Family Reunification Tabletop Exercise

Situation Manual

[Insert Date]

[Insert Caveat]

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

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Exercise Agenda

Start Time	End Time	Activity
7:45 a.m.	8:30 a.m.	Registration
8:30 a.m.	8:45 a.m.	Welcome and Participant Briefing
8:45 a.m.	10:00 a.m.	Module One: Initial Notification and Response Preparation
10:00 a.m.	10:15 a.m.	Break
10:15 a.m.	11:30 a.m.	Module Two: Sustained Response
11:30 a.m.	11:40 a.m.	Break
11:40 a.m.	12:10 p.m.	Module Three: Short-Term Recovery
12:10 p.m.	12:40 p.m.	Hot Wash

All times are approximate

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Exercise Overview

Exercise Name	Family Reunification Tabletop Exercise (TTX)
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	This exercise is a TTX planned for approximately three hours at [insert exercise location]. Exercise play is functional in nature, to include simulated movement of assets and clarifying phone calls/emails being made as required. This exercise was developed using materials created by the U.S. Department of Homeland Security.
Mission Area(s)	Response and Recovery

Health Care Preparedness & Response Capabilities	1. Healthcare and Medical Response Coordination 2. Medical Surge 3. Coordinate Response Strategy, Resources & Communication

Objectives	Module One:
	    1. Review emergency management plans and procedures for family reunification at a healthcare facility and identify support from other organizations in the initial hours of the response.
	
	Module Two:
	    1. Identify roles, responsibilities and timeframes in activating and operating an FRC/FAC.
	    2. Assess procedures for coordinating and sharing information, within organizations, between organizations, and with the public. Identify organizational limitations on information sharing.
	
	Module Three:
	    1. Review organizational interdependencies and recovery plans.

Threat or Hazard	Explosion at a school
Scenario	An interactive, discussion-based exercise focused on regional family reunification. The scenario consists of three modules: Initial Notification and Response Preparation, Sustained Response, and Short-term Recovery.
Sponsor	Central Florida Disaster Medical Coalition
Participating Organizations	Please see Appendices.
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise point of contact (POC) (e.g., exercise director or exercise sponsor).]

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 guided by senior leaders and selected by the Exercise Planning Team (EPT).

Exercise Objectives	Capability
Review emergency management plans and procedures for family reunification at a healthcare facility and identify support from other organizations in the initial hours of the response	✓ Capability 1: Foundation for Healthcare and Medical Readiness - Objective 2: Identify Risk & Needs - Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs
Identify roles, responsibilities and timeframes in activating and operating an FRC/FAC.	✓ The ASPR HPP capabilities do not address an FAC. FEMA puts FACs under ESF8

Exercise Objectives	Capability
Assess procedures for coordinating and sharing information, within organizations, between organizations, and with the public. Identify organizational limitations on information sharing.	✓ Capability 2: Health Care and Medical Response Coordination - Objective 3: Coordinate Response Strategy, Resources, and Communications (includes Incident Action Planning During an Emergency) - Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency - Activity 4: Communicate with the Public during an Emergency
Review organizational interdependencies and recovery plans.	✓ Capability 2. Health Care and Medical Response Coordination - Objective 7: Coordinate Health Care Delivery System Recovery - Activity 3: Facilitate Recovery Assistance and Implementation
[Insert additional objectives, as necessary	✓ [Insert additional capabilities, as necessary]

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 participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players:** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Observers:** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

- **Facilitator:** The facilitator provides situation updates and moderates discussions. They also provide additional information or resolve questions as required. Key EPT members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

- **Evaluators:** Evaluators are assigned to observe and document the discussion during the exercise, participate in data analysis, and assist with drafting the After-Action Report (AAR).

Exercise Structure

This exercise will be a discussion-based, facilitated exercise. Players will participate in the following three modules:

- Module One: Initial Notification and Response Preparation

- Module Two: Sustained Response

- Module Three: Short-Term Recovery

Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in discussions of appropriate response and recovery issues.

