

VIPER

DEPLOYMENT



READINESS
GUIDE

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse



Central Nebraska Medical
Reserve Corps

VIPER

Table of Contents

Glossary of Terms & Acronyms	1
Introduction to the MRC	3
VIPER Deployment Readiness Project Background	3
Why Viper	4
IJ Project Submission Paper	5
VIPER Inventory	6
Trailer Use Agreement	12
Trailer Specs	13
Pre-Deployment Phase	14
Deployment Phase	15
On-Scene Phase	17
On-Scene Equipment Set-Up Plan	18
Evacuees Personal Affects	19
Movement of Patients	20
Temporary Sheltering	21
Inclement Weather Response	22
Relocation	23
ICS 201 – Incident Briefing	25
ICS 204 – Assignment List	28
ICS 205A – Communications List	30
ICS 211 – Incident Check-in	32
ICS 214 – Activity Log	35
Training Plan & Activity	37





VIPER

Glossary of Terms & Acronyms

The following terms are referenced throughout the *MRC Deployment Readiness Guide*:

Term	Definition
Activation	MRC activation is the unit-specific process for a unit to notify volunteers of an event and the unit's response roles, including personnel and resources for public health activities and emergency operations.
Demobilization	The process of winding down a response, including tracking volunteers and equipment, and addressing responder needs and experiences after a deployment.
Deployment	The deployment phase starts after an emergency occurs, includes steps to activate volunteers and prepare them for an identified response mission, and identifies responsibilities during a deployment.
Event	A planned, non-emergency activity. The incident command system (ICS) can be used as the management system for events to practice and reinforce response plans. Event planning usually includes contingency plans that might occur during the event.
Hot Wash	A facilitated discussion that is held immediately following an exercise, planned event, or emergency response and should include participants from each functional area. The hot wash is an opportunity for participants to share opinions of the exercise. It is designed to capture feedback about any issues, concerns, or proposed improvements participants may have. This facilitated meeting allows players to participate in a self-assessment and provides a general assessment of how the jurisdiction performed.
Incident	An actual or impending hazard, caused by humans or by natural phenomena, requiring action by emergency personnel to prevent or minimize loss of life or damage to property and/ or natural resources.
Local vs. Non-Local Response	Local responses are managed through the jurisdiction's emergency management agency in accordance with local emergency response plans. MRC Volunteers may be called upon to help support their local response plans. In some cases, MRC Volunteers may be asked to support an emergency response outside of their local jurisdiction as part of a mutual aid agreement or through the Emergency Management Assistance Compact (EMAC) system.
Mission Set	The term 'Mission Set' is used to describe a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster.
MRC Volunteer Deployment	The process by which MRC volunteers receive training, are assigned a job assignment, and support incident response activities within the ICS structure on behalf of their MRC unit. Deployments can be local, intrastate, or interstate functions.
Post-Deployment	The post-deployment phase begins once a deployment mission has been completed and includes activities to close out assigned mission response roles and administrative activities.
Pre-Deployment	The pre-deployment phase includes activities that happen during steady state to prepare volunteers or emergency responders for potential deployments.
Public Health Emergency	Public health emergencies occur every day across the United States. Tornadoes, hurricanes, wildfires, floods, infectious disease outbreaks, terrorist attacks, and other emergencies have the potential to impact the overall health of large populations of people and may require a coordinated emergency response.
Rapid Deployment	The rapid deployment phase includes activities that happen at the onset of emergencies that require expedited deployment.
Reception Area	A location, separate from staging areas, where resources report in for processing and out-processing. Reception Areas provide accountability, security, situational awareness briefings, safety awareness, distribution of Incident Action Plans (IAPs), supplies and equipment, feeding, and bed down.
Staging Area	Any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.



