Fiery Fastball:

A Virtual Tabletop Exercise 2022

Situation Manual

May 20, 2022

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** | Fiery Fastball: A Virtual Tabletop Exercise 2022 |
| **Exercise Dates** | May 20, 2022 |
| **Scope** | This is a discussion-based, healthcare community specific exercise held using the WebEX virtual meeting platform. The exercise will be limited to three hours of play. The exercise will be offered to the Mountain Area Healthcare Preparedness Coalition (MAHPC). |
| **Focus Area(s)** | Response  |
| **Capabilities** | HPP Capability 2: Healthcare and Medical Response CoordinationHPP Capability 4: Medical Surge |
| **Objectives** | 1. Evaluate the MAHPC coordinated response to a burn incident that overwhelms regional acute care hospitals with adult patients including pre-hospital coordination and triage.
2. Address considerations related to initial triage and stabilization of burn patients at non-burn centers until transfer.
3. Identify the support needs (i.e., equipment, supplies, staff, transport, beds, space, community partners, telemedicine/ telehealth, etc.) within the MAHPC to accommodate a surge of adult burn patients.
 |
| **Threat or Hazard** | Burn Surge Incident  |
| **Scenario** | On May 20, 2022, an Arkansas baseball team was returning from their game where they were beaten by the UNC-Asheville Bulldogs 9-0. As the away team was returning to Arkansas, the bus driver was briefly distracted by a commotion in the rear of the bus. The bus rear-ended the back of a tanker truck transporting petroleum on Interstate 40 just outside of Asheville, NC. The collision caused a large explosion with multiple injuries and burns.  |
| **Sponsor** | Mountain Area Preparedness Healthcare Coalition |
| **Participating Jurisdictions/ Organizations** | Multiple Healthcare organizations within the Mountain Area Preparedness Healthcare Coalition. For a full list of participating organizations, please reference [Appendix B.](#_heading=h.44sinio) |
| **Point of Contact** | Mark Stepp, RN/EMTHealthcare Preparedness CoordinatorMountain Area Healthcare Preparedness Coalition828-693-6212 Officemark.stepp@hcahealthcare.comGinny Schwartzer, MEPCEOAll Clear Emergency Management Group919-323-9995 DirectGinnyS@AllClearEMG.comKate Petroline, PEMPlanning SpecialistAll Clear Emergency Management Group217-474-6931 DirectKateP@AllClearEMG.com |

# 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 guided by senior leaders and selected by the Exercise Planning Team.

| **Exercise Objectives** | **HPP Capability** |
| --- | --- |
| 1. Evaluate the MAHPC coordinated response to a burn incident that overwhelms regional acute care hospitals with adult patients including pre-hospital coordination and triage.
 | HPP Capability 2: Healthcare and Medical Response CoordinationHPP Capability 4: Medical Surge |
| 1. Address considerations related to initial triage and stabilization of burn patients at non-burn centers until transfer.
 | HPP Capability 4: Medical Surge  |
| 1. Identify the support needs (i.e., equipment, supplies, staff, transport, beds, space, community partners, telemedicine/ telehealth, etc.) within the MAHPC to accommodate a surge of adult burn patients.
 | HPP Capability 2: Healthcare and Medical Response CoordinationHPP Capability 4: Medical Surge  |

**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 participants 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.
* **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:** 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.

Virtual Exercise Participation

**Before the Exercise**

* After registering for the exercise, participants will receive a confirmation email including a personal link to login to the exercise.
* Please test audio and visual equipment on your computer or device prior to the exercise to ensure your technology is in good working order. If you require assistance logging in to the exercise, please speak with a member of your organization’s Information Technology Team. Please ensure you know how to utilize the WebEx platform.
* Review this Situation Manual in its entirety and come prepared to fully engage in exercise discussion. It is encouraged to have the Situation Manual available during the exercise so that you can take notes as needed.
* Ensure that you have reviewed the Mountain Area Healthcare Preparedness Coalition Burn Surge Annex for use on the day of the exercise.

**During the Exercise**

* **Video participation is welcome and encouraged**.
* Have a copy of your Emergency Operations Plan, including surge plans or MCI plans, available for reference.

Have access to this Situation Manual. You may choose to complete this Situation Manual on your computer or by hand on a printed copy. 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:** 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:** 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:** 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, polices, and procedures.

