Maryland Region III Health and Medical Coalition

Pediatric Surge Tabletop Exercise

After-Action Report/Improvement Plan



**AAR/IP Revision Date:**

**Date of Exercise: February 24, 2020**

The After Action Report and Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the Assistant Secretary for Preparedness and Response’s (ASPR) National Guidance for Health Care Preparedness and the Hospital Preparedness Program Measures.

This project is supported by funding from the Hospital Preparedness Program at the Maryland Dept. of Health, Office of Preparedness and Response granted under the Assistant Secretary for Preparedness and Response.

# Exercise Overview

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| **Exercise Name** | **MD Region III Pediatric Surge Tabletop Exercise** |
| **Exercise Date** | **February 24, 2020** |
| **Scope** | This exercise is a tabletop exercise, planned for three hours at Maryland Hospital Association. Exercise play is limited to the Maryland Region III Health and Medical Coalition. |
| **Mission Area(s)** | Response and Recovery |
| **HPP and Response Capabilities** | Health Care and Medical Response Coordination; Medical Surge; Foundation for Health and Medical Readiness; Continuity of Health Care Service Delivery |
| **Objectives** | 1. Assess the Concept of Operations that details initial notification and activation of the Region III Coalition and Pediatric Surge Annex.
2. Assess effectiveness, efficiency, and accuracy of information via multiple modalities of communication between agencies within the MD Region III Coalition. (i.e. phone, e-mail, text, mass notification, radio, etc.)
3. Identify resource needs for special needs populations including behavioral health.
4. Explain the role of the Region III Coalition with regards to Response and Recovery operations through the incident lifecycle.
5. Determine decontamination capabilities and capacities within the region including resource needs.

Demonstrate tracking and reunification capabilities and capabilities within the region from initial incident response through health care facility admission. |
| **Threat or Hazard** | Mass CausalityStructural Collapse |
| **Scenario** | Approximately 150 middle school students from Carroll County and Howard County Public Schools will be in attendance of an interactive educational event at the Maryland Science Center. During their visit at the Maryland Science Center, a gas line feeding the building explodes causing structural damage and collapse. As a result, 75 students are injured and in need of medical care, surging local hospitals.  |
| **Sponsor** | Maryland Hospital AssociationHospital / Healthcare Preparedness Program (HPP) Grant |
| **Participating Organizations** | Approximately 56 participants of the state, regional, and local levels will participate in the exercise. A full list of agencies is included in Appendix B.  |
| **Points of Contact (POC)** | Shane AndersonEmergency ManagerMaryland Region III Health and Medical CoalitionMaryland Hospital Association(O): 410.379.6200(C): 240.470.0888(E): Sanderson@mhaonline.org |

# Executive Summary

**Major Strengths**

The major strengths identified during this incident are as follows:

* The region has many strengths due to multiple modalities of communication (i.e. phone, e-mail, text, mass notification, radio, etc.)
* The MD Region III Coalition has a wealth of available material and support resources from a broad spectrum of agencies. This includes medical equipment and trauma caches. Equipment and supply resources are collated within the MD Region III Resource Management Plan.
* There is robust support offered by MD Department of Human Services for reunification.
* The availability and utilization of pastoral care and social workers at the disaster site and in the hospitals proved a greatly beneficial resource during the exercise. This allowed the clinical staff to focus on clinical concerns while pastoral care and social workers can focus on the counseling needs of patients, families, staff, etc.

**Primary Areas for Improvement**

Throughout the exercise, several opportunities for improvement in the region’s ability to respond to the incident were identified. The primary areas for improvement are as follows:

* Hospitals, public health, and schools currently do not have a clearly defined communication system in place for coordination and information sharing.
* Specialized pediatric equipment in the region could be quickly exhausted during a pediatric mass causality situation.
* Patient identification and reunification proved to be a challenge with younger children who cannot provide appropriate information or were not conscious.
* Local Health Departments do not currently have access to the CRISP reunification portal.
* The MD Region III Pediatric Surge Annex lacked information on available mental health resources within the region.