VIPER

The following acronyms are referenced throughout the *MRC Deployment Readiness Guide*:

Term	Definition
ACS	Alternate Care Site
ASPR	Assistant Secretary for Preparedness and Response
CDC	U.S. Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
COVID-19	The novel SARS-CoV-2 coronavirus
CRC	Community Reception Center
DHS	U.S. Department of Homeland Security
DMPH	Disaster Medicine and Public Health
EMAC	Emergency Medical Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
IAP	Incident Action Plan
ICS	Incident Command System
IS	Independent Study
JITT	Just-in-Time Training
MRC	Medical Reserve Corps
MRP	Mission Ready Package
NACCHO	National Association of County and City Health Officials
NDMS	National Disaster Medical System
NIMS	National Incident Management System
OEM	Office of Emergency Management
PCR	Patient Care Report
PFA	Psychological First Aid
PHEM	Public Health Emergency Management
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2

Introduction

Overview of the MRC

The [Medical Reserve Corps](#) (MRC) is a national network of medical and non-medical volunteers, organized locally to improve the health and safety of their communities. The program is housed within the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR).

MRC units and volunteers are committed to strengthening public health, reducing vulnerabilities, improving local preparedness, response and recovery capabilities, and building community resilience. They fill critical public health emergency response resource gaps and support the tiered model of emergency response, with support at the local level first, to help offset resource requests from the state and/or federal level.

The [Central Nebraska Medical Reserve Corps](#) (CNMRC) is a regional network of medical and non-medical volunteers organized over 23 counties in Central Nebraska. The CNMRC is our own 501(C)(3) organization consisting of our Board of Directors and a Coordinator.

"V.I.P.E.R. Deployment Readiness Project Background

With the increase in natural disasters as well as an increase in aging population, the need to provide effective, safe and reliable evacuation for vulnerable populations is needed. It takes specialized equipment that is not typically carried by rescue squads to SAFELY move mobility challenged patients out of a residence in a timely and facilitated manor.



MRC units train their volunteers to meet standardized core competencies and mission specific emergency responses to support their local community needs. These training efforts:

- Support the integration of local MRC units into emergency preparedness, response, and recovery activities;
- Advance a unified and systematic approach to improve the health, safety, and resiliency of local communities, states, and the nation; and
- Reduce disaster risks by maximizing a community-wide approach to resource availability.



Central Nebraska Medical Reserve Corps

VIPER



Vulnerable Identified Population Evacuation Response



Supplies & Equipment

Through a grant provided by the State of Nebraska Citizen Corps program, the CNMRC was able to purchase supplies and equipment to support this initiative.

Procedure Development

Procedures and Deployment processes will be developed and approved by the CNMRC and become a working operational plan for activation.

Training

A thorough training plan will be developed and shared with all members of the CNMRC. Activation will take many medical and non-medical member's involvement to successfully support this mission.

Inclusion

The CNMRC will work with identified Vulnerable Populations, nursing homes, health care agencies and individuals to support effective pre-planning and emergency plan development.

Response

The CNMRC will be deployable and ready to support the Emergency Evacuation and temporary relocation of vulnerable populations.



“The Central Nebraska Medical Reserve Corps recognizes the need for a dedicated and rapid response to assist with the evacuation of vulnerable populations.”

- By 2050, 1 in 5 Americans will be 65 years or older.
- Vulnerable Populations are the LEAST prepared for disasters.
- Vulnerable Populations have the HIGHEST rate of disaster related deaths during and following a disaster.
- The overall number of declared disasters is on the rise.
- 2/3 of all seniors do not have an EMERGENCY PLAN.
- Vulnerable Populations often have medical conditions that make disasters and evacuations more challenging.



Vulnerable populations are individuals who are at greater risk of poor physical and social health status. They are considered vulnerable because of disparities in physical, economic, and social health status when compared with the dominant population. Vulnerability refers to the likelihood of contracting disease or illness. ***Vulnerable populations may be less able to anticipate, cope with, respond to, or recover from the impacts of a hazard.*** For instance, it may take only a moderate hazard event to disrupt the well-being of many vulnerable populations.

80% of older adults have at least one chronic health condition requiring medication or medical equipment.





