



Chemical Emergency Surge Annex Tabletop Exercise

Coalition Name

Date

Template provided by:



Instructions for Use of this PPT Template – Delete this slide prior to presentation

- Edit these slides based on changes made by the Exercise Planning Team to the Situation Manual Template.
- Language and information included here is based on the template design and template sample language.

Instructions for Use:

Helpful hints are included in these call-out boxes. Delete these prior to your presentation.

[delete prior to presentation]

Welcome and Introductions

- Name
- Agency / Facility
- Position / Role

Instructions for Use:

Add coalition or
jurisdiction logo or seal
to customize

[delete prior to presentation]

Agenda

Time	Topic
8:00 AM – 8:30 AM	Introductions and opening remarks
8:30 AM – 9:00 AM	Overview of the HCC Chemical Emergency Surge Annex/ process during a large-scale chemical incident
9:00 AM – 9:40 AM	Module 1 – Initial Recognition and Response
9:40 AM – 10:00 AM	Module 2 – Community Coordination and Collaboration
10:00 AM – 10:10 AM	BREAK
10:10 AM – 10:30 AM	Module 2 (continued)
10:30 AM – 11:10 AM	Module 3 – Ongoing Healthcare Coordination
11:10 AM – 11:50 AM	Wrap up and hotwash

Administrative Details

- Restrooms
- Fire Exits
- Cell Phone Use
- Materials

Introduction to HCC Chemical Emergency Surge Annex

Goal

REVIEW YELLOW BOX

Scope

Purpose

Instructions for Use:

Slides 6-8 describe the HCC Chemical Emergency Surge Annex and must be filled in by the Exercise Planning Team based on the specific information in the HCC annex. Feel free to add additional slides to the briefing.

[delete prior to presentation]

Planning Assumptions

- Add Assumptions
- Add Assumptions

Instructions for Use:

To be completed by the Exercise Planning Team.

The plans may be in evolution / draft at this point – the attendees should understand that this exercise is designed to help explore, validate, and deconflict the chemical emergency plans in place. We don't expect to have all the answers at this point.

[delete prior to presentation]

Triggers or Coalition-Specific Response Steps

- Insert Triggers
- Specific Response Steps

Instructions for Use:

To be completed by the Exercise Planning Team.

Describe the thresholds or potential triggers for annex use, as well as the specifics of the response by the coalition members / disciplines.

[delete prior to presentation]



Tabletop Exercise

Chemical Emergency Surge Annex

Exercise Scope

- This TTX is a half-day interactive, discussion-based exercise focusing on impacts to healthcare coalitions (HCCs) and healthcare facilities caused by the accidental release of a hazardous chemical substance.
- The scenario uses an industrial chlorine incident to help jurisdictions anticipate specific issues related to patient surge, decontamination, and medical care needs that may create competing resource and coordination demands.
- The objective of this exercise is to focus on the healthcare aspects of the response (e.g., screening/caring for the exposed, or potentially exposed) to test the HCC Chemical Emergency Surge Annex and understand plans and existing gaps at the coalition and coordination level.

HPP Program Capabilities Tested

- **Capability 2: Healthcare and Medical Response Coordination**

- **Objective 1:** Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
- **Objective 3:** Coordinate Response Strategy, Resources, and Communications

- **Capability 3: Continuity of Healthcare Service Delivery**

- **Objective 3:** Maintain Access to Non-Personnel Resources during an Emergency
- **Objective 5:** Protect Responders' Safety and Health
- **Objective 6:** Plan for and Coordinate Health Care Evacuations and Relocation

- **Capability 4: Medical Surge**

- **Objective 1:** Plan for a Medical Surge
- **Objective 2:** Respond to a Medical Surge

Instructions for Use:

Add or change based on exercise planning at the HCC level. Adjust width of main text box.

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Exercise Objectives

1. Review existing chemical emergency care assets and identify gaps that may occur during a chlorine explosion mass casualty incident.
2. Review agency/facility role during a chemical incident.
3. Validate assumptions in the HCC Chemical Emergency Surge Annex.
4. Identify changes that need to be made in the HCC Chemical Emergency Surge Annex based on the roles and capabilities of the involved partners.
5. [Other objectives identified by the Exercise Planning Team.]

Instructions for Use:

Other objectives
identified by the
Exercise Planning Team.
Adjust width of main
text box.

[delete prior to presentation]

Guidelines

- Open, low-stress, no-fault discussion environment.
- Comments will be non-attributable.
- Be professional and respect other's opinions based on their knowledge.
- Responses should be based on knowledge of current plans and capabilities- you do not have to have all the answers.
- Decisions are not precedent setting.
- Problem-solving efforts should be the focus – more questions than answers may be generated.
- The situation updates, written material, and resources provided are the basis for discussion.
- Participants are encouraged to use the SitMan as a reference and to fill out the Participant Feedback Form as you go; feedback is welcome!
- Use notes pages available in the SitMan.

