

# ESF 8 PHEP Conference 2016 National Mass Care TTX

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## Situation Manual

June 29, 2016

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

<b>Exercise Name</b>	<b>ESF 8 PHEP Conference 2016 National Mass Care TTX</b>
<b>Exercise Dates</b>	<b>June 29, 2016</b>
<b>Scope</b>	This workshop is a discussion-based tabletop exercise, planned for 1.5 hours at the PHEP Conference. Exercise play is limited to the scenario and information provided.
<b>Mission Area(s)</b>	<b>Planning and Response</b>
<b>Core Capabilities</b>	Public Health, Healthcare and Emergency Medical Services; Prevention, Screening, and Detection; Communication; Intelligence and Information Sharing; Environmental Response/Health and Safety; Situational Assessment
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. LPHAs will demonstrate to ability to request and provide mutual aid.</li> <li>2. Identify and initiate the investigation an enteric disease outbreak among evacuees, including identification of potential sources and dissemination of treatment protocol, to mitigate outbreak within 72 hours of initial diagnosis.</li> <li>3. Identify and investigate a communicable disease outbreak among evacuees, including dissemination of diagnosis and treatment protocol, to control outbreak within 96 hours of initial diagnosis.</li> <li>4. LPHAs will demonstrate their ability to report situational awareness and operational status to MDHHS/ESF 8.</li> <li>5. LPHAs will demonstrate effective volunteer management capabilities, including the management of spontaneous volunteers.</li> <li>6. LPHAs will demonstrate the ability to provide effective public information.</li> </ol>
<b>Threat or Hazard</b>	Earthquake
<b>Scenario</b>	Catastrophic (7.7 magnitude) earthquake on the New Madrid Fault. Scenario begins at initial earthquake event plus three days (72 hours).
<b>Sponsor</b>	<b>Missouri State Emergency Management Agency and Department of Health and Senior Services</b>
<b>Participating Organizations</b>	See Appendix B

**Point of Contact**

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## 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
LPHAs will demonstrate to ability to request and provide mutual aid.	Prevention, Screening, and Detection.
Identify and initiate the investigation an enteric disease outbreak among evacuees, including identification of potential sources and dissemination of treatment protocol, to mitigate outbreak within 72 hours of initial diagnosis.	Prevention, Screening, and Detection.
Identify and investigate a communicable disease outbreak among evacuees, including dissemination of diagnosis and treatment protocol, to control outbreak within 96 hours of initial diagnosis.	Prevention, Screening, and Detection.
LPHAs will demonstrate their ability to report situational awareness and operational status to MDHHS/ESF 8.	Situational Assessment/Operational Communication.
LPHAs will demonstrate effective volunteer management capabilities, including the management of spontaneous volunteers.	Public Health, Healthcare and Emergency Medical Services
LPHAs will demonstrate the ability to provide effective public information.	Public Information and Warning

**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.
- **Observers.** 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.** 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.** 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.

## Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following [insert number of modules] modules:

- Module 1: Operational Status/Communication
- Module 2: Mutual Aid
- Module 3: Surveillance
- Module 4: Volunteer Management
- Module 5: Information Management

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 functional group discussions of appropriate planning and response issues. For this exercise, the functional groups are as follows:

- LPHAs
- EMDs
- ESF 8
- Other Public Health Partners

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

## Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. 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 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 planning and response efforts. Problem-solving efforts should be the focus.

## 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. During this exercise, the following apply:

- 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.
- All players receive information at the same time.

## 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 areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

## MODULE 1: SITUATIONAL AWARENESS AND TACTICAL COMMUNICATION

### Friday, August 19, 2016:

On Friday, August 19, 2016, a 7.7 magnitude earthquake occurred on the New Madrid fault causing extensive damage throughout Regions C and E along with sections of several surrounding states. The Governor has declared a State of Emergency and requested a Federal disaster declaration. States of Emergency have also been declared by elected officials throughout the state. Local emergency operations centers have been activated along with the State Emergency Operations Center (SEOC). Extensive damages, including significant liquefaction in some areas, have occurred in 22 counties in Missouri. Infrastructure along the fault line has been decimated with multiple buildings (commercial and residential) collapsed or with severe damage. Additionally, there is extensive damage to utilities (water, gas, electric). Bridges across the Mississippi River have either been destroyed or are impassable due to collapsed approaches. Overall, roadways also have significant damage to large sections of pavement which has made them either impassible or requiring off-road vehicles to traverse. However, MoDOT has already inspected bridges and is working to temporarily repair pavement on the designated northern (Hwys 100/50) and southern evacuation routes (Hwy 60).