Central Nebraska Medical Reserve
Corps

VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse

Date:	9/1/2022	Grant:	SHSP - Citizen Corps	\$12,000.00	
<u>ITEM</u>	<u>Picture</u>	<u>CATEGORY</u>	<u>QTY</u>	<u>LOCATION</u>	<u>PRICE</u>
Adult Jogger Pants		Clothing	24		\$216.00
Rope		Life Safety	100'		\$49.99
Type II Life Jackets		Life Safety	16		\$229.76
Oxygen Cylinder Wrench		Equipment	10	Oxygen Bags	\$19.81
Sterilite 40 Gal TOTES		Storage	4		\$173.00
Kings Rack 8 BIN		Storage	2		\$396.00



Central Nebraska Medical Reserve
Corps

VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse

Kings Rack 12 BIN		Storage	2		\$396.00
Titan Wheel Chair Ramps 10'		Transfer	1		\$549.99
Oxygen Regulator		Life Safety	6	Oxygen Bags	\$134.10
Oxygen EMS Bag		Life Safety	6		\$419.94
Vitals Monitor Stand		Life Safety	1		\$103.52
BP Cuff - Size M		Life Safety	1		\$73.25
Oxygen Bottles - Jumbo D		Life Safety	6		\$943.60



Central Nebraska Medical Reserve
Corps

VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse

LED Emergency Lighting		Equipment	5		\$448.75
Mobile Commode		Equipment	1		\$196.00
Portable Light Stand - H		Equipment	3		\$44.97
Telescope Light Stand		Equipment	1		\$30.18
Portable Wheelchair Ramp		Equipment	1		\$114.89
Commode Liners		Equipment	100		\$27.99
Commode Bags		Equipment	144		\$39.57



Central Nebraska Medical Reserve
Corps

VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse

Nasal Cannulas O2		Life Safety	72		\$74.97
Pulse Oxymeter		Life Safety	4		\$599.96
Oxygen Mask		Life Safety	18		\$86.40
Wheel Chair Ramp - 6'		Transfer	1		\$238.99
12" Vitals Monitor		Life Safety	1		\$559.99
Electrolyte Drink Mix		Life Safety	48		\$68.85
Emergency Rain Poncho		Life Safety	20		\$99.75



Central Nebraska Medical Reserve
Corps

VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse

Emergency Blanket		Life Safety	40		\$190.28
Patient Lift Board		Transfer	5		\$233.95
Patient Belongings Bags		Transfer	100		\$54.04
Medline Slipper Socks		Transfer	96		\$115.44
Lightweight Wheelchair		Transfer	3		\$428.97
Folding COT		Equipment	2		\$331.96
Infrared Heater		Equipment	1		\$621.31

Folding PT Walkers		Transfer	8		\$319.92
HVY Duty COT		Equipment	4		\$369.98
Hygiene Kits		Life Safety	72		\$137.99
Socks		Life Safety	72		\$137.99
Stairchair		Transfer	3		\$541.47
Infrared Heater Powercord		Equipment	1		\$179.00
33x16 Inflatable Tent		Equipment	1		\$1,579.99



Central Nebraska Medical Reserve
Corps

VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse

Graphics		Equipment	5		\$507.86
Large Wheel Transfer Cot		Equipment	4		Donated HFD
Latex Gloves		Equipment	10		Donated CVD
Masks		Equipment	10		Donated CVD
Infrared Thermometers		Equipment	4		Donated CVD



Adams County Emergency Management Agency

Director: Ron Pughes
Administrative Assistant: Dawna Whitcomb

1313 N. Hastings Ave., Hastings, NE 68901
Phone: 402-461-2360; FAX: 461-2367
rpughes@acema.org

"No city will be able to manage a crisis and rebuild...without the help of its people" – Thomas Menino

Central Nebraska Medical Reserve Corps

9/2/2022

The following is an agreement of a shared resource between *Adams County Emergency Management*, and the *CNMRC (Central Nebraska Medical Reserve Corps)*.

