TWISTING TURMOIL

A MEDICAL RESPONSE & SURGE EXERCISE





Participant Guide April 23, 2024

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Participant Guide Twisting Turmoil

Introduction

Welcome to the Virtual SWFL Healthcare Coalition Medical Response and Surge Exercise! This guide is designed to help you effectively participate in the exercise and gain valuable insights into emergency response procedures during a medical surge incident. Please follow these instructions carefully to make the most out of your virtual experience.

Scope

This is an operations-based exercise scheduled for three hours, and participants will be expected to act in their real-life roles relevant to the selected scenario, to offer observations during the exercise, to make strategic and operational decisions, and to comply with real-world procedures.

Objectives

- 1. Evaluate the ability of Southwest Florida Healthcare Coalition (SW Florida HCC) to engage coalition members and their executives to participate in the exercise and the After-Action Review.
- 2. Evaluate the ability of SW Florida HCC to effectively notify Coalition members of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.
- 3. Participants will demonstrate their ability to assess and meet the critical personnel and resource needs (supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.
- 4. Participants will demonstrate their ability to assess and meet the critical Emergency Medical Services (EMS) personnel and resource needs to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.
- 5. Participants will demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.
- 6. Participants will demonstrate their ability to successfully coordinate and execute the SW Florida HCC Operations Plan, and jurisdictional surge plans during a community-wide emergency or disaster.

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: Personnel who have an active role in discussing and performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
 - Hospitals (Evacuating Facilities): Responsible for discussing and managing evacuation of
 patients which may include rapid discharge and transfer to non-impacted facilities.
 Responsibilities also include responding to ReadyOp information requests. Evacuating
 hospitals for this exercise include:

- HCA Florida Highlands
- Advent Health Sebring
- Hospitals (Receiving Facilities): If your facility above is not listed as a receiving facility, you
 will be responsible for responding to ReadyOp information requests and assisting with
 patient placement from the evacuating facility and scene when needed. This may include
 discussion of rapid discharge of patients or creating surge availability.
- Emergency Medical Services (EMS): Responsible for discussing and conducting triage to prioritize patients from the scene based on the severity of the injuries. EMS is also responsible for identifying transportation for patients to ensure they are placed at an appropriate medical facility. EMS personnel may also assist in the decontamination of individuals exposed to hazardous chemicals or substances at the scene. ReadyOp information requests will also be sent to EMS participants.
- **Emergency Management:** Responsible for discussing, activating, and maintaining activities associated with incident management, resource management, and interagency coordination.
- **Public Health and Other:** Responsible for responding to ReadyOp information requests and assisting with the regional surge capability when requested.
- Healthcare Executives: Responsible for participating in discussion, exercise decisions, and attending the exercise After-Action Review. An executive is a decision-maker for their respective organization and should have decision-making power that includes, but is not limited to, allocating or reallocating resources, changing staffing roles and responsibilities, and modifying business processes in their organization. Typical titles of executives with decision-making power may include Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Clinical Officer, Chief Nursing Officer, State and/or Local Director of Public Health, Director of EM, Administrator on Duty, or Chief of EMS, among others.
- Facilitators: Provide situation updates and moderate discussions and exercise actions to
 ensure all HPP-required exercises tasks are completed. 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.
- Controllers/Evaluators: Are assigned to observe and document certain objectives during the
 exercise. Their primary role is to document player discussions, actions, and to manage exercise
 play.

Exercise Information and Guidelines

Exercise Structure

This exercise is a functional exercise, requiring the completion of operational tasks to enhance participant engagement and facilitate a comprehensive assessment of response capabilities. The exercise briefing and scenario will be presented via PowerPoint, providing participants with a detailed overview of the simulated incident, including background information, situational updates, and visual aids to enhance realism. Additionally, exercise injects will be delivered at predetermined intervals to drive activity and prompt participants to make critical decisions and take action in response to evolving challenges.

