Should I Stay, or Should I Go?

Situation Manual

September 12, 2023

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

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| --- | --- |
| **Exercise Name** | Should I Stay, or Should I Go? |
| **Exercise Dates** | September 12, 2023, 1:00-3:30pm |
| **Scope** | This exercise is a facilitated, functional, community-wide exercise. The exercise is planned for 2 ½ hours and is to be conducted at the player’s facility in collaboration with virtual scenario updates and injects from the Metro Health and Medical Preparedness Coalition (Metro Coalition). Players will include participation from the Metro Coalition, Clinics, Ambulatory Surgical Centers, Nursing Homes, Assisted Livings, Home Health, Hospice, and other congregate care settings. Exercise play is limited to exercise participants. There will be no role players/actors during this exercise. Any staff or patient/client/resident movement will be simulated only. |
| **Mission Area(s)** | Protection, Mitigation, Response |
| **Core Capabilities** | HPP Capability 2: Health Care and Medical Response Coordination  HPP Capability 3: Continuity of Health Care Delivery |
| **Objectives** | During this exercise participants will:  1) Activate their shelter-in-place plans.  2) Demonstrate processes for internal and external communications during an emergency.  3) Activate their evacuation plans, including:  a. Identifying roles/responsibilities.  b. Describing a triage process for evacuating residents/patients/clients.  c. Identification of transportation resources.  d. Tracking of staff, residents/clients, equipment, etc.  4) Describe resources for receiving situational awareness about the event. |
| **Threat or Hazard** | Chemical spill |
| **Scenario** | An overturned tanker truck is leaking liquid chlorine within the vicinity of your facility/office/service area. |
| **Sponsor** | Metro Health and Medical Coalition/Regional Healthcare Preparedness Coordinator - Hospital Preparedness Program (HPP) grant. |
| **Participating Organizations** | Participants will be from the public and private sector. Participating facilities include Long-term Care, Assisted Living, Home Health, Hospice, Clinics, Ambulatory Surgical Centers and the Metro Coalition.  Anticipated total number of participants: 498   * Facility Type:   + LTC Facilities: 191   + Assisted Living Facilities: 190   + Group Home Facility: 18   + Home Care/Hospice Facilities: 71   + Clinics: 17   + Ambulatory Surgical Centers: 1   + Other: 10 * Number of Regional Exercise Controller: 1 * Number of Regional Exercise Director: 1   *A roster of participants registered for the exercise can be accessed upon request.* |
| **Point of Contact** | Emily Moilanen, MPH Metro Health & Medical Preparedness Coalition [Emily.moilanen@hcmed.org](mailto:Emily.moilanen@hcmed.org)  763-286-5839 |

# 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.

| Exercise Objective | Core Capability |
| --- | --- |
| Activate shelter-in-place plans. | HPP Capability 3: Continuity of Health Care Delivery |
| Demonstrate processes for internal and external communications during an emergency. | HPP Capability 2: Health Care and Medical Response Coordination |
| Activate evacuation plans, including:   1. Identifying roles/responsibilities. 2. Describing a triage process for evacuating residents/patients/clients. 3. Identification of transportation resources. 4. Tracking of staff, residents/clients, equipment, etc. | HPP Capability 3: Continuity of Health Care Delivery |
| Describe resources for receiving situational awareness about the event. | HPP Capability 2: Health Care and Medical Response Coordination |

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 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 three modules:

* Module 1: Incident Notification
* Module 2: Should I Stay?
* Module 3: Or, Should I Go?

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 protection, mitigation, response issues. For this exercise, the functional groups are as follows:

* Long Term Care: Assisted Living, Skilled Nursing, Group Homes
* Home Health
* Hospice
* Clinics
* Ambulatory Surgical Centers

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 protection, mitigation, response 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).

# Module 1: Incident Notification

### Tuesday, August 1, 2023: 11:00am

### It is 11:00am on Tuesday, August 1, 2023. It is already a hot and humid day with an expected high of 86F. Thunderstorms are expected to roll through the area this evening. A staff member on their way into work calls to let the front desk know that they will be late as they are stuck in traffic. They are on a local highway where traffic is backed up for a couple of miles in each direction. The staff member isn't sure what the delay is but assumes it is an accident due to the number of emergency vehicles with lights and sirens that have driven by. The staff member is rerouted and makes it into work shortly after. They mention that a car must be on fire because they noticed thick black smoke, and they were experiencing a burning sensation in their nostrils and throat shortly before being rerouted away.

