



Exercise Plan (ExPlan)

**RITN Functional Exercise
April 18, 2016**

Spectrum Health Medical Center

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.



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Exercise Overview

Exercise Name: Spectrum Health RITN Functional Exercise (FE)

Exercise Date: April 18, 2016 from 10 am to 2 pm (FE)

Scope: This exercise is a functional exercise, planned for 4 hours at Spectrum Health Medical Center. Exercise play is limited to an exercise scenario with injects that drive activities at the management level. Movement of personnel and equipment is simulated.

Mission Area(s): Response

Core Capabilities:

Planning

Mass Care Services

Operational Coordination

Public Information and Warning

Objectives:

Evaluate the process of collaboration from the federal coordinating center (FCC) in Detroit regarding the movement of patients to our RITN center.

Evaluate the ability of Spectrum Health to establish a plan for the receipt and housing of a large number of outpatients and their families as a result of the radiological incident.

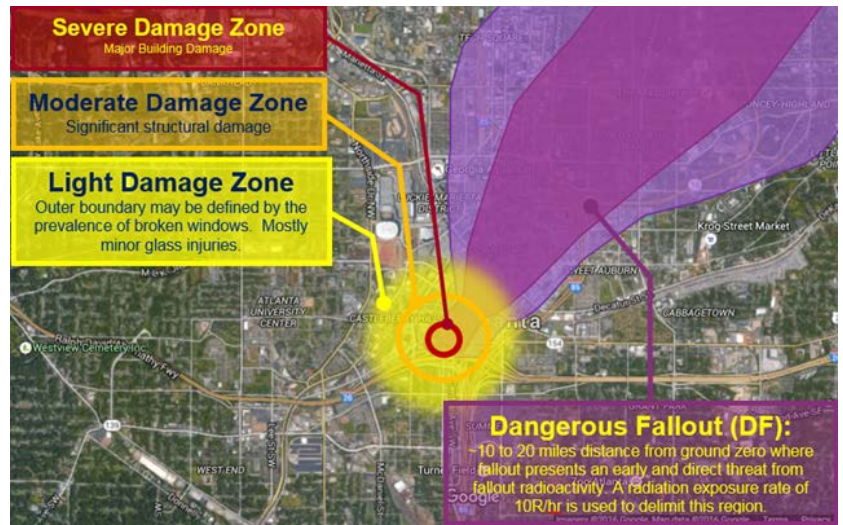
Identify the responsibilities and resources necessary for mass care capabilities to support RITN patients and their families during ongoing treatment at Spectrum RITN Center.

Evaluate the process of opening the Hospital Command Center and managing the influx of patients due to the RITN activation. This includes the ability of Spectrum Health to identify public/private resources and integrate these organizations into the HCC structure as necessary.

Determine the hospitals ability to deal with public concerns and fears related to bringing Acute Radiation Syndrome (ARS) patients into our community.

Threat Hazard: Radiological release

Scenario: A radiological dispersion device was detonated in downtown Atlanta, Georgia (city population 444,000) with an 8-10 kiloton yield. RITN has determined that a total number of 105 patients will be sent to Spectrum Health due to ARS.



Sponsor: This Radiation Injury Treatment Network (RITN) Center Participation Functional Exercise is using grant funding from the Office of Naval Research (via the National Marrow Donor Program). This functional exercise is taking place at Spectrum Health Systems, Medical Center Campus, Grand Rapids, MI.

