Emergency Preparedness Plan (EPP) Series
8: Tabletop Exercises—Planning, During, and After Action

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Wednesday, September 20, 2023
## Upcoming Disaster Preparedness Conferences/Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Location</th>
<th>URL</th>
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<tbody>
<tr>
<td>October 3–4, 2023</td>
<td>California Hospital Association (CHA) Disaster Planning Conference</td>
<td>Sacramento, California</td>
<td><a href="https://calhospital.org/events/2023-disaster/">https://calhospital.org/events/2023-disaster/</a></td>
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HSEEP – Homeland Security Exercise Evaluation Program

Jamie Beauvais
Central Region /Training Exercise Manager
The Concept and Objectives Meeting

• Optional meeting
• Attended by: sponsoring agency, planning team leader, and senior officials
• Forum to identify exercise goal, develop exercise capability, and identify planning team members
Initial Planning Conference

Mandatory meeting for all discussion and operations-based exercises

Forum to design exercise and get input on:
- scope
- assumptions
- artificialities
- scenario variables

May be used to plan evaluation.

Team members assigned to develop documents (e.g. SITMAN, MSEL), prepare logistics support.
Design and Development

Focuses on:

- Identifying objectives
- Designing the scenario
- Creating documentation
- Coordinating logistics
- Planning exercise conduct
- Selecting evaluation and improvement methodology
Midterm Planning Conference

Optional meeting
Used for complex operations-based exercises
Forum to discuss:
  • Exercise staffing
  • Documents
  • Timeline
  • Scheduling
  • logistics

Review of draft EXPLAN, Controller and Evaluator Handbook, and MSEL.
MSEL Conference

• Meeting for Operations-based exercises; can be incorporated into midterm planning conference (MPC) or final planning conference (FPC)
• Forum to review exercise timeline
• Master scenario events list (MSEL): Chronological list that supplements exercise scenario with event synopses and responses.
Final Planning Conference

**Mandatory meeting for all discussion and operations-based exercises**

- Forum for:
  - Final review of all exercise processes and procedures.
  - Review/ approval of final drafts of all exercise materials during FPC.
<table>
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<tr>
<th>Event</th>
<th>Discussion-Base</th>
<th>Operations-Base</th>
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<tbody>
<tr>
<td>The Concept and Objectives Meeting</td>
<td>---</td>
<td>Large or series of exercises</td>
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<tr>
<td>Initial Planning Conference</td>
<td>3 months</td>
<td>6 months</td>
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<tr>
<td>Midterm Planning Conference</td>
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<td>3 months</td>
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<tr>
<td>Master Scenario Events List Conference</td>
<td>---</td>
<td>Large or series of exercises</td>
</tr>
<tr>
<td>Final Planning Conference</td>
<td>6 weeks</td>
<td>6 weeks</td>
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Month/days denote the recommended time before the exercise that the meeting should occur.
PULL TOGETHER YOUR EXERCISE DOCUMENTS

- Sign in Sheets
- Exercise Evaluation Guides
- Exercise Plan
- MSEL
CONDUCTING THE EXERCISE

Discussion-Based
(e.g. Tabletop)

• Site Set-up
• Participant Check-in
• Exercise Briefing - Objectives
• Discussion
• Exercise Debriefing
CONDUCTING THE EXERCISE

Operations-Based (Drills, Functional, Full Scale)

• Site Set-Up
• Check-In and Registration
  • Sign-In Sheets
  • Badges
CONDUCTING THE EXERCISE

Exercise Briefing

- Schedule
- Objectives
- Areas of Play
- Safety Concerns
OPERATIONS-BASED
(Drills, Functional, Full Scale)

Exercise Play (You might...)

- Activate Emergency Operations Plan
- Implement Incident Command System
- Exercise Debriefing
EXERCISE PLAY

• *How are the players doing?*
Do you have a special form or methodology for evaluators to document what they see?
PULL TOGETHER FOR A HOTWASH
After-Action Reporting and Improvement Planning (AAR/IP)

  - Homeland Security Exercise and Evaluation Program AAR/IP template can be daunting to learn
  - Most community-based exercises will have these available filled out with the exercise information and are generally modified versions of the more formal HSEEP process.
  - Centers for Medicare & Medicaid Services (CMS) regulations do not prescribe the use of any specific template, but –
    - The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement.
AAR/IP (cont.)

