



May West

Player Handbook

May 7-8, 2010



Background

The State Medical Response System (SMRS) is made up of various components of North Carolina's many healthcare systems and partners. These response partnerships consist of personnel that vary from Trauma Surgeons to professional mechanics. The SMRS is composed of hospital employees, public health employees, private medical clinical service employees and a large amount of true volunteers. Volunteers bring both medical and non-medical training and experience to the system. The system is further divided into State Medical Assistance Teams (SMAT) and Medical Reserve Corps (MRC)s.

Per FY09-10 Funding Guidelines for the North Carolina Hospital Preparedness Program Grant, all awardees must ensure participation in at least two exercises. MATRAC is sponsoring this full-scale exercise which begins on May 7 and ends on the afternoon of May 8th. This exercise will test the operational capability of the following medical surge components:

1. Interoperable communications and Emergency Systems for Advance Registration of Volunteer Health Professionals (ServNC)
2. MOU's/MOA's that are to be in place in partnerships/coalitions.
3. Fatality Management, Medical Evacuation, tracking of bed availability

This full-scale exercise, May West, was preceded by the March Madness tabletop exercise held in Burke County on March 25th.

May West utilizes the same scenario that was used for March Madness to initiate and implement operational concepts and response activities that were discussed. Both exercises follow the Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP) guidance.¹

¹MATRAC SMAT II Work Plan. Introduction. 2010.

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Introduction

The May West SMRS operations based full scale exercise (FSE) is designed to establish a learning environment for players to exercise local, regional and state response procedures and plans to manage an evolving medical event that has multiple victims, mass fatalities and other potential hazards. The operations based exercise is multi-agency and multi-jurisdictional and will engage responders from the Mountain Area and Metrolina Area RACs.

The North Carolina Office of EMS and the Division of Public Health will support the exercise. North Carolina Emergency Management has established a Web EOC link for Henderson County EM to utilize in support of the exercise.

The May West FSE is a result of detailed and complex planning by a team of Subject Matter Experts (SMEs) and local representatives from involved agencies from both RAC regions. The exercise builds on the March Madness Co-regional table top exercise that was conducted on March 25, 2010. May West provides opportunities for activating local response, considering Mutual Aid agreements, and activation of the SMRS to establish a realistic operational units using SMRS equipment, human resources and communications systems. The activities progress from recognition of the event to response and demobilization (recovery).

The exercise focuses on select target capabilities to evaluate the operational success of resources and training that has been provided through the ASPR (Assistant Secretary of Preparedness and Response) funding and other initiatives.

PURPOSE

The Player Handbook provides the exercise participants with information that will support their effective participation in the exercise. Briefings will be conducted that communicate this information to the players prior to the exercise. Players should ask questions concerning their roles, responsibilities and rules of exercise play.

The Player Handbook identifies the scope and concept of play and key exercise assumptions, artificialities, and simulations. It provides the exercise players with the basic information needed to participate in the May West Full Scale Exercise.

Exercise Intent

The intent of the exercise is to evaluate operational components of local and state medical response to an evolving undefined illness that is of sufficient magnitude to require activation of local mutual aid and State Medical Response System Assets.

Hospitals will evaluate surge procedures and Public Health will initiate an epidemiological investigation.

Field medical hospital operations will be established and operational elements of command, control, coordination and communication will be exercised and assessed. MTAC and MATRAC SMAT II teams will establish combined operations to support the incident. SMAT III teams will be integrated into the response and will have an opportunity to set up and operate a decontamination unit.

SCOPE

Type of Emergency: Evolving Biological Event
Location: Burke County / Henderson County / MATRAC warehouse
Functions: Medical Surge and Field Medical Hospital Operation
Organizations & Personnel: North Carolina SMRS assets, Hospitals, Public Health, EMS and Emergency Management.
Exercise Type: Full Scale

CONCEPT OF PLAY

Initial play will begin in Burke County on May 7 at 1400 with activation of local response. The scenario evolves to the point of activating the State Medical Response System. Burke County players will continue to play and will evaluate interoperable communications as SMAT II and SMAT III teams begin to arrive at the designated location.

Primary artificialities of the exercise include pre-staging of the SMRS assets to achieve the desired level of play, and set up of the operations in Flat Rock, NC, rather than Burke County.

Exercise play will begin in Flat Rock, on Friday, May 7 at 1800 with a kickoff dinner and end at 1500 on May 8. Beginning at 1900 hours on May 7, play will occur in real time. Field operations will involve realistic response to a number of events. Play will continue throughout the night. At 0800 transfer of command will occur and demobilization will be initiated, with completion by 1400 hours on May 8.

Concept of play (continued)

Immediately following demobilization, a player hotwash and debriefing will be conducted.

The scope for play for May West involves activation of the local EOC, activation of SMAT II, SMAT III and MRC assets, set up and operation of a Field Medical Hospital and delivery of patients to local hospitals.

