

M·E·P

Master Exercise Plan



University of Colorado Hospital

UNIVERSITY OF COLORADO HEALTH

UC Health System - August 2015 RITN Exercise

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1.1 GENERAL INFORMATION

Exercise Location: University of Colorado Hospital
Exercise Type / Classification: Full Scale Exercise (FSE)
Exercise Start Date: August 7, 2015
Exercise Start Time: 0700
Exercise End Date: August 12, 2015
Exercise End Time: 1300
Duration of Exercise: 5 Days
EOC / CC Activation: Full

1.2 - EXERCISE VISION

The purpose of this exercise is to measure and validate the performance of capabilities against the identified objectives.

UC Health System - August 2015 RITN Exercise is classified as a Full Scale Exercise (FSE). This exercise will test plans, policies, procedures, processes, staff knowledge and the ability of staff to implement the concepts and principles found within their respective organizational plans, policies, etc.

1.3 - CONFIDENTIALITY

This document is considered CONFIDENTIAL and may not be shared, distributed, copied or reproduced in any way without specific written permission from the Senior Controller. The Master Exercise Plan (MEP) may be distributed by the Senior Controller as deemed appropriate.

1.4 - OBJECTIVES

The objectives listed below have been approved by the planning team. These objectives provide the foundation from which the exercise scenario is developed.

Phase 1: RITN Control Cell Alert Briefing:

Evaluate the ability of UCH to conduct and initial briefing in response to an RITN Control Cell alert regarding a catastrophic incident.

Target Capability:Planning: All

Critical Element:Resources & Assets

Phase 1: RITN Control Cell Alert Partner Integration:

Evaluate the ability of UCH to incorporate other UC Health sites and external partners in the initial briefing process. Note: Common objective for all UC Health sites.

Target Capability:Planning: All

Critical Element:Communication

Phase 1: RITN Control Cell Alert Objectives Development:

Evaluate the ability of UCH to establish initial incident objectives in response to information being received from the RITN Control Cell.

Target Capability:Planning: All

Critical Element:Communication

Phase 2: FCC Denver Alert HCC Structure:

Evaluate the ability of UCH to establish a Hospital Command Center structure in response to an activation request received by FCC Denver. Note: Common objective for all UC Health sites.

Target Capability:Planning: All

Critical Element:Staff Roles & Responsibilities

Phase 2: FCC Alert HCC IAP Development:

Evaluate the ability of UCH to prepare an Incident Action Plan in response to an activation request received by FCC Denver. Note: Common objective for all UC Health sites.

Target Capability:Planning: All

Critical Element:Communication

Phase 2: FCC Alert Reception Site Support:

Evaluate the ability of UCH to respond to a request from FCC Denver for specialized clinical support at the patient reception site.

Target Capability:Planning: All

Critical Element:Patient Clinical & Support Activities

Phase 2: FCC Alert System Coordinator Center Plan:

Evaluate the ability of UCH to establish a plan for activation of a UC Health System Coordination Center (SCC) in response to anticipated patient arrival.

Target Capability:Planning: All

Critical Element:Communication

Phase 2: FCC Alert Outpatient Logistics Planning:

Evaluate the ability of UCH to develop a plan for the receipt of and housing of large numbers of outpatients as a result of the incident. Note: Common objective for all UC Health sites.

Target Capability:Planning: All

Critical Element:Resources & Assets

Phase 2: FCC Alert Communications Planning:

Evaluate the ability of UCH to identify and implement virtual or other communications links with relevant internal and external partners. Note: Common objective for all UC Health sites.

Target Capability:Planning: All

Critical Element:Communication

Phase 2: FCC Alert Patient Tracking Plan:

Evaluate the ability of the UCH SCC to develop a plan for centralized tracking of patients and families in response to the incident.

Target Capability:Planning: All

Critical Element:Communication

Phase 2: FCC Alert External Resource Planning:

Evaluate the ability of UCH to identify external public/private resources that may need to be integrated into the UCH HCC structure. Note: Common objective for all UC Health sites.