• Template (HSEEP) available - https://www.cahfdisasterprep.com/exercises
  • Will use “Core Capabilities” as defined by Administration for Strategic Preparedness and Response (ASPR’s) Hospital Preparedness Program
  • Choosing the core capability that most aligns with your objectives and actions
  • Four capabilities are identified
    • Foundation for Health Care and Medical Readiness
    • Health Care and Medical Response Coordination
    • Continuity of Health Care Services Delivery
    • Medical Surge
  • Most objectives/activities are listed out -
    • Identify Risk and Needs
    • Coordinate Response Strategy, Resources, and Communications
    • Distribute Resources Required to Protect the Health Care Workforce
COVID-19 Pandemic

Facility After-Action Report / Improvement Plan

Facility Name
COVID-19 Pandemic

March 1, 2020 to Present

Long term care providers, residents and staff have been impacted by the COVID-19 Pandemic (COVID) in a myriad of ways. Many long term care (LTC) facilities and assisted living (AL) communities had positive cases of COVID among their residents and staff. For those who remained COVID free, daily operations were significantly intensified. To manage effectively during the pandemic, providers have used various emergency functions including:

- Activation of facility command centers;
- Reporting to local healthcare coalitions and the Department of Health on operational status, beds and supplies; and
- Managing scarce resources (e.g., PPE) and requesting emergency assets as needed.

The response to this emergency clearly meets the regulatory intent to test the facility’s Emergency Management Program as required by the “Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” Final Rule (81 FR 63660, Sept. 16, 2016) as found in 42 C.F.R. §483.73. This After Action Review and Improvement Plan is intended to document the analysis and evaluation of the facility’s response and the lessons learned.

Response, Recovery

The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response (HCPR) Capabilities, published by the Office of the Assistant Secretary for Preparedness and Response in November 2019, provided the foundation for the response and recovery to the COVID-19 Pandemic. The goal of the after-action reporting process was to measure and validate performance of the following capabilities, their associated critical tasks and identify areas and opportunities for continued improvement:

HCPR Capability 1: Foundation for Health Care and Medical Readiness
Objective 1: Identify Risks and Needs
Activity 1: Assess Hazard Vulnerabilities and Risks

HCPR Capability 2: Health Care and Medical Response Coordination
Objective 3: Coordinate Response Strategy, Resources, and Communications
Activity 1: Identify and Coordinate Resource Needs during an Emergency
Activity 2: Coordinate Incident Action Planning During an Emergency
Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency
Activity 4: Communicate with the Public during an Emergency

HCPR Capability 3: Continuity of Health Care Services Delivery
Objective 1: Identify Essential Functions for Health Care Delivery

Objective 2: Plan for Continuity of Operations
Activity 4: Plan for Health Care Organization Sheltering-in-Place

Objective 5: Protect Responders’ Safety and Health
Activity 1: Distribute Resources Required to Protect the Health Care Workforce
Activity 2: Train and Exercise to Promote Responders’ Safety and Health
Activity 3: Develop Health Care Worker Resilience

Objective 7: Coordinate Health Care Delivery System Recovery
Activity 2: Assess Health Care Delivery System Recovery after an Emergency

HCPR Capability 4: Medical Surge
Objective 2: Respond to a Medical Surge
Activity 3: Develop an Alternate Care System

Emerging Infectious Disease (EID) - Global Pandemic

The COVID-19 Pandemic was a global outbreak of a novel Coronavirus, SARS-CoV-2, originating from Wuhan, China in late December 2019. The virus made its way into the United States via a human vector in late January/ early February 2020. The SARS-CoV-2 virus was easily transmitted between humans through droplets from coughing, sneezing and even exhaling. Additionally, it was believed that approximately 30% of the population became asymptomatic carriers and spreaders of the virus. This made detecting illness and preventing its spread extremely difficult, especially without widespread testing capability at the outset.
AAR/IP (cont.)

