

Tabletop Exercise for Chemical Surge Plans

**Situation Manual / Facilitator Guide**

**Exercise Date:** Click or tap to enter a date.

This document serves as the Situation Manual/Facilitator Guide. This document is to be used in tandem with the Exercise Participant Conduct Brief.

A logo with a person running

Description automatically generatedThis document provides guidance to assist the exercise facilitators and should not be given to exercise players. It gives the approximate timing of delivery for each slide, limited talking points, and supplemental questions or issues to raise during tabletop exercise conduct.

# Funding Acknowledgements And Disclaimer

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Disclaimer:

The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | Click or tap here to enter text. |
| **Host Organization(s)** | Click or tap here to enter text. |
| **Exercise Date and Time** | Click or tap here to enter text. |
| **Scope** | This is a discussion-based Tabletop Exercise.   * The primary host will guide the process and environment. * This exercise will be delivered virtually, in-person, or both. * There are three modules, each covering different sections of the Plan. * If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. * The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations. |
| **Focus Area(s)** | National Preparedness Goal Mission Area: Response  Core Capability: Public Health, Healthcare, and Emergency Medical Services |
| **Capabilities** | Health Care Preparedness and Response Capabilities   * Capability 2. Health Care and Medical Response Coordination * Capability 4. Medical Surge |
| **Objectives** | Players will:   * Articulate the contents, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. * Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. * Click or tap here to enter text. * Click or tap here to enter text. |
| **Threat or Hazard** | Recent events have brought forth concerns regarding rail accidents and the release of hazardous materials threatening resource constrained areas. Additionally, Pediatric resources are limited and would be strained in a chemical surge. |
| **Scenario** | This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised. |
| **Participating Organizations** | See list in Appendix A |
| **Exercise Host Contact(s)** | Click or tap here to enter text. |

# General Information

## Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are selected by the Exercise Planning Team.

| **Exercise Objectives** | **Capability** |
| --- | --- |
| Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. | Health Care Preparedness and Response Capabilities   * Capability 2. Health Care and Medical Response Coordination * Capability 4. Medical Surge |
| Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

*Table 1. 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 players involved in the exercise, and their respective roles and responsibilities, are as follows:

**Players:** 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.

**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:** 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

Players will participate in the following three breakout modules:

* Module Breakout 1 - Activation, Roles & Responsibilities
* Module Breakout 2 - Operations
* Module Breakout 3 - Special Considerations

Each module begins with a scenario inject that summarizes key events occurring within that period. After the updates, players review the situation and engage in their breakout room.

After each breakout, players will engage in a moderated plenary discussion in which a spokesperson from each breakout group will present a synopsis of the group’s actions, based on the scenario and review of their Plan.

## Exercise Guidelines

This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. 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 jurisdiction’s/ 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 planning efforts. Problem-solving efforts should be the focus.

The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

# Facilitator Instructions

## Introduction

Facilitators guide exercise play and are responsible for ensuring that player discussions remain focused on the exercise objectives and making sure all issues are explored as thoroughly as possible within the available time.

A key Facilitator role is to encourage all players to contribute to the discussion, and to remind them that they are discussing hypothetical situations in a no-fault environment. Facilitators also build and maintain an environment where all the players feel comfortable speaking honestly and where differences of opinion are respected. Facilitators should ensure that everyone feels included in the conversation and has an opportunity to participate. **Facilitators should not lecture or dominate the discussion, but rather keep conversations moving.** Additionally, Facilitators may want to use an issues list or “parking lot” to document valid points that are raised by players during the exercise but that risk taking the conversation off topic; these items can be assigned for later discussion to the appropriate persons.

**AN EFFECTIVE FACILITATOR**

* Keeps discussions on track and drives play to meet exercise objectives.
* Controls group dynamics and manages strong personalities.
* Speaks competently and confidently without dominating the conversation.
* Has subject-matter expertise or experience.
* Has an awareness of local plans and procedures.
* Captures key findings and discussion points

## Administrative Considerations

Facilitators should discourage side conversations, ensure cellular phones are turned off or made silent, and control group dynamics. Table arrangements for the exercise should try to maximize the interaction between the Facilitator and players. During the exercise, Facilitators need to constantly be aware of time constraints, notifying players about progress and moving the discussion toward completion of exercise objectives when time is running short.