Target Capability:Planning: All

Critical Element:Resources & Assets

Phase 3: Patient Reception Site Support:

Evaluate the ability of UCH staff to integrate specialized clinical staff into patient reception site activities.

Target Capability:Ops. Coord./All

Critical Element:Patient Clinical & Support Activities

Phase 3: Patient Tracking:

Evaluate the ability of UCH to utilize data being received from the reception site from EMTrack or other sources to manage patient flow. Note: Common objective for all UC Health sites

Target Capability:Public Health & Med Services: Resp.

Critical Element:Patient Clinical & Support Activities

Phase 3: Patient Receipt and Triage:

Evaluate the ability of all UC Health sites to receive and process patients. Note: Common objective for all UC Health sites

Target Capability:Public Health & Med Services: Resp.

Critical Element:Patient Clinical & Support Activities

Phase 3: Patient Registration:

Evaluate the ability of all UC Health sites to effectively register and track patients within their facilities. Note: Common objective for all UC Health sites.

Target Capability:Public Health & Med Services: Resp.

Critical Element:Communication

Phase 3: Logistical Coordination:

Evaluate the ability of UC Health sites to identify critical and essential supply and other logistical issues. Note: Common objective at all UC Health sites.

Target Capability:Public Health & Med Services: Resp.

Critical Element:Resources & Assets

Phase 3: Behavioral Health:

Evaluate the ability of all UC Health sites to provide behavioral health support to patients and their families. Note: Common objective for all UC Health sites.

Target Capability:Public Health & Med Services: Resp.

Critical Element:Patient Clinical & Support Activities

Phase 3: Medical Supplies:

Evaluate the ability of all UC Health sites to provide adequate medical supplies and staff resources in response to patient flow. Note: Common objective for all UC Health sites.

Target Capability:Public Health & Med Services: Resp.

Critical Element:Resources & Assets

Phase 3: SCC Situational Assessment:

Evaluate the ability of the SCC to maintain a single common operating picture of all patient flow activities across the system.

Target Capability:Situational Assessment: Resp. Critical Element:Communication

Phase 3: External Partner Communications:

Evaluate the ability of the UCH HCC to disseminate situational status information and resource needs to external emergency management partners. Note: Common objective for all UC Health sites.

Target Capability:Operational Comm.: Resp. Critical Element:Communication

Phase 3: Public Information:

Evaluate the ability of UC Health to integrate public information needs and messaging with external emergency management partners in a JIC environment. Note: Common objective for all UC Health Sites

Target Capability:Public Info. & Warning: All Critical Element:Communication

Phase 3: 211 Integration:

Evaluate the ability of UC Health to participate in establishing a family reunification process in conjunction with 211. Note: Common objective for all UC Health sites.

Target Capability:Public & Private Services & Resources: Resp. Critical Element:Communication

2.1 - SCENARIO

Last week the world was shocked to hear that uncontained radioactive material was found on four public transit trains of the Big City Transit Authority. Authorities believe that the radioactive sources are from construction diagnostic tools stolen 18 months ago. There are no confirmed suspects at this time, but a radical group calling themselves the Big City Liberation Party has claimed responsibility.

Authorities are uncertain exactly how long the radioactive sources were on the trains. However they do know it is no more than three weeks since all trains were swept with Geiger counters during a Big City law enforcement exercise three weeks ago. The exercise identified the need for radiation detection devices, the radioactive sources were discovered during the installation of these fixed radiation detection devices. The radioactive sources were disguised as seat support components, and had some shielding surrounding the devices to reduce the visibility to radiation monitors.

The Big City Transit Authority is a metropolitan transportation system that has an average daily (business day) ridership of 1 million passengers. Many of these passengers travel from suburban locations resulting in 30-45 minute train rides.

In light of the thousands of travelers of the transit system that are concerned about their potential exposure, Big City immediately launched a massive radiation education campaign. Despite this education campaign, hospitals in the greater Big City region are overwhelmed with walk in patients that are concerned that sniffles, bumps and bruises are radiation related.