### 11:26am

### Not long after, another staff member receives an emergency alert on their phone that the traffic back-up was caused by an overturned tanker truck. The alert says that the tanker is on fire and leaking an unknown chemical substance. Citizens are advised to stay away from the area which is a few miles from your facility (Long Term Care, Inpatient Hospice, Clinics, Ambulatory Surgical Centers) and/or within your service area (Home Health and Outpatient Hospice). No additional information is included in the alert.

### 11:32am

### A few minutes later, another emergency alert is received stating that the overturned tanker truck was carrying liquid chlorine which is now leaking from the damaged vehicle. The alert states that anyone within 3 miles of the crash site should shelter-in-place until further notice while the scene is assessed.

**Long Term Care, Clinics, Ambulatory Surgical Centers, Inpatient Hospice:** your facility is within the 3-mile radius of the crash site.

### **Home Health and Outpatient Hospice:** both your office and a part of your service area is within a 3-mile radius of the crash site (this may be a geographic artificiality for you. Please respond to the scenario as if this was true).

## Key Issues

* Chemical Leak—liquid Chlorine
* Shelter-in-Place
* Storms expected later in evening

## 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.

### Long Term Care/Inpatient Hospice/Other Congregate Care Settings

1. Describe your shelter-in-place plan.
   1. How do you activate it? Who activates it or who needs to be included in the decision to activate it?
   2. Who is typically in your building at this time (think residents, staff, visitors, others)? How may this affect your shelter-in-place plans?
   3. How long can your facility shelter-in-place before needing additional supplies (meds, food, water, etc)?
2. Describe your communication plans and messaging to:
   1. Initial notification:
      1. When do you initially alert others of the developing situation?
      2. Who needs to know?
      3. What is your messaging?
      4. Does your messaging change when the situation shifts from “stay away from the area” to “shelter-in-place?” How?
   2. Internal:
      1. How do you alert on-duty staff of shelter-in-place order?
      2. What is being communicated to residents? Visitors?
   3. External:
      1. Do you alert off-duty staff? What is your messaging?
      2. What, if anything, is being communicated to families and visitors?
      3. Have you reached out to your response partners at this time? If yes, whom?
3. Where are you receiving the most up-to-date information about the situation?

### Home Health/Outpatient Hospice

1. Describe your communication plans for and messaging to:
   1. Initial notification:
      1. When do you initially alert others of the developing situation?
      2. Who needs to know?
      3. What is your messaging?
      4. Does your messaging change when the situation shifts from “stay away from the area” to “shelter-in-place?” How?
   2. Internal:
      1. How do you alert on-duty staff of shelter-in-place order?
      2. What is being communicated to clients?
   3. External:
      1. Do you alert off-duty staff? What is your messaging?
      2. Have you reached out to your response partners at this time? If yes, whom?
2. How do you track on-duty staff?
3. How will your staff in the field, who are within the 3-mile radius, shelter-in-place?
4. Describe your process for identifying clients who may be in the shelter-in-place zone.
5. Where are you receiving the most up-to-date information about the situation?

### Clinics/Ambulatory Surgical Centers

1. Describe your shelter-in-place plan.
   1. How do you activate it? Who activates it or who needs to be included in the decision to activate it?
   2. Who is typically in your building at this time (think patients, staff, vendors, visitors, others)?
      1. How may this affect your shelter-in-place plans?
   3. How long can your facility shelter-in-place before needing additional supplies (meds, food, water, etc)?
2. Describe your communication plans and messaging to:
   1. Initial notification:
      1. When do you initially alert others of the developing situation?
      2. Who needs to know?
      3. What is your messaging?
      4. Does your messaging change when the situation shifts from “stay away from the area” to “shelter-in-place?” How?
   2. Internal:
      1. How do you alert on-duty staff of shelter-in-place order?
      2. What is being communicated to patients? Visitors?
   3. External:
      1. Do you alert off-duty staff? What is your messaging?
      2. What, if anything, is being communicated to patients with future appointments?
      3. Have you reached out to your response partners at this time? If yes, whom?
3. Where are you receiving the most up-to-date information about the situation?

