#### NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE







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#### **Preface**

The New York City Pediatric Disaster Coalition (NYC PDC) in coordination with the New York City Department of Health and Mental Hygiene Office of Emergency Preparedness and Response is sponsoring this toolkit to enable hospitals to effectively conduct a NICU exercise based on this demonstration model Tabletop Exercise (TTX) at hospital X. Hospitals can adapt this exercise to their individual institutions and modify the exercise as necessary.

This Situation Manual (SitMan) was specifically designed, developed and produced for the NICU Evacuation TTX Program.

The NICU Evacuation TTX Program demonstrates New York City's commitment to ensure public safety through collaborative partnerships that will prepare it to respond to any emergency. Input, advice and assistance was provided by the Exercise Planning Team, which followed guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP). The NICU Evacuation TTX SitMan provides exercise evaluators with the tools necessary to perform their roles.

The NICU Evacuation TTX SitMan is an unclassified document. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of the exercise planners, facilitators, and evaluators, but players may view materials that are necessary to their performance. All exercise participants may view the SitMan.

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#### **Handling Instructions**

- 1. The title of this document is the Neonatal Intensive Care Unit Tabletop Exercise (NICU TTX) Situation Manual (SitMan).
- 2. Information gathered in this SitMan should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval is prohibited.
- 3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
- 4. For more information about the SitMan TTX exercise, please email healthcareprep@health.nyc.gov or info@pediatricdisastercoalition.org.
- 5. To obtain modifiable tools and templates, please visit pediatric disaster coalition.org or email healthcare prep@health.nyc.gov.



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## Introduction



#### Introduction

#### **Background**

Since 2008, the New York City (NYC) Pediatric Disaster Coalition (PDC) has been engaged in extensive grant-funded disaster planning efforts to prepare NYC hospitals to manage pediatric surge and evacuations likely the result of a mass casualty man-made event or natural disaster. These disaster planning efforts have been developed with the support of a federal grant provided by the New York City Department of Health and Mental Hygiene (DOHMH), Office of Emergency Preparedness and Response (OPER), and made possible by the Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).

The New York City (NYC) Pediatric Disaster Coalition (PDC) in coordination with the New York City Department of Health and Mental Hygiene Office of Emergency Preparedness and Response has sponsored a Neonatal Intensive Care Unit (NICU) Evacuation Exercise Program, which has included a Tabletop Exercise (TTX) to evaluate the ability of City health care facilities (HCF) to execute their NICU Evacuation plans.

#### **Purpose**

The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities in response to an event that would cause the NICU to need to evacuate. The exercise will focus on health care facility (HCF) command and control coordination, critical decisions and notifications.

#### Scope

Introduction

This three-hour tabletop exercise, conducted on-site at Hospital X, will focus on the hospital's NICU Evacuation Plan. Exercise players will include hospital personnel.

#### **Exercise Design Objectives**

The neonatal evacuation exercise brings together key hospital personnel involved in NICU patient care and emergency management to test hospital NICU evacuation plans. This exercise will focus upon the following design objectives selected by the Exercise Planning Team:

- Emergency Notification. Assess ability of NICU leadership to identify there is a problem that could cause an evacuation, the scope of the problem and notification to the next level of authority within 10 minutes of an incident.
- **Patient Triage.** Assess ability of staff to identify patients who require evacuation within the institution and those that require transport to another level 3 facility.
- **Patient Movement.** Assess ability of staff to move patients from NICU to short term horizontal evacuation staging area as well as short term complete evacuation staging area and alternate facility transport pickup area.
- **Resource Management.** Assess availability and management of resources as it pertains to staffing, supplies and equipment in a no-notice evacuation event.
- **Communication.** Assess ability of staff to communicate evacuation and needs to alternate care sights and EOC upon notification of incident.

#### **Participants**

- **Players** respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
- Observers. Do not participate in the moderated discussion period.
- **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 TTX.

#### **Exercise Structure**

This is a NICU Evacuation tabletop exercise, conducted as a facilitated discussion. Players will participate in the following three modules:

- Module 1: Evacuation Activation
- Module 2: Evacuation Operations
- Module 3: Long-term Relocation and Demobilization

Each module begins with an update that summarizes key events occurring within that time period. After the updates, the Facilitator will lead participants in a review of key points and recommendations.

#### **Exercise Guidelines**

- This TTX will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond on the basis of 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 response and preparedness efforts. Problem-solving efforts should be the focus.
- This is a problem-solving TTX designed to familiarize participants with their facility's NICU Evacuation plan as well as policies and procedures that support the plan.
- Feel free to ask questions of one another and challenge each other's assumptions.

#### **Assumptions and Artificialities**

ntroduction

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The evacuation event will affect the entire NICU, NICU Annex and Newborn Nursery if applicable at your site.
- The event causing the evacuation will likely cause the NICU to be inoperable for an unknown period of time.





#### **Module 1: Activation**

#### **Situation Update: Zero Hour**

An attending in the NICU sees a light smoke coming from a room in the NICU. There are 36 patients of which 12 are on CPAP and 5 are on ventilators.

#### **Key Issues**

- You have a potential life threatening event happening in the NICU.
- 36 patients who cannot self-evacuate

#### **Discussion Points for Zero Hour**

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

The following questions are provided as suggested general 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.

#### **Incident Command/Concept of Operations**

- **1.** What are Hospital X's assumptions about an evacuation incident?
- 2. What are the triggers for activating the NICU Evacuation Plan? Has this threshold been met?
- 3. Have you initiated your facility's incident command? Who and when?
- **4.** What internal notifications would have been made, and by whom?
- **5.** Who are the facility decision makers?