Several thousand victims have been identified as having some level of Acute Radiation Sickness (ARS). As a result of the release a federal disaster is declared and RITN and NDMS are activated. FCC Denver is notified that approximately 200 patients will be transported to Denver. The initial estimate is that approximately 20 of these patients will require inpatient care of some level and 180 will be ambulatory outpatient candidates.

Upon receipt of the RITN alert UCH convenes a planning meeting to evaluate current and future capabilities (Exercise Phase 1). This session includes activation of system level coordination function as it is anticipated that ambulatory patients will be transported to Fort Collins and Colorado Springs for admission, assessment, and care planning. All initially identified inpatients are expected to be transported to UC Health (North, Central and South) and Presbyterian/St. Lukes. Additional lower acuity patients will be transported to other Metro Area NDMS participating hospitals. FCC Denver is included in this initial discussion to determine if subject matter expertise is anticipated at the patient reception site.

Upon receipt of the FCC Denver alert notice and anticipated patient counts UCH fully activates their Hospital Command Center in coordination with UC Health North (Poudre) and UC Health South (Memorial). Local OEM, in particular Tri-County Health Department and the Colorado Department of Health Operations Center, are incorporated into the planning discussion. (Exercise Phase 2)

Upon receipt of the patients those that are non-ambulatory or inpatient candidates are transported to UCH. Busloads of ambulatory outpatient status level victims are sent to UCH, Poudre and Memorial. (Exercise Phase 3)

Exercise Timeline

Phase 1:

T minus 6 days: RITN Control Cell notifies RITN Transplant Centers of possible event. HC Standard Capability Assessment submitted.

UCH conducts initial briefing on capabilities assessment and readiness objectives. Briefing includes UC Health North and UC Health South representatives, FCC Denver, Tri-County Health Department, City of

Aurora, Adams County, Colorado Department of Health and Colorado Division of Emergency Management.

Phase 2:

T minus 48 hours: FCC Denver issues alert order for activation of NDMS and confirmation of inbound patients within 48-hours..

T minus 24 hours: FCC Denver issues activation order and confirms that patients will be received at the DIA Reception Site on the morning of Wednesday, August 12th. It is also confirmed that FCC Denver is requesting clinical assistance at the reception site - at least one physician or PA and one specialty RN

UCH conducts additional briefing on incident objectives, HCC structure, IAP preparation, etc. Briefing participants are same as above.

Phase 3:

Event Date

- **Phase 3A:**
- **Patients received and processed at Reception Site per standard FCC Denver process.**
- **Phase 3B:**
- **Inpatients and outpatients transported to UCH.**
- **Phase 3C:**
- **Bus load of outpatients assigned to UC North.**
- **Phase 3D:**
- **Bus load of outpatients assigned to UC South.**

Note: Exercise scope will include RITN patients being transported to Presbyterian/St. Lukes and Rocky Mountain Hospital for Children along with other Metro Area NDMS Centers. These aspects of the exercise will be managed between FCC Denver and those facilities and will not be within the scope of the UC Health participation.

2.2 - EXERCISE BRIEFING

(i.e. Training for Evaluators, Players, etc.)

This will be a free play exercise with multiple injects. Some of the patients arriving at UC Health facilities in Phase 3 will be fully moulaged with a variety of medical issues. They will also be briefed on symptoms and typical responses to standard questions. Information regarding vital signs and other pertinent information will be with each victim. This patient movement exercise will be incorporated into the 2015 National Disaster Medical System exercise being coordinated by the Federal Coordinating Center Denver.

There will be no interventions of any type attempted on any exercise patient. Intravenous solutions may be hung to simulate patient care but it is not permitted to be taped in place. Oxygen administration equipment may also be placed on the stretcher to represent appropriate therapy but it is not permitted to be placed over the patients face at any time.

The privacy of exercise patients will be respected at all times. It is not permitted to cut or remove any

clothing unless it has been prearranged as part of the exercise and a controller provides specific direction as to what is allowable.

The 2015 RITN exercise is a multiple day exercise consisting of three phases as described in the exercise scenario. Phase 3 will incorporate the movement of patients to health care facilities. The actions of participants will be in response to real-time events whenever possible. The basis for actions will be a combination of existing UCH procedures as well as additional tasks and skills acquired during past exercises, events and/or training.