• Choosing the objectives
  • If you are in Incident Command choose objectives/goals from your incident action plan (IAP) that align; Community based exercises may have these prepared for you Medical Response and Surge Exercise/Statewide Medical and Health Exercise (MRSE/SWMHE)
  • Some templates will ask for Scoring Performance – with/without challenges
  • Choose a minimum of three for review
    • Strengths – Narrative Statement
    • Area for Improvement - this should clearly state the problem or gap
    • Reference - List any relevant plans, policies, procedures, regulations, or laws
    • Analysis - Provide a root cause analysis or summary of why the full capability level was not achieved
  • Improvement Planning
    • Take analysis and determine corrective actions taken/to be taken
    • Person responsible for over seeing actions
    • Document beginning and completion date
## Executive Summary / Improvement Plan

### Major Strengths

**Instructions to participant:** Summarize at least 3-5 items identified as major strengths in your planning, procedures and response.

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<thead>
<tr>
<th>Strengths</th>
<th>Areas for Improvement</th>
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The major strengths identified are as follows:

E.g. Our mass notification system worked well for communicating with staff and family.
**Instructions to participant:** Prioritize the top 3-5 issues identified as primary areas for improvement in your planning, procedures and response, and develop an action plan for improvement:

<table>
<thead>
<tr>
<th>Primary Areas for Improvement identified</th>
<th>Action Plan for Improvement:</th>
<th>Responsible</th>
<th>Projected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: We determined that we don’t have a plan to allow family visitation during an infectious disease outbreak.</td>
<td>1. Develop a plan to allow family visitation during an infectious disease outbreak.</td>
<td>Activities Director</td>
<td>8/1/21</td>
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AAR/IP Objectives and Activities

• Foundation for Health Care and Medical Readiness – Capability One
  • Obj. 2 Identify Risk and Needs – activities that are likely to apply
    • Assess Regional Health Care Resources
    • Prioritize Resource Gaps and Mitigation Strategies
    • Assess and Identify Regulatory Compliance Requirements

• Health Care and Medical Response Coordination – Capability Two
  • Obj. 2 Utilize Information Sharing Procedures and Platforms
    • Develop Information Sharing Procedures
    • Utilize Communications Systems and Platforms
    • Identify Information Access and Data Protection Procedures
AAR/IP Objectives and Activities (cont.)

• Health Care and Medical Response Coordination – Capability Two
  • Obj. 3 Coordinate Response Strategy, Resources, and Communications
    • Identify and Coordinate Resource Needs during an Emergency
    • Coordinate Incident Action Planning During an Emergency
    • Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

• Continuity of Health Care Service Delivery – Capability Three
  • Obj. 1 Identify Essential Functions for Health Care Delivery
    • Maintaining key functions
AAR/IP Objectives and Activities (cont.)

• Continuity of Health Care Service Delivery – Capability Three
  • Obj. 3 Maintain Access to Non-Personnel Resources during an Emergency
    • Assess Supply Chain Integrity
    • Assess and Address Equipment, Supply, and Pharmaceutical Requirements
  • Obj. 5 Protect Workers’ Safety and Health
    • Distribute Resources Required to Protect the Health Care Workforce
    • Train and Exercise to Promote Responders’ Safety and Health
    • Develop Health Care Worker Resilience
AAR/IP Objectives and Activities (cont.)

- Medical Surge— Capability Four
  - Obj. 1 Plan for a Medical Surge
    - Incorporate Medical Surge Planning into Emergency Operations Plan
  - Obj. 2 Respond to a Medical Surge
    - Implement Medical Surge Response— think cohort zones, staffing – Activity 2
    - Respond to Behavioral Health Needs during a Medical Surge Response
    - Enhance Infectious Disease Preparedness and Surge Response
    - Distribute Medical Countermeasures (vaccine) during Medical Surge Response
    - Manage Mass Fatalities
Additional Info – CAHF Really Ready 2024

• CAHF Really Ready 2024 is around the corner two-day disaster preparedness conference for long-term care. April 10th and 11th at the Hilton Irvine/Orange County Airport

• Please email your questions to jbelden@cahf.org or Dr. Mary Story mstory@cahf.org

• https://www.cahfdisasterprep.com/

• www.youtube.com/CAHFtv
Three Things to Do

• Create a planning committee team that includes community partners to develop your next disaster preparedness exercise.
• Ensure the site for the tabletop exercise tests the objectives.
• Review that the template used for the AAR/IP meets your needs.
Questions?
Thank you!

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