

# Code Silver/Active Shooter Tabletop Exercise for Community Health Centers



## Situation Manual (SitMan)

Rev. 5/19/14

FOR OFFICIAL USE ONLY

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## PREFACE

This Situation Manual (SitMan) was produced with input, advice, and assistance from the MIHS Emergency Management Committee and Dialysis Disaster Response Task Group, which followed guidance set forth in the *National Integrated Accreditation for Healthcare Organizations (NIAHO®) Interpretive Guidelines and Surveyor Guidance Version 9.0 (Effective 1/15/2012)* specific to Emergency Management System requirements as interpreted from Centers for Medicare and Medicaid Services (CMS) Conditions of Participation and U.S. Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness for Dialysis Facilities: A Guide for Chronic Dialysis Facilities (2003 ed.), Publication # CMS-11025. Additionally, exercise objectives have been developed based upon deliverables specified in the Hospital Preparedness Program Grant contracts currently held between MIHS and Arizona Department of Health Services (ADHS).

This SitMan gives officials, observers, media personnel, and players from participating organizations information they need to observe or participate in a table-top exercise that focuses on participants' emergency response plans, policies, and procedures as they pertain to an Active Shooter Event at a Community Health Center. The information in this document is current at the date of publication, 5/19/14 and is subject to change as dictated by the MIHS Emergency Management Committee or Dialysis Disaster Response Task Group.

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## HANDLING INSTRUCTIONS

1. The title of this document is ***Code Silver/Active Shooter Tabletop Exercise for Community Health Centers***
2. The information gathered in this SITMAN is *For Official Use Only (FOUO)* and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from Maricopa Integrated Health System is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information, please consult the following points of contact (POCs):

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## INTRODUCTION

### ***Background***

The ***Code Silver/Active Shooter Tabletop Exercise for Community Health Centers*** is designed to establish a learning environment for Community Health Center employees to exercise emergency response plans, policies, and procedures in. The exercise scenario encompasses the first 10-15 minutes of an Active Shooter incident response and the recovery time up to 48 hours post incident. To conduct an effective, exercise local representatives from various departments have taken part in the planning process and will take part in exercise conduct and evaluation.

This Situation Manual (SITMAN) was produced at the direction of MIHS with the input, advice, and assistance of the Emergency Management Committee and Dialysis Disaster Response Task Group.

### ***Purpose/Scope***

The purpose of the ***Code Silver/Active Shooter Tabletop Exercise for Community Health Centers*** is to examine plans, policies and procedures for response to an Active Shooter incident affecting a Community Health Center. This one hour TTX will facilitate discussion among Community Health Center employees.

### ***Target Capabilities***

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next threat or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. States and Urban Areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction. These priority capabilities are articulated in the jurisdiction's homeland security strategy and Multi-Year Training and Exercise Plan.

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The target capabilities listed below have been selected by the Emergency Management Committee and Dialysis Disaster Response Task Group. 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.

- Planning
- Communications

### ***Exercise Objectives***

The exercise will focus on the following exercise objectives selected by the exercise planning team. The exercise objectives are cross-walked with the corresponding target capabilities in the following table.

<b><i>Objectives</i></b>	<b><i>Target Capabilities</i></b>
Identify gaps in current plans for Active Shooter response and recovery.	Planning
Evaluate plans and policies to establish interoperable communications channels between Community Health Centers and community partners during an Active Shooter incident.	Communications
Evaluate plans and policies regarding patient and staff notification of an incident.	Communications

### ***Participants***

- *Players* respond to the situation presented based on their knowledge of response procedures, current plans and procedures, and insights derived from training.
- *Observers* support the group in developing responses to the situation during the discussion; however, they are not participants in the moderated discussion period.
- *Facilitators/Evaluators* provide situation updates, moderate discussions and will evaluate the discussions. They also provide additional information or resolve questions as required.
- *Subject Matter Experts* are resources of expert information on medical or technical issues.

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This will be a facilitated tabletop exercise. Players will participate in the following module:

- Module 1: Shooter in the Building

The module begins with an update that summarizes the key events occurring within that time period. Following the updates, participants review the situation and engage in group discussions in their respective breakout groups.

Following these discussions, participants then enter into a plenary brief back in which a spokesperson from each table presents a synopsis of the group's discussion based on the scenario and questions.

### ***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.

### ***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 assumptions 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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## **AGENDA**

5 minutes

### **Exercise Overview and Briefing**

Moderator: Keith Fehr

#### **Module 1: Shooter in the Building**

5 minutes

Scenario

30 minutes

Group Discussion/Conclusions

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## MODULE 1: SHOOTER IN THE BUILDING

- June 4, 2014, 9:00 am. It is a warm and clear Wednesday morning with an expected high temperature 105°F, winds are calm 2-3 mph NNW.
- The scheduled patient load at the Community Health Center (CHC) location is considerably high for this time of year.
- A man, in his mid-30's, enters the lobby of the CHC and approaches the staff demanding Vicodin® and Oxycodone. When refused, he pulls a handgun from his back pocket and starts randomly shooting. Several patients in the waiting room are hit as the shooter moves towards the back office area. An employee rushes down the hall to see what is going on and is shot. Another employee, hiding in a locked office, calls 9-1-1 to notify law enforcement of the situation. Within 10 minutes, police arrive to start their tactical response and set up a command post to interact with the CHC, fire/rescue, and EMS. The law enforcement tactical team finds the shooter in an exam room dead, with a single gunshot to the head, then conduct a building-wide sweep to clear any other potential threats. The CHC has been evacuated, designated as a crime scene, and will not be released to return to normal patient care operations for several hours. Law enforcement begins interviewing staff and patients and collects evidence from the site.

### 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, nor is there a requirement to address every question. **You will have 30 minutes to discuss the following questions.**

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**Planning**

1. Does your facility currently have plans in place for an active shooter event? Does it follow the regional coding (Code Silver)?
2. What would be your priority action items at this point? Who would be in charge?
3. How would activation of the facility Incident Command Post (ICP) be triggered?
  - a. What is the procedure for ICP activation?
  - b. How would alerts be initiated and what is the protocol for response?
  - c. Are the ICP rosters accessible and up-to-date?
4. Now that the area is considered a "crime scene", how would business continue? Could it?
5. Are there plans to "transfer" staff members, doctors, and patients to another CHC location to continue business?
6. Does the ICP process include unified command?

**Communications**

1. How would your staff members and scheduled patients receive notification of this incident?
2. How would you ensure timely, accurate and clear incident information is passed to community partners?
3. Do you have a designated spokesperson to talk with the media?
4. Does the communication process include handling high volume of calls from concerned loved ones?

**Recovery**

1. How do we get back to normal or the new normal?
  - a. Behavioral Health/Faith-based support for staff?
  - b. Remediation and reconstruction of space?
  - c. Comforting and re-assuring staff and patients?



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## **APPENDIX A: ACRONYM LIST**

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
CMS	Centers for Medicare and Medicaid Services
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
HAZMAT	Hazardous Materials
HHS	Health and Human Services
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NDMS	National Disaster Medical System
NIMS	National Incident Management System
PIO	Public Information Officer
POC	Point of Contact
SITMAN	Situation Manual
SME	Subject matter expert
TCL	Target Capabilities List
TTX	Tabletop Exercise
UTL	Universal Task List

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