The following enclosed Cargo Trailer was purchased with Homeland Security Funds on 7/5/2011 and is considered useable for resources, supplies, and response within a state recognized and organized non-profit entity:

- XL Cargo 7' x 16' Straight Dual Tandem Axle. Serial #: 207452B
- Insured and Registered under the County of Adams, Nebraska

It is agreed that this trailer will be stored and secured by Adams County Emergency Management within the same storage area as the current other CNMRC Equipment. (By agreement).

It will be the responsibility of the "at-time" user/organization to protect the asset and repair/replace any damage while in the use by the pre-determined entity.

In the event that CNMRC Equipment is no longer housed within Adams County, this agreement becomes nullified.

The contents within the trailer are the sole responsibility of the designated organization to maintain, stock, replace and track. Adams County holds harmless any responsibility of loss, theft or damage to materials within the trailer designated as CNMRC property.

This trailer is considered the property of Adams County is being utilized only as a shared resource asset.

Adams County and the Central Nebraska Medical Reserve Corps reserves the right to sever this agreement for any cause or justification without notice.

Adams County Emergency Management

Central Nebraska Medical Reserve Corps

VIPER

Pre-Deployment Phase

Administration

- Ensure all volunteers complete an CNMRC “VIPER” training, including an orientation to the equipment, processes and strategies to effective evacuation techniques.
- Provide follow-up and recurring training on the “VIPER” program.
- Ensure current and necessary supplies and equipment
- Maintain a readiness status for emergent deployment
- Have accurate and timely request for deployment notifications to all roster members
- Provide MRC policy and guidance documents with written volunteer acknowledgement.
- Document and ensure volunteers understand the notification process and deployment expectations.
- Ensure all volunteers have been issued an MRC badge and uniform.

Verifying Medical Licenses

- Periodically verify all medical credentials. If a license is to expire soon (or within anticipated deployment date), flag for follow up prior to expiration

Request for Deployment

- Any request for CNMRC deployment comes directly from Emergency Management. Within this request, should contain the specific deployment mission, the amount of patients, current conditions, and estimated length of deployment.
- The Coordinator will send a callout to all roster members utilizing our Mass Call Notification System. The message will be: “Attention CNMRC Members, we have been requested to provide a Vulnerable Population evacuation at:.....(Location). This is considered an immediate response. If you are able to respond, please PRESS 1 or call your Coordinator at: ###-###-####.”
- Once the coordinator receives enough roster members for deployment (**Minimum of 8**) the CNMRC will accept the mission.





VIPER

Deployment Phase

Deployment Checklist

The deployment phase starts after an emergency has happened and includes steps to activate volunteers, prepare them for an identified response mission, and assign responsibilities during a deployment.

DEPLOYMENT PHASE

Administration

- Begin alert/activation procedures to notify volunteers.
- Document all volunteer activity during deployment including hours, signature, location, and date(s).
- Complete deployment tasks:
 - Identify mission number.
 - Send team activation notification to state and region. **See [ICS-205A](#) and [ICS-204](#).**
 - Complete rosters and numbers.
 - Maintain activity log: **See [ICS-214](#).**
 - Track volunteer participation with sign-in sheets.
 - Complete key documentation, including patient care reports (PCRs) and clinic operations report for the operational area (OA).
 - Send each team with a deployment binder.
 - Fill out an incident check-in list. **See [ICS-211](#).**

Liability Coverage

- Review your state's Good Samaritan laws.
- For mutual aid requests, obtain a resource request and/or mission assignment.
- Confirm volunteer liability coverage once activated.

Screening

- Re-verify and document professional licenses prior to activation or deploy as non-medical.