# Capability Ratings

Aligning exercise objectives and Hospital Preparedness Program (HPP) Health Care Preparedness and Response capabilities provides a consistent methodology for evaluation that transcends individual exercises and real-world responses to support preparedness reporting and trend analysis. Ratings are assigned by the sub recipient to HPP activities evaluated during the exercise.

| **Hospital Preparedness Program (HPP) Capability** | **Performed without Challenges (P)** | **Performed with Some Challenges (S)** | **Performed with Major Challenges (M)** | **Unable to be Performed (U)** |
| --- | --- | --- | --- | --- |
| Health Care and Medical Response Coordination |  | **X** |  |  |
| Medical Surge |  | **X** |  |  |
| Foundation for Health and Medical Readiness |  | **X** |  |  |
| Continuity of Health Care Service Delivery |  | **X** |  |  |

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| --- |
| **Ratings Definitions:*** *Performed without Challenges* (P): The targets and critical tasks associated with the health care preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* *Performed with Some Challenges* (S): The targets and critical tasks associated with the health care preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
* *Performed with Major Challenges* (M): The targets and critical tasks associated with the health care preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* *Unable to be Performed* (U): The targets and critical tasks associated with the health care preparedness capability were not performed in a manner that achieved the objective(s).
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# Hospital Preparedness Program (HPP) Capability Analysis

## The following sections provide an overview of exercise participant performance related to each response capability, highlighting strengths and areas for improvement. The analysis below is directly linked to the HPP activity ratings and list of applicable reference documents.

COMMUNICATIONS

### Strengths

The partial capability level can be attributed to the following strengths:

* Inter-agency collaboration remains a strength throughout MD Region III to include schools, State OEM, Public Health, and hospitals, Fire/EMS, MIEMSS, and hospitals/trauma centers.
* The region has many strengths due to multiple modalities of communication (i.e. phone, e-mail, text, mass notification, radio, etc.)

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Communication between hospitals and school systems should be improved to account for students in-hospital and those picked up by parents.

Analysis: The school liaison proved to be a valuable asset, however if a liaison is not present at a facility taking care of a pediatric patient, there is not a clearly defined process for obtaining information.

Recommendation: A process should be in place in the event that a school liaison is not available or at the facility. Consideration of school system reunification information should also be shared with hospitals.

Area for Improvement 2: Hospitals, public health, and schools currently do not have a clearly defined communication system in place for coordination and information sharing.

Analysis: The lack of a clearly defined communication system poses a challenge to information sharing between these entities. There also seems to be confusion about what is expected of each other.

Recommendation: There is benefit to have a clear system for communicating with respect to schools and pediatric patients.

Area for Improvement 3: The Coalition maintains a contact list, however it should encompass all partners including schools.

Analysis: There is a need for all contact information of all coalition partners during events. This helps facilitate quick communications between agencies.

Recommendation: The Coalition should maintain a comprehensive contact list of all partners, including school contacts. This information should then be provided to school systems to ensure that communications and relationships can be built with individual school system emergency management personnel.

Area for Improvement 4: Since this exercise was designed as a tabletop exercise, future exercise should mimic communication pathways within the context of an ICS structure.

Analysis: Exercise artificiality does not properly simulate communication pathways through ICS structures.

Recommendation: Consider small role-playing groups to mimic real world scenario of an Emergency Department surge. Make sure to include school system partners so that everyone can provide their expertise.

RESOURCE AND ASSET MOBILIZATION

### Strengths

The partial capability level can be attributed to the following strengths:

* The MD Region III Coalition has a wealth of available material and support resources from a broad spectrum of agencies. This includes medical equipment and trauma caches. Equipment and supply resources are collated within the MD Region III Resource Management Plan.
* MD Region III has four large healthcare systems which can share resources between facilities.
* Hospitals can quickly surge patient care by increasing bed capacity and staffing. This is a result of internal hospital planning.
* Hospitals had real-time ability to view census and available hospital beds within their bed management systems.
* EMS and Fire Agencies have a large amount of experience in working with each other. This is bolstered with the strong adherence to the ICS structure.
* MD Region III is resource rich for pediatric surge due to two large academic institutions which can accommodate high acuity pediatric patients.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Specialized pediatric equipment in the region could be quickly exhausted during a pediatric mass causality situation.

Analysis: Although the region has many more resources than most jurisdictions in Maryland, these resources could quickly become exhausted during a pediatric mass causality incident.

Recommendation:

Planning for obtaining inventory during an emergency, or stockpiling of additional pediatric specialized supplies should be a conducted at a regional level.

Area for Improvement 2: Currently triage tags are the only available patient tracking resource.

Analysis: MIEMSS in currently reviewing options for a new system.

Recommendation: A key stakeholder group made up of each individual hospital center should be created and involved in MIEMMS discussions to ensure that all hospitals have buy in to the tracking system selected

Area for Improvement 3: A catalogued list of available mental health services and capabilities throughout the region would benefit stakeholders.