Utilities are expected to remain unavailable for at least **six months** across Region E and other parts of the state will suffer through intermittent power outages. Currently, there are rolling blackouts being experienced across the state, with power outages lasting hours to days. The ability of the local populations in Region E and St. Louis City/County to remain within the impacted area has deteriorated to the point of being next to impossible. Ground water is contaminated because of numerous water mains and sewer line breaks throughout the region. Numerous pipelines carrying various petroleum products and natural gas are broken or leaking in areas across the region. Various suppliers have been working to shut off valves and control product loss. Railroads and all other transportation sources have been severely affected. The ability to provide resources to the most populated areas significantly impacted population is hampered by existing conditions. Therefore, local officials, in consultation with the State Emergency Operations Center (SEOC), have determined that a mass evacuation is now the only viable option.

The designated primary evacuation route out of Region E is Highway 60 and Highways 100/50 for St. Louis area. Individuals and families in the impacted areas have begun self evacuating by whatever means possible. Per the *New Madrid Seismic Zone Earthquake – Joint State of Missouri & Region VII Response Operations Plan 2011*, sponsored evacuations are occurring out of the impact zone with Evacuation Assembly Sites, Consolidated Assistance Sites, Respite Sites, Evacuation Reception Sites and Shelters have been set up.

While sponsored evacuations will occur along the northern route of highway 100/50 and the southern route of Highway 60, self-evacuees will make their way out of the impacted areas to all other parts of the state.

## Monday, August 22, 2016

Region E and C are in the process of establishing a network of Evacuee Assembly Sites to provide minimal basic human needs to initiate the movement of people and pets to the next step in the evacuation process, the Consolidated Assembly Site, is located in Poplar Bluff.

Based on the scenario information provided, participate in a discussion concerning the key issues raised in Module 1. Identify any additional requirements, critical issues, decisions or questions that should be addressed at this time.

### Key Issues

- 22 counties will have disastrous, ruinous, and destructive impact and damage, while another 30 will suffer considerable damage. The rest of the state will experience spotty and unreliable cell phone, landline, and wireless service, along with intermittent power outages.
- The state is divided into an initial response (Regions B-F-I and G) and a support tier (Region H-A and D) designed to assist in planning and response efforts.
- Those impacted by the earthquake will make their way to counties across the state either through self evacuation or sponsored evacuations and will need assistance.

### 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. Do you know how the earthquake will impact your jurisdiction?
2. How will you maintain your jurisdiction's situational awareness?
3. How will you report your jurisdiction's status to MODHSS and ESF 8 at the SEOC?
4. How many staff in your agency know how to use WEBEOC?
5. Do you know what the state expects of your region/jurisdiction?
6. What assets are in place to communicate with MO DHSS and ESF 8 at the SEOC if landlines/cell phones and wireless are not functioning? How many staff know how to use these assets?
7. What is your agency's role with your local EOC is activated?



## MODULE 2: MUTUAL AID

**Wednesday, August 24, 2016**

It is four days after the earthquake and it is apparent it is an “all hands on deck” response. The LPHA Mutual Aid operational plan has been activated. When all is said and done there will be approximately 476 shelters established with a population of 500 evacuees each. These shelters will primarily be set up in Regions A and D, but spontaneous shelters in other counties cannot be ruled out as self evacuees make their way across the state. The medical infrastructure has been overwhelmed and cannot provide medical staff for all shelters, so the LPHAs are being called upon to provide RNs and LPNs to assist in shelters. There is a concern that there will be outbreaks at shelters and in the impacted areas so Epidemiologists are being requested. With the significant power outages across the state Environmental Health staff are needed as well to help inspect both shelters and food establishments to get them back up and in service. Thousands of pets are being sheltered and there is a need for Animal Control Officers throughout Region A and D.

### Key Issues

- Regions A and D are in need of mutual aid, along with impacted counties in Region B and F.
- With such a large impact area it will be challenging to provide all the public health staff needed.
- With all the state impacted in one way or another it may be necessary to suspend non-essential public health services.

### 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. Counties in Regions D and A determine how many RNs and LPNs, Epidemiologists, Animal Control staff they have available for approximately 200 shelters per region (500 evacuees per shelter) along with inspecting mass care feeding sites, and preparing in the event there is an outbreak in the shelter.

2. Counties in Region D and A will conduct a gap analysis between the staff they have available and the staff they need to; conduct inspections of shelters and mass care feeding operations, provide medical staff for shelters, animal control staff for pet shelters, Epidemiologists for outbreaks, etc. After the gap analysis is complete, complete a Mutual Aid Resource Request Form for the needed staff.
3. Region B and Howard, Boone, Audrain, Montgomery, Callaway, Cole, and Osage, in Region D will determine the number of staff they have to conduct food establishment inspections (every food establishment in the county must be inspected due to extended power outages) and complete a Mutual Aid Resource Request Form for the mutual aid staff they need. These counties will also complete “Responding Agency” part of the form indicating the number of staff they have available to deploy to Regions A and D.
4. LPHAs in Regions H, C, G, and I (lesser impacted counties) will determine the number of staff they have available to deploy to the regions that need assistance and complete the “Responding Agency” part of the Mutual Aid Resource Request Form.
5. All LPHA Mutual Aid requests forms will be turned into the LPHA Mutual Aid Table.

