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

A close-up of a hand holding a child

Description automatically generated

Situation Manual

25 April 2024

The Situation Manual (SitMan) provides exercise participants 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. All exercise participants may view the SitMan.

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# 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. |
| **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

## 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 Structure

This exercise will be a scenario-based tabletop exercise. Due to time limitations, the national play will be limited to 30- and 35-minute sessions. Participants will engage three modules:

* Module 1: Active Shooter
* Module 2: School Bus Accident
* Module 3: Roof Collapse

The modules begin with an inject scenario to exercise participants that present key information prompting an activation of organizational Emergency Operations Plans (EOPs). Each scenario is presented as a standalone incident requiring a unique response. Upon receipt of the inject, players from the participating organizations receive, analyze, and respond to information of injects.

After the three modules, exercise participants identify and discuss plan gaps as revealed by the scenario.

## Exercise Guidelines

* This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints are expected.
* Respond to the scenario using your organization’s Emergency Operations Plan (EOP).
* Problem finding is not as valuable as identifying and recommending improvement measures. Problem-solving 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.

### 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.

# Post-Exercise and Evaluation Activities

## Debriefings

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

### Report Outs

At the conclusion of exercise play, controllers facilitate a Report Out to allow players to discuss strengths and areas for improvement. Evaluators seek clarification regarding player actions and decision-making processes. All participants and observers may attend. The Repot Out will not exceed 30 minutes.

## Evaluation

### 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. Improvement Planning will occur at two level. First, individual organizations will develop and implement corrective measures in their plans to address gaps identified during the table top exercise. Second, exercise and education planners will evaluate the conduct of the event, identify areas for improvement, and implement corrective measures during follow on exercises.

# 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?

Exercise Schedule



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

Exercise Functional Participants



**Participating Organizations are subject to change.**

ASPR Preparedness and

Response Capabilities



Acronyms

