

Situation Manual (SitMan)

"LTC SHOTS FIRED"

2014 NYSHFA/NYSCAL



Exercise Date: 7/2/14

Publishing Date: 7/1/14

FINAL

PREFACE

The LTC Shots Fired Tabletop Exercise was developed by the Health Care Association of New Jersey (HCANJ) and is presented on behalf of the NYSHFA/NYSCAL. This Situation Manual (SitMan) was produced with input, advice, and assistance from the LTC Shots Fired exercise planning team, which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

The LTC Shots Fired Tabletop Exercise (TTX) Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. This SitMan was developed with the advice and assistance of the members of the LTC Shots Fired TTX planning team. It is tangible evidence of NYSHFA/NYSCAL's commitment to ensure public safety through collaborative partnerships that will prepare our members to respond to any emergency.

The LTC Shots Fired 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 HCANJ.



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HANDLING INSTRUCTIONS

1. The title of this document is LTC Shots Fired *Tabletop Exercise (TTX) Situation Manual (SitMan)*.
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 the Exercise Director 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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CONTENTS

Preface	i
Handling Instructions	iii
Introduction	1
Background.....	1
Purpose	1
Scope	2
Target Capabilities	2
Exercise Objectives	2
Participants	3
Exercise Structure.....	3
Exercise Guidelines	3
Assumptions and Artificialities	3
Module 1: Did I Just See That?	4
Key Issues	4
Questions	4
Module 2: Lockdown.....	6
Key Issues	6
Questions	6
Module 3: Incident Resolution	8
Summary Of Casualties	8
Key Issues	8
Questions	8
Appendix A: Acronym List	A-1

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INTRODUCTION

Background

Long term care facilities must embrace and expand upon their knowledge of emergency management methodologies (National Incident Management System (NIMS) / Incident Command System (ICS) that are congruent with their external healthcare, public health, homeland security, law enforcement, and emergency management partners with whom they may be required to work in conjunction with during an emergency event. Similar to the overarching mission of homeland security, in order to strengthen emergency preparedness, long term care facilities must develop their capabilities to prevent, protect, respond, and recover. The implementation of a facility's emergency management plan and the true validation of their plan through the exercise and improvement planning process, will only strengthen a facility's capabilities.

An Active Shooter is defined as an individual who is actively engaged in killing or attempting to kill people. In most cases Active Shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases, Active Shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders.

Although the probability of an Active Shooter event occurring within a long term care facility is relatively rare, the business impact and the impact to the health and well-being of residents, staff, and their families is great. In recent history, Active Shooter events have occurred within many diverse business environments including elementary schools, high schools, shopping malls, university campuses, museums, hotels, and hospitals. Nursing homes are not immune to the potential for an Active Shooter event. In fact, in March 2009, a gunman burst into a North Carolina nursing home and fatally shot seven nursing home residents and a nurse while wounding at least three other individuals. Unfortunately, all businesses need to take steps to prepare for such a horrible event. This includes training, exercising, policy and plan development, and establishing relationships with their local law enforcement agency.

This exercise is tangible evidence of NYSHFA/NYSCAL's commitment to ensure the continued safety of our membership, their facilities, staff, and visitors through education and the development of collaborative partnerships that will help prepare them to respond to any emergency whether natural or man-made.

Purpose

The LTC Shots Fired TTX provides facility owners and operators with a useful exercise planning and conduct template to address workplace violence threats, issues, and concerns. The exercise allows participants to address key issues through a series of facilitated discussions.

Scope

This tabletop exercise is an interactive, discussion-based activity focused on a domestic-based Active Shooter incident. The scenario consists of three modules in chronological order and portrays a pre-incident phase, an incident and response phase, and an assessment phase.

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 danger 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 including the potential for an Active Shooter.

The capabilities listed below have been selected by the LTC Shots Fired 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.

- Planning
- Communications

Exercise Objectives

Exercise design objectives are focused on improving the understanding of information sharing and incident management activities, and developing recommended actions and procedural adjustments to address potential problem areas. The objectives are as follows:

1. Identify and evaluate plans for response to workplace violence such as an Active Shooter event.
2. Assess the roles and effectiveness of coordination between law enforcement officials and LTC owners/operators in reacting to an Active Shooter event in accordance with existing plans.
3. Examine and evaluate facility incident response plans used during an Active Shooter event.
4. Assess the methods and effectiveness of internal and external communications during an Active Shooter event in accordance with existing plans and SOPs.
5. Identify and evaluate preparedness, mitigation, response, and recovery actions associated with an Active Shooter event.
6. Identify gaps, redundancies, developmental activities, and best practices in standard procedures in response to an Active Shooter event.

Participants

- *Players* respond to the situation presented based on expert 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* 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: Did I Just See That?
- Module 2: Lockdown
- Module 3: Incident Resolution

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.

MODULE 1: DID I JUST SEE THAT?

It is a pleasant hot summer day at lunchtime with temperatures approaching 95F. Your maintenance director is in the parking lot assessing tree damage from last evening's thunderstorm, when he observes a noticeably agitated unknown adult male exiting his pickup truck. The individual is dressed in a long black trench coat and is wearing a black ski hat. Upon exiting the truck, he reaches into the bed of the pickup and pulls out a long camouflaged duffle bag and is soon observed entering the nursing home through the front door. The maintenance director radios to the administrator's office to inform them of what he has just observed. "John Smith" is a disgruntled employee, who had a previous history of combative arguments with the nursing home administrator, before he was terminated last year.