The 2015 RITN exercise may pose sensitive issues and may portray detailed response plans and potential response shortcomings. Planners and participants must treat exercise-related information as sensitive. Information related to the exercise may not be reproduced or released without the express consent of University of Colorado Hospital Facilities Management.

The 2015 RITN exercise is an unclassified exercise. The control of information is based more on public sensitivity regarding the nature of the exercise than on actual exercise content. To meaningfully evaluate current plans and policies, normal operating procedures are used for all player communications during the exercise. Media guidance (if applicable) is pre-coordinated in the event of public inquiries.

- If an actual emergency occurs during the exercise, controllers will immediately suspend exercise play and evaluate the situation. The Senior Controller will then decide if the exercise can be safely resumed.
- Act in a professional manner at all times.
- Understand the scope of the exercise. If you are unsure about a certain organization or agency's participation in the exercise, ask a controller.
- If parts of the scenario seem implausible, do not complain. Recognize that the exercise has objectives that must be satisfied and may require doing things that may not be as realistic as we would like.
- Do not engage in casual conversations with the controllers. If you are asked a question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer at the earliest possible time.
- Do not engage in conversations with evaluators.
- Maintain a log of your activities, when possible. Many times, this log may include documentation of activities missed by a controller or evaluator.
- Respond to exercise events and information as if the emergency were real.
- Act as if simulated hazardous conditions are real. Adhere to all usual industrial/health protection controls for the simulated hazard(s) presented by the exercise scenario.
- Controllers will only give you information they are specifically designated to disseminate from their assigned functional area. You are expected to obtain other necessary information through existing emergency information channels.
- Precede and follow all exercise messages and communications with the phrase, "This is an Exercise."

In some cases, it may be necessary to exercise "controller prerogative" of countermanding player actions to preserve the continuity and objectives of the exercise. You must accept the controller's word as final and proceed with play.

2.3 - EXERCISE SAFETY PLAN

All participating organizations recognize the importance of conducting the exercise as safely as possible.

Exercise Controllers. All exercise controllers will serve as safety observers during the exercise.

Exercise Safety Requirements. Participant safety takes priority over exercise events. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- Participants will be responsible to look out for their own and each other's safety during the exercise. It is the responsibility of every person associated with the exercise to stop play if, in his or her opinion, a real safety problem exists. Once the problem is corrected, exercise play can then be restarted.
- All participants will comply with UCH environmental, health, and safety plans and procedures, as well as all appropriate Federal, State, and local environmental health and safety regulations.

Accident Reporting. All injuries, incidents, and accidents, regardless of severity, will be reported immediately to the nearest controller. Anyone observing a participant who is seriously ill or injured will first advise the nearest controller and then render first aid, if possible, provided the aid given does not exceed his or her training.

Alcohol/Drugs. Alcohol/drug consumption will not be allowed during the exercise. If a controller detects the presence of alcohol/drugs on a participant or if a participant is believed to be under the influence, the controller will remove the participant from the exercise and report the participant to his or her supervisor for appropriate follow-on action.

General Safety

- Safety is EVERYONES concern.
- Safety concerns override exercise conduct
- In the event of an actual emergency, stop play and say, "This is a real-world emergency".
- If anyone else says "This is a real emergency" halt the exercise and your controller will tell you what to do.
- You may hear terrible cries for help or other sounds appropriate for assigned injuries.
 - Unless you hear "This is a real world emergency" assume this is acting and continue play.
- The players will take this seriously; so should you.
- Be aware that operating in this environment can be inherently dangerous
- You will be required to clear a safety check.
- You will NOT be allowed to leave the play area. If you do, you must clear Safety again.
- NO WEAPONS of any kind (knives, guns, pepper spray, etc...) will be allowed into CCA, Moulage Area, buses, hospitals or any part of the exercise or play area.
 - Please secure any items in your vehicle prior entering safety
 - This includes Conceal Carry. NO WEAPON ALLOWED

If You Have NOT DONE SO...Please declare the following:

- Allergies (including latex, bees, food, pollen etc...)
- Issues/concerns with loud noises, screaming, blood
- Medical history that may require pre-staging (diabetic) or any condition that may affect your ability to participate.