## Facilitator prompt questions for Breakouts

Facilitators will find slides in the PowerPoint containing discussion prompt questions for each Breakout (if applicable). As a breakout facilitator you are free to add your own content there. Consider a review of highlights from your Plan and discussion questions for the sections being covered in that breakout. Remember you will have 30 minutes for discussion in each breakout. Identify a spokesperson to share highlights when the large group resumes.

## Facilitator Guidelines and Helpful Hints

Facilitating exercises can be more challenging than other types of meeting facilitation. The following checklist has been designed to provide some “tips and tricks” for facilitating a successful exercise. This is especially important in a virtual setting, where one-on-one interaction is more difficult, verbal and visual cues can be limited, and timeframes for working through exercise components are abbreviated.

Facilitators should emphasize to players:

* This exercise is an opportunity for a low-stress, no-fault environment that encourages open discussion. Varying viewpoints are expected, and welcome.
* The focus of the exercise should be on evaluating plans and capabilities, not detailed problem solving or final decision making.
* Players should assume the scenario is plausible and is a guide for discussion purposes only. The goal should be to identify gaps and make recommendations, not respond to the scenario.

Facilitators can keep the discussion focused and moving by:

* Starting and ending the discussion within the timeframe allotted.
* Reviewing the objectives and discussion topics, and helping the group prioritize them, if needed.
* Focusing players on the exercise objectives.
* Establishing player ground rules such as: mute microphones when not speaking, avoiding side conversations (in person) and keeping cell phones in off or vibrate mode.
* Not dominating the discussion, but rather encouraging all players to offer their suggestions and recommendations, and only offering subject matter expertise if asked.
* Encouraging quieter members of the group to vocalize their ideas, or to use the “chat” feature of the virtual setting, if available.
* Prompting discussion and encouraging consensus by asking follow-up questions or asking for clarification if needed, and summarizing comments made.
* Using tools such as a “parking lot” list of recommendations or ideas that fall outside the current topics and which may be important for future discussion.

# Evaluation

## Evaluation & After-Action Report

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Evaluation Forms. 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)/Improvement Plan (IP). **The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.**

An Evaluation Form will be provided to record observations for the After-Action Report. It is encouraged that you identify a separate individual or individuals to do the observation and complete the Evaluation Form. This information will be easily transferred to the After-Action Report template.

## Exercise Feedback

All players may be asked to complete an Exercise feedback form at the end of the exercise. The following feedback can be collected:

* Overall evaluation of the exercise structure and organization
* Effectiveness of the virtual or in-person environment(s)
* Sharing highlights from the breakout discussions:
  + Strengths identified
  + Areas for improvement identified
  + Action items

# Agenda and Slide Script

|  |  |
| --- | --- |
| Date and Time | Click or tap here to enter text. |
| Location | Click or tap here to enter text. |
| 15 minutes | Welcome and Introductions |
| 40 minutes | Module Breakout 1 - Activation, Roles & Responsibilities |
|  | 30 minutes in breakout followed by 10 minutes sharing in large group |
| 40 minutes | Module Breakout 2 - Operations |
|  | 30 minutes in breakout followed by 10 minutes sharing in large group |
| 40 minutes | Module Breakout 3 – Special Considerations |
|  | 30 minutes in breakout followed by 10 minutes sharing in large group |
| 15 minutes | Wrap-up and closing comments |
| 30 minutes | Hotwash Breakout Optional – breakout Facilitator releases players |

NOTE: The following slide scripts are based on the template of slides included in this kit. If the slides are edited, the scripts below may not match. It is recommended to create a separate slide script if original slides are edited.

