

Situation Manual (SitMan)

BEHAVIORAL HEALTH MIDLANDS DISASTER



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PREFACE

The 2013 Behavioral Health Midlands Disaster Tabletop Exercise is part of a coordinated effort on behalf of the Nebraska Department of Health and Human Services Division of Public Health, Division of Behavioral Health, and the University of Nebraska Public Policy Center funded in part by Federal Award #1U9OTP000533-01. This Situation Manual (SitMan) was produced with input, advice, and assistance from the Behavioral Health exercise planning team, which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP). The Behavioral Health Midlands Disaster Tabletop Exercise (TTX) Situation Manual provides exercise participants with all the necessary tools for their roles in the exercise. It is tangible evidence of the state's commitment to ensure public safety through collaborative partnerships that will prepare it to respond to any emergency.

The Behavioral Health Midlands Disaster TTX is an unclassified exercise. The control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials deemed necessary to their performance. The SitMan may be viewed by all exercise participants.

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of FEMA and the Behavioral Health planning team.

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4. For more information, please consult the following points of contact (POCs):

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INTRODUCTION

Background

With all of the chemicals that are prevalent in our modern day culture, it is an unfortunate truth that in some cases, we are forced to pay the price. While almost every workplace is at risk for a chemical explosion, this is never truer than at a chemical or industrial plant. By the creation of gases, the build-up of heat and the reaction, a plant can become the source of serious and debilitating explosions. These can result in serious plant explosion injuries such as third-degree burns, and severe property damage that can affect the local community for years to come.

However, what really causes the plant explosions to occur? In all truthfulness, there are many different situations during which a plant explosion can occur, however, some have been noted as occurring more often than others. For example, simple fires can quickly spiral out of control into causing these large explosions. In other cases, a natural disaster such as an earthquake or lightning storm can be the cause. Other common causes for plant explosions include, but are not limited to the following:

- Boilers that are not properly cared for;
- Careless cigarette smoking while on premises;
- Malfunctioning and dangerous equipment;
- Improper maintenance of machinery;
- Unseen corrosion;
- The use of impure or dirty chemicals; and
- Failing to properly train all employees.

Other common causes of plant explosions include, poor labeling, unsafe procedures and even violations of OSHA safety regulations. All of the above are usually preventable, which makes plant explosions all the more tragic.

Purpose

The purpose of this exercise is to provide participants an opportunity to evaluate current response concepts, plans, and capabilities for a response to a plant explosion event in Nebraska. The exercise will focus on local emergency responder command and control coordination, critical decisions, notifications, and the integration of Regional and State assets necessary to save lives and protect public health and safety. The role of public information strategies will be critical to the overall response effort.

Scope

This exercise emphasizes the role of behavior health in response to a plant explosion in Nebraska.

Target Capabilities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Healthcare Preparedness Capabilities. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

The capabilities listed below have been selected by the Behavioral Health planning team. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks.

- Emergency Operations Coordination
- Fatality Management
- Information Sharing

Exercise Objectives

Exercise design objectives are focused on improving understanding of a response concept, identifying opportunities or problems, and/or achieving a change in attitude. The exercise will focus on the following design objectives selected by the exercise planning team:

1. Emergency Operations Coordination: Test/discuss activation protocols of region and state behavioral health resources.
2. Fatality Management: Test/discuss knowledge of behavioral health role in mass fatality incidents.
3. Information Sharing: Test/discuss knowledge of how to collect information for community needs assessment. Test/discuss link of behavioral health to the Joint Information Center (JIC) to convey behavioral health information in communications released by public information officers.

Participants

- Players respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
- Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key planning committee members may also assist with facilitation as subject matter experts (SMEs) during the tabletop exercise.