Players will participate in the following three phases during the exercise:

- Phase 1: Exercise Briefing
 - All coalition stakeholders
- Phase 2: Exercise Play
 - HCA Florida Highlands
 - Advent Health Sebring
 - Highlands County Emergency Operations Center
- Phase 3: After-Action Review
 - All coalition stakeholders
 - Executive representation

Accessing the Exercise Briefing

Prior to the start of the exercise, we ask that all participants join the pre-exercise briefing for additional information.

Join Zoom Meeting on April 23, 2024, at 10:00 AM ET

Click Here to Join the Exercise Briefing

Meeting ID: 996 4266 7169 Passcode: 065997

Exercise 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.

Join Zoom Meeting to Access Simulation Cell on April 23, 2024

Click Here to Access the Simulation Cell for Exercise Needs

Meeting ID: 996 4266 7169 Passcode: 065997

Post Exercise Activities

At the conclusion of exercise play, exercise staff will lead an After-Action Review (AAR) 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. Participating organizations are encouraged to invite Executive Leadership to the After-Action Review. Their attendance is a grant mandated performance measure for the Healthcare Coalition and will be tracked. The information gathered during the review contributes to the After-Action Report/Improvement Plan (AAR/IP) and any exercise design suggestions can be used to improve future exercises.

Join Zoom Meeting on April 23, 2024, at 1:00 PM ET

Click Here to Join the After-Action Review

Meeting ID: 996 4266 7169

Passcode: 065997

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design, and to share their observed strengths and areas for improvement. Participant Feedback Forms should be collected at the conclusion of the After-Action Review. Please complete the Participant Feedback Form by clicking here or scanning the QR code.



Recommended Levels of Participation

We recommend that you convene staff from your organization who would have a role in a medical surge response. The following list are some suggestions you may consider:

Identified Evacuating Hospitals			
	Incident Management Team		
	Emergency Manager or Disaster Preparedness Coordinator		
	Bed Management Staff		
	Emergency Department Director/Staff		
	Executive Leadership (for the After-Action Review at 1:00 PM)		
	Patient Care Team		
	Assigned Note Taker		
Emergency Management			
	Jurisdictional Emergency Manager		
	EOC Staff (Operations)		
	Executive Leadership (for the After-Action Review at 1:00 PM)		
	Assigned Note Taker		
Emerge	Emergency Medical Services -		
	Field Staff Representative		
	Supervisors and/or Directors		
	Executive Leadership (for the After-Action Review at 1:00 PM)		
	Assigned Note Taker		
Public	Public Health		
	Public Health Emergency Preparedness Staff		
	Executive Leadership (for the After-Action Review at 1:00 PM)		
Health	Healthcare Coalition		
	Healthcare Coalition Coordinator / Staff		

	Fire Partners
	Other Stakeholders with a Role in Preparedness
	Exercise Logistical Preparation ximately one week before the exercise you will receive an email with your organization's Zoom
	the exercise. You will receive a duplicate of the link about one hour before the exercise begins.
Tech	nology
with s	e the main exercise representative from your organization has access to a computer or device table internet connectivity. Familiarize yourself with the virtual meeting platform (Zoom) that will ed for the exercise.
	Computer
	Projector and/or Screen
	Access to Zoom
	Room Speaker and Microphone
Reso	urces
	Review this Exercise Participant Guide
	Review the Exercise Plan
	Review Applicable Emergency Plans
	Print Communications Plan for the Exercise (Appendix C)
	Have Note Taking Resources Available (Pen and Paper)
	Telephone
	Email
Day	of Exercise Preparation
emerg comm	mber, the goal of this exercise is to improve our collective ability to respond effectively to gencies and safeguard the well-being of our community members. Your active participation and itment to preparedness are invaluable contributions to this effort. Thank you for your dedication properation. Let's work together to build a safer and more resilient future.
Rem	ember To:
	Setup Your Emergency Operations Center.
	Assign a notetaker to document actions for your location/organization during the exercise.
	Use "THIS IS AN EXERCISE" when communicating with anyone outside of your room.
	Talk through your actions with the virtual evaluator on Zoom. "I am going to call for"
	Complete any post-exercise documentation or evaluation forms as requested by the exercise facilitators.
	Ensure Executives Participate in After-Action Review.