Exercise Guidelines

- This exercise will be held in an open, no-fault environment where capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected and encouraged as part of active discussions and learning.
- 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 response and recovery issues. Problem-solving efforts, cross-organizational working and information sharing 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 core capabilities. Players will be asked to complete a participant feedback form. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and then compiled into the After Action Report (AAR)/Improvement Plan (IP).

Module One: Initial Notification and Response Preparation

Scenario

[Insert Location]

[Insert Month, Day, Year]: [Time]

The Central Florida Intelligence Exchange (CFIX) circulates information to area Law Enforcement and Intelligence Liaison Officers (ILOs) of an increase in online threats against the central Florida region. No specific targets are identified, but law enforcement agencies are notified of the potential for violence in the region.

[Insert Month, Day, Year + 1 Day]: [Time]

It is a normal busy weekday at your facility. Your emergency department (ED) has a large number of patients holding for beds, and EMS are reporting delayed offload times. At [insert time of day], 911 emergency services receive multiple reports of several explosions at xyz [insert level of school – elementary, middle and/or high] school. Media coverage shows a mushroom cloud rising up from the area. The incident begins to go viral on social media as hundreds of messages, many of which include videos, are posted. EM Resource notifications warn of a Level 4 Mass Casualty Incident (100+ patients) at the incident site, with a request for all regional healthcare facilities to update their total patient capacity.

Module One Discussion Questions

You will now break out into subject matter groups to work through a list of questions. Please attempt to answer all questions in the time provided. Your group should assign a spokesperson to report out your answers on the questions highlighted in red.

The Additional Planning Consideration information are items you may wish to take back to your organization for further reflection.

Module One – Hospitals:

1. How would you gather more information about the situation, who would you be contacting and what are your initial actions?

2. Would you activate any policies and procedures (EOPs)? Is so, which?

3. What notification methods (e.g., alerts, emails, telecommunications, text message) would your hospital use to send alert information?

4. Where will you set up the following operations (state where and indicate on the map):
   a. Hospital Incident Command System/Hospital Command Center
   b. Patient Triage areas:
      1) Green acuity
      2) Yellow acuity
      3) Red acuity
      4) Black acuity

Additional Planning Considerations:
- *Which department is responsible for sending out alerts or warnings to your facilities? Are they accessible 24-hours a day?*
- *How would you alert your employees who aren't currently at work?*
- *How do you notify onsite vendors, patients and visitors?*
- *Do you notify the public? If so, what methods do you use, and when would you start doing this? Does your message align with that of the school district, city/county, etc.?*
- *Does your hospital operate a Hospital Incident Command System (HICS) organizational structure with multiple layers of staffing to account for personnel absences?*

Module One – Fire Rescue/EMS:

1. How would you gather more information about the situation, who would you be contacting and what are your initial actions?

2. Would you activate any policies and procedures (EOPs)? Is so, which?

3. Do you assign transport officers to each MCI?
   a. Would they be able to keep track of all the patients being taken to area hospitals?
   b. Would you be able to handle multiple requests for information from area hospitals?

4. If there are multiple EMS agencies responding, is there a central collection point for patient tracking? If so, how is this information shared with hospitals?

5. Would you be requesting Mutual Aid? If so, from which agencies? How long would this take to arrange?

Module One – Emergency Management Agency:

1.   How would you gather more information about the situation, who would you be contacting and what are your initial actions?

2.   Would you activate any policies and procedures (EOPs)? Is so, which?

3.   Who would you contact about the incident (internally and externally)?

4.   What actions will you be taking?

5.   What are your concerns?

6.   What requests do you anticipate from area hospitals?

7.   What information are you requesting from area hospitals and schools?

Module One – School District:

1.   What actions would you be taking to protect your students and staff after the explosion?

2.   Where would students and staff relocate to? Who makes that determination?

3.   Who would you be contacting?

4.   What plans are you activating?

Additional Planning Considerations:
- *As victims may be transported to multiple hospitals, do you have enough school district representatives available to go to each hospital within your district?*
- *What's your plan if victims get transported outside your district?*

Module One – Community Partners:

1. How would you gather more information about the situation?

2. Who would you be contacting?

   What are your initial actions and what support can you provide?