Acting

Hospital Staff are here to learn

- Act like you're afraid – traumatized, injured or panic if it is in your role
- Actors who are non-ambulatory (can't walk) may be there a while.
- Continue to display your "symptoms" throughout the exercise.
- Do not ad lib symptoms.
- DO NOT STOP ACTING
- Limit physical contact.
 - You will be interfacing with trained professionals.

What To Expect?

Water will be available during the exercise. Please drink enough to stay hydrated.

There will be no invasive treatments (no medicines or needles).

Follow ALL of the instructions of the actor controllers acting Instructions

- RE-CAP
 - Know your role and the symptoms.
 - Do not overact.
 - Do not prompt or get in the way of players.
 - Contact controllers with any problems.
 - SAFETY COMES FIRST.
 - Use the phrase "This is a real emergency" in an actual emergency.
-

2.4 - GROUND RULES

1. Exercise participants will operate in accordance with existing plans, procedures, and practices during the exercise.
 2. Mock victims will be briefed and evaluators will provide support to mock victims as needed.
 3. Inject Controllers will simulate non-participating agencies or individuals.
 4. Exercise artificialities and simulation will be made as real as possible.
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2.5 - EXERCISE COMMUNICATIONS

The primary means of communication between Inject Controllers and the EOC/ CC will be by telephone, radio and handwritten messages (via runner). Appendix D contains a list of key telephone numbers and fax numbers.

Before the start of the exercise, the Senior Controller will require that a communications check "Com Check" is conducted to ensure that all methods and mechanisms of communication intended to be used during the exercise is functional.

3.1 - SENIOR CONTROLLER

Overall control of any Drill or Exercise (FSE, FE, TTX) is the responsibility of the Senior Controller. The responsibilities of the Senior Controller include the following:

1. Development and distribution of the following exercise documents:
 - MEP (Master Exercise Plan)
 - CEG (Controller Evaluator Guide)
 - ETI (Exercise Timeline and Injects)
 2. Assigning and training Inject Controllers and Evaluators.
 3. Ensuring that the Inject Controllers, Evaluators, Observers, and Volunteers are in position prior to starting the exercise and using all appropriate forms and documents.
 4. Tracking and controlling the flow and timeline of exercise injects.
 5. Collecting and returning all evaluation forms to the Emergency Manager (including debrief notes).
 6. Identifying all positions by an ID tag, hat, vest, or whatever methods deemed appropriate.
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3.2 - INJECT CONTROLLERS

1. Controllers drive the exercise.
 2. Review all documents.
 3. Ensure all verbal and written communications during the exercise begin and end with "This is an Exercise."
-

3.3 - SAFETY OFFICERS

1. Ensure that the Safety of all participants, mock patients and observers is first priority
 2. Monitor the safety of the exercise and if necessary, stop the exercise in part or entirely if necessary.
-

3.4 - EVALUATORS

1. Work as a team in concert with controllers.
 2. Document their observations and complete the exercise evaluation forms found in the CEG (Controller Evaluation Guide).
 3. Are subject matter experts or at least have a working knowledge of the objectives / location they are evaluating.
 4. Must be familiar with the objectives and clearly define if the participants have met or not met the objective(s).
 5. Must focus on critical activities.
-

3.5 - VOLUNTEERS / MOCK PATIENTS / SIMULATORS

1. Will be oriented to their positions and expectations prior to the exercise.
 2. If a Volunteer or Mock Patient experiences a "real event" they may turn to any evaluator or safety officer and state, "this is a real event," followed by telling them what is needed.
 3. Any Volunteer or Mock Patient who does not clearly understand what is expected of them must seek clarification from Evaluators, Safety Officers or Controllers prior to the start of the exercise
 4. Must be familiar with the objectives and clearly define if the participants have met or not met the objective(s).
-

3.6 - PARTICIPANTS

1. Any Participant who does not clearly understand what is expected of them must seek clarification from Evaluators, Safety Officers or Controllers prior to the start of the exercise.
 2. If a Participant experiences a "real event" they may turn to any evaluator or safety officer and state, "this is a real event," followed by telling them what is needed.
-

3.7 - OBSERVERS

1. Observers do not have a specific role in the exercise and will not fill out documents related to the exercise.
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4.1 - DEBRIEF

All hotwash notes were captured in the individual functional evaluation comments.