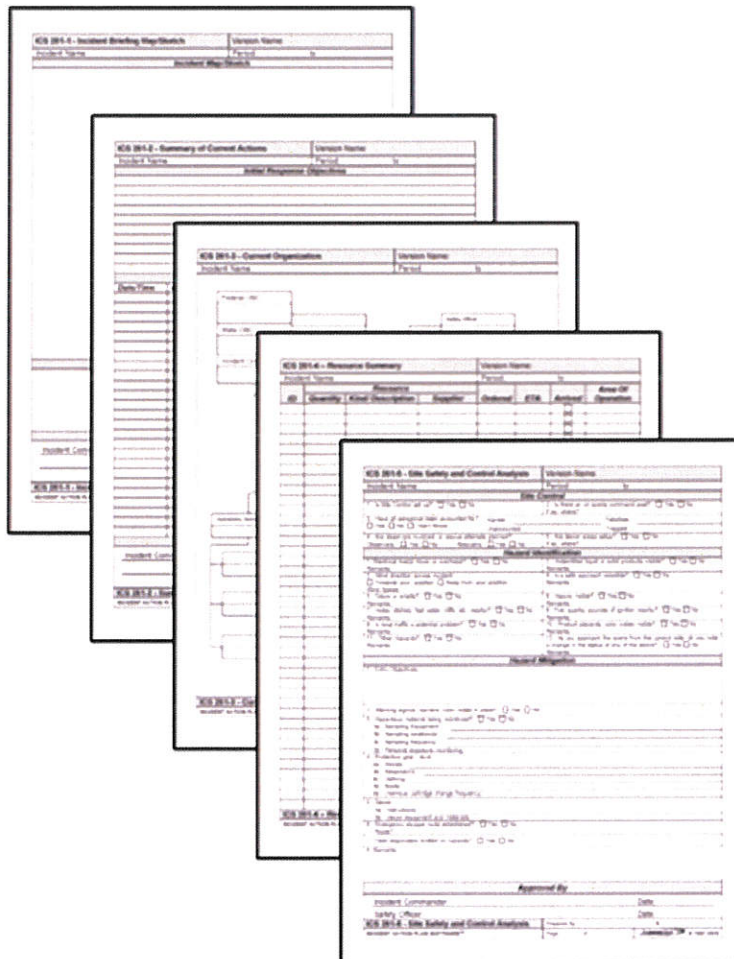
Safety and Medical Clearance

- Ensure all immunizations and assessments are complete and document or offer updates.
- Volunteers should maintain their own records.
- Maintain needed claims paperwork on-site in the deployment binder in the event of injury.
- Complete comprehensive risk assessment PRIOR to any deployment.
- Be on alert for any accidents or injuries. Have volunteers report up their chain of command.
- Ensure volunteers have PPE for specific mission.
- Be alert for accidents, injuries, and signs of stress or mental fatigue in volunteers.

DEPLOYMENT PHASE (cont'd)

General Response Operations

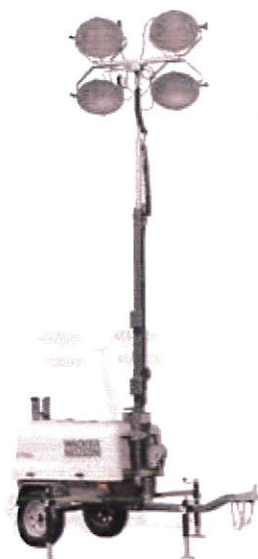
- Ensure unit leaders receive incident management situational (sit) report and missions details. Share pertinent information with volunteers.
- Continue to attend briefings for situational awareness.
- Ensure necessary equipment/resources are available to perform duties and returned after use, including any necessary PPE, based on deployment criteria/roles.
- Understand staffing requirements and develop plans for shift coverage, including extended deployments or 24-hour operations.
- Provide deployment details to all deploying volunteers via the MRC coordinator.
- Ensure that all deployed volunteers are properly briefed before each shift. **See ICS-201.**
- Maintain deployment rosters for check-in and check-out to ensure accountability and tracking of volunteer hours.
- Conduct daily or periodic operational briefings to maintain open communications and situational awareness.
- Have a plan for demobilization of volunteers for extended deployments.
- Consider adding a volunteer liaison at deployment sites to coordinate with unit leaders when they're not on site.