Tips for the Virtual Exercise

- Engage actively in discussions and scenario-based activities throughout the exercise.
- Follow the guidance provided by the exercise facilitator and adhere to the established protocols for emergency response.
- Collaborate effectively with other participants, sharing information and resources as necessary to address simulated emergencies.
- Apply critical thinking skills to analyze each scenario and propose appropriate actions or solutions based on your role and responsibilities.
- Notifications between participants should occur even if people are in the same room.

Virtual Exercise Etiquette:

- Set aside sufficient time for the exercise and minimize distractions in your environment.
- Log in to the virtual meeting platform at least 15 minutes before the scheduled start time to troubleshoot any technical issues. You will be placed in a waiting room until the exercise briefing begins.
- Turn your cameras on while in Zoom.
- During the briefing, mute your microphone when not speaking to minimize background noise and distractions
- Use the "raise hand" feature or designated communication channels to signal when you wish to speak or ask a question.
- Respect the facilitator's instructions and adhere to the designated agenda and timeline for the exercise.

Appendix A: Exercise Schedule

Time	Action	Additional Information
10:00 - 10:20 AM	Welcome and Exercise Brief (Zoom)	Click Here to Join the Exercise Briefing Meeting ID: 996 4266 7169 Passcode: 065997
10:20 AM - 1:00 PM	Exercise Play (In Person)	The only participants remaining on Zoom include: • HCA Florida Highlands • Advent Health Sebring • Highlands County Emergency Operations Center
1:00 - 1:30 PM	After-Action Review (Zoom)	Click Here to Join the After-Action Review Meeting ID: 996 4266 7169 Passcode: 065997
1:30 PM	Adjourn	Click Here to Complete the Participant Feedback Form

Appendix B: Communications Plan

A final ICS 205/Communications Plan will be distributed on the day of the exercise.

Method/Platform	Use	Primary POC
ReadyOp	Data collection, notification, information haring	Brian Massey

Role	Email	Email
Exercise Director	Mary Beth Skarote	marybeths@allclearemg.com
Controller / Evaluator for HCA Florida Highlands	Lauren Smith	laurens@allclearemg.com
Controller / Evaluator for Advent Health Sebring	Jake Peterson	jakep@allclearemg.com
Controller / Evaluator for Highlands County Emergency Operations Center	Hannah James	hannahj@allclearemg.com
Technology Support	Elaina Huffman	elainah@allclearemg.com
Simulation Cell / Patient Coordinator	Rachel Cruz	rachelc@allclearemg.com
Duty Officer	Lori Jackson	Lorie.Jackson@flhealth.gov

Appendix C: Acronym List

Acronym	Term
ALS	Advanced Life Support
AAR	After-Action Report
BLS	Basic Life Support
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
HCC	Healthcare Coalition
HPP	Hospital Preparedness Program
IP	Improvement Plan
LTC	Long Term Care
MRSE	Medical Response and Surge Exercise
MSEL	Master Scenario Events List
PHEP	Public Health Emergency Preparedness
SimCell	Simulation Cell
SME	Subject Matter Expert
SW	Southwest

