Instructions:

PPN Tabletop Exercise Kit

Introduction

In response to the growing need for specialized pediatric care during chemical, biological, radiological, nuclear, and explosive (CBRNE) emergencies, we have developed this comprehensive discussion-based tabletop exercise. This kit focuses on enhancing preparedness and response strategies specifically tailored for pediatric considerations in such scenarios.

Consistent with the Homeland Security Exercise and Evaluation Program (HSEEP), this exercise provides robust planning tips and guidelines to ensure effective exercise play. By leveraging these resources, facilitators can effectively design and conduct exercises that address the unique challenges faced by healthcare providers during pediatric emergencies.

These materials are designed for use in a virtual environment with breakout groups for exercise discussions, but they can also be adapted for in-person settings and large group formats.

For more help with exercise planning, conduct, evaluation and improvement planning, use HSEEP Resources available from the FEMA Preparedness Toolkit.

Customize Documents

Situation Manual/Facilitator Guide: Add Host/Facilitator logo(s) in the Header section of the title page, and input information in optional text boxes throughout the following documents:

- Situation Manual/Facilitator Guide
- Exercise Participant Conduct Brief
- Exercise Evaluator Observation Form
- After-Action Report and Improvement Plan template

Customize Slides

When changing or adding content to the slides, do not remove PPN branding, acknowledgements, and disclosures. Organization specific logos and/or information can be added as needed.

Optional Video Content

The slides contain recorded presentations from relevant subject matter experts and dramatic video representations of news broadcasts to support the exercise scenario. These videos are now hosted on YouTube and are embedded directly into the PowerPoint slides for seamless playback during the exercise. **Please note that an internet connection is required to view the YouTube videos.** The use of these videos is encouraged to enhance the realism and depth of the scenario, but it is not required.

If removing the scenario videos, we recommend adding a slide containing the scenario found in the Situation Manual or a chemical emergency scenario of your own.

Distribute Documents

Facilitators and Evaluators:

- Situation Manual/Facilitator Guide
- Host and Facilitator Slides
- Exercise Evaluator Observation Form
- After-Action Report and Improvement Plan template

Players:

- Exercise Participant Conduct Brief
- Exercise Evaluator Observation Form
- After-Action Report and Improvement Plan template

Please share your feedback!

We would appreciate your thoughts and suggestions on how we can improve this kit for future users. Please complete a short feedback form after conducting your tabletop exercise using this kit.

Questions about this kit?

Please contact chris@epsolutionsaz.com

Produced by the

Pediatric Pandemic Network

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.

Tabletop Exercise for Chemical Surge Plans

Exercise Participant Conduct Brief

Exercise Date: Click or tap to enter a date.

FUNDING ACKNOWLEDGEMENTS AND DISCLAIMER

Funding Acknowledgements:

The Pediatric Disaster Care Centers of Excellence are supported by the Administration for Strategic Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3M with 0 percent financed with nongovernmental sources.

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. For more information, visit HRSA.gov.

Disclaimer:

The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.

EXERCISE OVERVIEW

Exercise Name	Click or tap here to enter text.
Host Organization(s)	Click or tap here to enter text.
Exercise Date and Time	Click or tap here to enter text.
Scope	This is a discussion-based Tabletop Exercise. • The primary host will guide the process and environment. • This exercise will be delivered virtually, in-person, or both. • There are three modules, each covering different sections of the Plan. • If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. • The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.
Focus Area(s)	National Preparedness Goal Mission Area: Response Core Capability: Public Health, Healthcare, and Emergency Medical Services
Capabilities	Health Care Preparedness and Response Capabilities • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge

Objectives	Players will: • Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. • Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. • Click or tap here to enter text. • Click or tap here to enter text.
Threat or Hazard	Recent events have brought forth concerns regarding rail accidents and the release of hazardous materials threatening resource constrained areas. Additionally, Pediatric resources are limited and would be strained in a chemical surge.
Scenario	This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised.
Participating Organizations	See list in Appendix A
Exercise Host Contact(s)	Click or tap here to enter text.

GENERAL INFORMATION

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are selected by the Exercise Planning Team.

Exercise Objectives	Capability
Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans.	Health Care Preparedness and Response Capabilities • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge
Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans.	
Click or tap here to enter text.	
Click or tap here to enter text.	

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of players involved in the exercise, and their respective roles and responsibilities, are as follows:

Players: 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.

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: 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, policies, and procedures.

Exercise Structure

Players will participate in the following three breakout modules:

- Module Breakout 1 - Activation, Roles & Responsibilities
- Module Breakout 2 - Operations
- Module Breakout 3 - Special Considerations

Each module begins with a scenario inject that summarizes key events occurring within that period. After the updates, players review the situation and engage in their breakout room.

After each breakout, players will engage in a moderated plenary discussion in which a spokesperson from each breakout group will present a synopsis of the group's actions, based on the scenario and review of their Plan.

Exercise Guidelines

This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. 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 jurisdiction's/ 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 efforts. Problem-solving efforts should be the focus.

The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

EVALUATION

Evaluation & After-Action Report

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Evaluation Forms. 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)/Improvement Plan (IP). **The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.**

An Evaluation Form will be provided to record observations for the After-Action Report. It is encouraged that you identify a separate individual or individuals to do the observation and complete the Evaluation Form. This information will be easily transferred to the After-Action Report template.

Exercise Feedback

All players may be asked to complete an Exercise feedback form at the end of the exercise. The following feedback can be collected:

- Overall evaluation of the exercise structure and organization
- Effectiveness of the virtual or in-person environment(s)
- Sharing highlights from the breakout discussions:
  - Strengths identified
  - Areas for improvement identified
  - Action items

AGENDA

Date and Time	CLICK OR TAP HERE TO ENTER TEXT.
Location	CLICK OR TAP HERE TO ENTER TEXT.
15 minutes	Welcome and Introductions
40 minutes	Module Breakout 1 - Activation, Roles & Responsibilities
	30 minutes in breakout followed by 10 minutes sharing in large group
40 minutes	Module Breakout 2 - Operations
	30 minutes in breakout followed by 10 minutes sharing in large group
40 minutes	Module Breakout 3 – Special Considerations
	30 minutes in breakout followed by 10 minutes sharing in large group
15 minutes	Wrap-up and closing comments
30 minutes	Hotwash Breakout Optional – breakout Facilitator releases players

APPENDIX A – SUGGESTED RESOURCES

Breakout Module / Topics	Resources
Breakout 1 - Activation, Roles & Responsibilities	
	Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) - Extensive Pediatric Response Resources Broad set of resources including pediatric surge plans, inpatient and outpatient guidelines, fact sheets, and more.
Activation/Notification	ASPR TRACIE – Emergency Operations Plan Activation and Triggers ASPR TRACIE – Hospital Activation of the Emergency Operations Plan Checklist
Information Sharing	ASPR TRACIE – Topic Collection: Information Sharing SAMHSA – Communicating in a Crisis: Risk Communication Guidelines for Public Officials US Department of Health & Human Services FEMA – Integrated Public Alert and Warning System (IPAWS)
Roles & Responsibilities	ASPR TRACIE – Hospital Emergency Preparedness Coordinator Job Description ASPR TRACIE – Topic Collection: Coalition Models and Functions
Breakout 2 - Operations	
Triage	ASPR TRACIE – Topic Collection: Pre-Hospital Mass Casualty Triage and Trauma Care Burn Surge Video Series - Minnesota Dept of Health – Burn Surge Video Series Minnesota Dept of Health – Triage of Patients with Cutaneous Burns Only During Mass Casualty Incidents ASPR TRACIE – Topic Collection: Burns
Facility Load-leveling	ASPR TRACIE – Medical Operations Coordination Centers (MOCC) / Patient Load-Balancing: Summary of Lessons Learned During COVID-19
Tracking	ASPR TRACIE – Topic Collection: Patient Movement, MOCCs, and

Breakout Module / Topics	Resources
	Tracking
Reunification	ASPR TRACIE – Topic Collection: Family Reunification and Support American Academy of Pediatrics - Family Reunification Following Disasters: A Planning Tool for Health Care Facilities EIIC New England EMS for Children – Activity Resource Packet
Breakout 3 – Special Considerations	
Behavioral Health	WRAP-EM – Mental Health Resources for Children, Families and Providers WRAP-EM Just In Time Resource – PsySTART: Psychological Simple Triage and Rapid Treatment
Decontamination	ASPR TRACIE – Topic Collection: Pre-Hospital Patient Decontamination ASPR TRACIE – Topic Collection: Hospital Patient Decontamination HHS – Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities
Evacuation	ASPR TRACIE – Topic Collection: Healthcare Facility Evacuation/Sheltering FEMA – Improving Public Messaging for Evacuation and Shelter-in-Place: Findings and Recommendations for Emergency Managers from Peer-Reviewed Research
Special Pathogens	ASPR TRACIE – Infectious Diseases
Security	ASPR TRACIE – Health Care Security Resources

APPENDIX B – EXERCISE ACKNOWLEDGEMENTS

Participating Organizations
Federal
Click or tap here to enter text.
State
Click or tap here to enter text.
Local
Click or tap here to enter text.
Other
Click or tap here to enter text.
Materials kit provided by
Pediatric Pandemic Network

The Planning Team	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

NOTE: A finalized list of participating facilities and organizations should be generated post exercise.