APPENDIX A - PARTICIPATING ORGANIZATIONS

Inject Controllers

Name	Simulated Organization / Position
Tim Klippert	UCHealth - North
Cindy Corsaro	UCHealth - South
Patty Bolling	UCH - ED
Christine Koch	UCH - BMT (Ambulatory)
Lindsey McMenimen	UCH - BMT (Ambulatory)
Jamie Nordhagen	UCH - BMT (Inpatient)
Denise Bowers	UCH - Hospital Command Center
Paige Patterson	UCH - Hospital Command Center
Eric Freed	UCH - ED
Charles Little	UCH - General

Safety Officers

Name	Email
Connie OFlynn	connie.oflynn@uchealth.org
Steve Eberle	steve.eberle@uchealth.org
Jack Oliver	john.oliver@uchealth.org

Evaluators

Name	Location
Hospital Command Center	HCC
IS Epic Team	General
Inpatient BMT Team	General
Outpatient BMT Team	General

Volunteers / Mock Patients / Simulators

Organization	POC
NDMS	Roger Rewerts

Players

Organization	POC
UCH ED	Patty Bolling
UCH Cancer Center	Jamie Bachman
UCH Hospital Manager	Nicole Taracena
UCH Security	Bryan Green
UCH BMT Program	Christine Koch
Bonfils Blood Center	TBD
Tri-County Health	Sara Garrington
Aurora OEM	TBD
Adams County OEM	TBD
CDPHE	Aubrey Kukral
UCH Public Relations	Dan Weaver

Observers

Area Observing	POC
All	RITN Control Cell (2 Staff)
All	HHS Region 8 Staff
All	HHS ASPR (2 staff)

APPENDIX B - MAJOR AND MINOR PARTICIPANTS

Participants and roles are as follows:

Hospital Command Center: manage overall hospital operations. Assists in system wide situational awareness.

Emergency Department: receives all patients from reception site. Disaster registers stretcher patients and facilitates transport to the PACU. Directs ambulatory patients to AIP 2007/2133. Provides staff support as needed especially for ambulatory disaster registration.

PACU: assists in logistical support for receipt and management of stretcher patients.

BMT/Oncology Team: provides staff support for DIA Reception site, PACU, and the ambulatory reception site in AIP 2007/2133.

Hospital Managers: assist in Hospital Command Center coordination. Primary role will be patient tracking and placement.

Hospital Medicine Team: provide clinical support for patient reception and assessment areas.

Security: respond to potential issues as they arise.

APPENDIX C - FACILITY, DEPARTMENT OR UNIT INSTRUCTIONS

Emergency Department: communicate potential real-world events to Hospital Command Center as quickly as possible.

Information Desk and Ambassadors: communicate with the public and address questions as needed.

Food and Nutrition: provide food and snacks to PACU and AIP 2007/2133 conference rooms per order.

APPENDIX D - EOC / CC INSTRUCTIONS

This exercise is a challenging one as it will encompass multiple days across multiple sites. It will also be the largest influx of patients that UHealth has ever managed. The partnership with the National Disaster Medical System and the presence of high-level observers from the National Marrow Donor Program will also be a first. In particular it should be noted that this is one of three national level exercises that NMDP has funded for 2015.

The Hospital Command Center role will begin on T – 6 days when messages start to be received. As the Exercise Director would have a significant real-world role for this incident he will be allowed to facilitate briefings and other support activities in a limited fashion.

This exercise also contemplates some level of System Coordination Center to maintain situational awareness across all regions. This may simply take the form of the UHealth-Central region maintaining simultaneous regional and system roles.

A full Plan-D activation of the Hospital Command Center will occur via overhead announcement and Everbridge Alerts. These alerts will be preformatted and developed to limit inadvertent messaging.