**Following the Exercise**

* Participate in the exercise Hot Wash by sharing Areas for Improvement, Strengths, and Gaps that have been identified during the exercise.
* All exercise materials, including the PowerPoint and requested resources, will be shared following the exercise.
* **Complete the Participant Feedback Form by May 27, 2022.** Please [click here](https://form.jotform.com/221353641619151) to complete.
* The exercise After-Action Report/Improvement Plan will be shared with participants within 30 days of exercise completion. Once the After-Action Report/Improvement Plan has been shared, check to ensure that your organization is listed on the Exercise Participants Appendix. Then, complete the organization specific Improvement Plan in the After-Action Report using your Organization Evaluation Charts at the end of each module.
* Keep a copy of the completed Situation Manual and After-Action Report/Improvement Plan for your records.

**Exercise Structure**

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

Module 1: Activation and Notification

Module 2: Transportation of Patients

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 discussion.

**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 response and recovery 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.
* While COVID-19 is still an ongoing threat that tends to sway discussions, please attempt to focus on the overarching objectives related to your Emergency Preparedness Program.

**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 groups. Additionally, players will be asked to complete participant feedback forms by May 27, 2022. To complete the Participant Feedback Form, please [click here](https://form.jotform.com/221353641619151). 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).

**Hot Wash**

At the conclusion of exercise play, the Main Facilitator will conduct a Hot Wash to allow players to discuss strengths and areas for improvement, and clarification regarding player discussion and decision-making processes. All participants are encouraged to provide feedback and engage in this discussion.

**After-Action Report and Improvement Planning**

Within 30 days of exercise completion, you will receive a completed After-Action Report/Improvement Plan.

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. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion.

# Module 1: Activation and Notification

## Scenario

## On May 20, 2022, an Arkansas baseball team was returning from their game where they were beaten by the UNC-Asheville Bulldogs 9-0. As the away team was returning to Arkansas, the bus driver was briefly distracted by a commotion in the rear of the bus. The bus rear-ended the back of a tanker truck transporting petroleum on Interstate 40 just outside of Asheville, NC. The collision caused a large explosion with multiple injuries and burns.

## 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. How would you learn of the burn incident initially?
2. What initial actions would hospitals take upon learning of the burn incident and receiving initial patients or anticipating receiving burn patients?
3. How is coalition leadership notified of the burn incident?
4. Does the coalition have a mechanism to alert all partners of the incident?
5. When non-hospital partners are made aware of the burn incident what, if any, actions or support is available?
6. How does EMS distribute patients to hospitals throughout the region and how is this shared with partners?
7. How are multiple responding EMS agencies coordinated?
8. What are the burn capabilities in the region?
9. How many burn patients can the region care for?
	1. For how long?
10. What burn care supplies do regional hospitals have available?
	1. Gauze/Dressings
	2. Silver Sulfadiazine
	3. Saline

1. Do other non-hospital partners in the region have these supplies available to give to nearby hospitals?
	1. If so, how would resources from non-hospital partners be managed?

# Module 1: Organization Evaluation Chart

Complete the following chart by documenting any organization specific strengths and areas for improvement. For each area for improvement, identify a mitigation action item or a description of how you plan to address the area for improvement. This chart can be used at a later time when completing your agency specific improvement plan.

|  |
| --- |
| Strengths |
| 1. 2. 3.  |
| Areas for Improvement | Mitigation Action Description (i.e., planning, training, exercise, equipment) |
| 1. 2. 3. | 1. 2. 3. |

# Module 2: Transportation of patients

## Scenario

40 patients total are arriving at various regional hospitals and are being stabilized for transport at this time. Due to severity of their injuries (see chart below), there is a need to move many patients to a higher level of care and treatment. These patients will need to be tracked and transportation and will need to be coordinated across multiple regions/jurisdictions.