# Module 2: Should I Stay?

### Tuesday, August 1, 2023: 12:00pm

Your front desk has started to receive calls from people who have seen the news of the chemical leak. Some staff who are due in for shifts later have also called to express concerns about coming into the area. A vendor arriving at your front desk states that they came from the area of the tanker truck and experienced burning eyes and irritation in their nose and throat. Word has spread throughout the staff about the chemical spill and you can tell some are becoming anxious. Several staff also live within the affected area and are concerned about family members and/or children who may be at home. One staff member wants to leave and go check on their kids and pets.

### 12:29pm

Your Healthcare Coalition has sent out a MNTrac alert to its members regarding the chemical spill. The alert is for situational awareness and directs recipients to a MNTrac Coordination Room where the Coalition will be sharing updates and information on chlorine gas.

The incident has made the news and local stations report that a HazMat team is now at the crash site. Interviews with motorists near the scene of the crash report seeing a yellow-green cloud moving close to the ground. Several motorists also report episodes of coughing, respiratory distress, and burning eyes, noses and throats. Ambulances have been dispatched to the scene to assist any motorists in respiratory distress. The news reports that the county emergency operations center has been opened and the newscaster shares a citizen hotline number for inquiries from the public. The news report also shares a statement from the county public information officer encouraging citizens to stay out of the area, what symptoms to look out for with chlorine gas exposure, and how to treat chlorine exposure. Hospitals in the area are seeing a surge of patients in their emergency departments. Some patients are showing mild signs of chlorine exposure but many patients showing up are the “worried well” who have no symptoms and likely have not had an exposure. An unknown number of motorists nearest the crash site were transported by ambulance to area hospitals with more serious symptoms of respiratory distress.

People in your building occasionally catch whiffs of a faint bleach or chemical smell. You are receiving questions about the smell.

## Key Issues

* Staff anxiety and worry
* Chemical smell in building
* Hospital surge

## 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.

### ALL

1. Go to the MNTrac Coordination Room. Follow the posted instructions to leave a message in the chat indicating you were able to access the room.
   1. If you do not have access to MNTrac, please make note of that and move to the next question.
2. Describe your emergency staffing plan if off-duty staff are unable to enter the area to report for their shifts later.
3. What are your processes for dealing with any staff, visitors, residents/patients/clients, or others who want to leave your location during the shelter-in-place order?
4. Have you reached out to any response partners at this time (i.e. county public health, MDH, county emergency manager, law enforcement, vendors, Coalition, etc)?
   1. If yes, to whom did you reach out? What was your messaging?
   2. If no, why not?
   3. Identify where you keep contact information for your response partners.
5. What are your major safety concerns at this point?

# Module 3: Or, Should I Go?

### Tuesday, August 1, 2023: 1:00pm

About one hour into sheltering-in-place your front desk receives a call from a county emergency manager. Severe weather is due into the area by the dinner hour. It will bring with it shifting, strong winds and heavy rain. Because the chlorine leak has not yet been contained, experts are worried that the changing winds could cause the chlorine gas to travel further into the area causing chlorine exposure to many more community members. An evacuation order for the 3-mile radius around the crash site is about to be issued. The emergency manager has called your facility/office as a courtesy to give you a heads up.

You have a little over four hours before the winds are expected to shift and cause the chlorine leak to travel towards your location. The emergency manager says you must be evacuated by 5:15pm.

**Long Term Care, Ambulatory Surgical Centers, Clinics, Inpatient Hospice:** Your facility is within the evacuation zone.

**Home Health and Outpatient Hospice:** Your office is within the evacuation zone. You also have clients who are located within the evacuation zone (this may be a geographic artificiality for you. Please respond to the scenario as if this was true).