Produced by the

Pediatric Pandemic Network

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.

Tabletop Exercise for Chemical Surge Plans

Exercise Evaluator Observation Form

Exercise Date: Click or tap to enter a date.

Exercise Evaluators: Please note your observations that demonstrate competency, areas for improvement and recommendations for further plan improvement. Then note with a check mark in the table strengths, gaps, challenges or not addressed for each topic discussed. The form can be handwritten, but it is encouraged to be completed electronically to submit to your Facilitator.

Strength: Included and well covered in the plan.

Gap: Not considered a priority, not included in the plan / identified opportunities to improve the plan

Challenge: Considered a priority, but unclear about where and how to include in the plan/ barriers to implementation that require additional collaborative partnerships

Not Addressed: for any topic not covered in the discussion.

Breakout Module 1 – Activation, Roles, and Responsibilities

Observations that demonstrated competency
Click or tap here to enter text.
Observations that showed areas for improvement
Click or tap here to enter text.
Recommendations
Click or tap here to enter text.

Topic	Strength	Gap	Challenge	Not Addressed
Activation/ Notification	☐	☐	☐	☐
Information Sharing	☐	☐	☐	☐
Roles & Responsibilities	☐	☐	☐	☐
Logistics/Resource Management	☐	☐	☐	☐

Breakout Module 2 – Operations

Observations that demonstrated competency
Click or tap here to enter text.
Observations that showed areas for improvement
Click or tap here to enter text.
Recommendations
Click or tap here to enter text.

Topic	Strength	Gap	Challenge	Not Addressed
Decontamination	☐	☐	☐	☐
Triage	☐	☐	☐	☐
Patient Care/Management	☐	☐	☐	☐
Treatment	☐	☐	☐	☐
Safety & Control Measures	☐	☐	☐	☐

Breakout Module 3 – Special Considerations

Observations that demonstrated competency
Click or tap here to enter text.
Observations that showed areas for improvement
Click or tap here to enter text.
Recommendations
Click or tap here to enter text.

Topic	Strength	Gap	Challenge	Not Addressed
Behavioral Health	☐	☐	☐	☐
At-Risk Populations	☐	☐	☐	☐
Reunification	☐	☐	☐	☐
Fatality Management	☐	☐	☐	☐
Security	☐	☐	☐	☐

Produced by the

Pediatric Pandemic Network

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.

Tabletop Exercise for Chemical Surge Plans

Situation Manual / Facilitator Guide

Exercise Date: Click or tap to enter a date.

This document serves as the Situation Manual/Facilitator Guide. This document is to be used in tandem with the Exercise Participant Conduct Brief.

This document provides guidance to assist the exercise facilitators and should not be given to exercise players. It gives the approximate timing of delivery for each slide, limited talking points, and supplemental questions or issues to raise during tabletop exercise conduct.

FUNDING ACKNOWLEDGEMENTS AND DISCLAIMER

Funding Acknowledgements:

The Pediatric Disaster Care Centers of Excellence are supported by the Administration for Strategic Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3M with 0 percent financed with nongovernmental sources.

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. For more information, visit HRSA.gov.

Disclaimer:

The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.

EXERCISE OVERVIEW

Exercise Name	Click or tap here to enter text.
Host Organization(s)	Click or tap here to enter text.
Exercise Date and Time	Click or tap here to enter text.
Scope	This is a discussion-based Tabletop Exercise. • The primary host will guide the process and environment. • This exercise will be delivered virtually, in-person, or both. • There are three modules, each covering different sections of the Plan. • If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. • The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.
Focus Area(s)	National Preparedness Goal Mission Area: Response Core Capability: Public Health, Healthcare, and Emergency Medical Services
Capabilities	Health Care Preparedness and Response Capabilities • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge
Objectives	Players will: • Articulate the contents, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. • Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. • Click or tap here to enter text. • Click or tap here to enter text.
Threat or Hazard	Recent events have brought forth concerns regarding rail accidents and the release of hazardous materials threatening resource constrained areas. Additionally, Pediatric resources are limited and would be strained in a chemical surge.
Scenario	This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised.
Participating Organizations	See list in Appendix A
Exercise Host Contact(s)	Click or tap here to enter text.

GENERAL INFORMATION

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are selected by the Exercise Planning Team.

Exercise Objectives	Capability
Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans.	Health Care Preparedness and Response Capabilities • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge
Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans.	
Click or tap here to enter text.	
Click or tap here to enter text.	

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of players involved in the exercise, and their respective roles and responsibilities, are as follows:

Players: 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.

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: 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, policies, and procedures.

Exercise Structure

Players will participate in the following three breakout modules:

- Module Breakout 1 - Activation, Roles & Responsibilities
- Module Breakout 2 - Operations
- Module Breakout 3 - Special Considerations

Each module begins with a scenario inject that summarizes key events occurring within that period. After the updates, players review the situation and engage in their breakout room.

After each breakout, players will engage in a moderated plenary discussion in which a spokesperson from each breakout group will present a synopsis of the group's actions, based on the scenario and review of their Plan.

Exercise Guidelines

This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. 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 jurisdiction's/ 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 efforts. Problem-solving efforts should be the focus.

The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

FACILITATOR INSTRUCTIONS

Introduction

Facilitators guide exercise play and are responsible for ensuring that player discussions remain focused on the exercise objectives and making sure all issues are explored as thoroughly as possible within the available time.

A key Facilitator role is to encourage all players to contribute to the discussion, and to remind them that they are discussing hypothetical situations in a no-fault environment. Facilitators also build and maintain an environment where all the players feel comfortable speaking honestly and where differences of opinion are respected. Facilitators should ensure that everyone feels included in the conversation and has an opportunity to participate. **Facilitators should not lecture or dominate the discussion, but rather keep conversations moving.** Additionally, Facilitators may want to use an issues list or "parking lot" to document valid points that are raised by players during the exercise but that risk taking the conversation off topic; these items can be assigned for later discussion to the appropriate persons.

AN EFFECTIVE FACILITATOR

- Keeps discussions on track and drives play to meet exercise objectives.
- Controls group dynamics and manages strong personalities.
- Speaks competently and confidently without dominating the conversation.
- Has subject-matter expertise or experience.
- Has an awareness of local plans and procedures.
- Captures key findings and discussion points

Administrative Considerations

Facilitators should discourage side conversations, ensure cellular phones are turned off or made silent, and control group dynamics. Table arrangements for the exercise should try to maximize the interaction between the Facilitator and players. During the exercise, Facilitators need to constantly be aware of time constraints, notifying players about progress and moving the discussion toward completion of exercise objectives when time is running short.

Facilitator prompt questions for Breakouts

Facilitators will find slides in the PowerPoint containing discussion prompt questions for each Breakout (if applicable). As a breakout facilitator you are free to add your own content there. Consider a review of highlights from your Plan and discussion questions for the sections being covered in that breakout. Remember you will have 30 minutes for discussion in each breakout. Identify a spokesperson to share highlights when the large group resumes.

Facilitator Guidelines and Helpful Hints

Facilitating exercises can be more challenging than other types of meeting facilitation. The following checklist has been designed to provide some “tips and tricks” for facilitating a successful exercise. This is especially important in a virtual setting, where one-on-one interaction is more difficult, verbal and visual cues can be limited, and timeframes for working through exercise components are abbreviated.

Facilitators should emphasize to players:

- This exercise is an opportunity for a low-stress, no-fault environment that encourages open discussion. Varying viewpoints are expected, and welcome.
- The focus of the exercise should be on evaluating plans and capabilities, not detailed problem solving or final decision making.
- Players should assume the scenario is plausible and is a guide for discussion purposes only. The goal should be to identify gaps and make recommendations, not respond to the scenario.

Facilitators can keep the discussion focused and moving by:

- Starting and ending the discussion within the timeframe allotted.
- Reviewing the objectives and discussion topics, and helping the group prioritize them, if needed.
- Focusing players on the exercise objectives.
- Establishing player ground rules such as: mute microphones when not speaking, avoiding side conversations (in person) and keeping cell phones in off or vibrate mode.
- Not dominating the discussion, but rather encouraging all players to offer their suggestions and recommendations, and only offering subject matter expertise if asked.
- Encouraging quieter members of the group to vocalize their ideas, or to use the “chat” feature of the virtual setting, if available.
- Prompting discussion and encouraging consensus by asking follow-up questions or asking for clarification if needed, and summarizing comments made.
- Using tools such as a “parking lot” list of recommendations or ideas that fall outside the current topics and which may be important for future discussion.