Exercise Assumptions

The following general assumptions apply to the exercise. Personnel who respond to incident scenarios will operate in accordance with existing plans, procedures, and practices during this exercise. For this exercise a **SMAT II Operations Plan** has been developed and can be accessed at http://matrac.com/disaster_smat.htm. Participants should download the work plan for reference during the exercise.

The goals and objectives of the exercise are consistent with functional area operations and technical plans and procedures.

Exercise Artificialities

May West will be played in real time. Some events, however, may require time jumps or may be accelerated to meet exercise objectives.

Player Expectations

Exercise participants will respond to the exercise events as though it were a 'real' event. Operational decisions, communications and activities will occur in real time. Expected actions will be observed and evaluated.

Objectives

1. Participants will establish interoperable communications and will utilize information from the Emergency Systems for Advance Registration of Volunteer Health Professionals (ServNC).
2. MOUs/MOAs will be activated to assess response by partnerships/coalitions.
3. Participants will make decisions regarding fatality management and medical evacuation.
4. The SMARRT will be utilized to track bed availability throughout the region.

Exercise Scenario Narrative

Initial Scenario

At 1400 hrs, Burke County EMS Crew 21 was dispatched to the J. Iverson Riddle Developmental Center (a residential center for people with developmental disabilities) to transport a sick individual. When EMS arrived at J. Iverson Riddle they found 6 buses filled with senior citizens returning from a relief mission to Haiti. The buses were fully loaded with approximately 200 passengers all complaining of abdominal pain accompanied with fever, vomiting, and diarrhea. First Responders were alerted from across the county.

- Field command and triage was established. Initial triage findings included 29 Red (individuals needing immediate assistance), 102 Yellow (individuals needing assistance of lesser urgency), 62 Green (individuals who were minimally impacted) and 7 Black (dead).
- The EMS Supervisor arrived and coordinated incoming units and began directing triage.
- The EM Director and EMS Manager were alerted
- The EMS Supervisor then called for ambulances from surrounding counties. He also requested the SMAT III team and the Mass Casualty Trailer and alerted the local hospital and asked for room availability.
- The EMS Manager alerted the Health Department Epidemiology Team.
- The EM Director contacted the County Manager, requesting a representative from State EM and is opening the EOC.

Situation Status Update - 1700 hours

Burke County Office of Emergency Services is monitoring the effects of an unknown problem with about 200 patients from a Nashville Church Organization that has just returned from a mission trip to Haiti. These are senior citizens that have all become ill while on buses coming from a port in Wilmington. Nearly all are very ill, and there have been several deaths. Communications has been initiated with agencies and disciplines within the county and the region. Additional staff has been contacted for extra assistance in the Communications Center and the EOC. Additional EMS Crews are being arranged to handle any overflow of EMS calls. Burke and East Burke Rescue have been contacted to staff their stations with personnel for a BLS Ambulance. Regional State Medical Assistance Teams, and mobile hospitals have also been contacted. Burke County Health Department's EPI Team is trying to determine what may be causing the illness and has contacted Regional Health Resources. J. Iverson Riddle Developmental Center has been isolated at this time to contain the patients.

Exercise Artificialities have been established for continued exercise play. For exercise purposes, the SMRS operational activities will occur at the MATRAC site in Flat Rock, NC rather than Burke County. Burke County Emergency Services will operate until their communications objectives have been met. Patients will be transported from the field (MATRAC site) to Pardee Hospital. The VA Medical Center in Oteen, NC will utilize paper patients to evaluate ED response to medical surge.

Exercise Schedule for SMRS Operations

(Meals will be provided at the MATRAC site)

Friday, May 7 – Flat Rock, NC – MATRAC Site

- 1800 – 1900 “Kickoff” dinner, briefing and assignments
- 1900 – 2300 Setup of M8 and tent system
Patient transport to Pardee Hospital
VA Medical Center utilizes ‘Paper Patients’ to surge the ED
- 1900 – 2100 Triage and Treatment of incoming patients by SMAT III
- 2300 – 0700 Patient Care operational period
- 2300 – 0100 Decontamination evolution for SMAT III Teams

Saturday, May 8

- 0700 – 0800 Breakfast, briefing, assignments and change of command
- 0800 – 1130 Demobilization
- 1130 – 1230 Lunch
- 1230 – 1400 Demobilization continued
- 1400 – 1500 Debriefing

PLAYER PROCEDURES AND RESPONSIBILITIES

Players are agency personnel or State Medical Resource Team members who have an active role in responding to the simulated emergency and will perform their assigned roles and responsibilities during the exercise. Players are expected to initiate actions that control and mitigate the simulated emergency as presented in the exercise narrative and subsequent injects.

Events will prompt reaction of first responders in Burke County, beginning the response phase of the exercise. Play will proceed in accordance with established plans and procedures.