3. Would you activate any policies and procedures (EOPs)? Is so, which?

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Module Two: Sustained Response

Scenario

[Insert Location]

[Insert Month, Day, Year]: [Time]

Approximately 30-minutes after initial media reports of the explosion, hospitals start receiving walk-in patients. The explosion killed [insert number] people and wounded [insert number], with [insert number] of those in critical condition. Fire-Rescue and EMS already called in their mutual aid partners from surrounding jurisdictions, and ambulances are beginning to arrive. Law enforcement officers securing the scene reported that several law enforcement agencies from elsewhere in the country have offered their aid. Your ED is full of victims from the scene, with more arriving.

Media is on-scene and staging outside area hospitals. They are attempting to interview witnesses and first responders. The mayor arranges for a media briefing later that afternoon. The governor calls to express their condolences and detail what the state is doing to respond. Shortly thereafter, representatives of state and federal agencies are on-scene and begin to arrive at area hospitals. The motivation of the attack is not yet known.

Large numbers of family members are arriving at your facility. Many are without cell phones and/or charging cables, ID and other items, including shoes. They are asking your staff to check whether their loved ones are at any of the other areas hospitals. Many have been waiting for hours and are hungry and thirsty.

Module Two Discussion Questions

You will now break out into subject matter groups to work through a list of questions. Please attempt to answer all questions in the time provided. Your group should assign a spokesperson to report out your answers on the questions highlighted in red.

The Additional Planning Consideration information are items you may wish to take back to your organization for further reflection.

Module Two – Hospitals:

1. Does your organization have a family reunification plan? Has it been tested before (tabletop and/or full-scale exercise)

2. How long does your family reunification center take to set up? Who would staff your family reunification center and are those staff trained on family reunification?

3. Where would you set up the following Family Reunification areas (state where and indicate on the map):
    a) Registration
    b) Quiet area
    c) Private family area(s)
    d) Pediatric Safe Area (area for medically-cleared Pediatric patients with no Next of Kin identified)
    e) Reunification area
    f) Staff administration area
    g) Staff rest area

4. If you operate multiple hospitals, how would you coordinate family reunification operations between your facilities?

5. What information are you asking for from family members/loved ones? How are you gathering it and, once you receive that information, how are you using it to match families with patients?

6. Have you established a method for identifying parents/guardians who have been verified and are cleared to access the facility/reunite with a child?

7. How many family members can you manage before you can no longer operate family reunification effectively? Who would you contact to request assistance to address this and specifically what support would you be requesting?

Additional Planning Consideration:

- *How many people can occupy the patient triage and family reunification areas before you are in violation of local fire codes?*
- *Which organizations would you work with to support your family reunification efforts? Do you spoken with them about what's expected of them?*
- *How will you help families determine where their loved one is located if they're not at your facility?*
- *How are you managing the influx of information coming in from in-person enquiries, phone calls and emails? How may hits can your website handle before it crashes? How may calls can your phone system manage at once before crashing?*
- *Does your website have the ability to create an emergency banner to post critical information?*
- *Does your family reunification process account for possible duplication/triplication of information for the same person being received through multiple methods (e.g., phone, email, web site)?*
- *What is your plan to account for name variants (e.g., Jim, James, Jimmy)?*
- *Do you have room at your facility to accommodate law enforcement requests for space to be used for interviews? If yes, indicate where on the map.*
- *If this were to be declared a terrorist incident and the FBI/law enforcement seized personal belongings as part of their investigation how would this impact your family reunification process?*

Module Two – Fire Rescue/EMS:

1. Does your organization have sufficient resources to respond to the incident, or would you need to activate Mutual Aid?