Assumptions and Artificialities

During this exercise, the following apply:

- The scenario for this exercise is artificial, however, it is plausible, and events occur as they are presented.
- There is no “hidden agenda” and there are no “trick questions.”
- All players receive information at the same time.
- Assume cooperation and support from other responders, agencies, and organizational entities.

Module 1: Initial Recognition and Response

Monday morning, 8:00 am

- Hospitals and other healthcare facilities served by your HCC are at normal staffing/supply levels early in the morning.
- Hospitals were at average daily occupancy for both general inpatient and ICU beds yesterday and into the evening.
- You are notified by local EMS that an explosion occurred at a chemical manufacturing plant. The location is in an industrial area, but the adjacent area is densely populated with office buildings, retail spaces, schools.
- Initial fire reports indicate a significant chemical release, multiple injuries. But the specific chemical is not confirmed.
- Local EMS begin transferring wounded to all nearby medical facilities
- Within minutes patients arrive to your facility with a variety of major and minor traumas, respiratory issues, and burns/skin irritations.



Module 1: Discussion Questions

1. What are your initial actions upon notification of the explosion? Do you know/understand your role during an industrial chemical incident? Prioritize those actions.
 - a. Are these actions in accordance with coalition, healthcare system, hospital/facility chemical emergency response plan(s)?
2. If the HCC has an operations center, how is it activated and staffed and what functions does it serve during a chemical emergency? How does it interface with the Emergency Operations Center (EOC)? How is EMS/healthcare (ESF-8) represented at the EOC?
3. Do you know who your local, regional, and/or national chemical/HAZMAT and poison control resources are and how to contact them?
 - a. Does your jurisdiction have specialized HAZMAT and/or decontamination resources? Does your state have a Hazardous Materials Safety Assistance Team (HMSAT) or Civil Support Team (CST) ?
 - b. Do you know if your State/local health department has disaster epidemiology capacity to assist?
4. What specialized resources/supplies will be needed to respond to a chemical incident? What is the role of the HCC in acquiring these resources?
 - a. What decontamination equipment and capability do hospitals have?
 - b. Is there a protocol or are processes in place for resource sharing among coalition members and jurisdictional healthcare facilities?

Module 1 Discussion Questions (cont.)

5. Are facility staff familiar with proper chemical emergency response protocol such as screening, triage, contamination control, decontamination, workforce safety, and medical treatment for exposed or potentially exposed individuals?
 - a. Where would you obtain guidance or additional clinical advice if needed, in real time?
6. Is additional just-in-time training needed and readily available? Where is it located? Who conducts the training?
7. Who initiates information sharing for HCC members? What alerts and notification mechanisms are in place to ensure HCC members and partners are aware of the incident and can share real-time information about the disaster and plans/strategies for patient care/ transport/distribution/ decontamination/supplies?
 - a) What essential elements of information will you collect from and share with HCC members?
 - b) Who will ensure that up-to-date information about the agent and corresponding treatment recommendations are shared with EMS and hospitals?
8. Are there any at-risk populations that must be considered such as pediatric patients, those with access or functional needs, or the elderly? How will cultural beliefs that may prevent undressing for decontamination be addressed?

Module 1 Report Out

- Each table provides top three lessons, due outs, action items.
- Provide the rest of your notes to the exercise facilitator.
- Please select a team scribe with legible handwriting.



Module 2: Community Coordination and Collaboration

Monday late morning, 10:00 am (Incident + 2 hours)

- By 10am it's verified the explosion was caused by faulty equipment. It was accidental, and the chemical of concern is chlorine gas.
- Aside from a high number of injuries, impacts to those in the immediate area, plume models show that an xxx area/radius may be affected. A shelter-in-place order is issued, and the plant has been evacuated.
- The governor declares a state of emergency to support disaster services.
- News and social media outlets are reporting on the health concerns related to chlorine gas exposure and urging anyone affected to seek care.
- 911 operators and Poison Control Centers are overwhelmed with calls from those concerned about exposure.
- Hospitals, clinics, physician offices, other facilities are receiving symptomatic self-referred patients and EMS transports that were near the site as well as individuals concerned about potential exposure.
- You received patients with burn, major/minor trauma, respiratory distress, and self-evacuated individuals, as well as uninjured concerned citizens. Capacity is becoming overwhelmed as more victims present with respiratory irritation.



Module 2: Discussion Questions

1. Who decides and communicates shelter-in-place or evacuation orders to the community? How would a hospital be informed of those orders? What actions would a hospital take if it was in the affected zone?
2. What plans does your facility have for a large number of contaminated, or potentially contaminated, patients? Is there an alternate area for triage/assessment? Do you have the ability to provide 'dry' decontamination (i.e., clothing removal, dry absorbent material for blotting skin, redress)?
3. What EMS transport resources are available for emergency and patient transfer (consider both public safety and private services including local, mutual aid, and state resources and/or ambulance strike teams)?
 - a. Encourage EMS to discuss considerations related to both ground and air assets.
4. What type of additional assistance and resources are needed now that the surge capacity threshold is being exceeded (e.g., extra staff, space, specialty resources/equipment)? How does the HCC and its members support these needs? Are there other partners that you should coordinate with?