EVALUATION

Evaluation & After-Action Report

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Evaluation Forms. 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)/Improvement Plan (IP). **The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.**

An Evaluation Form will be provided to record observations for the After-Action Report. It is encouraged that you identify a separate individual or individuals to do the observation and complete the Evaluation Form. This information will be easily transferred to the After-Action Report template.

Exercise Feedback

All players may be asked to complete an Exercise feedback form at the end of the exercise. The following feedback can be collected:

- Overall evaluation of the exercise structure and organization
- Effectiveness of the virtual or in-person environment(s)
- Sharing highlights from the breakout discussions:
  - Strengths identified
  - Areas for improvement identified
  - Action items

AGENDA AND SLIDE SCRIPT

Date and Time	CLICK OR TAP HERE TO ENTER TEXT.
Location	CLICK OR TAP HERE TO ENTER TEXT.
15 minutes	Welcome and Introductions
40 minutes	Module Breakout 1 - Activation, Roles & Responsibilities
	30 minutes in breakout followed by 10 minutes sharing in large group
40 minutes	Module Breakout 2 - Operations
	30 minutes in breakout followed by 10 minutes sharing in large group
40 minutes	Module Breakout 3 – Special Considerations
	30 minutes in breakout followed by 10 minutes sharing in large group
15 minutes	Wrap-up and closing comments
30 minutes	Hotwash Breakout Optional – breakout Facilitator releases players

NOTE: The following slide scripts are based on the template of slides included in this kit. If the slides are edited, the scripts below may not match. It is recommended to create a separate

slide script if original slides are edited.

WELCOME, INTRODUCTIONS & EXERCISE OVERVIEW – 15 MINUTES

Slide #	Topic/Issue	Facilitator Notes/Questions
1	**Call to Order/Title Slide/Welcome**	*When ready:* • Call room and players to order • Introduce topic of exercise: Healthcare Pediatric Surge Plan or Plans • Introduce self and note support from WRAP-EM • Provide brief opening remarks and role during exercise
2	**Acknowledgements**	• Read slide
3	**Disclaimer**	• Read slide
4	**Agenda**	• Review Agenda
5	**Introductions**	• Section header
6	**Pediatric Pandemic Network and Partners**	• Play Video
7	**Participating Organizations**	• Introduce the participating organizations
8	**Exercise Overview**	• Section header
9	**Overview**	*Briefly review the exercise scope with players:* • Exercise is scheduled for 2.5 - 3 hours • The primary host will guide the process and environment. • There are three modules, each covering different sections of the Plan. • If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. • The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.
10	**Schedule**	• Review Schedule on slide

Slide #	Topic/Issue	Facilitator Notes/Questions
11	**Objectives**	• The purpose of the exercise is to examine Health Care and Medical Response Coordination and Medical Surge capabilities. • Review Objectives on slide • Emphasize: Sharing of Best Practices
12	**Guidelines**	*Briefly review the exercise guidelines with players:* • This is an open **no-fault environment** - varying viewpoints, even disagreements, are expected • Base your responses on **existing plans**, policies, procedures, capabilities, and resources • Please assume the exercise **scenario is plausible**, and events occur as they are presented • Decisions are **not precedent setting**; consider different approaches and suggest improvements • There is **no "hidden agenda"** nor are there any trick questions Issue identification is not as valuable as suggestions and recommended actions that could improve Pediatric Surge efforts; problem-solving efforts should be the focus.
13	**Breakout Groups** *(if applicable)*	• Review instructions on slide • Emphasize messaging and communications • And they will be returned to same Breakout room for 2 & 3
14	**Scenario**	• Section header
15	**Scenario Overview**	This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised. When discussing your plan, assume the incident only affects your local area, adjacent areas remain unaffected.

MODULE 1: ACTIVATION, ROLES & RESPONSIBILITIES – 40 MINUTES

Slide #	Topic/Issue	Facilitator Notes/Questions
Host Facilitator		
16	**Module 1**	• Section header
17	**Video: Pediatric Medical Operations Coordinating Cells**	• Play video
18	**Module Topics**	• Review discussion topics
19	**Scenario for Discussion**	• Play video or read Module 1 Scenario found in Appendix D
20	**Go to your Breakout** *(If applicable)*	• Read Instructions from slide • **Emphasize 30 minutes for discussion**
Breakout Facilitators lead in Breakout Groups if applicable		
21-25	**Facilitator Slides** *(Discussion topic questions)*	Reminders for Facilitators: • Highlight elements of participant plans • Encourage discussion using questions • Add slides and/or questions as desired • **Select a spokesperson to share in Main Room**
If using Breakout Groups		
Host Facilitator: After 20 minutes, provide 10-minute warning to Breakout Groups		
Host Facilitator: After 25 minutes, provide 5-minute warning to Breakout Groups		
Host Facilitator: After 30 minutes, end Breakout Groups		
26	**Large Group Sharing**	After all players have returned from Breakouts • Ask for volunteers to share highlights • **10 minutes**

MODULE 2: OPERATIONS – 40 MINUTES

Slide #	Topic/Issue	Facilitator Notes/Questions
Host Facilitator		
27	**Module 2**	• Section header
28	**Video: Considerations for Mass Exposure to Chemicals/Toxins in Children – Triage and Decontamination**	• Play video
29	**Module Topics**	• Review discussion topics
30	**Scenario for Discussion**	• Play video or read Module 2 Scenario found in Appendix D
31	**Go to your Breakout** *(If applicable)*	• Read Instructions from slide • **Emphasize 30 minutes for discussion**
Breakout Facilitators lead in Breakout Groups if applicable		
32-39	**Facilitator Slides** *(Discussion topic questions)*	Reminders for Facilitators: • Highlight elements of participant plans • Encourage discussion using questions • Add slides and/or questions as desired • **Select a spokesperson to share in Main Room**
If using Breakout Groups		
Host Facilitator: After 20 minutes, provide 10-minute warning to Breakout Groups		
Host Facilitator: After 25 minutes, provide 5-minute warning to Breakout Groups		
Host Facilitator: After 30 minutes, end Breakout Groups		
40	**Large Group Sharing**	After all players have returned from Breakouts • Ask for volunteers to share highlights • **10 minutes**

MODULE 3: SPECIAL CONSIDERATIONS – 40 MINUTES

Slide #	Topic/Issue	Facilitator Notes/Questions
Host Facilitator		
41	**Module 3**	• Section header
42	**Video: Considerations for Mass Exposure to Chemicals/Toxins in Children – Family Reunification**	• Play video
43	**Module Topics**	• Review discussion topics
44	**Scenario for Discussion**	• Play video or read Module 3 Scenario found in Appendix D
45	**Go to your Breakout** *(If applicable)*	• Read Instructions from slide • **Emphasize 30 minutes for discussion**
Breakout Facilitators lead in Breakout Groups if applicable		
46-51	**Facilitator Slides** *(Discussion topic questions)*	Reminders for Facilitators: • Highlight elements of participant plans • Encourage discussion using questions • Add slides and/or questions as desired • **Select a spokesperson to share in Main Room**
If using Breakout Groups		
Host Facilitator: After 20 minutes, provide 10-minute warning to Breakout Groups		
Host Facilitator: After 25 minutes, provide 5-minute warning to Breakout Groups		
Host Facilitator: After 30 minutes, end Breakout Groups		
52	**Large Group Sharing**	After all players have returned from Breakouts • Ask for volunteers to share highlights • **10 minutes**

WRAP-UP – 15 MINUTES

Slide #	Topic/Issue	Facilitator Notes/Questions
Host Facilitator		
53	**Wrap Up**	• Section header
54	**Feedback on Exercise**	• Call for feedback from players • Call for feedback from facilitators by name • Call upon [senior ranking participant] in exercise to provide closing remarks
55	**Final Reminders**	From slide • Resources provided in Facilitator Guide • Be sure to include Facility/Organization name to be included in the list of players. • Please complete the Participant Feedback form (if applicable) • Offer contact info for questions or assistance

HOTWASH – 15-30 MINUTES

Slide #	Topic/Issue	Facilitator Notes/Questions
Players can be sent back to Breakout Groups for Hotwash or remain in main room		
56	**Hotwash**	• Section header
57	**Hotwash**	Use discussion points on slide • What went well? • Areas for improvement? • Plans or policies to be revised? • Improvement Action Items
58	**Thank you!**	Thank you for your participation!
Facilitators release players when done with Hotwash		

APPENDIX A – SCENARIO NARRATIVE

Summary

This scenario is based on a fictional, accidental incident taking place in the Player's local area. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans and plans under development or being revised.