# Welcome, Introductions & Exercise Overview – 15 minutes

| Slide # | Topic/Issue | Facilitator Notes/Questions |
| --- | --- | --- |
| 1 | **Call to Order/Title Slide/Welcome** | *When ready:*   * Call room and players to order * Introduce topic of exercise: Healthcare Pediatric Surge Plan or Plans * Introduce self and note support from WRAP-EM * Provide brief opening remarks and role during exercise |
| 2 | **Acknowledgements** | * Read slide |
| 3 | **Disclaimer** | * Read slide |
| 4 | **Agenda** | * Review Agenda |
| 5 | **Introductions** | * Section header |
| 6 | **Pediatric Pandemic Network and Partners** | * Play Video |
| 7 | **Participating Organizations** | * Introduce the participating organizations |
| 8 | **Exercise Overview** | * Section header |
| 9 | **Overview** | *Briefly review the exercise scope with players:*   * Exercise is scheduled for 2.5 - 3 hours * The primary host will guide the process and environment. * There are three modules, each covering different sections of the Plan. * If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. * The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations. |
| 10 | **Schedule** | * Review Schedule on slide |
| 11 | **Objectives** | * The purpose of the exercise is to examine Health Care and Medical Response Coordination and Medical Surge capabilities. * Review Objectives on slide * Emphasize: Sharing of Best Practices |
| 12 | **Guidelines** | *Briefly review the exercise guidelines with players:*   * This is an open **no-fault environment** - varying viewpoints, even disagreements, are expected * Base your responses on **existing plans**, policies, procedures, capabilities, and resources * Please assume the exercise **scenario is plausible**, and events occur as they are presented * Decisions are **not precedent setting**; consider different approaches and suggest improvements * There is **no “hidden agenda”** nor are there any trick questions   Issue identification is not as valuable as suggestions and recommended actions that could improve Pediatric Surge efforts; problem-solving efforts should be the focus. |
| 13 | **Breakout Groups**  *(if applicable)* | * Review instructions on slide * Emphasize messaging and communications * And they will be returned to same Breakout room for 2 & 3 |
| 14 | **Scenario** | * Section header |
| 15 | **Scenario Overview** | This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised.  When discussing your plan, assume the incident only affects your local area, adjacent areas remain unaffected. |

# Module 1: Activation, Roles & Responsibilities – 40 Minutes

| Slide # | Topic/Issue | Facilitator Notes/Questions |
| --- | --- | --- |
| **Host Facilitator** | | |
| 16 | **Module 1** | * Section header |
| 17 | **Video: Pediatric Medical Operations Coordinating Cells** | * Play video |
| 18 | **Module Topics** | * Review discussion topics |
| 19 | **Scenario for Discussion** | * Play video or read Module 1 Scenario found in Appendix D |
| 20 | **Go to your Breakout**  *(If applicable)* | * Read Instructions from slide * **Emphasize 30 minutes for discussion** |
| **Breakout Facilitators lead in Breakout Groups if applicable** | | |
| 21-25 | **Facilitator Slides**  *(Discussion topic questions)* | Reminders for Facilitators:   * Highlight elements of participant plans * Encourage discussion using questions * Add slides and/or questions as desired * **Select a spokesperson to share in Main Room** |
| **If using Breakout Groups** | | |
| **Host Facilitator: After 20 minutes, provide 10-minute warning to Breakout Groups** | | |
| **Host Facilitator: After 25 minutes, provide 5-minute warning to Breakout Groups** | | |
| **Host Facilitator: After 30 minutes, end Breakout Groups** | | |
| 26 | **Large Group Sharing** | After all players have returned from Breakouts   * Ask for volunteers to share highlights * **10 minutes** |