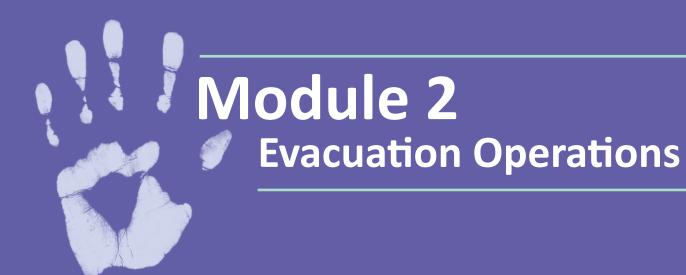
#### Notes:

#### **NICU Operations**

- 1. What are your options right now?
- 2. What steps are you taking given this information?

#### **Notes:**

Module 1: Activation





#### **Module 2: Evacuation Operations**

#### **Situation Update: Hour 1**

The fire department directs an evacuation out of the staging area site you are currently in.

#### **Key Issues**

- Your current staging area is no longer a safe place, you need to do a secondary movement
- Patients have been on some battery powered equipment for the last hour

#### **Discussion Points for Hour 1**

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any additional requirements, critical issues, decisions, or questions that should be addressed at this time.

The following questions are provided as suggested general 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.

#### **Incident Command**

- 1. At this point in the response, what notifications would have been made, and by whom?
- 2. How is the Command Center assisting in the response?

#### **Notes:**

Module 2: Evacuation Operations

#### **Resource Coordination**

- 1. What does your equipment look like right now?
- 2. Do you have enough staff for the secondary evacuation?
- 3. Are your secondary staging areas equipped to take patients at this point?

#### Notes:





#### **Module 3: Long-Term Considerations**

#### **Situation Update: Hour 2**

You have been told that the NICU is completely inoperable and will be for an unknown amount of time. Damages are still being assessed.

#### **Key Issues**

• You have no NICU to go back to, you need to take care of your patients outside of the NICU

#### **Discussion Points for Hour 2**

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any additional requirements, critical issues, decisions, or questions that should be addressed at this time.

The following questions are provided as suggested general 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.

#### **Incident Command**

- **1.** What have you done at this point to make sure the NICU patients have a safe place to be until the NICU is back up and running?
- 2. What decisions have been made for the hospital regarding diversion?
- 3. What other long-term decisions are being made?

#### Notes:

3: Long-Term Considerations

Module

#### **Resource Coordination**

- **1.** Did you lose equipment in the NICU?
- 2. Do you have enough equipment to maintain in another department?

#### Notes:

#### **Patient Triage**

1. What decisions are being made about where patients will be long term – within the hospital, outside, departments?

#### Notes:



## Appendix: Hotwash

Exercise Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

- **1.** Identify your expectations concerning the exercise.
- 2. Identify all positive outcomes of this exercise.
- 3. From your observation, list the top five issues and/or areas that need improvement
- **4.** Identify the action steps that should be taken to address the issues listed above. For each action step, indicate if it is a high, medium or low priority.
- 5. Describe the action steps that should be taken in your area of responsibility.
- **6.** List the policies, plans, and procedures that should be reviewed, revised, or developed.

Notes:

Appendix D: Hotwash



# Situation Manual (SitMan)



#### **Situation Manual**

This 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.





#### **Exercise Overview**

Exe	rcise	Nan	ne

**Exercise Name** 

Scope

Mission Area(s)

**Core Capabilities** 

**Objectives** 

**Threat or Hazard** 

Scenario

**Sponsor** 

Participating Organizations

**Point of Contact** 



#### **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.

**Table 1. Exercise Objectives and Associated Core Capabilities** 

Exercise Objective	Core Capability

#### **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, polices, and procedures.

#### **Exercise Structure**

This exercise will be a multimedia, facilitated exercise. Players will participate in the following [insert number of modules] modules:

- Module 1:
- Module 2:
- Module 3:



#### **General Information** (Continued)

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 functional group discussions of appropriate [prevention/protection/mitigation/response/recovery] issues. For this exercise, the functional groups are as follows:

- •
- •
- •
- •

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, 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 [prevention/protection/mitigation/response/recovery] 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. During this exercise, the following apply:

- [The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.]
- [The exercise scenario is plausible, and events occur as they are presented.]
- [All players 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).



#### **Key Issues**

- •
- •
- •

#### 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.
- 2.
- 3.
- 1.
- 2.
- 3.



#### **Key Issues**

- •
- •
- •

#### 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.
- 2.
- 3.
- 1.
- 2.
- 3.



#### **Key Issues**

- •
- •
- •

#### 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.
- 2.
- 3.
- 1.
- 2.
- 3.



#### **Appendix A: Exercise Schedule**

**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Time	Activity
	Registration
	Welcome and Opening Remarks
	Module 1: Briefing, Caucus Discussion, and Brief-Back
	Break
	Module 2: Briefing, Caucus Discussion, and Brief-Back
	Lunch
	Module 3: Briefing, Caucus Discussion, and Brief-Back
	Break
	Hotwash
	Closing Comments



#### **Appendix B: Exercise Participants**

Participating Organizations
Federal
State

## Appendix C: Relevant Plans



#### **Appendix D: Acronyms**

Acronym	Term
DHS	U.S. Department of Homeland Security
HSEEP	Homeland Security Exercise and Evaluation Program
SitMan	Situation Manual
SME	Subject Matter Expert
ттх	Tabletop Exercise