Module 1

During morning rush hour, a freight train passing through your local area derails. The train consists of 25 rail cars, containing a mix of freight including lumber and other building materials, food, hospital supplies, and liquid and solid hazardous materials, including coal, liquid fuel chlorine and methyl-ethyl-death. The train derailment occurs near a crossing where a school bus carrying 35 children is stopped.

Module 2

Firefighters, EMS and police arrive at the scene within minutes, and they begin to assess the damage. There is a cloud of vapor escaping from the tanker and forming near the ground. The wind is blowing the vapor cloud in the direction of nearby residences.

The bus driver and some of the children are complaining about burning eyes and trouble breathing. On-site triage has been initiated by EMS and transport to local hospitals has begun. All 35 children and the bus driver are being transported to nearby hospitals.

Module 3

Soon, first responders are experiencing breathing issues and skin irritation, and nearby residents, businesses and facilities are noticing hazy air, breathing issues and burning eyes. Dispatch is noticing an uptick in calls, and hospitals are flooded with patients with symptoms and worried family members, after seeing news reports about the derailment.

Within two miles of the derailment there is a significant amount of low-income housing, a nursing home for veterans, two homeless encampments, an elementary school for K-8 graders, a high school, and a day care for low-income children with physical and learning disabilities.

APPENDIX B – SAMPLE DISCUSSION QUESTIONS

NOTE: The questions and prompts below are provided as a suggestion. Facilitators should consider their objectives and audience when selecting which questions to use. Facilitators may also use questions of their own if desired.

Breakout Module / Topics	Discussion Questions
Breakout 1 - Activation, Roles & Responsibilities	
Activation/Notification	How would your facility/organization be notified of this event? What would be your activation process for this event? Who would be responsible for activating other organizations? Are there any special activation considerations outside of your standard process(es)?
Information Sharing	What are key elements of information your facility/organization would need to gather for this event? Does your plan address these elements? What would you need from other agencies or facilities? Who are you sharing information with? How are you getting information updates? How do you verify information is correct? Who is responsible for sharing information (PIO, hospital leader, etc.)? How are you cascading information throughout your facility/organization? What contacts do you have in your plan for plume modeling?
Roles & Responsibilities	What would be the role of your Facility/organization in this event? What would be the role of your key partners? Are there any noticeable gaps in partnerships for this event? Are members of your facility/organization assigned roles during an activation? Do you have redundancy of these roles?
Logistics/Resource Management	Do you foresee any potential resource shortages based on this scenario and your local capacity? Who would you need to coordinate with regarding logistics and resource management? Is there an established process? Does your Facility/organization have an established resource requesting/sharing procedure? If so, who are the key partners

Breakout Module / Topics	Discussion Questions
	and processes related to resource requesting/sharing?
Breakout 2 - Operations	
Decontamination	Does your plan address decontamination considerations? What would be the role of your facility/organization? Does your plan address contaminated patients that show up to your facility, but outside of the ED (main lobby, etc.)? How will they get to the ED? Who escorts them? What considerations are made to keep the patient, staff, and scene safe? Does your Decontamination Plan specifically address: • Pediatrics? • Special needs? • Chemical burns? What requests might you make of your regional authority or HCC? Is there anything different that would be done for pediatric burn patients? Are you familiar with Burn centers in your state and how they can be reached?
Triage	What tool are you utilizing for patient triage? Does it align with the regional or community triage process? Do you have a different tool for adults vs pediatrics? Does your triage protocol consider the need for decontamination?
Patient Care/Management	Who is responsible for determining how many patients your facility can take? Pediatric patients? How is this being communicated internally and externally? Does your plan address the surge of patients into your facility that may need to be held or admitted for prolonged treatment? • Pediatric Surge? • With Special Needs? • Coordination within your region? • Coordinated with HCC? • Transfer of pediatric patients?

Breakout Module / Topics	Discussion Questions
	• Age considerations? Does your plan address privacy concerns for children? Does your plan address infant or toddler handling risks?
Treatment	Does your facility have specific protocols for the treatment of contaminated patients? • Skin Burns? • Inhalation injury? • Antidotes/Countermeasures? Specific protocols for treatment of Pediatrics?
Safety & Control Measures	Does your decontamination plan address scene safety? Does it address safe handling of decontamination materials and wastewater management? How would you address a shift in wind resulting in contamination of your decontamination area? What decontamination training does your staff receive? Who receives it? Are there others who will/may be impacted that should also receive training?
Breakout 3 – Special Considerations	
Behavioral Health	How does your plan address the potential behavioral health impacts of this incident specifically on children and families? What actions would your HCC or facility take or consider at this time. Do you expect any requests from your HCC or other facilities? *(e.g. routine use of psychological triage for increased risk for behavioral health impacts such as PTSD, activation of your pediatric mental health response strategy (MH IAP, MH EEIs), etc. – see resources section for specific tools to accomplish)* • What essential elements of information for pediatric behavioral health are in your plan? What could your HCC or facility contribute to behavioral health situational awareness? *(e.g. Population level impact projections, GAP analysis, disaster systems of care linkages)* How would unaccompanied minors' mental health needs be supported while awaiting reunification? What is your strategy for managing pediatric mental health emergencies among the evacuees and injured? How does your plan address these

Breakout Module / Topics	Discussion Questions
	support elements? How would you support the behavioral health of involved staff for this response? (e.g. *individual self-triage and resiliency plan specific to responders- see WRAP-EM Pediatric Responder Resilience System on WRAP-EM webpage in resources)*
At Risk Populations	What groups may be at higher risk of impacts, or more severe impacts, from this incident? Does your plan address these groups? Are there potential barriers to reaching this population, or providing care and support to this group? What resources and services are available to address these barriers? Are they captured and/or addressed in your plan? Do plans address the specific needs of children?
Reunification	What are the roles and responsibilities around reunification for this incident? At this point in time, what processes should be taking place to address reunification needs? Does your plan address special considerations such as ensuring a child is reunited with their legal guardian (e.g.: situations with custody disputes)? How would behavioral health and spiritual care resources be integrated into reunification processes?
Fatality Management	Do you have a mass fatality plan? Do you have community partnerships or a response team to assist with mass fatalities? Does your plan address handling contaminated bodies? What is the process? Does your plan address cultural and/or religious considerations when it comes to management of bodies?
Security	Does your plan incorporate collaboration with Law Enforcement? Does the plan include additional security for the situation and decontamination zone?

APPENDIX C – SUGGESTED RESOURCES

Breakout Module / Topics	Resources
Breakout 1 - Activation, Roles & Responsibilities	
	Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) - Extensive Pediatric Response Resources Broad set of resources including pediatric surge plans, inpatient and outpatient guidelines, fact sheets, and more.
Activation/Notification	ASPR TRACIE – Emergency Operations Plan Activation and Triggers ASPR TRACIE – Hospital Activation of the Emergency Operations Plan Checklist
Information Sharing	ASPR TRACIE – Topic Collection: Information Sharing SAMHSA – Communicating in a Crisis: Risk Communication Guidelines for Public Officials US Department of Health & Human Services FEMA – Integrated Public Alert and Warning System (IPAWS)
Roles & Responsibilities	ASPR TRACIE – Hospital Emergency Preparedness Coordinator Job Description ASPR TRACIE – Topic Collection: Coalition Models and Functions
Breakout 2 - Operations	
Triage	ASPR TRACIE – Topic Collection: Pre-Hospital Mass Casualty Triage and Trauma Care Burn Surge Video Series - Minnesota Dept of Health – Burn Surge Video Series Minnesota Dept of Health – Triage of Patients with Cutaneous Burns Only During Mass Casualty Incidents ASPR TRACIE – Topic Collection: Burns
Facility Load-leveling	ASPR TRACIE – Medical Operations Coordination Centers (MOCC) / Patient Load-Balancing: Summary of Lessons Learned During COVID-19
Tracking	ASPR TRACIE – Topic Collection: Patient Movement, MOCCs, and

Breakout Module / Topics	Resources
	Tracking
Reunification	ASPR TRACIE – Topic Collection: Family Reunification and Support American Academy of Pediatrics - Family Reunification Following Disasters: A Planning Tool for Health Care Facilities EIIC New England EMS for Children – Activity Resource Packet
Breakout 3 – Special Considerations	
Behavioral Health	WRAP-EM – Mental Health Resources for Children, Families and Providers WRAP-EM Just In Time Resource – PsySTART: Psychological Simple Triage and Rapid Treatment
Decontamination	ASPR TRACIE – Topic Collection: Pre-Hospital Patient Decontamination ASPR TRACIE – Topic Collection: Hospital Patient Decontamination HHS – Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities
Evacuation	ASPR TRACIE – Topic Collection: Healthcare Facility Evacuation/Sheltering FEMA – Improving Public Messaging for Evacuation and Shelter-in-Place: Findings and Recommendations for Emergency Managers from Peer-Reviewed Research
Special Pathogens	ASPR TRACIE – Infectious Diseases
Security	ASPR TRACIE – Health Care Security Resources

APPENDIX D – EXERCISE ACKNOWLEDGEMENTS

Participating Organizations
Federal
Click or tap here to enter text.
State
Click or tap here to enter text.
Local
Click or tap here to enter text.
Other
Click or tap here to enter text.
Materials kit provided by
Pediatric Pandemic Network

The Planning Team	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

NOTE: A finalized list of participating facilities and organizations should be generated post exercise.