# Module 2: Operations – 40 Minutes

| Slide # | Topic/Issue | Facilitator Notes/Questions |
| --- | --- | --- |
| **Host Facilitator** | | |
| 27 | **Module 2** | * Section header |
| 28 | **Video: Considerations for Mass Exposure to Chemicals/Toxins in Children – Triage and Decontamination** | * Play video |
| 29 | **Module Topics** | * Review discussion topics |
| 30 | **Scenario for Discussion** | * Play video or read Module 2 Scenario found in Appendix D |
| 31 | **Go to your Breakout**  *(If applicable)* | * Read Instructions from slide * **Emphasize 30 minutes for discussion** |
| **Breakout Facilitators lead in Breakout Groups if applicable** | | |
| 32-39 | **Facilitator Slides**  *(Discussion topic questions)* | Reminders for Facilitators:   * Highlight elements of participant plans * Encourage discussion using questions * Add slides and/or questions as desired * **Select a spokesperson to share in Main Room** |
| **If using Breakout Groups** | | |
| **Host Facilitator: After 20 minutes, provide 10-minute warning to Breakout Groups** | | |
| **Host Facilitator: After 25 minutes, provide 5-minute warning to Breakout Groups** | | |
| **Host Facilitator: After 30 minutes, end Breakout Groups** | | |
| 40 | **Large Group Sharing** | After all players have returned from Breakouts   * Ask for volunteers to share highlights * **10 minutes** |

# Module 3: Special Considerations – 40 Minutes

| Slide # | Topic/Issue | Facilitator Notes/Questions |
| --- | --- | --- |
| **Host Facilitator** | | |
| 41 | **Module 3** | * Section header |
| 42 | **Video: Considerations for Mass Exposure to Chemicals/Toxins in Children – Family Reunification** | * Play video |
| 43 | **Module Topics** | * Review discussion topics |
| 44 | **Scenario for Discussion** | * Play video or read Module 3 Scenario found in Appendix D |
| 45 | **Go to your Breakout**  *(If applicable)* | * Read Instructions from slide * **Emphasize 30 minutes for discussion** |
| **Breakout Facilitators lead in Breakout Groups if applicable** | | |
| 46-51 | **Facilitator Slides**  *(Discussion topic questions)* | Reminders for Facilitators:   * Highlight elements of participant plans * Encourage discussion using questions * Add slides and/or questions as desired * **Select a spokesperson to share in Main Room** |
| **If using Breakout Groups** | | |
| **Host Facilitator: After 20 minutes, provide 10-minute warning to Breakout Groups** | | |
| **Host Facilitator: After 25 minutes, provide 5-minute warning to Breakout Groups** | | |
| **Host Facilitator: After 30 minutes, end Breakout Groups** | | |
| 52 | **Large Group Sharing** | After all players have returned from Breakouts   * Ask for volunteers to share highlights * **10 minutes** |

# Wrap-up – 15 minutes

| Slide # | Topic/Issue | Facilitator Notes/Questions |
| --- | --- | --- |
| **Host Facilitator** | | |
| 53 | **Wrap Up** | * Section header |
| 54 | **Feedback on Exercise** | * Call for feedback from players * Call for feedback from facilitators by name * Call upon [senior ranking participant] in exercise to provide closing remarks |
| 55 | **Final Reminders** | From slide   * Resources provided in Facilitator Guide * Be sure to include Facility/Organization name to be included in the list of players. * Please complete the Participant Feedback form (if applicable) * Offer contact info for questions or assistance |

# Hotwash – 15-30 minutes

| Slide # | Topic/Issue | Facilitator Notes/Questions |
| --- | --- | --- |
| **Players can be sent back to Breakout Groups for Hotwash or remain in main room** | | |
| 56 | **Hotwash** | * Section header |
| 57 | **Hotwash** | Use discussion points on slide   * What went well? * Areas for improvement? * Plans or policies to be revised? * Improvement Action Items |
| 58 | **Thank you!** | Thank you for your participation! |
| **Facilitators release players when done with Hotwash** | | |

# Appendix A – Scenario Narrative

## Summary

This scenario is based on a fictional, accidental incident taking place in the Player’s local area. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans and plans under development or being revised.

## ****Module 1****

During morning rush hour, a freight train passing through your local area derails. The train consists of 25 rail cars, containing a mix of freight including lumber and other building materials, food, hospital supplies, and liquid and solid hazardous materials, including coal, liquid fuel chlorine and methyl-ethyl-death. The train derailment occurs near a crossing where a school bus carrying 35 children is stopped.