Module 2: Discussion Questions (cont.)

5. If a surge of concerned citizens require additional screening areas or treatment spaces (e.g., community screening centers, alternate care sites) how is that initiated?
 - a. Who decides if a reception/screening center is activated? Who will operate the community reception center?
 - b. When/how would this be coordinated, managed, supplied? How will the community screening site be staffed?
 - c. Can dry or wet decontamination be provided on-site if needed?
6. How is HCC clinical and surge information being collected and distributed (e.g., via email, a special portal, messaging boards) to ensure consistent care and guidance is communicated across facilities?
 - a. Are data and subjective information being collected and reported for situational awareness (e.g., hospital capacity, number exposed, transport needs, supply requests)?
 - b. How will the HCC coordinate and share patient information across multiple facilities for patient tracking and family re-unification?
7. With public concern high, who is coordinating messaging to the public? What are the key messages?
 - a. How will the EOC Joint Information Center (JIC) coordinate public information with HCC members?
 - b. How will you ensure clear and consistent risk communication messaging to the public and media to prevent/mitigate mass panic?
 - c. Are there readily available chemical release/sheltering-in-place/evacuation scripts available for patients, staff, public messaging?

Module 2 Report Out

- Each table provides top three lessons, due outs, action items.
- Provide the rest of your notes to the exercise facilitator.
- Please select a team scribe with legible handwriting.



Module 3: Ongoing Healthcare Coordination

Monday evening, 8:00 pm and beyond (Explosion + 12 hrs)

- Danger from the plume is over and the shelter-in-place order has been lifted.
- The number of new patients presenting has decreased slightly but media coverage remains intense leading to ongoing emergency department burden to conduct exams.
- A community reception center remains open to support screening of concerned residents.
- Patients suffering from chlorine exposure (e.g., minor/major traumas, burns, other injuries) were stabilized but may now require secondary transfer for ongoing care. Some will need to be cared for locally until transport/inpatient capacity catches up.
- Specialty (critical care) transportation resources are also needed for patient movement.
- The medical examiner needs guidance on the decontamination of decedents.
- Hospitals/EMS have clothing/belongings they're not sure can be returned. Victims are asking for belongings from the decontamination process.
- Mental health/wellness experts warn of negative mental health impacts.



Module 3: Discussion Questions

1. You have intubated many patients for airway inflammation that you cannot accommodate- how would you expand capacity at your hospital and/or coordinate referring those cases to a facility that has appropriate capacity and resources?
 - a. What is the current referral process and how would this change for this incident?
 - b. How will you prioritize/triage multiple referrals from your facility?
 - c. What transportation resources will you need?
2. Does the HCC have a coordination role at this point? What is it? If not, who is coordinating healthcare resource issues?
3. What experts will hospitals work with to address contaminated belongings and low-level contamination if needed?
4. What types of staffing shortages and resource needs are likely to occur and how can the HCC help to address them? How many hospital staff, especially in the ER, have been properly trained for a chemical emergency response?
5. For materials and waste that require special disposal, what partners can support the exponential increased need for collection and disposal of contaminated materials?

Module 3: Discussion Questions (cont.)

6. Who do hospitals need to notify if they have conducted 'wet' decontamination activities that resulted in contaminated water moving into sanitary or storm sewers?
7. How will patients be tracked? Does the tracking mechanism support family reunification efforts?
8. What is the process for providing ongoing situational awareness communication among the HCC and jurisdictional health facilities/partners that includes up to date capacity, patient transport, and treatment guideline information?
9. What is your communication strategy to alleviate public fear and misinformation?
10. What efforts can be made to divert concerned but not exposed residents to seek medical attention at facilities other than hospital settings?
11. What mass fatality management plans are in place to support a large-scale incident. What considerations should be made for storing and final disposition of contaminated bodies? What is the role of funeral homes for contaminated remains?

Module 3 Report Out

- Each table provides top 3 lessons, due outs, action items.
- Provide the rest of your notes to the exercise facilitator.
- Please select a team scribe with legible handwriting.



Wrap Up

- Closing comments



Hotwash

Instructions for Use:

An alternate option to the immediate feedback requested from participants can be to ask each participant to provide “3 Ups” (what worked well) and “3 Downs” (areas of improvement)

[delete prior to presentation]

- Immediate feedback from participants
 - One positive about the exercise (something you learned, something you can implement immediately)
 - One item of correction or action from the exercise (something you would like to take back for immediate action)
- Participants should fill out the Participant Feedback Form and submit it before they leave TODAY.



Next Steps

Instructions for Use:

Suggested next steps.
Update as appropriate.

[delete prior to presentation]

- Each participant/facility should prepare their own action items to close any noted gaps, in addition to the coalition-wide After Action Report and Improvement Plan
- Compile notes and comments, and produce an After-Action Report and Improvement Plan
- Share Improvement Plan with coalition members and any entity with an action item
- Implement action items in the Improvement Plan such as updating plans, and address any training or equipment needs