Produced by the

Pediatric Pandemic Network

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.

Tabletop Exercise for Chemical Surge Plans

After-Action Report and Improvement Plan (AAR/IP)

Exercise Date: Click or tap to enter a date.

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information that is required for preparedness reporting and trend analysis is included below; users are encouraged to add additional sections as needed to support their own organizational needs.

FUNDING ACKNOWLEDGEMENTS AND DISCLAIMER

Funding Acknowledgements:

The Pediatric Disaster Care Centers of Excellence are supported by the Administration for Strategic Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3M with 0 percent financed with nongovernmental sources.

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. For more information, visit HRSA.gov.

Disclaimer:

The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.

EXERCISE OVERVIEW

Exercise Name	Click or tap here to enter text.
Host Organization(s)	Click or tap here to enter text.
Exercise Date and Time	Click or tap here to enter text.
Scope	This is a discussion-based Tabletop Exercise. • The primary host will guide the process and environment. • This exercise by be delivered virtually, in-person, or both. • There are three modules, each covering different sections of the Plan. • If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights. • The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.
Focus Area(s)	National Preparedness Goal Mission Area: Response Core Capability: Public Health, Healthcare, and Emergency Medical Services
Capabilities	Health Care Preparedness and Response Capabilities • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge
Objectives	Players will: • Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans. • Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans. • Click or tap here to enter text. • Click or tap here to enter text.
Threat or Hazard	Recent events have brought forth concerns regarding rail accidents and the release of hazardous materials threatening resource constrained areas. Additionally, Pediatric resources are limited and would be strained in a chemical surge.
Scenario	This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised.
Participating Organizations	See list in Appendix A
Exercise Host Contact(s)	Click or tap here to enter text.

Exercise Structure

Players will participate in the following three breakout modules:

- Module Breakout 1 - Activation, Roles & Responsibilities
- Module Breakout 2 - Operations
- Module Breakout 3 - Special Considerations

Each module begins with a scenario inject that summarizes key events occurring within that period. After the updates, players review the situation and engage in their breakout room.

After each breakout, players will engage in a moderated plenary discussion in which a spokesperson from each breakout group will present a synopsis of the group's actions, based on the scenario and review of their Plan.

Exercise Guidelines

This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. 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 jurisdiction's/ 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 efforts. Problem-solving efforts should be the focus.

The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will 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 Evaluation Forms. 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)/Improvement Plan (IP)

ANALYSIS OF CAPABILITIES

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans.	Health Care Preparedness and Response Capabilities • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge	☐	☐	☐	☐
Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans.		☐	☐	☐	☐
Click or tap here to enter text.		☐	☐	☐	☐
Click or tap here to enter text.		☐	☐	☐	☐

Breakout Module 1 – Activation, Roles, and Responsibilities

Observations that demonstrated competency
Click or tap here to enter text.
Observations that showed areas for improvement
Click or tap here to enter text.
Recommendations
Click or tap here to enter text.

Topic	Strength	Gap	Challenge	Not Addressed
Activation/ Notification	☐	☐	☐	☐
Information Sharing	☐	☐	☐	☐
Roles & Responsibilities	☐	☐	☐	☐
Logistics/Resource Management	☐	☐	☐	☐

Breakout Module 2 – Operations

Observations that demonstrated competency
Click or tap here to enter text.
Observations that showed areas for improvement
Click or tap here to enter text.
Recommendations
Click or tap here to enter text.

Topic	Strength	Gap	Challenge	Not Addressed
Decontamination	☐	☐	☐	☐
Triage	☐	☐	☐	☐
Patient Care/Management	☐	☐	☐	☐
Treatment	☐	☐	☐	☐
Safety & Control Measures	☐	☐	☐	☐

Breakout Module 3 – Special Considerations

Observations that demonstrated competency
Click or tap here to enter text.
Observations that showed areas for improvement
Click or tap here to enter text.
Recommendations
Click or tap here to enter text.

Topic	Strength	Gap	Challenge	Not Addressed
Behavioral Health	☐	☐	☐	☐
At-Risk Populations	☐	☐	☐	☐
Reunification	☐	☐	☐	☐
Fatality Management	☐	☐	☐	☐
Security	☐	☐	☐	☐

Appendix A – Improvement Plan

This IP is developed specifically for Click or tap here to enter text. as a result of Click or tap here to enter text. conducted on Click or tap here to enter text..

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 2: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Capability 2: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Capability 2: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Capability 2: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Capability 4: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Capability 4: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 4: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Capability 4: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.

APPENDIX B – EXERCISE ACKNOWLEDGEMENTS

Participating Organizations
Federal
Click or tap here to enter text.
State
Click or tap here to enter text.
Local
Click or tap here to enter text.
Other
Click or tap here to enter text.
Materials kit provided by
Pediatric Pandemic Network

The Planning Team	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

APPENDIX C – EXERCISE PARTICIPANTS

Edit to add the participants of your organization	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Produced by the

Pediatric Pandemic Network

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.

Chemical Surge Tabletop Exercise

Hosted by: <Organization Name(s)>

Facilitated by: <Facilitator name(s)>

Acknowledgement

The Pediatric Pandemic Network (PPN) is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. For more information, visit HRSA.gov.

The Pediatric Disaster Centers of Excellence (PDCOEs) are supported by the Administration for Strategic Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3M with 0 percent financed with nongovernmental sources.

Disclosure

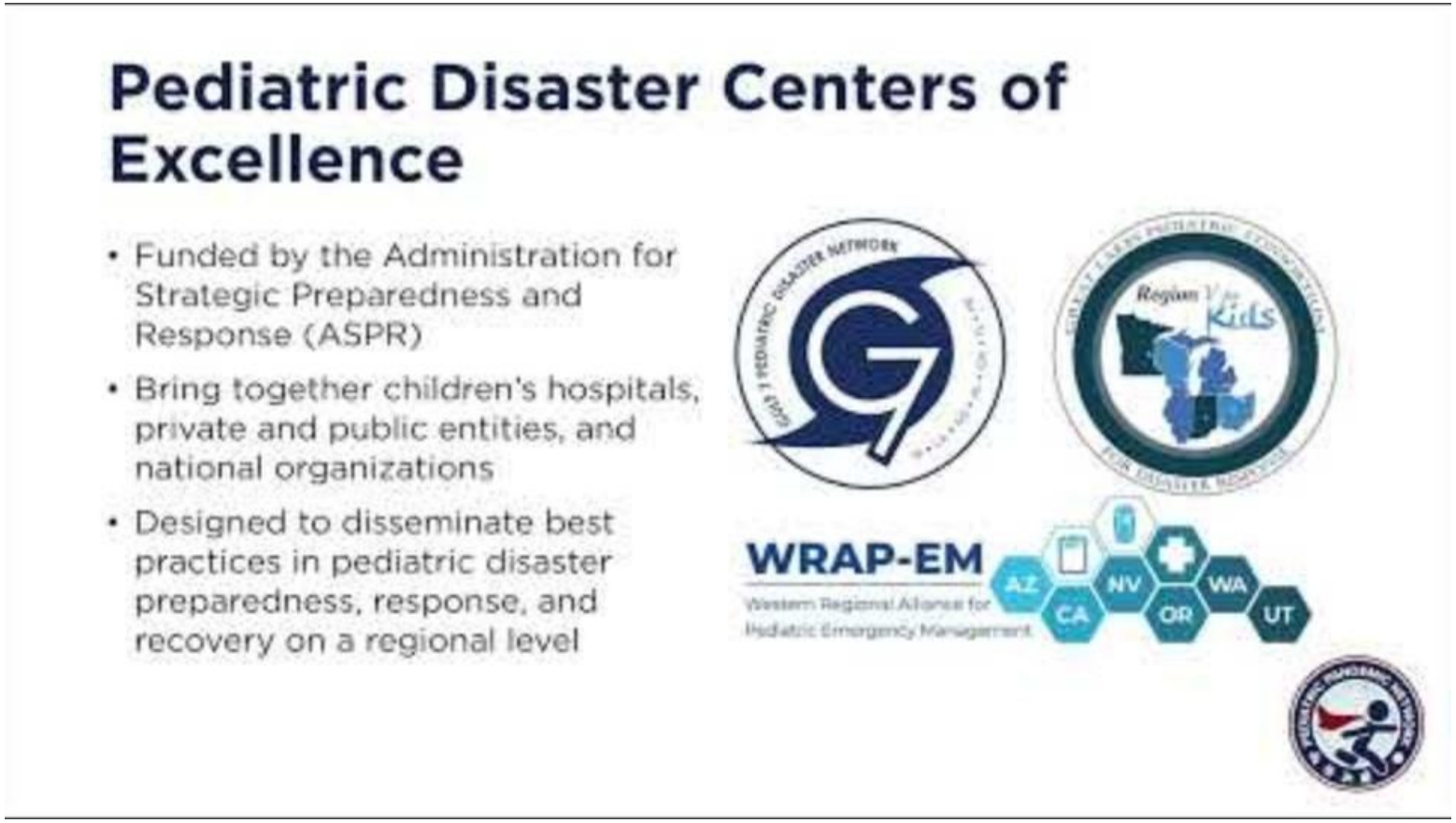
The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by PPN, the PDCOEs, ASPR, HRSA, HHS, or the U.S. Government.