## ****Module 2****

Firefighters, EMS and police arrive at the scene within minutes, and they begin to assess the damage. There is a cloud of vapor escaping from the tanker and forming near the ground. The wind is blowing the vapor cloud in the direction of nearby residences.

The bus driver and some of the children are complaining about burning eyes and trouble breathing. On-site triage has been initiated by EMS and transport to local hospitals has begun. All 35 children and the bus driver are being transported to nearby hospitals.

## ****Module 3****

Soon, first responders are experiencing breathing issues and skin irritation, and nearby residents, businesses and facilities are noticing hazy air, breathing issues and burning eyes. Dispatch is noticing an uptick in calls, and hospitals are flooded with patients with symptoms and worried family members, after seeing news reports about the derailment.

Within two miles of the derailment there is a significant amount of low-income housing, a nursing home for veterans, two homeless encampments, an elementary school for K-8 graders, a high school, and a day care for low-income children with physical and learning disabilities.

# Appendix B – Sample Discussion Questions

NOTE: The questions and prompts below are provided as a suggestion. Facilitators should consider their objectives and audience when selecting which questions to use. Facilitators may also use questions of their own if desired.

| **Breakout Module / Topics** | **Discussion Questions** |
| --- | --- |
| **Breakout 1 - Activation, Roles & Responsibilities** | |
| Activation/Notification | How would your facility/organization be notified of this event?    What would be your activation process for this event? Who would be responsible for activating other organizations?    Are there any special activation considerations outside of your standard process(es)? |
| Information Sharing | What are key elements of information your facility/organization would need to gather for this event? Does your plan address these elements? What would you need from other agencies or facilities?    Who are you sharing information with? How are you getting information updates? How do you verify information is correct?    Who is responsible for sharing information (PIO, hospital leader, etc.)? How are you cascading information throughout your facility/organization?  What contacts do you have in your plan for plume modeling? |
| Roles & Responsibilities | What would be the role of your Facility/organization in this event? What would be the role of your key partners? Are there any noticeable gaps in partnerships for this event?    Are members of your facility/organization assigned roles during an activation? Do you have redundancy of these roles? |
| Logistics/Resource Management | Do you foresee any potential resource shortages based on this scenario and your local capacity? Who would you need to coordinate with regarding logistics and resource management? Is there an established process?    Does your Facility/organization have an established resource requesting/sharing procedure? If so, who are the key partners and processes related to resource requesting/sharing? |
| **Breakout 2 - Operations** | |
| Decontamination | Does your plan address decontamination considerations?    What would be the role of your facility/organization?  Does your plan address contaminated patients that show up to your facility, but outside of the ED (main lobby, etc.)? How will they get to the ED? Who escorts them? What considerations are made to keep the patient, staff, and scene safe?    Does your Decontamination Plan specifically address:   * Pediatrics? * Special needs? * Chemical burns?     What requests might you make of your regional authority or HCC?    Is there anything different that would be done for pediatric burn patients?  Are you familiar with Burn centers in your state and how they can be reached? |