## Key Issues

* Impending severe weather
* Chlorine leak
* Evacuation orders

## 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.

### Long Term Care/Inpatient Hospice/Other Congregate Care Settings

1. Locate your evacuation plan.
   1. Who has authority to activate this process?
   2. Do you have enough staff to assist with the evacuation? What if you need additional assistance?
   3. Who needs to know that you will be evacuating?
   4. What roles need to be assigned? Who is going to fill those roles?
   5. What are your priorities at the moment?
2. Where will you be evacuating residents to?
   1. Do you have a Memorandum of Understanding (MOU) with that location? Locate it.
3. Notification:
   1. How will internal staff be alerted of the evacuation?
   2. What external partners need to be alerted?
4. Transportation:
   1. Complete the provided Transportation Needs Table (or your own tool) to determine the number and types of vehicles you will need.
   2. What are your transportation resources?
      1. Do you have an MOU, contract, or agreement with these resources?
5. Pull a resident roster.
   1. Use the provided Evacuation Worksheet (or your own tool) to identify evacuation destination, transportation type, and any other needs for 5-10 residents from the roster.
      1. Can any of your residents be sent home to family?
      2. Will any of your residents need to go to the hospital—remember the nearby hospitals may be overwhelmed at this time.
6. Describe your triage process.
   1. Who is transported out of the building first? Who is last?
7. Where will your staging area be located?
8. How will you send medical records with your residents?
9. What supplies need to go with residents?
10. Describe your tracking process for:
    1. Residents
    2. Staff
    3. Equipment
11. Describe any safety concerns.

### Home Health/Outpatient Hospice

1. Describe your plan for evacuating the office.
   1. Who has authority to activate this process?
   2. What roles need to be assigned? Who will fill those roles?
2. Describe your business continuity plan for when staff are unable to access the office.
   1. Are there any services you will be unable to provide until you return to the office?
3. Describe your plan for locating and contacting clients and staff within the evacuation zone.
   1. What roles need to be assigned? Who will fill those roles?
   2. How will you assess current client needs?
   3. What do you do if you are unable to reach a client or staff member?
4. Pull a client list:
   1. Choose 5-10 clients at random and talk through what their needs would be if they had to evacuate their home. Think:
      1. Transportation
      2. Equipment
      3. Level of care
      4. Medical records
      5. Medications
      6. Other?
5. Describe your policies and procedures if a client needs assistance evacuating.
   1. With which organizations do you have transfer agreements?
      1. Locate those agreements/Memorandum of Understanding (MOU)
6. Where will evacuated clients go? How is this determined?
7. Are there external partners who need to be involved?
8. Describe any safety concerns.

### Clinics/Ambulatory Surgical Centers

1. Locate your evacuation plan.
   1. What are your priorities at the moment?
   2. Who has authority to activate this process?
   3. Do you have enough staff to assist with the evacuation? What if you need additional assistance?
   4. Who needs to know that you will be evacuating?
   5. What roles need to be assigned? Who is going to fill those roles?
   6. Where will you be evacuating to?
      1. Do you have an Memorandum of Understanding (MOU) with that location? Locate it.

2. Notification:

* 1. How will internal staff be alerted of the evacuation?
  2. What external partners need to be alerted?
  3. What and how are you communicating with patients who may be due in for appointments in the coming days?

3. Transportation:

* 1. Will you need transportation resources to assist with this evacuation?
  2. What are your transportation resources?
     1. Do you have an MOU, contract, or agreement with these resources?
  3. Complete the provided transportation worksheet (or your own tool) to determine the number and types of vehicles you will need.

1. Pull today’s census/appointment list.
   1. Using the provided worksheet (or your own tool) to identify patient destination, transportation type, and any other needs.
      1. Can any of your patients be discharged to home?
      2. Will any of your patients need to go to the hospital—remember the nearby hospitals may be overwhelmed at this time.
2. Describe your triage process.
   1. Who is transported out of the building first? Who is last?
3. Where will your staging area be located?
4. How will you send medical records with your patients?
5. What supplies need to go with patients?
6. Describe your tracking process for:
   1. Patients
   2. Staff
   3. Equipment
7. Describe any safety concerns.

## End Exercise

# Appendix A: Exercise Schedule

| Time | Activity |
| --- | --- |
| **September 12, 2023** | |
| 1:00pm | Welcome and Opening Remarks |
| 1:10pm | Module 1 & Discussion Questions |
| 1:25pm | Small Group Report Outs in Break-out Rooms |
| 1:35pm | Module 2 & Discussion Questions |
| 1:55pm | Small Group Report Outs in Break-out Rooms |
| 2:10pm | Module 3 & Discussion Questions |
| 2:40pm | Small Group Report Outs in Break-out Rooms |
| 3:00pm | Hot Wash |
| 3:20pm | Final Steps |
| 3:30pm | End Exercise |

# Appendix B: Exercise Participants

You may use this table to list the names of staff who participated in the exercise at your organization.

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| Participants |
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*\*A full roster of attendees from all participating organizations can be requested through the Metro Coalition.*

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# Appendix C: Relevant Plans

* Shelter-in-Place
* Evacuation
* Communication
* Business Continuity
* Staffing
* Others as applicable