Agenda

- Introductions
- Overview
- Modules
- Wrap Up
- Hotwash

Introductions

Video


Pediatric Disaster Centers of Excellence
• Funded by the Administration for Strategic Preparedness and Response (ASPR)
• Bring together children's hospitals, private and public entities, and national organizations
• Designed to disseminate best practices in pediatric disaster preparedness, response, and recovery on a regional level
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ
CA
NV
OR
WA
UT

Participating Organizations

- Enter text

- Enter text

Exercise Overview

Overview

- Exercise is scheduled for 2.5 - 3 hours
- The primary host will guide the process and environment.
- There are three modules, each covering different sections of the Plan.
- If breakout groups are used, each breakout group will conduct discussions regarding their section of the Plan. After each breakout session, groups will be asked to share highlights.
- The host and participating organizations determine the scope of an After-Action Report (AAR) which may include a single AAR for the exercise, and/or individual AARs completed by the participating organizations.

Schedule

- Welcome and Overview – 15 minutes
- Breakout 1 - Activation, Roles & Responsibilities
  - 30 minutes discussion / 10 minutes sharing in large group
- Breakout 2 - Operations
  - 30 minutes discussion / 10 minutes sharing in large group
- Breakout 3 – Special Considerations
  - 30 minutes discussion / 10 minutes sharing in large group
- Wrap-up – 15 minutes
- Hotwash in Breakout Rooms

Objectives

- Articulate the content, elements, and integration of the Chemical Emergency Surge Plan, including Pediatric considerations, with other facility and local plans.
- Identify areas for improvement, further development, and linkage between the Chemical Emergency Surge Plans and Pediatric Surge Plans.
- <Add additional Objectives as needed>

Guidelines

- This is an open, no-fault environment
- Base your responses on existing plans, policies, procedures, capabilities, and resources
- Please assume the exercise scenario is plausible
- Decisions are not precedent setting; consider different approaches and suggest improvements
- There is no “hidden agenda” nor are there any trick questions
- Issue identification is not as valuable as suggestions and recommended actions

Breakout Groups

- <Add instructions if using virtual or physical breakout groups>

Scenario

Scenario Overview

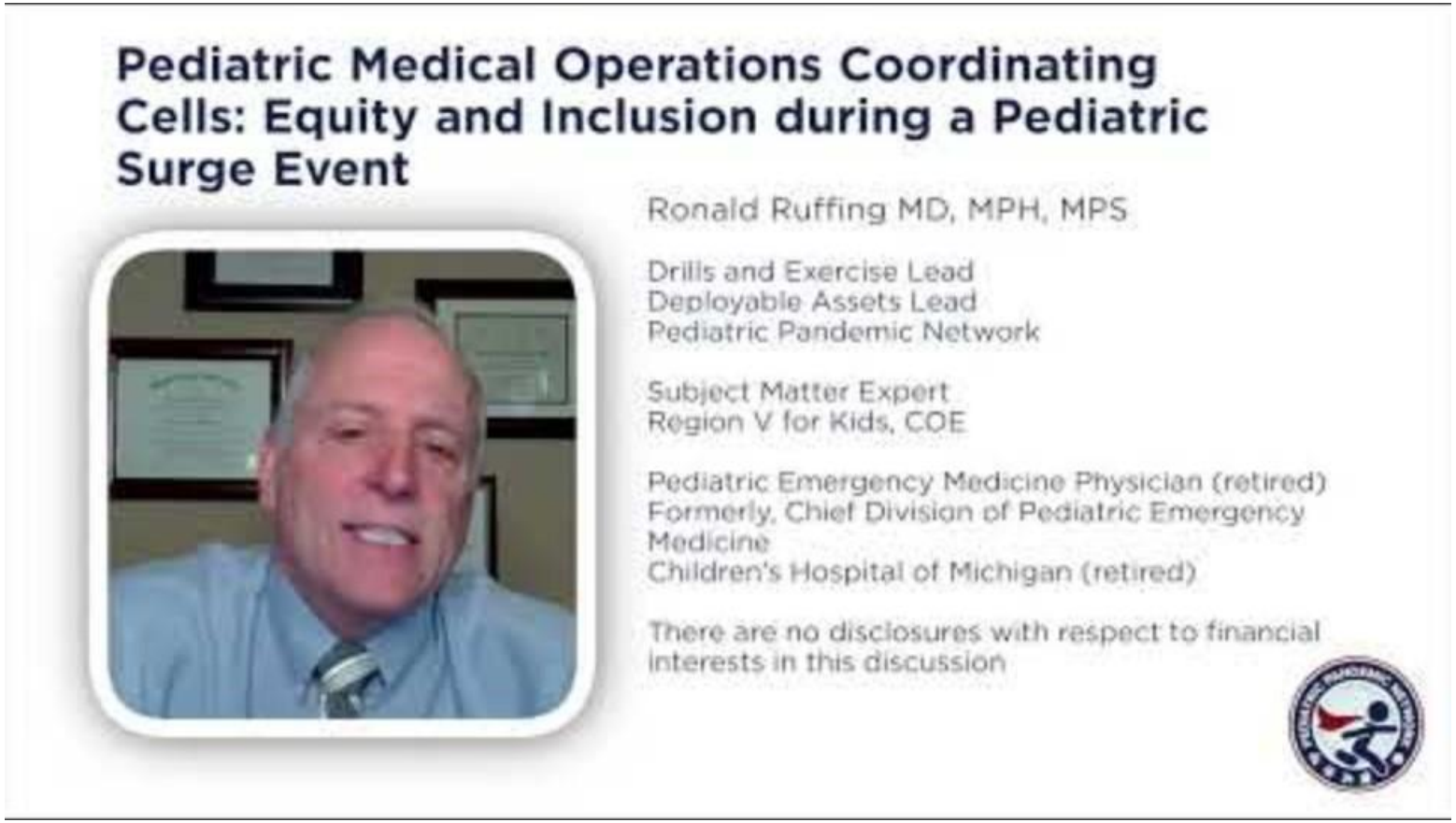
This scenario is based on a fictional accidental incident. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of plans under development or being revised.

When discussing your plan, assume the incident only affects your local area, adjacent areas remain unaffected.