Shortly after John Smith enters the building, the maintenance director hears loud screams and "popping noises" similar to gun shots coming from inside the front foyer of the nursing home. Several staff members are then seen fleeing the building and some of them are obviously covered in blood and look like they are in shock. The gunman then leaves the front foyer and proceeds to walk down the hallway towards the day room and resident dining area. The sound of popping noises and screaming continues sporadically.

Key Issues

- Lone gunman has entered the front of the building – initial notification by maintenance
- Several staff members have fled the building and show evidence of blood on their clothing
- Popping noises that sound like possible gun fire



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.

1. In your current position, what are **your** initial actions and the actions of the staff? Are these actions written into your emergency management plan?
2. What information is most important when notifying emergency responders at this time? Why?
3. What are your facility's procedures for securing the nursing home and keeping residents and staff safe in an Active Shooter event? Could these be accomplished at this point in the scenario?
4. What does your emergency organizational structure look like? Who is in charge?
5. What is the nursing home facility's procedure for securing the building and keeping residents and staff safe?
6. What other actions should be taken by residents or staff?
8. Does your facility have pre-established safe refuge areas and multiple escape routes?
9. Does your facility have maps and master key sets available to law enforcement **outside** of the building?
10. Has your facility ever drilled for this type of event?



MODULE 2: LOCKDOWN

Local law enforcement officials arrive on scene within five minutes of the first 911 call from an employee cell phone inside the building. Police quickly enter the nursing home building in “Active Shooter” formation. The entry team confirms that the popping noises were indeed gun shots and they have encountered several wounded or dead residents and staff members on the floor. They begin a systematic search of the building for the intruder and call for the county bomb squad to respond on location as they have found a large duffle bag that appears suspicious and could contain an improvised explosive device. The maintenance director remains outside at the Incident Command Post to give the police officers more information about the intruder. Additional gun shots can be heard inside the building.

Key Issues

- Local law enforcement is now on scene and begins search of building
- Finding of large suspicious looking duffle bag
- Numerous casualties are confirmed and begin to mount



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, nor is there a requirement to address every question in this section.

1. How does the arrival of law enforcement change the response landscape?
2. Would you establish an incident command post to assist law enforcement with their response?
3. What are your priority action items for consideration at this point in the incident?

4. Would there be any expectations that your healthcare workers might assist in the coordination of triage and pre-hospital treatment with on-scene incident command and the EMS? Are they trained and prepared to do so?
5. How do you deal with internal and external communications? Is this written in your emergency management plan?
6. What specific information about the incident would you release to the media? What topics would you address? What information will need to remain closely held?
7. What instructions will be given to the employees (e.g., evacuation, shelter-in-place, lockdown)? How is this accomplished?
8. Has your facility adopted the standardized Healthcare Emergency Codes? Would an overhead code be announced to warn employees about the incident? How would this information be delivered? What code would be announced? Who would announce it?



MODULE 3: INCIDENT RESOLUTION

Local news agencies pick up the chatter from law enforcement agencies on police scanners and begin to broadcast news of the incident “LIVE”. Initial reports indicate that the facility administrator and Director of Nursing have been shot and killed. Emergency Medical Service ambulances have been dispatched and begin to arrive on location at the incident staging area. Several staff members run from the rear of the loading dock areas shouting that the man has grabbed a fellow healthcare worker and has shot and killed several elderly residents. They give directions to the approximate location of the gunman to law enforcement personnel. The SWAT team finds the gunman in the dining room on the west side of the nursing home holding a healthcare worker hostage. Meanwhile, first responder teams enter the nursing home, secure the east wing and begin evacuation of the building. Negotiation with the gunman continues for a brief period of time as the SWAT team enters the barricaded room, but not before the gunman shoots himself and commits suicide.

Summary of Casualties

Total Casualties	23
Fatalities	17

Key Issues

- Several long term care residents and staff members have been killed or seriously injured
- Resident and staff families begin to learn of the unfolding events and flock to the facility
- Continued media inquiries



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, nor is there a requirement to address every question in this section.

1. What will be the immediate affects on staff, residents and families?
2. What type of emotional support is in place for your staff and residents?
3. What system is in place to deal with families of the deceased?
4. Do you have the resources to provide immediate and long term stress management and/or mental health services to your personnel? If not, how could those services be delivered?
5. Who will notify next of kin dead, wounded? How is this coordinated?
6. How do you keep staff members from the media?
7. How will your business recover and cleanup from the carnage? How do you bring the nursing home back to a sense of “normal” after an incident of this magnitude? Does your operation have a Continuity of Operations Plan –COOP?
9. What other recovery issues need to be explored?
10. If you were to conduct an active shooter drill at your facility, how would you measure the success/failure of the exercise?

APPENDIX A: ACRONYM LIST

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
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
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
MAA	Mutual-aid agreement
MCI	Mass Casualty Incident
MOU	Memorandum of understanding
NIMS	National Incident Management System
NRP	National Response Plan
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