| **Patient #** | **Name** | **DOB** | **Age** | **Sex** | **Injury Type** | **Criticality/Triage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Pepe Estrada | 2002-04-01 | 19 | M | Trauma  | Fair |
| 2 | Adrienne Bowden | 1999-11-14 | 22 | M | Burn / Trauma | Critical  |
| 3 | Ishmel Raymond | 1999-01-12 | 22 | M | Trauma  | Serious  |
| 4 | Sean Daugherty | 2001-12-07 | 20 | M | Burn | Serious  |
| 5 | Levi Copeland | 2000-12-30 | 21 | M | Trauma  | Good |
| 6 | Stan Cooper | 2002-09-18 | 19 | M | Trauma  | Critical  |
| 7 | Kris Wu | 2002-03-17 | 19 | M | Trauma  | Good |
| 8 | Chase Downes | 1999-05-11 | 22 | M | Trauma  | Good |
| 9 | Shane Maxwell | 2000-08-15 | 21 | M | Burn / Trauma | Critical  |
| 10 | Mac Arias | 2000-08-24 | 21 | M | Trauma  | Good |
| 11 | Elliott Clemons | 2002-06-17 | 19 | M | Burn | Good |
| 12 | Linus Frank | 2001-08-24 | 20 | M | Burn | Critical  |
| 13 | Andy Clegg | 1999-09-18 | 22 | M | Trauma  | Fair |
| 14 | Danny Goodman | 2002-08-03 | 19 | M | Trauma  | Good |
| 15 | Jay Holder | 2000-11-17 | 21 | M | Burn | Fair |
| 16 | Max Gunn | 1999-09-09 | 22 | M | Trauma  | Good |
| 17 | Chad Prentice | 2001-12-10 | 20 | M | Trauma  | Serious  |
| 18 | Glen Navarro | 2002-01-22 | 19 | M | Trauma  | Fair |
| 19 | Peter Horner | 2002-01-11 | 19 | M | Trauma  | Fair |
| 20 | Isaac Hurst | 2001-02-01 | 20 | M | Trauma  | Serious  |
| 21 | Kyle White | 1988-12-20 | 33 | M | Burn | Critical  |
| 22 | Mark Caldwell | 1996-04-13 | 26 | M | Trauma  | Critical  |
| 23 | Darnell Carson | 1989-03-12 | 32 | M | Trauma  | Serious  |
| 24 | Juno Halliday | 2002-11-03 | 19 | M | Trauma | Serious  |
| 25 | Arian Leigh | 1999-02-07 | 22 | M | Trauma  | Critical  |
| 26 | Eil Ryan | 1985-04-23 | 36 | M | Burn/Trauma | Critical  |
| 27 | Edward Petty | 1975-12-15 | 46 | M | Burn/Trauma | Critical  |
| 28 | Fox Cochran | 1997-04-19 | 25 | M | Trauma  | Serious  |
| 29 | Anthony Adams | 1978-12-21 | 43 | M | Trauma  | Fair |
| 30 | Eddy Haines | 1994-09-24 | 28 | M | Trauma  | Critical  |
| 31 | Mike Short | 1986-07-29 | 35 | M | Trauma  | Serious  |
| 32 | Don Oakley | 1973-05-26 | 48 | M | Trauma  | Critical  |
| 33 | Emmet Landry | 2001-10-07 | 20 | M | Trauma  | Good |
| 34 | Kal Regan | 1985-10-07 | 36 | M | Trauma  | Critical  |
| 35 | Terry Couch | 1988-11-06 | 33 | M | Burn | Serious  |
| 36 | Ellis Mayer | 1977-11-22 | 44 | M | Trauma  | Good |
| 37 | Sal Jenkins | 1992-03-23 | 30 | M | Trauma | Good |
| 38 | Ryley Gillespie | 2001-08-16 | 20 | M | Trauma  | Good |
| 39 | Todd Rose | 1985-05-20 | 36 | M | Trauma  | Fair |
| 40 | Steve Lim | 1980-09-25 | 41 | M | Burn | Fair |

## 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. What would a non-burn care center need to do to accommodate a burn patient?
	1. Would facilities without Emergency Rooms be able to take these types of patients? What type of patients would be able to be accommodated at these facilities?
2. Who would regional hospitals turn to for expertise regarding burn patient care?
3. Is there a possibility to bring in burn staff from other regions to help support the burn surge response?
4. Is there a mechanism to utilize telehealth with clinical burn staff?
5. Knowing that the burn patients need to be transported to higher levels of care/burn centers, are there plans in place to move patients? Who will coordinate this process?
	1. How does this process differ if it were one or two patients vs. a surge of multiple patients across the region?
6. How would regional hospitals determine where to send their burn patients?
7. Is there a mechanism or system in place to show available burn beds throughout the state?
	* + - 1. Is there a way to deconflict available burn beds?
8. Would the HCC work with other HCCs or outside resources or coordinate situational awareness?
9. How would inter-facility transport be coordinated with a large number of patients during a burn surge incident?
10. Is there a patient tracking process in the region? What does this look like?