Module 1

Activation, Roles & Responsibilities

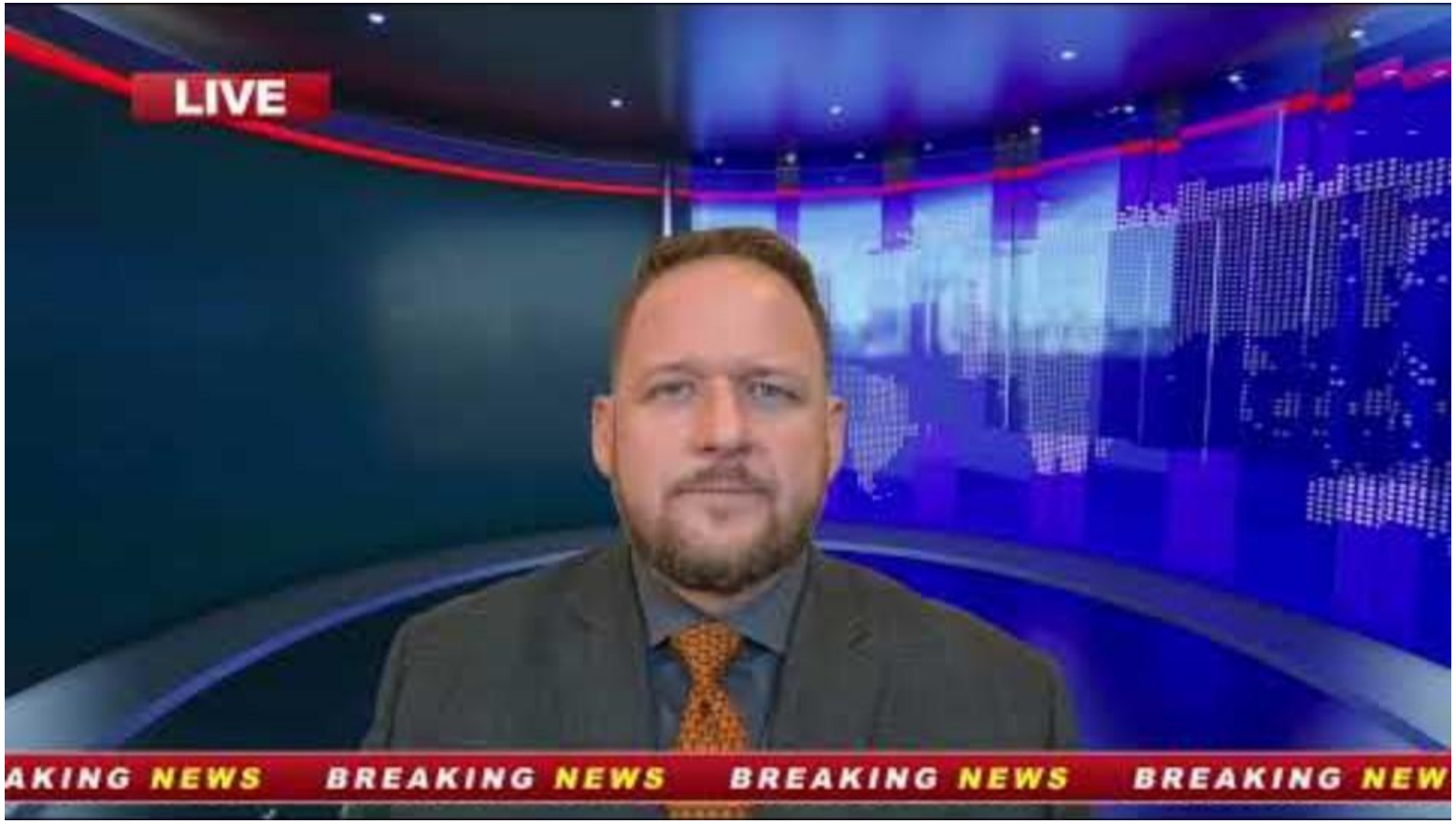
Video


Pediatric Medical Operations Coordinating Cells: Equity and Inclusion during a Pediatric Surge Event
Ronald Ruffing MD, MPH, MPS
Drills and Exercise Lead
Deployable Assets Lead
Pediatric Pandemic Network
Subject Matter Expert
Region V for Kids, COE
Pediatric Emergency Medicine Physician (retired)
Formerly, Chief Division of Pediatric Emergency Medicine
Children's Hospital of Michigan (retired)
There are no disclosures with respect to financial interests in this discussion

Module Topics: Activation, Roles & Responsibilities

- Activation & Notification
- Information Sharing
- Roles & Responsibilities
- Logistics & Resource Management

Scenario 1



Go to your Breakout Group

- Join your Breakout Group
- You will have 30 minutes for discussion
- Please be prepared to share highlights after breakout session

Activation/Notification

- How would your facility/organization be notified of this event?
- What would be your activation process for this event? Who would be responsible for activating other organizations?
- Are there any special activation considerations outside of your standard process(es)?

Information Sharing

- What are key elements of information your facility/organization would need to gather for this event? Does your plan address these elements? What would you need from other agencies or facilities?
- Who are you sharing information with? How are you getting information updates? How do you verify information is correct?

Information Sharing (cont.)

- Who is responsible for sharing information (PIO, hospital leader, etc.)? How are you cascading information throughout your facility/organization?
- What contacts do you have in your plan for plume modeling?

Roles & Responsibilities

- What would be the role of your Facility/organization in this event? What would be the role of your key partners? Are there any noticeable gaps in partnerships for this event?
- Are members of your facility/organization assigned roles during an activation? Do you have redundancy of these roles?

Logistics/Resource Management

- Do you foresee any potential resource shortages based on this scenario and your local capacity? Who would you need to coordinate with regarding logistics and resource management? Is there an established process?

- Does your HCC or facility have an established resource requesting/sharing procedure? If so, who are the key partners and processes related to resource requesting/sharing?

Large Group Sharing

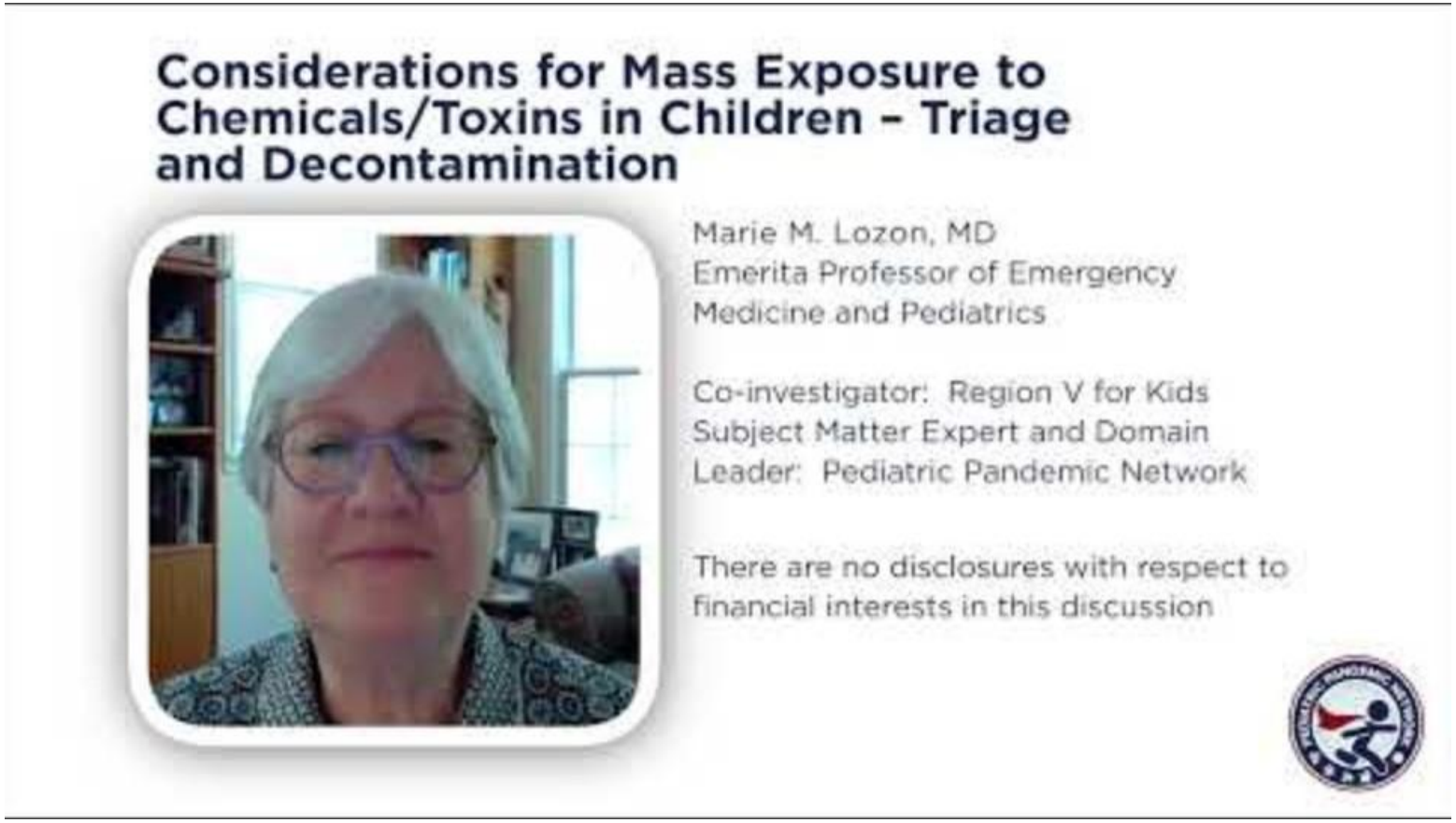
Each breakout group share discussion highlights:

- Activation/Notification
- Information Sharing
- Roles & Responsibilities
- Logistics/Resource Management

Module 2

Operations

Video


Considerations for Mass Exposure to Chemicals/Toxins in Children – Triage and Decontamination
Marie M. Lozon, MD
Emerita Professor of Emergency Medicine and Pediatrics
Co-investigator: Region V for Kids
Subject Matter Expert and Domain Leader: Pediatric Pandemic Network
There are no disclosures with respect to financial interests in this discussion

Module Topics: Operations

- Decontamination
- Triage
- Patient Care & Management
- Treatment
- Safety & Control Measures

Scenario 2

Go to your Breakout Group

- Join your Breakout Group
- You will have 30 minutes for discussion
- Please be prepared to share highlights after breakout session

Decontamination

- Does your plan address decontamination considerations?
- What would be the role of your facility/organization?
- Does your plan address contaminated patients that show up to your facility, but outside of the ED (main lobby, etc.)? How will they get to the ED? Who escorts them? What considerations are made to keep the patient, staff, and scene safe?

