengers and driver were showered with broken glass and exposed to 0° temperatures for 20(+) minutes.

## Injects

### #1 – April 25, 2024: 1:50 pm

Bus driver and one child deceased on scene.

Five children arrive with trauma injuries requiring minimal surgical intervention, stable enough for routine transfer.

Three children arrive unconscious, unresponsive with clear signs of head and chest trauma that require immediate surgery, critical care transport, and ICU placement.

Eight children arrive with lacerations on their face and hands.

### #2 – April 25, 2024: 1:55 pm

Five teens arrive without adequate winter clothing, displaying early signs of hypothermia.

Three children transported to your Emergency Department for evaluation.

## Key Issues

Pediatric population Trauma MCI, will:

* stress all hospitals
* require Pediatric ICU consult
* require ICU transport

## Actions

Based on the scenario and injects, participants notionally enact their organization’s Emergency Operations Plan (EOP) and identify appropriate actions to implement. Concurrently, participants evaluate the plan and identify gaps hindering appropriate response.

### Participant Questions

1. Does your organization’s Emergency Operations Plan (EOP) provide a response specifically for a pediatric MCI or surge incident?
2. As presented, did the resource and expertise requirements generated by the scenario and injects exceed the pediatric capabilities and capacity of your organization?
3. Other than pediatric ICU consultation and critical care transport, are there any other external pediatric resources that were needed for the scenario?
4. If transfer of the pediatric patients outside of Region 7 is needed, would patients from your organization be transfered across state lines?
5. What areas of emergency management and response are missing or need improvement within the EOP?
6. Did you identify any response gaps within your organization’s EOP? Are the gaps generic to all MCIs? Are there gaps unique to pediatric MCI?

# Module 3: Roof Collapse

## Scenario

### April 25, 2024: 2:10 pm

Your hospital receives reports of a snow induced, total roof collapse at a local grade school while school is in session. The school daily census is 76 students and 11 teachers and staff. On scene Incident Commander is directing all patients to your facility. First reports are 45 pediatric casualties with various conditions, including confined space induced hypoxia, hypothermia, crush injuries, stress induced panic/anxiety, stress induced asthma, and several wheelchair bound children. Search and rescue operations are ongoing.

## Injects

### #1 – April 25, 2024: 2:15 pm

First ambulance is 10 minutes out.

Due to an ongoing snowstorm, air and ground evacuation are limited to 12 miles for the next 36 hours.

## Key Issues

Pediatric population MCI, will:

* break the local medical system
* include trauma MCI
* include medical MCI
* include environmental MCI
* stress all hospitals
* require Pediatric ICU consult
* require shelter in place operations

## Actions

Based on the scenario and injects, participants notionally enact their organization’s Emergency Operations Plan (EOP) and identify appropriate actions to implement. Concurrently, participants evaluate the plan and identify gaps hindering appropriate response.

### Participant Questions

1. As presented, did the resource and expertise requirements generated by the scenario and injects exceed the pediatric capabilities and capacity of your organization, county, and regional healthcare coalition?
2. Other than pediatric ICU consultation and critical care transport, are there any other external pediatric resources that were needed for the scenario?
3. Are there any inpatient resources within 12 miles of your organization that could accept and admit pediatric patients?
4. Does your organization’s EOP address shelter in place operations?
5. Does your organization’s EOP address responding to the needs of the patient’s families?
6. Does your organization’s EOP address sustained operations for incidents that may unfold over long periods of time?
7. Given distance and travel times, are there specific resources that could be brought from outside Region 7 quick enough to have a favorable impact upon the incident outcomes? If yes, what are the resources?
8. What areas of emergency management and response are missing or need improvement within the EOP?
9. Did you identify any response gaps within your organization’s EOP? Are the gaps generic to all MCIs? Are there gaps unique to pediatric MCI?

Evaluation Score Cards

In support of quickly evaluating organizational Emergency Operations Plans against specific pediatric surge and mass casualty scenarios, the follow Evaluation Score Card is available for participants’ use.

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ASPR Preparedness and

Response Capabilities



Acronyms