| Triage | What tool are you utilizing for patient triage? Does it align with the regional or community triage process?    Do you have a different tool for adults vs pediatrics? Does your triage protocol consider the need for decontamination? |
| Patient Care/Management | Who is responsible for determining how many patients your facility can take? Pediatric patients? How is this being communicated internally and externally?  Does your plan address the surge of patients into your facility that may need to be held or admitted for prolonged treatment?   * Pediatric Surge? * With Special Needs? * Coordination within your region? * Coordinated with HCC? * Transfer of pediatric patients? * Age considerations?   Does your plan address privacy concerns for children?  Does your plan address infant or toddler handling risks? |
| Treatment | Does your facility have specific protocols for the treatment of contaminated patients?   * Skin Burns? * Inhalation injury? * Antidotes/Countermeasures?     Specific protocols for treatment of Pediatrics? |
| Safety & Control Measures | Does your decontamination plan address scene safety? Does it address safe handling of decontamination materials and wastewater management? How would you address a shift in wind resulting in contamination of your decontamination area?    What decontamination training does your staff receive? Who receives it? Are there others who will/may be impacted that should also receive training? |
| **Breakout 3 – Special Considerations** | |
| Behavioral Health | How does your plan address the potential behavioral health impacts of this incident specifically on children and families? What actions would your HCC or facility take or consider at this time. Do you expect any requests from your HCC or other facilities? *(e.g. routine use of psychological triage for increased risk for behavioral health impacts such as PTSD, activation of your pediatric mental health response strategy (MH IAP, MH EEIs), etc. – see resources section for specific tools to accomplish)*   * What essential elements of information for pediatric behavioral health are in your plan? What could your HCC or facility contribute to behavioral health situational awareness? *(e.g. Population level impact projections, GAP analysis, disaster systems of care linkages)*     How would unaccompanied minors' mental health needs be supported while awaiting reunification? What is your strategy for managing pediatric mental health emergencies among the evacuees and injured? How does your plan address these support elements?  How would you support the behavioral health of involved staff for this response? (e.g. *individual self-triage and resiliency plan specific to responders- see WRAP-EM Pediatric Responder Resilience System on WRAP-EM webpage in resources)* |
| At Risk Populations | What groups may be at higher risk of impacts, or more severe impacts, from this incident?  Does your plan address these groups?    Are there potential barriers to reaching this population, or providing care and support to this group?  What resources and services are available to address these barriers? Are they captured and/or addressed in your plan?    Do plans address the specific needs of children? |
| Reunification | What are the roles and responsibilities around reunification for this incident? At this point in time, what processes should be taking place to address reunification needs?   Does your plan address special considerations such as ensuring a child is reunited with their legal guardian (e.g.: situations with custody disputes)?  How would behavioral health and spiritual care resources be integrated into reunification processes? |
| Fatality Management | Do you have a mass fatality plan? Do you have community partnerships or a response team to assist with mass fatalities?    Does your plan address handling contaminated bodies? What is the process?    Does your plan address cultural and/or religious considerations when it comes to management of bodies? |
| Security | Does your plan incorporate collaboration with Law Enforcement?    Does the plan include additional security for the situation and decontamination zone? |