Analysis: Mental health services and capability vary by county with the Coalition and may be unknown to other counties within the Coalition.

Recommendation: An open discussion about each county’s mental health resources and capabilities would be beneficial for the entire coalition to develop an understanding of available assets.

ROLES AND RESPONSIBILITIES

### Strengths

The partial capability level can be attributed to the following strengths:

* The exercise demonstrated agencies internally clearly understand their roles and responsibilities and process for handling a pediatric mass causality situation.
* The exercise participants demonstrated the ability to rapidly coordinate with other agencies.
* There is robust support offered by MD Department of Human Services for reunification.
* Individual hospitals have demonstrated strong planning and capability for patient decontamination.
* The exercise provided insight from school system partners related to the concept of ‘in loco parentis’ whereby school system staff can provide medical decisions and protective custody of students in their care during an emergency.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Patient identification and reunification proved to be a challenge with younger children who cannot provide appropriate information or were not conscious.

Analysis: There is benefit in exercises around the family reunification and Family Information Center components. School system partners shared that their internal student tracking databases could help speed up identification of students and staff.

Recommendation: Future exercises should focus on the family reunification and Family Information Center components. School system partners should be included in the drill for exercising information sharing from their databases.

Area for Improvement 2: Clarity is needed to define how children will be released to parents/guardians.

Analysis: This could be extremely difficult given lack of identification for students Hospital partners were not aware that school systems have data to identify parents who are not allowed to pick up students due to restraining orders, flight risks, etc. and that this information is readily available from school systems.

Recommendation: Procedures need to be developed for release of children from scene, receiving facilities, etc.

Area for Improvement 3: Local Health Departments do not currently have access to the CRISP reunification portal.

Analysis: Without access to CRISP, Local Health Departments are limited in their capability to aid during a reunification scenario.

Recommendation: Local Health Departments, as the Emergency Support Function -8 (ESF-8) Lead, should be granted access to the CRISP reunification portal.

Area for Improvement 4: A more defined process could provide benefit for how healthcare staff can identify unresponsive patients or those who are unable to identify themselves.

Analysis: This could prove especially beneficial if a school liaison is not present.

Recommendation: A workgroup of healthcare and school system partners should be developed to discuss what the system should include and how it should be integrated into the overall response strategy for the Coalition.

Area for Improvement 5: There should be a centralized coordination of tracking patients who are transported from the scene.

Analysis: Tracking of patients is a necessity during an emergency. Sharing this information, and perhaps including school systems, may help with patient tracking.

Recommendation: The Pediatric Subcommittee should pursue opportunities to improve patient tracking and ways to incorporate school system Emergency Management/PIO staff.

Area for Improvement 6: Schools systems, hospitals, and local EMA relationships should be built stronger.

Analysis: Building stronger relationships across agencies will prove invaluable during an emergency as well as help develop more holistic planning. Each LEA has its own relationship with their EMA; however, MEMA and the Maryland Center for Safe Schools (MCSS) can provide coordination between schools and EMAs during an emergency.

Recommendation: Appropriate school system leaders should have a contact list of each hospital’s emergency management staff to ensure internal communications at the appropriate level during an emergency. Local EMAs, schools, and hospital partners should train and plan together with the intent of developing understanding.

Area for Improvement 7: Future exercises should involve Police Departments, Maryland State Police, Kennedy Kreiger Institute, Office of Chief Medical Examiner, Public Information Officers, and Maryland Department of Transportation.

Analysis: Since the scenario was conducted in a downtown metropolitan area, input from other key stakeholders should be examined and included since major coordination would need to occur relating to road closures, crime scene investigation, etc.

Recommendation: Future exercises should be expanded to include more stakeholders such as police, specialized institutes, mortuary affairs, Public Information Officers, and Maryland Department of Transportation.

PATIENT CLINICAL AND SUPPORT CARE

### Strengths

The partial capability level can be attributed to the following strengths:

* The availability and utilization of pastoral care and social workers at the disaster site and in the hospitals proved a greatly beneficial resource during the exercise. This allowed the clinical staff to focus on clinical concerns while pastoral care and social workers can focus on the counseling needs of patients, families, staff, etc.
* The exercise demonstrated participants have a strong knowledge of the medical and emotional needs of pediatrics.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement: The MD Region III Pediatric Surge Annex lacked information on available mental health resources within the region.

Analysis: The inclusion of mental health resources in the region would be beneficial during a response to help facilitate quick deployment and access to resources.