2. Would your EMTs/Paramedics be able to stay at an ED for a period of time to provide additional support during the initial medical surge?

3. What resources does your agency have available that may be of value to area hospitals?

Module Two – Emergency Management Agency:

1.   Do you have a process for contacting all the hospitals in your region?

2.   What information are you requesting from area hospitals?

3.   What actions are you taking to relieve the pressure on area hospitals?

4.   Where will you establish a regional Joint Information Center (JIC), and how will you share information updates?

Module Two – Authority Having Jurisdiction

1. Within the Authority Having Jurisdiction's area of operations, who is responsible for identifying a suitable location and establishing an area Family Reunification Center (FRC)?

2. Does your agency have a list of possible locations immediately available?

3. How quickly can you open an FRC? Who will staff it? Are those individuals trained in family reunification? How will you notify these staff of the activation? Where are the supplies to set up the FRC stored? How quickly can these be mobilized?

4. How would stakeholders, including hospitals and the public, receive notification that the area FRC is open?

5. Would your support include transporting loved ones from area hospitals to the FRC? If not, who is responsible for arranging this?

6. Do you have a process for establishing a public information hotline? How will you ensure the information being provided is current?

7. How often do you check your community partner contact/distribution lists for accuracy?

Module Two – School District:

1. Does your plan include sending staff to area hospitals? If so, how many can you send? Are those staff accessible 24-hours a day? How will you communicate with them to assign their tasks?

2. Do those staff tasked to respond have laptops immediately accessible that will connect to the district network (inc. accessing student information) they can take with them, or can they access the information on smart phones?
    a. Have the secure connections been tested off-network (e.g., logging on through public domains, hot spots, etc.)?

3. How will you coordinate with area hospitals so they can most effectively use them in the reunification process?

Additional Planning Considerations:
- *What happens if your school district representatives don't answer the phone?*
- *How will you identify additional staff and provide the necessary direction to coordinate operations for multiple operational periods?*
- *Does your plan factor in a number of your representatives not being able to respond due to being directly impacted?*
- *Have you considered the emotional impact on staff, especially when your representatives know the students and staff who have been injured/killed?*
- *When would you send school district representatives to a City/County operated Family Reunification Center vs. sending them directly to the hospital? What are those trigger points in your plan?*
- *What information can you share with the hospitals to help them reunite family members/loved ones? Are there any limitations on the information you can share? If so, can you use an intermediary (e.g., law enforcement) to help with this?*
- *How would you account for off-campus students or students who may have self-transported?*

Module Two – Law Enforcement:

1. How would you manage requests from hospitals for assistance in:
    a. Identifying patients/next of kin
    b. Crowd control
    c. Traffic control
    d. Security

2. How would you coordinate interviewing survivors when they're located at hospitals across the county/region?

3. Can you access the driver's license database remotely?
    a. How effective is the system?
    b. Will it work in heavily shielded areas of the hospitals (e.g., near MRI suites)?
    c. How much longer would it take to run fingerprints manually?

4. Does your agency have the ability to perform rapid DNA sampling?

Module Two – Department of Children & Families:

1. How would your agency be able to assist hospitals with patient identification and family reunification (including pediatric patients)?

2. Do you have enough staff to deploy to area hospitals? If not, how would you be able to support area hospitals? Are those staff accessible 24-hours?

3. How would you communicate with them?

4. Do they have remote access to your computer system/database?

5. Are you allowed to share information with outside entities? Are there any limitations on the information you can share?

Module Two – Community Partners:

1.   What would you be doing once you heard news reports of the explosion?

2.   How can you support the hospital family reunification process?

3.   Briefly, state what support can you provide to:

    a.   Law enforcement

    b.   Medical Examiner/Coroner Offices

    c.   Foreign Nationals

    d.   Family Members/Loved ones

4.   How long would it take you to coordinate your staffing before being able to provide effective support?

Additional Planning Considerations:
- *Does your hospital's plan consider employees who may have children going to the school or a close connection with the school?*
- *How could this impact your staffing levels?*
- *What processes could you put in place to address this?*

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Module Three: Short-Term Recovery

Scenario

[Insert Location]

[Insert Month, Day, Year]: [Time]

It's now 8pm. Your hospital has reunited the majority of the patients. However, you have:

- [insert number] non-ambulatory, non-responsive adult patients.