Participating Organizations:

Federal: Radiation Injury Treatment Network (RITN); Federal Coordination Center (FCC)

State: MI Department of Health and Human Services (MDHHS), Division of Emergency Preparedness and Response (DEPR)

Local: Spectrum Health Hospitals; Kent County Emergency Management; Kent County Public Health; Region 6 Healthcare Coalition; American Red Cross and MI Blood

Point of Contact:

Exercise Director
 Mark Van Dyke, M Ed.
 Supervisor, Emergency Preparedness
 100 Michigan NE, Mail Code 203
 Grand Rapids, MI 49503
 616-486-2075

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
Evaluate the process of collaboration from the FCC (Detroit) on the movement of patients to the RITN Center.	Planning
Identify the responsibilities and resources necessary for mass care capabilities to support RITN patients and their families during ongoing treatment at Spectrum RITN Center.	Mass Care Services
Evaluate the process of opening the Hospital Command Center and managing the influx of patients due to the RITN activation. This may include the ability of Spectrum Health to identify public/private resources and integrate these organizations into the HCC structure as necessary.	Operational Coordination
Determine the hospitals ability to deal with public concerns and fear related to bringing ARS patients into the community.	Public Information & Warning
Evaluate the ability of Spectrum Health to establish a plan for the receipt and housing of a large number of outpatients and their families as a result of the radiological incident.	Planning

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.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play as nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

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.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- 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.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell.

Exercise Logistics

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase “*real-world emergency*.” The following procedures should be used in case of a real emergency during the exercise:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
 - The controller who becomes aware of a real emergency will initiate the “*real-world emergency*” broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the SimCell as soon as possible if a real emergency occurs.

Fire Safety

Standard fire and safety regulations relevant to Spectrum Health will be followed during the exercise.

Weapons Policy

All participants will follow the relevant weapons policy for Spectrum Health.

Site Access

Security

If entry control is required for the exercise venue, the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise site and the Control Cell and/or SimCell is limited to exercise participants. Players should advise their venue's controller or evaluator of any unauthorized persons.

Media/Observer Coordination

Organizations with media personnel and/or observers attending the event should coordinate with Spectrum Health Medical Center for access to the exercise site. Media/Observers are escorted to designated area and accompanied by an exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

Exercise Identification

Exercise staff may be identified by wearing their respective badges to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation.

Post-Exercise and Evaluation Activities

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms will be sent to participants via survey monkey.

Evaluation

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled

with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

Improvement Planning

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.

After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

Participant Information and Guidance

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement “*This is an exercise.*”
- Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 15 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.

- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement, "*This is an exercise.*" This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players

by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

Appendix A: Exercise Schedule

Time	Personnel	Activity	Location
4/11/16-4/15/16			
Once Daily	All	Email messages will be sent to all exercise participants, some action may be taken	
4/18/16			
9:00 AM	Controllers, evaluators, and exercise staff	Controller and Evaluator Briefing	HCC
9:30 AM	Controllers and exercise staff	Check-in for final instructions and communications check	HCC
9:40 AM	Controllers and evaluators	Controllers and evaluators in starting positions	SIMCell
9:50 AM	All	Controllers provide player briefs	HCC
10:00 AM	All	Exercise starts	HCC
1:15 PM	All	Exercise ends	HCC
Immediately Following the Exercise	All	Hot Wash/ Exercise debrief	HCC
5/18/16 (or other mutually agreed upon date)			
Noon – 2PM	Controllers, evaluators, and elected and appointed officials	Controller and Evaluator After Action Review	Meeting room at Spectrum Health Medical Center

Appendix B: Exercise Partners

Participating Organizations
Federal
RITN
FCC
State
MDHHS
Local
Spectrum Health Medical Center
Kent County Health Dept.
American Red Cross
Kent County Emergency Management
Region 6 Healthcare Coalition
MI Blood