Recommendation: Pediatric mental health resources should be catalogued within the MD Region III Pediatric Surge Annex.

SAFETY AND SECURITY

### Strengths

The partial capability level can be attributed to the following strengths:

* Hospitals made appropriate considerations and coordination to secure their facilities in preparations for receiving the pediatric trauma patients.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement: There was difficulty in identifying some of the children.

Analysis: Some children may not have a student ID on them during a field trip as they are not required to carry ID. Some parents may also be uncomfortable with some aspects of ID, should it be visible to the general public.

Recommendation: School systems should consider a means of identification for all children on field trips.

**UTILITIES**

### Strengths

There were no identified strengths identified from the exercise pertaining to utilities.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement:

* There were no identified strengths identified from the exercise pertaining to utilities.

# Conclusion

The 2020 Pediatric Surge Tabletop Exercise was successfully conducted with Maryland Region III Health and Medical Coalition partners. The Pediatric Surge Subcommittee utilized this exercise to test the Pediatric Surge Annex. Areas for improvement were identified for all six categories of exercise focus (communications, resource and asset mobilization, staff roles and responsibilities, patient clinical and support care, safety and security, and utilities), but the largest opportunities to enhance preparedness exist in continuing to develop multi-agency working relationships, including new school system partners. In addition, including additional stakeholders will result in better planning efforts.

# Appendix A: Improvement Plan

This Improvement Plan (IP) has been developed specifically for the Maryland Region III Health and Medical Coalition as a result of the Pediatric Surge Tabletop Exercise.

| **Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Organization POC** | **Target Completion Date** | **Status** |
| --- | --- | --- | --- | --- | --- | --- |
| Communications  | Communication between hospitals and school systems should be improved to account for students in-hospital and those picked up by parents.  | A process should be in place in the event that a school liaison is not available or at the facility. Consideration of school system reunification information should also be shared with hospitals. | MD Region III Health and Medical CoalitionPediatric Surge Subcommittee | Shane Anderson | December 31, 2020 | In Progress |
| Hospitals, public health, and schools currently do not have a clearly defined communication system in place for coordination and information sharing.  | There is benefit to have a clear system for communicating with respect to schools and pediatric patients.  | MD Region III Health and Medical CoalitionPediatric Surge Subcommittee | Shane Anderson | December 31, 2020 | In Progress |
| The Coalition maintains a contact list, however it should encompass all partners including schools.  | The Coalition should maintain a comprehensive contact list of all partners, including school contacts. This information should then be provided to school systems to ensure that communications and relationships can be built with individual school system emergency management personnel. | MD Region III Health and Medical Coalition | Shane AndersonJacob Dumas | December 31, 2020 | In Progress |
| Since this exercise was designed as a tabletop exercise, future exercise should mimic communication pathways within the context of an ICS structure.  | Consider small role-playing groups to mimic real world scenario of an Emergency Department surge. Make sure to include school system partners so that everyone can provide their expertise. | MD Region III Health and Medical Coalition Leadership | Shane Anderson | Spring 2021 | Not Started |

| **Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Organization POC** | **Target Completion Date** | **Status** |
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| Resource and Asset Mobilization  | Specialized pediatric equipment in the region could be quickly exhausted during a pediatric mass causality situation.  | Planning for obtaining inventory during an emergency, or stockpiling of additional pediatric specialized supplies should be a conducted at a regional level.  | Pediatric Surge Subcommittee | Rich Lichenstein and Shane Anderson | June 30, 2021 | In Progress |
|  | Currently triage tags are the only available patient tracking resource.  | A key stakeholder group made up of each individual hospital center should be created and involved in MIEMMS discussions to ensure that all hospitals have buy in to the tracking system selected.  | Region III Coalition and MIEMSS | Shane AndersonJeff Huggins | N/A | CompleteAug 20, 2020 |
|  | A catalogued list of available mental health services and capabilities throughout the region would benefit stakeholders.  | An open discussion about each county’s mental health resources and capabilities would be beneficial for the entire coalition to develop an understanding of available assets.  | Pediatric Surge Subcommittee | Shane Anderson and Rich Lichenstein | December 31, 2020 | In Progress |