On-Scene Phase

Equipment Response

- D.R.V – Disaster Response Vehicle
- V.I.P.E.R – Trailer
- (Optional) - Light & Power Trailer
- Water



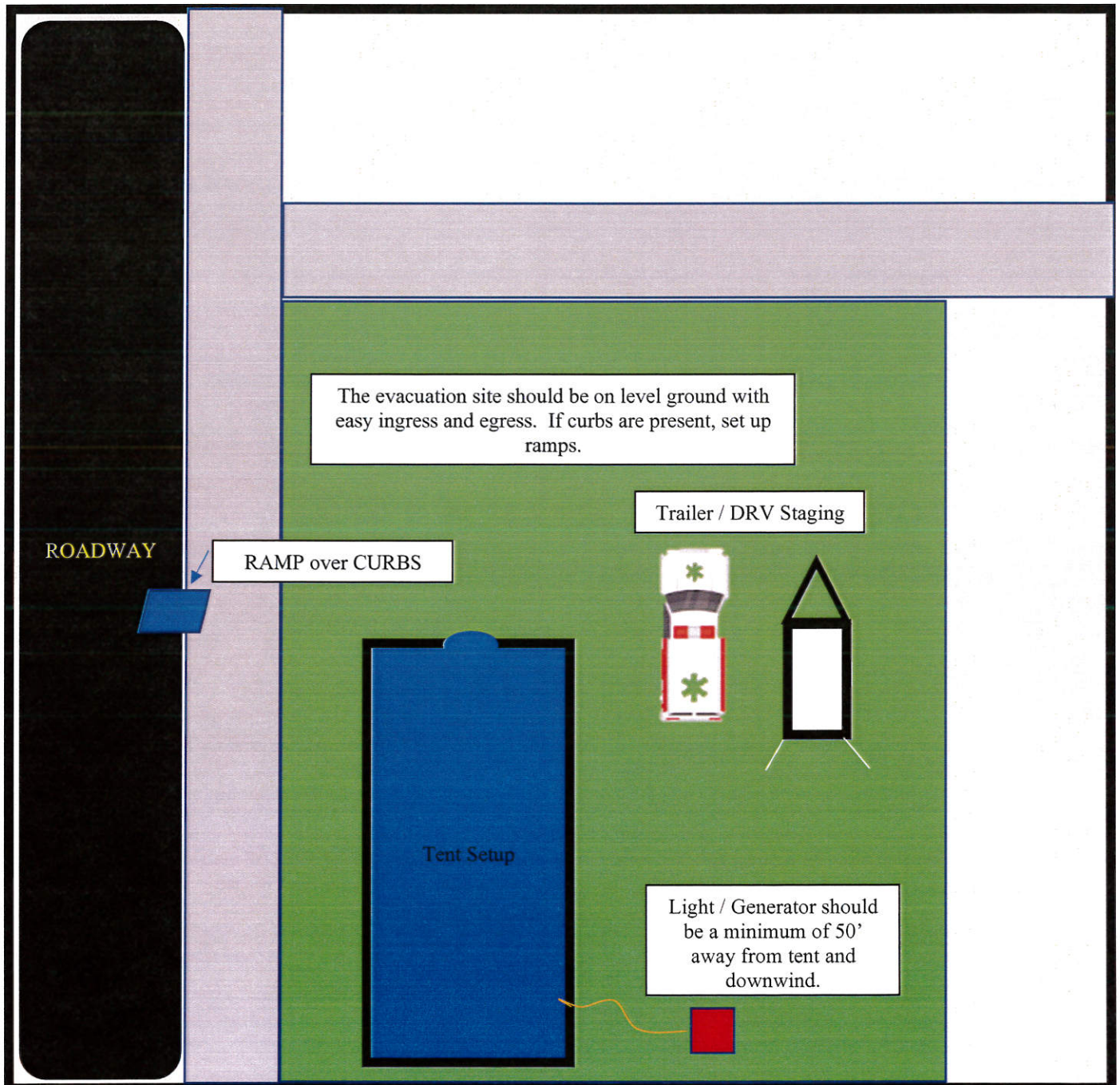
Minimum Roster Response

- Unit Leader or Coordinator
- 8 Licensed Medical Staff Members, (EMT or Higher)
- (Optional) – 2 Logistics & Support Members
- All Members shall be credentialed and wearing CNMRC Vests