A player Hot Wash for exercise participants will occur immediately following completion of demobilization procedures. A debriefing will occur the same day.

Rules of Conduct

1. If an actual emergency occurs during the exercise, an announcement stating **“Real World Exercise” will be made.** Controllers will immediately suspend exercise play and evaluate the situation. The Exercise Director decides whether the exercise can be safely resumed.
2. Act in a professional manner at all times.
3. Follow established protocols for your agency or function. Follow operating guides if available.
4. Perform tasks in a professional manner as you would in a real world incident. Avoid distracting and inappropriate behavior and conversations.
5. Maintain a log of your activities, when possible. Many times, this log may include documentation of activities missed by a controller or evaluator.
6. Respond to exercise events and information as if the emergency were real.
7. Adhere to all usual industrial/health protection controls for the simulated hazard(s) presented by the exercise scenario.

SAFETY AND SECURITY

Exercise security will be provided by Henderson County Sheriff’s Office. Any concerns regarding security should be immediately reported to available exercise staff.

Participant safety takes priority over exercise events. Although the organizations involved with the exercise come from various agencies, they share the basic concept of ensuring a safe and healthful workplace for their personnel. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise.

1. All exercise controllers and command staff will serve as safety observers while exercise activities are under way.
2. Participants will be responsible to look out for their own and each other’s safety during the exercise. It is the responsibility of every person associated with the exercise to stop play if, in his or her opinion, a real safety problem exists.

3. Smoking in the M8 and operations area is not allowed.
4. Weather and environmental conditions will be monitored and operational activities adjusted if necessary.
5. Accident Reporting. All injuries, incidents, and accidents, regardless of severity, will be reported immediately to the nearest controller.
6. Alcohol and Illegal Drugs: Alcohol consumption or the use of illegal drugs will not be allowed during the exercise.
7. Activity-Specific Requirements: Entry into the exercise venue will be controlled and all players will be registered and provide with exercise badges. Selected exercise sites may be controlled, and only authorized personnel will be permitted access into the exercise play areas.

The following rules of play apply to exercise implementation:

1. Real emergency actions take priority over exercise actions.
2. **“REAL WORLD EMERGENCY”** is the designated phrase that indicates there is a real emergency in the exercise area requiring immediate attention.
3. Modification or intentional disruption of communication circuits is prohibited.
4. Exercise players will comply with real-world response procedures unless otherwise directed by controllers.
5. Team specific information is provided within the ***MATRAC SMAT II Operations Plan for the May West SMRS 2010 Regional Exercise***. ***(The document can be accessed at: http://matrac.com/disaster_smat.htm)***
6. All external radio communications and telephone conversations made during the exercise will begin and end with the words, “This is an exercise.”

Responsibilities: The Exercise Director and exercise planning team are responsible for establishing policies, concepts, and standards for the exercise.

COMMUNICATIONS

Players will establish interoperable communications with other participating agencies. Redundant back-up systems may be necessary. Additional communication assets may be made available as the exercise progresses. The need to maintain a response capability for real-world response may preclude the use of all communications channels or systems that would usually be available for an actual incident. Exercise communications will NOT interfere with real-world emergency communications.

DEBRIEF / HOT WASH

Player Debriefing / Hot Wash. This block of time is provided immediately following the exercise to gather the first impressions of participants about exercise conduct and play. Observers attend only by specific invitation from exercise officials. Controllers and evaluators are encouraged to attend because they may find the information useful for the completion of controller notes and evaluation forms. Players will also be asked to complete a written evaluation for inclusion in the After Action Report and Corrective Action Plan. The written evaluations are taken into consideration in the design of future exercises.

ADMINISTRATIVE SYSTEMS

SMAT II participant will follow the **MATRAC SMAT II OPERATIONS PLAN** developed for the exercise. The plan is available both online and in hard copy.

ACRONYMS

Acronym	Meaning
AAR	After Action Report
ASPR	Assistant Secretary of Preparedness and Response
CAP	Corrective Action Plan
CHC	Community Health Center
EOC	Emergency Operations Center
FSE	Full Scale Exercise
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise Evaluation Program
IP	Improvement Plan
MAA	Mutual Aid Agreement
MATRAC	Mountain Area Trauma Regional Advisory Committee
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
MRMRC	Mountain Regional Surveillance Team
MTAC	Metrolina Trauma Advisory Committee
OEMS	Office of Emergency Medical Services
PH	Public Health
PIO	Public Information Officer
PHRST	Public Health Regional Surveillance Team
RAC	Regional Advisory Committee
RERRC	Regional Emergency Response & Recovery Coordinators
SMARTT	State Medical Asset Resource Tracking Tool
SMAT II	Statewide Medical Assistance Team Type II– Hospital Based
SMAT III	Statewide Medical Assistance Team Type III– EMS/Fired Department Based
SMRS	State Medical Response System
TCLs	Target Capabilities Lists
TTX	Table Top Exercise