| **Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Organization POC** | **Target Completion Date** | **Status** |
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| Roles and Responsibilities  | Patient identification and reunification proved to be a challenge with younger children who cannot provide appropriate information or were not conscious.  | Future exercises should focus on the family reunification and Family Information Center components. School system partners should be included in the drill for exercising information sharing from their databases.  | MD Region III Emergency Manager | Shane Anderson | December 31, 2020 | In Progress |
| Clarity is needed to define how children will be released to parents/guardians.  | Procedures need to be developed for release of children from scene, receiving facilities, etc. | MD Region III Health and Medical CoalitionPediatric Surge Subcommittee | Shane Anderson | December 31, 2020 | In Progress |
| Local Health Departments do not currently have access to the CRISP reunification portal.  | Local Health Departments, as the Emergency Support Function -8 (ESF-8) Lead, should be granted access to the CRISP reunification portal.  | MD Region III Emergency Manager | Shane Anderson | December 31, 2020 | Not Started |
| A more defined process could provide benefit for how healthcare staff can identify unresponsive patients or those who are unable to identify themselves.  | A workgroup of healthcare and school system partners should be developed to discuss what the system should include and how it should be integrated into the overall response strategy for the Coalition.  | PD, Maryland Dept. of Human Services | Shane Anderson | December 31, 2020 | Not Started |
| There should be a centralized coordination of tracking patients who are transported from the scene.  | The Pediatric Subcommittee should pursue opportunities to improve patient tracking and ways to incorporate school system Emergency Management/PIO staff.  | MD Region III Health and Medical CoalitionPediatric Surge Subcommittee | Shane Anderson | December 31, 2020 | In Progress |
|  | Schools systems, hospitals, and local EMA relationships should be built stronger.  | Appropriate school system leaders should have a contact list of each hospital’s emergency management staff to ensure internal communications at the appropriate level during an emergency. Local EMAs, schools, and hospital partners should train and plan together with the intent of developing understanding.  | MD Region III Emergency Manager / Coordinator | Shane AndersonJacob Dumas | December 31, 2020 | In Progress |
| Future exercises should involve Police Departments, Maryland State Police, Kennedy Kreiger Institute, Office of Chief Medical Examiner, Public Information Officers, and Maryland Department of Transportation.  | Future exercises should be expanded to include more stakeholders such as police, specialized institutes, mortuary affairs, Public Information Officers, and Maryland Department of Transportation.  | MD Region III Health and Medical Emergency Manager | Shane Anderson | Spring 2021 | Not Started |

| **Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Organization POC** | **Target Completion Date** | **Status** |
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| Patient Clinical and Support Care | The MD Region III Pediatric Surge Annex lacked information on available mental health resources within the region.  | Pediatric mental health resources should be catalogued within the MD Region III Pediatric Surge Annex.  | Pediatric SubcommitteeEmergency Manager | Shane Anderson | December 31, 2020 | In Progress |

| **Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Organization POC** | **Target Completion Date** | **Status** |
| --- | --- | --- | --- | --- | --- | --- |

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| Safety and Security | There was difficulty in identifying some of the children. | School systems should consider a means of identification for all children on field trips.  | School Systems | School EM | TBD | Not Started |

# Appendix B: Exercise Participants

| Participating Organizations |
| --- |
| **State** |
| Maryland Department of Health |
| Maryland Emergency Management Agency |
| Maryland Institute for Emergency Medical Services Systems (MIEMSS) |
| Maryland Department of Human Services |
| **Local Emergency Management Agencies** |
| Anne Arundel Office of Emergency Management |
| Baltimore City Office of Emergency Management |
| Baltimore County Office of Emergency Management |
| Howard County Office of Emergency Management |
| **Local Health Departments** |
| Anne Arundel County Health Department |
| Baltimore City Health Department |
| Baltimore County Health Department |
| Carroll County Health Department |
| Howard County Health Department |
| **Fire and Emergency Medical Services** |
| Anne Arundel County |
| Baltimore City |
| Carroll County |
| Harford County |
| Howard County |
| **County School Systems** |
| Anne Arundel County Public Schools |
| Baltimore County Public Schools |
| Carroll County Public Schools |
| Harford County Public Schools |
| Howard County Public Schools |
| **Hospitals** |
| John’s Hopkins Hospital |
| Children's National Medical Center |
| UMMC/STC |
| Anne Arundel Medical Center |
| Carroll Hospital |
| Grace Medical Center |
| MedStar Franklin Square Medical Center |
| Mercy Medical Center |
| Saint Agnes Hospital |
| Sinai Hospital Baltimore |
| University of Maryland Upper Chesapeake Medical Center |