# Appendix C – Suggested Resources

| **Breakout Module / Topics** | **Resources** |
| --- | --- |
| **Breakout 1 - Activation, Roles & Responsibilities** | |
|  | [Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) - Extensive Pediatric Response Resources](https://www.wrap-em.org/index.php/search-resources)  [Broad set of resources including pediatric surge plans, inpatient and outpatient guidelines, fact sheets, and more.](https://nwhrn.org/plans-and-tools/) |
| Activation/Notification | [ASPR TRACIE – Emergency Operations Plan Activation and Triggers](https://asprtracie.hhs.gov/technical-resources/resource/7277/emncy-operations-plan-activation-and-triggers)  [ASPR TRACIE – Hospital Activation of the Emergency Operations Plan Checklist](https://asprtracie.hhs.gov/technical-resources/resource/7243/hospital-activation-of-the-emncy-operations-plan-checklist) |
| Information Sharing | [ASPR TRACIE – Topic Collection: Information Sharing](https://asprtracie.hhs.gov/technical-resources/80/information-sharing/77)  [SAMHSA – Communicating in a Crisis: Risk Communication Guidelines for Public Officials US Department of Health & Human Services](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-01-01-005.pdf)  [FEMA – Integrated Public Alert and Warning System (IPAWS)](https://www.fema.gov/emergency-managers/practitioners/integrated-public-alert-warning-system) |
| Roles & Responsibilities | [ASPR TRACIE – Hospital Emergency Preparedness Coordinator Job Description](https://asprtracie.hhs.gov/technical-resources/resource/7206/hospital-emncy-preparedness-coordinator-job-description)  [ASPR TRACIE – Topic Collection: Coalition Models and Functions](https://asprtracie.hhs.gov/technical-resources/24/coalition-models-and-functions/21) |
| **Breakout 2 - Operations** | |
| Triage | [ASPR TRACIE – Topic Collection: Pre-Hospital Mass Casualty Triage and Trauma Care](https://asprtracie.hhs.gov/technical-resources/33/pre-hospital-mass-casualty-triage-and-trauma-care/0)  [Burn Surge Video Series - Minnesota Dept of Health – Burn Surge Video Series](https://www.health.state.mn.us/communities/ep/surge/burn/video.html)  [Minnesota Dept of Health – Triage of Patients with Cutaneous Burns Only During Mass Casualty Incidents](https://www.health.state.mn.us/communities/ep/surge/burn/triageburns.html)  [ASPR TRACIE – Topic Collection: Burns](https://asprtracie.hhs.gov/MasterSearch?qt=burns&limit=20&page=1) |
| Facility Load-leveling | [ASPR TRACIE – Medical Operations Coordination Centers (MOCC) / Patient Load-Balancing: Summary of Lessons Learned During COVID-19](https://files.asprtracie.hhs.gov/documents/mocc-patient-load-balancing-summary-of-lessons-learned-during-covid-19.pdf) |
| Tracking | [ASPR TRACIE – Topic Collection: Patient Movement, MOCCs, and Tracking](https://asprtracie.hhs.gov/technical-resources/70/patient-movement-and-tracking/0) |
| Reunification | [ASPR TRACIE – Topic Collection: Family Reunification and Support](https://asprtracie.hhs.gov/technical-resources/64/family-reunification-and-support/0)  [American Academy of Pediatrics - Family Reunification Following Disasters: A Planning Tool for Health Care Facilities](https://downloads.aap.org/AAP/PDF/AAP%20Reunification%20Toolkit.pdf)  [EIIC New England EMS for Children – Activity Resource Packet](https://emscimprovement.center/state-organizations/new-england/new-england-behavioral-health-toolkit/activity-resource-packet/) |
| **Breakout 3 – Special Considerations** | |
| Behavioral Health | [WRAP-EM – Mental Health Resources for Children, Families and Providers](https://wrap-em.org/index.php/mentalhealth)  [WRAP-EM Just In Time Resource – PsySTART: Psychological Simple Triage and Rapid Treatment](https://www.calhospitalprepare.org/sites/main/files/file-attachments/psystart_fact_sheet_wrapem_jit.pdf) |
| Decontamination | [ASPR TRACIE – Topic Collection: Pre-Hospital Patient Decontamination](https://asprtracie.hhs.gov/technical-resources/39/pre-hospital-patient-decontamination/37)  [ASPR TRACIE – Topic Collection: Hospital Patient Decontamination](https://asprtracie.hhs.gov/technical-resources/38/hospital-patient-decontamination/37)  [HHS – Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities](https://www.dhs.gov/sites/default/files/publications/Patient%20Decon%20National%20Planning%20Guidance_Final_December%202014.pdf) |
| Evacuation | [ASPR TRACIE – Topic Collection: Healthcare Facility Evacuation/Sheltering](https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/0)  [FEMA – Improving Public Messaging for Evacuation and Shelter‐in‐Place: Findings and Recommendations for Emergency Managers from Peer-Reviewed Research](https://www.fema.gov/sites/default/files/documents/fema_improving-public-messaging-for-evacuation-and-shelter-in-place_literature-review-report.pdf) |
| Special Pathogens | [ASPR TRACIE – Infectious Diseases](https://asprtracie.hhs.gov/infectious-disease) |
| Security | [ASPR TRACIE – Health Care Security Resources](https://asprtracie.hhs.gov/technical-resources/resource/11050/health-care-security-resources) |

# Appendix D – Exercise Acknowledgements

| **Participating Organizations** |
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| **Federal** |
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| **State** |
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| **Local** |
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| **Materials kit provided by** |
| Pediatric Pandemic Network |

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| **The Planning Team** | |
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NOTE: A finalized list of participating facilities and organizations should be generated post exercise.

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A logo with a person running

Description automatically generated

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