Appendix C: Communications Plan

External Partners	Phone number(s)	Email Address
<i>Kent County Health Department:</i>		Access to eICS
Karla Black	[REDACTED]	Karla.black@kentcountymi.gov
Pat Draper	[REDACTED]	Patricia.draper@kentcountymi.gov
<i>Kent County Emergency Management:</i>		
Jack Stewart	[REDACTED]	Jack.stewart@kentcountymi.gov
<i>Region 6 Healthcare Coalition:</i>		Access to eICS
Mike Gregg	[REDACTED]	mgregg@wmrmc.org
<i>American Red Cross:</i>		Access to eICS
Disaster Dispatch	[REDACTED]	
Leslie Montgomery Bean	[REDACTED]	
Leonard Garyson	[REDACTED]	Leonard.garyson@redcross.org
<i>MI Blood:</i>		Access to eICS
Jeff Lodholtz	[REDACTED]	jlodholtz@miblood.org
Barbara Hile	[REDACTED]	bhile@miblood.org
<i>FCC-Detroit:</i>		
Kenneth Bresnan	[REDACTED]	Kenneth.bresnan@va.gov

Appendix C: Communications Plan

Internal Players	Phone number(s)	Department
Medical Center	██████████	
Incident Command	██████████	
Safety Officer	██████████	
Liaison Officer	██████████	
Medical/Technical Specialist	██████████	
PIO	██████████	
Executive Liaison	██████████	
Operations	██████████	
Physical Security Branch	██████████	
Radiation Treatment	██████████	
Pharmacy Branch	██	
Logistics	██████████	
Planning	██████████	
Finance	██████████	
Security	██████████	
Bailey, Joanna	██████████	SHH Pastoral Care
Bart, Kirk	██	SHH Renucci Hospitality House, Oper. Mgr
Chicas, Ingrid, Supv	██	
Front Desk	██	
Borum, Katherine	██	SHH Nurse Mgr, BMT Unit
Brooks, Kim	██	SHH Patient Transport
Causie, Kenneth	██	SHH Patient Access Svcs, Supv
Constant, Matthew	██	SHH Fac Support Center, Security Police Dis, Coord
Dewitt, Kamala	██	SHH Pathology & Laboratory, Mgr
Dougherty, Mary	██	SHH Oncology & Med Surg, Dir
Fessenden, Chad	██	SHH Care Management, Supv

Internal Players	Phone numbers(s)	Department
Hibdon, Melissa	[REDACTED]	SHH Clinical, Adult BMT Infusion Services, Mgr
Kamps, Mary	[REDACTED]	SHH Patient Registration
Klootra, Mary	[REDACTED]	SHH Pathology Lab, Mgr
Knight, Sandy	[REDACTED]	SHH Oncology/Med/Surg, Mgr
Kwiatkowski, Greg	[REDACTED]	SHH Pharmacy-Reg, Mgr
Nelson, Julie	[REDACTED]	SHH Lab, Oper & Quality Specs
Shawl, Ken	[REDACTED]	SHH Emer. Preparedness Coord.
VanSolkema, Jessica	[REDACTED]	SHH Communications Lead, Spec
West, Joel	[REDACTED]	SHH Pharmacy – Reg, Mgr
Williams, Elisa	[REDACTED]	SHH Blood/Marrow Transplants, Adult BMT, Mgr
Wolf, Ryan	[REDACTED]	SHH Pharmacy-Inpatient, Sup

* Everyone above has access to e/CS

Appendix D: Acronyms

Acronym	
AAM	After Action Meeting
AAR	After Action Plan
ARS	Acute Radiation Syndrome
ASBMT	Am Society of Blood & Marrow Transplantation
C/E	Controller/Evaluator
DEPR	Department of Emergency Preparedness and Response
DHS	Department of Homeland Security
EEG	Exercise Evaluation Guidelines
ExPlan	Exercise Plan
FCC	Federal Coordination Center
FE	Functional Exercise
HCC	Hospital Command Center
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IP	Improvement Plan
IRD	Improvised Radiological Device
MDHHS	MI Department of Health and Human Services
MSEL	Master Scenario Events List
NDMS	National Disaster Medical System
NMDP	National Marrow Donor Plan
NRP	National Response Plan
POC	Point of Contact
RITN	Radiation Injury Treatment Network
SIMCell	Simulation Cell
SME	Subject Matter Expert
SOP	Standard Operating Procedures