# Appendix C: Participant Feedback Summary

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| **Participant Feedback Form****Assessment Question** | **Average Rating****(5 highest to 1 lowest)** |
| The exercise was well structured and organized. |  |
| The exercise scenario was plausible and realistic. |  |
| The exercise moved at an appropriate pace. |  |
| Participants were actively involved in the exercise. |  |
| Participation in the exercise was appropriate for someone in my position with my level of experience/training. |  |
| The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations. |  |
| My agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised. |  |

#  Appendix D: Exercise Summary

| **Date** | **Time** | **Summarized Exercise Actions** |
| --- | --- | --- |
| Feb. 24, 2020 | 0845 | Registration and Networking |
| Feb. 24, 2020 | 0900 | Welcome and Introductions |
| Feb. 24, 2020 | 0905 | Exercise Overview |
| Feb. 24, 2020 | 0915 | Startex - Module 1 |
| Feb. 24, 2020 | 1000 | Module 2 |
| Feb. 24, 2020 | 1045 | Break – 5 Minutes |
| Feb. 24, 2020 | 1050 | Module 3 |
| Feb. 24, 2020 | 1135 | Hotwash |
| Feb. 24, 2020 | 1200 | Endex |

***Module 1***

### February 24, 2020: 0915 EST

One hundred-fifty (150) elementary school students, accompanied by 30 adult chaperones, from Carroll County and Howard County Public Schools are in attendance of an interactive educational event at the Maryland Science Center. Students in attendance to the event range in age from 6-8 years old and include some students with special functional and behavioral needs.

During their visit at the Maryland Science Center, a gas line feeding the building explodes causing structural damage and collapse. As a result, many students are injured and in need of emergent medical care. The exercise begins with the arrival of Fire and EMS.

The current weather is overcast, 34℉, with 10 mph winds blowing from the West.

## Key Issues

* EMS triages the scene to find 75 students are unharmed but frightened. Seventy-five (75) pediatric patients need medical attention and are triaged as follows: 20 Red, 30 Yellow, 20 Green, and 5 Black. Ten (10) adult patients need medical attention and are triaged as follows: 2 Red, 3 Yellow, 4 Green, 1 Black.
* The event has no indication of harmful intent or terrorism.
* Students and bystanders are making posts to social media. Videos are being livestreamed of students who are critically injured.
* Parents frantically begin calling schools to see if their child is injured.

***Module 2***

## Scenario

### February 24, 2020: 1000 EST

A large surge of pediatric patients have been transported to local hospitals causing an overwhelm to operational capability. Parents and family members begin arriving at hospitals looking for their children.

Various news networks are reporting on the incident however, information is inaccurate, confusing, and devastating. Social media posts of the incident continue and display disturbing images and videos from the scene.

At the scene, Fire and EMS are lacking enough transport vehicles. Media reporters are intrusive and hold a large presence. Parents begin arriving at the scene, breaking through police lines and looking for their children. There are also many people who have self-deployed to the scene asking to help.

## Key Issues

* Hospitals are quickly overwhelmed with the large flux in pediatric patients.
* Parents begin arriving to the scene, breaking through police lines to look for their children.
* Parents arrive at various hospitals looking for their children.
* EMS needs more resources to transport patients to hospitals.
* Citizens are self-deploying to the scene to help with the incident response.

***Module 3***

## Scenario

### February 24, 2020: 1400 EST (Simulated)

All patients have been transported to medical facilities for treatment. Many pediatric patients at the hospitals have not been identified or reunified with their parents. Since some pediatric patients have not been identified yet, CRISP has unclear descriptors of the patients which is posing as a challenge for reunification. School staff have not been able to account for all students because some parents have taken their child directly from the scene.

Media is now at the local hospitals attempting to obtain updates on the status of the patients. Due to the social media posts from the scene, images of children’s faces are now on the news. Media is also reporting that two children were reunified with the wrong parents at a local hospital. The public perception is shifting to losing faith in the medical community to properly reunify the children to their parents.

The scene at the Maryland Science Center is completely shut down to include nearby roads. Traffic is building up within the city as well as roads in and out of the city. This poses a challenge for parents and family to arrive at local hospitals. Staff who have been called-in to hospitals are having trouble reporting for work due to traffic jams.

## Key Issues

* All patients have been transported for treatment.
* Many pediatric patients have not been reunified with their parents. Two have been reunified incorrectly.
* CRISP is missing names and has ambiguous descriptors of patients.
* Some students picked up by parents on scene with no account.
* Media is now showing children’s faces without consent from social media posts.

Traffic is building up in Baltimore City. Parents, family, and hospital staff are unable to access hospitals.