# Module 2: Organization Evaluation Chart

Complete the following chart by documenting any organization specific strengths and areas for improvement. For each area for improvement, identify a mitigation action item or a description of how you plan to address the area for improvement. This chart can be used at a later time when completing your agency specific improvement plan.

|  |
| --- |
| Strengths |
| 1. 2. 3.  |
| Areas for Improvement | Mitigation Action Description (i.e., planning, training, exercise, equipment) |
| 1. 2. 3. | 1. 2. 3. |

# Appendix A: Exercise Schedule

|  |  |
| --- | --- |
| Date | May 20, 2022 |
| 9:50 AM | Log into Virtual Exercise |
| 10:00 AM  | Welcome, Introductions, Exercise Overview, ABA Education |
| 10:20 AM | Module 1: Large Group Discussion  |
| 11:20 AM | Break  |
|  11:30 AM | Module 2: Large Group Discussion  |
| 12:30 PM | EndEx/HotWash |
| 12:50 PM | Closing comments and next steps  |
| 1:00 PM |  Adjourn  |

# Appendix B: Exercise Participants

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|  |
| Advent Hendersonville |
| Angel Medical Center |
| Appalachian Region Healthcare System |
| Ashville Specialty Hospital  |
| Ashville VAMC |
| Blue Ridge Regional Hospital |
| Care Partners Rehab Hospital |
| Erlanger WNC Hospital |
| Haywood Regional Medical Center |
| McDowell County Emergency Management  |
| McDowell Hospital |
| Mission Health |
| Regional Transport- Mission Health |
| Rutherford Regional Medical Center |
| Transylvania County EMS |
| Transylvania Regional Hospital |
| UNC- Pardee Hospital |

# Appendix C: Acronyms

| **Acronym** | **Term** |
| --- | --- |
| AAR/IP | After-Action Report/Improvement Plan |
| CMS | Centers for Medicare & Medicaid Services |
| EMS | Emergency Medical Services  |
| HCC | Healthcare Coalition |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| MAHPC | Mountain Area Healthcare Preparedness Coalition |
| TTX | Tabletop Exercise  |

**Appendix D: ABA Southern Region Burn Activation**

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| **Southern Region** **Burn Mass Casualty Incident (BMCI) Response Plan**  |
| **The American Burn Association (ABA)- designated Southern Region1 encompasses Burn Centers located along the southeast and gulf coasts of the United States extending from Virginia through Texas, including West Virginia, Kentucky, Tennessee, Arkansas and Oklahoma**  |
| * **For a BMCI occurring anywhere within the Southern region of the United States the Southern Region Coordination Center (SRCC)2 serves as a communications and coordination center to support Burn Center(s) with burn bed census and/ or patient triage and transfer**
* **A BMCI is defined as any incident where capacity and capability significantly compromises patient care, as identified in accordance with individual BC(s), state, regional or federal disaster response plans**
 |
| **Requesting Assistance from the ERBDC for BMCI Response and Coordination**  |
| Upon request by a referring BC(s) the SRCC * Conducts a bed census of southern region BCs
* Supports and assists with regional efforts for patient triage and transfer
 | Agencies requesting assistance include: * SRCC BCs
* Affected ABA BCs
* ABA Regional Coordinator(s)
* ABA Central Office
* Department of Health & Human Services (DHHS) or designee
 |
| To request SRCC assistance contact: * SRCC at University of Alabama at 800- 359-0123
 | Upon notification SRCC: * Activates the Southern Region Burn Disaster Plan
* Conducts burn bed census of non- affected Southern BC(s) for 02, 12, 24, 72 H intervals

Coordinates requests for patient transfer between referring and receiving BC(s)  |

Definitions

1. Southern Region – one of five American Burn Association-designated regions. Refer [www.ameriburn.org](http://www.ameriburn.org/) Homepage for a map of all regions.
2. Southern Region Coordination Center