Twisting Turmoil Exercise Plan

Appendix D: ReadyOp Forms

Re	eadyOp Form #1: Hospital Bed Availability		
	spitals, please complete the following information regarding your census and available ffed beds.		
	1 Total inpatients in your facility at this time.		
	2 Total of those inpatients you could discharge within 90 minutes.		
	3 Total available staffed Emergency Department beds.		
	4 Total available staffed General Medical beds.		
	5 Total available staffed ICU beds.		
	6 Total available staffed Post-surgical/Step-down beds		
	7 Total available staffed surgical beds.		
Re	eadyOp Form #2: EMS and First Responder Resource Availability		
Review the following list of EMS and First Responder resources. Mark sufficient if you have enough of the indicated resource to support the response. Mark insufficient if you do not have enough of the indicated resource to support the response. For the resources that request 'total,' please indicate the total available units at this time.			
EM	S and First Responder Resources		
1.	Ground Ambulance ALS: Sufficient Insufficient Total		
2.	Ground Ambulance BLS: Sufficient Insufficient Total		
3.	Multi-patient medical transport vehicle (e.g. Ambulance Bus): Sufficient Insufficient Total		
4.	Air ambulance rotary-wing (critical care transport): Sufficient Insufficient Total		
5.	Incident Management Team (on Scene): Sufficient Insufficient Total		
Re	eadyOp Form #3: Hospital Resources Availability		
res	view the following list of resources. Mark sufficient if you have enough of the indicated ource to support the response. Mark insufficient if you do not have enough of the licated resource to support the response.		
Personnel Resources			
1.	Critical Care Physicians: Sufficient Insufficient		

2.	Critical Care Nurses: Sufficient Insufficient
3.	Advanced Practice Nurses: Sufficient Insufficient
4.	Physicians Assistants: Sufficient Insufficient
5.	Mental Health Clinicians, Social Workers, Chaplaincy, and Clinical Ethicists: Sufficient Insufficient
6.	Trauma, Emergency Department, and Perioperative Services: Sufficient Insufficient
7.	Pediatrics, Neonatal, and Obstetric Services: Sufficient Insufficient
8.	Security: Sufficient Insufficient
Ph	armaceuticals
9.	Analgesia and sedation medications (oral and injectable): Sufficient Insufficient
10	.Anesthesia medications: Sufficient Insufficient
11	Antibiotics (oral and injectable): Sufficient Insufficient
12	.Tetanus vaccine: Sufficient Insufficient
13	.Pressor medications: Sufficient Insufficient
14	.Blood products: Sufficient Insufficient
15	.Intravenous fluids: Sufficient Insufficient
16	.Oxygen: Sufficient Insufficient
Su	pplies and Equipment
17	.Infusion pumps: Sufficient Insufficient
18	.Ventilators: Sufficient Insufficient
19	.Bedside monitors: Sufficient Insufficient
20	.Airway suction (adult and pediatric): Sufficient Insufficient
21	Surgical equipment and supplies: Sufficient Insufficient
22	.Supplies needed to administer pharmaceuticals, blood products, and IV fluids: Sufficient Insufficient
Re	eadyOp Form #3: Public Health and Other Resources Availability
res	view the following list of resources. Mark sufficient if you have enough of the indicated source to support the response. Mark insufficient if you do not have enough of the licated resource to support the response.
Pe	rsonnel Resources
1.	Critical Care Physicians: Sufficient Insufficient
2.	Critical Care Nurses: Sufficient Insufficient
3.	Advanced Practice Nurses: Sufficient Insufficient

4. Physicians Assistants: Sufficient Insufficient	
Mental Health Clinicians, Social Workers, Chaplaincy, and Clinical Ethicists: Sufficient Insufficient	
6. Trauma, Emergency Department, and Perioperative Services: Sufficient Insu	fficient
7. Pediatrics, Neonatal, and Obstetric Services: Sufficient Insufficient	
8. Security: Sufficient Insufficient	
Pharmaceuticals	
9. Analgesia and sedation medications (oral and injectable): Sufficient Insuffici	ent
10.Anesthesia medications: Sufficient Insufficient	
11.Antibiotics (oral and injectable): Sufficient Insufficient	
12.Tetanus vaccine: Sufficient Insufficient	
13.Pressor medications: Sufficient Insufficient	
14.Blood products: Sufficient Insufficient	
15.Intravenous fluids: Sufficient Insufficient	
16.0xygen: Sufficient Insufficient	
Supplies and Equipment	
17.Infusion pumps: Sufficient Insufficient	
18.Ventilators: Sufficient Insufficient	
19.Bedside monitors: Sufficient Insufficient	
20.Airway suction (adult and pediatric): Sufficient Insufficient	
21.Surgical equipment and supplies: Sufficient Insufficient	
22. Supplies needed to administer pharmaceuticals, blood products, and IV fluids:	Sufficient