- [insert number] pediatric patients under the age of 16.

- [insert number] of the under 16 patients are medically cleared for discharge, but their family members have not been located.

There are a number of adults in your hospital FRC. They're *extremely* upset and say they want to see their children immediately. They have no ID.

Module Three Discussion Questions

You will now break out into subject matter groups to work through a list of questions. Please attempt to answer all questions in the time provided. Your group should assign a spokesperson to report out your answers on the questions highlighted in red.

The Additional Planning Consideration information are items you may wish to take back to your organization for further reflection.

Module Three – Hospitals

1. How does your family reunification plan address:
   a. Non-responsive adult patients?
   b. Non-responsive pediatric patients?
   c. Pediatric patients who can be released but have no parent/guardian.
   d. Does your plan include coordination with the Florida Department of Children & Families?

2. Which organizations/information systems will you leverage to ensure you're releasing the child back to the right person? How quickly can you access that information?

3. Would you send a liaison to the Office of Emergency Management to provide immediate input on your response actions and unmet needs?

4. Are pre-arranged agreements in place to obtain key resources? If so, how are these agreements activated (i.e., what type of coordination and request process is required)? How would you manage multiple organizations competing for the same resource?

Module Three – Emergency Management Agency

1. What resources can you provide to the community?

2. What resources can you provide to hospitals?

3. If you're unable to provide the requested/required support, who will you contact for assistance?

4. What resources are available to assist your agency/organization with recovery, if required?

5. Are pre-arranged agreements in place to obtain key resources? If so, how are these agreements activated (i.e., what type of coordination and request process is required)? How would you manage multiple organizations competing for the same resource?

6. How will organizations continue to work together during long-term recovery?
   a. Follow-up medical care
   b. Long-term emotional support for residents/employees
   c. Financial support to staff whose homes have been impacted

7. If some of your employees or their children were killed or injured in the explosion, how would it change your actions?

Module Three – School District

1. How will you identify additional staff and provide the necessary direction to coordinate operations for multiple operational periods?

2. Have you considered the emotional impact on staff, especially when your representatives know the students and staff who have been injured/killed?

3. Does your plan factor in a number of your representatives not being able to respond due to being directly impacted?

4. When would you send school district representatives to a City/County operated Family Reunification Center vs. sending them directly to the hospital?

APPENDIX A: EXERCISE PARTICIPANTS

Participating Private Sector Organizations	
[Insert private sector participants]	

Participating Local Organizations	
[Insert local participants]	

Participating State Organizations	
[Insert state participants]	

Participating Federal Organizations	
[Insert federal participants]	

Other Participating Organizations	
[Insert other participants]	

APPENDIX B: RELEVANT PLANS

[Insert excerpts from relevant plans, policies, or procedures to be tested during the exercise.]

APPENDIX C: ACRONYMS

Acronym	Term
AAR	After-Action Report
EAP	Emergency Action Plan
EMS	Emergency Medical Services
EOC	Emergency Operation Center
FAC	Family Assistance Center (also known as Family/Friends Reception Center)
FRC	Family Reunification Center (also known as Family/Friends Reception Center)
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
MAC	Multi-Agency Coordination
NGO	Non-Governmental Organization
NIMS	National Incident Management System
PIO	Public Information Officer
POC	Point of Contact
SitMan	Situation Manual
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TTX	Tabletop Exercise

APPENDIX D: IMPROVEMENT PLAN

This IP is developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					

APPENDIX E: PARTICIPANT FEEDBACK FORM

Strengths	Recommended Actions

Opportunities for Improvement	Recommended Actions

Credits:

This Tabletop Exercise was created by:

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