Exercise Structure

This will be a multimedia, facilitated tabletop exercise. Players will participate in the following three distinct modules:

- Module 1: Initial On-Scene Response
- Module 2: Seven Days Later
- Module 3: Ongoing Provision of Services

Each module begins with a multimedia update that summarizes the key events occurring within that time period. Following the updates, participants review the situation and engage in functional group discussions of appropriate response issues. For Midlands Disaster TTX the functional groups are as follows:

- Behavioral Health Regional Coordinators
- Emergency Management
- Medical Reserve Corps
- Public Information Officers
- Local Public Health Departments
- Department of Environmental Quality
- University of Nebraska Medical Center
- Red Cross
- State Emergency Response Team
- Nebraska Emergency Management Agency
- Medical Response System Regions
- Nebraska Department of Health and Human Services

Following these functional group discussions, participants then enter into a facilitated caucus discussion in which a spokesperson from each group presents a synopsis of the group's actions based on the scenario.

Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training.

- Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This 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 response and preparedness efforts. Problem-solving efforts should be the focus.

Assumptions and Artificialities

In any exercise a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There is no “hidden agenda”, nor any trick questions.
- All players receive information at the same time.

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MODULE 1: INITIAL ON-SCENE RESPONSE

An explosion occurs during the evening shift change at the Midlands paint factory on the edge of town where many of the local residents are employed. The force of the explosion was tremendous, destroying the majority of the plant. The cause of the explosion is not known and could be anything from an industrial accident to a deliberate attack on the plant.

Human remains are scattered over several acres, many fragmented, burned or almost unidentifiable as human tissue. As the plant utilized certain solvents, additives, resins and other chemicals in their manufacturing process, it is assumed the human remains are contaminated.

Fire continues to engulf a large section of the plant making it hard to access all the damaged areas. Approximately 75 employees work the morning shift and 60 employees work the evening shift on a daily basis. Because the factory's parent company is based in another town, the employee schedules and personnel records will be unavailable for up to 24 hours. There were contractors in the plant doing some remodeling to one of the warehouses; however, the number and identities of the contractors are not readily known.

Representatives from a Japanese paint company were touring the plant. Much like the contractors, the specific number and identities of the Japanese representatives are not readily known. Neighboring residents have been evacuated.

Key Issues

- A major disaster has occurred in your region.
- There has been a devastating effect on the community.
- There are confirmed fatalities.
- People are displaced.
- Incident Command has been established to control the scene and continue rescue/recovery operations.

Questions

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

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed.

1. What is your organization's role in this incident?
2. What are the roles and potential places of deployment for behavioral health?
3. How is the behavioral health function activated?
4. What is the procedure for assembling local/regional/state behavioral health responders?
5. How are behavioral health responders organized using the incident command system? (Who organizes the teams and ensures they have adequate leadership, just in time training, and resources for deployment?)
6. Who are the partners/collaborators behavioral health needs to work with to make this deployment work?
7. How will you know if additional behavioral health resources are needed and how do you activate them?

MODULE 2: THREE DAYS LATER

It has been 3 days since the paint factory explosion. Recovery operations continue with many responders feeling the strain of the initial response and continued operations. There have been 41 confirmed fatalities and 67 individuals are still missing (including 5 Japanese businessmen). Local law enforcement officials are finding it difficult to determine accurate numbers. Hospitals in the region have admitted over 100 patients with varying degrees of injury. The governor issued a proclamation to mobilize all state resources. At the request of the local emergency manager, a Family Assistance Center has been established at a local church. Morgue operations are ongoing and funerals are starting to be held. Japanese authorities request Shinto rites be observed. Those displaced due to the incident have been relocated to temporary sheltering/housing. The local emergency operations center has requested a greater behavioral health response. National news networks have established their presence in the area and are providing frequent reports on the situation. Some information has been reported inaccurately. Local officials have established a Joint Information Center (JIC) at the local library. State officials have opened a JIC in Lincoln. The public messaging campaign continues.

Key Issues

- The disaster has evolved from response to recovery.
- People have been displaced en mass.
- Responders are feeling the strain of the initial response and continued operations.
- Coordination of a greater behavioral response is requested.
- Public information is being disseminated through multiple media outlets and the potential for misinformation is high. A JIC has been established.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed.