Decontamination (cont.)

- Does your Decontamination Plan specifically address:
  - Pediatrics?
  - Special needs?
  - Chemical burns?
- What requests might you make of your regional authority or HCC?

Decontamination (cont.)

- Is there anything different that would be done for pediatric burn patients?
- Are you familiar with Burn centers in your state and how they can be reached?

Triage

- What tool are you utilizing for patient triage? Does it align with the regional or community triage process?
- Do you have a different tool for adults vs pediatrics? Does your triage protocol consider the need for decontamination?

Patient Care & Management

- Who is responsible for determining how many patients your facility can take? Pediatric patients? How is this being communicated internally and externally?
- Does your plan address the surge of patients into your facility that may need to be held or admitted for prolonged treatment?
  - Pediatric Surge?
  - With Special Needs?
  - Coordination within your region?
  - Coordinated with HCC?
  - Transfer of pediatric patients?
  - Age considerations?

Patient Care & Management (cont.)

- Does your plan address privacy concerns for children?
- Does your plan address infant or toddler handling risks?

Treatment

- Does your facility have specific protocols for the treatment of contaminated patients?
  - Skin Burns?
  - Inhalation injury?
  - Antidotes/Countermeasures?
- Specific protocols for treatment of Pediatrics?

Safety & Control Measures

- Does your decontamination plan address scene safety? Does it address safe handling of decontamination materials and wastewater management? How would you address a shift in wind resulting in contamination of your decontamination area?
- What decontamination training does your staff receive? Who receives it? Are there others that will/may be impacted that should also receive training?

Large Group Sharing

Each breakout group share discussion highlights:

- Decontamination
- Triage
- Patient Care & Management
- Treatment
- Safety & Control Measures

Module 3

Special Considerations

Video

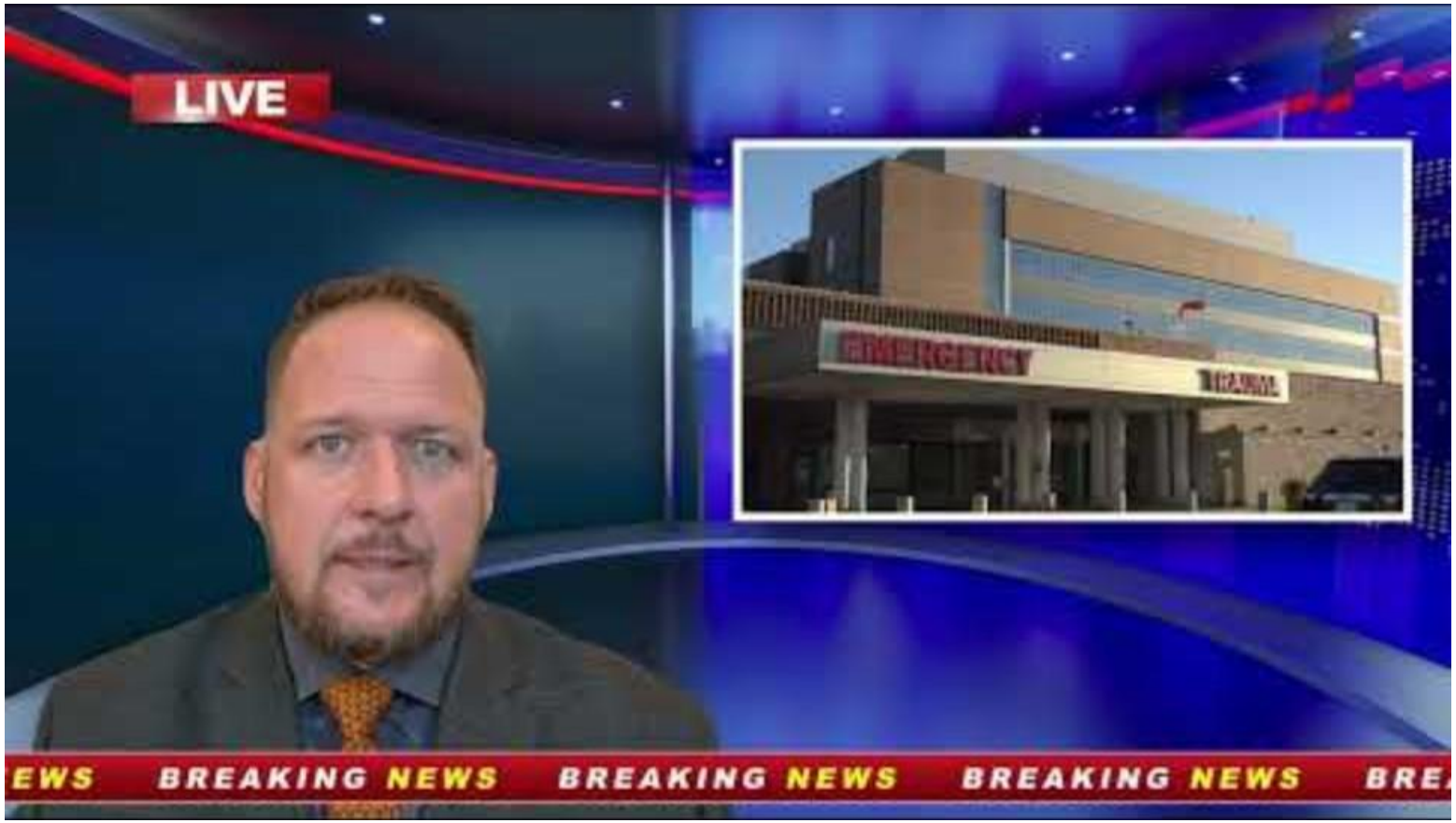
Family Assistance Center/ Reception
Family Reunification Center

- Similar to FAC
- Can be nearby FAC
- Can be smaller
  - For one-on-one reunification
- Death notifications
  - Ideally someone with training or experience in this area

Module Topics: Special Considerations

- Behavioral Health
- At Risk Populations
- Reunification
- Fatality Management
- Security

Scenario 3



Go to your Breakout Group

- Join your Breakout Group
- You will have 30 minutes for discussion
- Please be prepared to share highlights after breakout session

Behavioral Health

- How does your plan address the potential behavioral health impacts of this incident specifically on children and families? What actions would your HCC or facility take or consider at this time. Do you expect any requests from your HCC or other facilities? (e.g. routine use of psychological triage for increased risk for behavioral health impacts; activation of your pediatric mental health response strategy such as MH IAP, MH EEIs)
  - What essential elements of information for pediatric behavioral health are in your plan? What could your HCC or facility contribute to behavioral health situational awareness? (e.g. Population level impact projections, GAP analysis, disaster systems of care linkages)

Behavioral Health (cont.)

- How would unaccompanied minors' mental health needs be supported while awaiting reunification? What is your strategy for managing pediatric mental health emergencies among the evacuees and injured? How does your plan address these support elements?

- How would you support the behavioral health of involved staff for this response? (e.g. individual self-triage and resiliency plan specific to responders)

At Risk Populations

- What groups may be at higher risk of impacts, or more severe impacts, from this incident? Does your plan address these groups?
- Are there potential barriers to reaching this population, or providing care and support to this group?
- What resources and services are available to address these barriers? Are they captured and/or addressed in your plan?
- Do plans address the specific needs of children?

Reunification

- What are the roles and responsibilities around reunification for this incident? At this point in time, what processes should be taking place to address reunification needs?
- Does your plan address special considerations such as ensuring a child is reunited with their legal guardian (e.g.: situations with custody disputes)?
- How would behavioral health and spiritual care resources be integrated into reunification processes?

Fatality Management

- Do you have a mass fatality plan? Do you have community partnerships or a response team to assist with mass fatalities?
- Does your plan address handling contaminated bodies? What is the process?
- Does your plan address cultural and/or religious considerations when it comes to management of bodies?

Security

- Does your plan incorporate collaboration with Law Enforcement?
- Does the plan include additional security for the situation and decontamination zone?

Large Group Sharing

Each breakout group share discussion highlights:

- Behavioral Health
- At Risk Populations
- Reunification
- Fatality Management
- Security

Wrap Up

Feedback on Exercise

Initial thoughts:

- Was overall time too long or too short?
- Were breakouts too long or too short?
- Other comments and suggestions?

Final Reminders

- Resources provided in Facilitator Guide
- Include Facility/Organization name to be included in the list of participants.
- Please complete the Participant Feedback form

Hotwash

Hotwash

Group Discussion:

- What is covered well in the plan?
- What are areas for improvement in the plan?
- What additional plans or policies should be revised?
- What are your Improvement Action Items?

Produced by the

Pediatric Pandemic Network

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.