## MODULE 3: SURVEILLANCE

**Friday, August 26, 2016**

The shelters are beginning to fill up. The Red Cross and LPHAs are reporting to MO DHSS and ESF 8 they are seeing at approximately 20% of evacuees with illnesses including diarrhea (some bloody) nausea, vomiting, fever, and upper respiratory issues across the shelters in Regions A and D. There are also reports of self evacuees staying with family across the state who are experiencing some of the same symptoms.

### Key Issues

- An outbreak investigation needs to begin immediately to determine the cause.
- With evacuees spread-out across the state the investigation will be extremely challenging.
- The care and treatment of the evacuees suffering from this illness has the capacity to overwhelm local health care systems.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. 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. Who will initiate the investigation, the LPHA or the state?
2. With epidemiologist from LPHAs deployed to other regions in the state, how will this affect local investigations?
3. What processes will be put in place to communicate with the different shelters?
4. For counties where self evacuees are staying with family, how will LPHAs conduct the investigation?
5. Who will communicate the investigation to local medical providers?
6. What information and assistance will be provided to the Red Cross to help mitigate the illnesses?
7. What other problems can arise as a result of this outbreak?

## MODULE 4: VOLUNTEER MANAGEMENT

Friday, August 26, 2016

With an “all hands on deck” response to the earthquake LPHAs will be activating their MRCs, as well as their public health volunteers to assist in many facets of the response. National media has been indicating that medical professionals are needed to assist those impacted by the earthquake in the state of Missouri. Spontaneous volunteers begin calling and showing up at your office. The phone lines are often jammed with calls from people wanting to help. The spontaneous volunteers very quickly overwhelm your office and staff.

### Key Issues

- In such a catastrophic event, volunteers can assist the professional public health responders as well as overwhelm agencies.
- Credentialing volunteers to ensure they are qualified to assist will be extremely challenging and important.
- The effective management of volunteers is key to the success of utilizing volunteers.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. 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 system do you have in place to notify your volunteers that they are needed?
2. What is your plan and processes to ensure that the volunteers are qualified to work in the position you need them in? What is your process for credentialing volunteers?
3. What type of just in time training will you provide the volunteers?
4. Do you have job action sheets for each position the volunteers will be working in?
5. What plans do you have in place to meet the needs (food and shelter if necessary) of public health volunteers?
6. Do you have a plan to manage spontaneous volunteers? What is that plan?
7. What are your processes for meeting the mental and behavioral health needs of your volunteers?
8. What processes are in place for providing volunteers with the appropriate PPE for the position they are serving in?
9. Do you have a plan for demobilizing volunteers?

## MODULE 5: INFORMATION SHARING

**Saturday, August 27, 2016**

The local, regional and national media has heard about the outbreak and is requesting information on what is being done to help the individuals who are ill. They also are indicating they have heard the outbreak might be caused by poor sanitation or contaminated water. Social media is a buzz with conspiracy theories that there is a cover up as to why the evacuees are ill.

### Key Issues

- Media can be an agency's best friend or the biggest challenge.
- If the media does not receive adequate information from public health officials they will turn to other sources that may not provide reliable information.
- Social media is extremely difficult to manage.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. 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. Do you have a media/public affairs plan?
2. Do you look to the state for Media messages or develop your own?
3. Who is approved to speak on behalf of your agency? Who approves the media messages?
4. Does your plan include providing regular media briefings or conferences?
5. Do you share a media market with other LPHAs? If yes, who speaks on behalf of the LPHAs in the same market? Do you conduct a joint media conference?
6. In a joint market, do you provide the same media messages? Or different? How do all the LPHAs approve the media messages?
7. Is there someone on your staff assigned to follow social media?



## APPENDIX A: EXERCISE SCHEDULE

**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Time	Activity
12:30	Welcome and Opening Remarks
12:50	Module 1: Briefing, Caucus Discussion, and Brief-Back
1:10	Module 2: Briefing, Caucus Discussion, and Brief-Back
1:35	Module 3: Briefing, Caucus Discussion, and Brief-Back
1:55	Module 4: Briefing, Caucus Discussion, and Brief-Back
2:15	Module 5: Briefing, Caucus Discussion, and Brief-Back
2:30	Hot Wash
2:45	Closing Comments

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
<b>Federal</b>	
<b>State</b>	
SEMA	
DHSS	
DMH	
<b>Local Partners</b>	
See Registration List	
<b>Other Partners</b>	
See Registration List	



## APPENDIX C: RELEVANT PLANS

New Madrid Seismic Zone Earthquake Joint State of Missouri & Region VII Response  
Operations Plan

State Emergency Operations Plan Annex Y