1. What is the role of behavioral health at this point in the event? How has it changed, if at all?
2. How are the behavioral health teams structured and how do they coordinate activities with the emergency operations center and/or on-scene incident management?
3. How will behavioral health coordinate/integrate with other response entities?
4. What information is collected to assess the behavioral health needs of the community at this point in the incident? How would you collect this information? Who would you collect it from?
5. What is the link between behavioral health and the Joint Information Center (JIC) to track trends and incorporate behavioral health information in communications released by public information officers?
6. How is the Risk Communications Cadre accessed and under what circumstances would you request their assistance? What messages would be appropriate at this stage of the recovery?
7. How will behavioral health ensure its responders are able to deal with cultural issues resulting from this disaster?
8. STATE QUESTIONS: What is the role of the state BH prior to requests for assistance by Regions? How will the State BH Resources be activated and deployed if requested? Which Federal resources can be accessed at this point in the disaster and what is the process for accessing them?

MODULE 3: ONGOING PROVISION OF SERVICES

It has been 90 days since the incident at the Midlands Paint Factory. An investigation into the cause of the explosion is ongoing. Recovery operations on-scene have ended and restoration efforts are underway. Those initially displaced have been returned to their homes. The final number of confirmed fatalities is 100, 3 individuals are still missing, and 5 individuals have been found alive. All but a few patients have been treated at regional hospitals and released. The state continues to provide resources as needed. The Family Assistance Center continues to operate with reduced hours of operation. Emergency Management has asked for assistance from behavioral health to assist the Family Assistance Center with grief/stress counseling.

Key Issues

- Recovery operations on-scene have ended.
- People are returning to their homes.
- Final number of fatalities and injured confirmed. Three individuals are unaccounted for.
- Hospitals continue to treat the injured.
- Additional assistance has been requested for behavioral health.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed.

1. For this type of incident, who would you consider to be directly impacted and how would you assist them?
2. For this type of incident, who would you consider to be indirectly impacted and how would you assist them?
3. What types of behavioral health messaging would be disseminated to the public at this stage in the incident? Please give examples of this messaging.
4. How has behavioral health's role changed from Day 1 to Day 90? Discuss the long-term role of behavioral health in response to this event (weeks, months, and years).
5. What local and state resources will be required to support behavioral health operations in the long term recovery?
6. Researchers from across the country are beginning to descend on the area. What would you rely upon to handle and advise other responders to handle requests for research interviews, surveys, and tests?

APPENDIX A: ACRONYM LIST

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
BHERT	Behavioral Health Emergency Response Team
CBRNE	chemical, biological, radiological, nuclear, and high-yield explosive
DHS	U.S. Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
DoD	Department of Defense
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ESF	Emergency Support Function
ExPlan	Exercise Plan
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FOIA	Freedom of Information Act
FOUO	For Official Use Only
HazMat	Hazardous Materials
HQ	Headquarters
HSAS	Homeland Security Advisory System
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IED	Improvised Explosive Device
IST	Incident Support Team (Urban Search and Rescue)
JIC	Joint Information Center
JOC	Joint Operations Center
JPIC	Joint Public Information Center
JTTF	Joint Terrorism Task Force
MAA	Mutual-aid agreement
MCI	Mass Casualty Incident
MCIP	Mass Casualty Incident Plan
MOU	Memorandum of understanding
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NIMS	National Incident Management System
NRP	National Response Plan
OP	Operational Period
PAO	Public Affairs Officer

PIO	Public Information Officer
POC	Point of Contact
SitMan	Situation Manual
SME	Subject matter expert
SOP	Standard Operating Procedure
TCL	Target Capabilities List
TTX	Tabletop exercise
US&R	Urban Search and Rescue
VBIED	Vehicle-borne improvised explosive device
WMD	Weapon(s) of Mass Destruction