On-Scene Equipment Set-UP

- Site Response Location shall be determined prior to deployment from the onscene Incident Commander
- CNMRC Personnel shall receive a briefing prior to setting up equipment



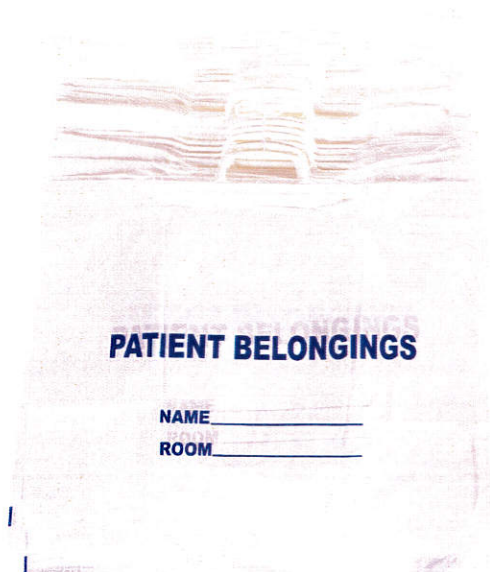
What should be collected for each evacuee (If Possible)

- Car and house keys
- Cell phone
- Sanitation and hygiene items
- A change of clothes
- Extra eyeglasses
- Extra batteries for medical supplies like hearing aids
- Cash and coin
- Medications and medical devices
- Records of medical devices (including device type and model number), medical conditions, allergies, and current medications, stored in a waterproof bag or container
- Duplicates of important documents such as passports, drivers licenses, social security, wills, deeds, financial statements, and insurance information, stored in a waterproof bag or container.



Personal affects should be collected and placed in the following.

(Care should be taken to secure valuables and provide each patient the opportunity to collect necessary items - if time permits)



VIPER

Movement of Patients

- If patients are able to move on their own, have them move on their own in groups of 2
- Move medically necessary patients with their equipment (Oxygen) if possible
- Allow family to assist if available
- Ensure safety during transporting
 - If moving down stairs, utilize the Stair Chairs with a minimum of 2 volunteers. (One at top, one at feet)



- Ensure all straps are secured before moving or transporting patient.

- Use walkers to assist if necessary



- Assist by watching for obstructions and trip hazards.
- Allow Non-Ambulatory patients to use their own equipment, wheelchairs, etc.
- Keep Patients Warm or Cool based on the ambient temperatures.
- Keep onscene EMS informed of any patient change in mental or physical status
- Keep patients dry if it is raining or snowing,



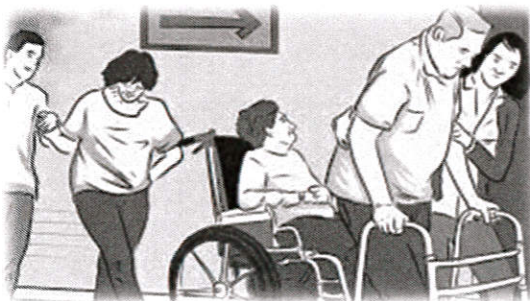
VIPER



Temporary SHELTERING

Care should be given to finding a strategic place to set up our inflatable shelter.

- Ground should be level
- No steps, curbs or standing water
- Low wind - affix tie downs and anchors
- Allow for Heating / Cooling and lighting as needed
- Have a minimum of ONE LICENSED Volunteer staged for every 10 patients
- Maintain communications with Coordinator
- Document who is sheltered, and keep med lists and Personal Belongings bag with each patient
- Document Arrival Time
- Document Vitals
- Document any Medical Care given



VITAL-RECALL Pre-PCR Ambulance Call Report

PT. Name: _____

Address of Scene: _____

Age: _____ Sex: M / F D.O.B: / /

Date: / / Unit # _____

★ Chief Complaint: _____

Meds: _____

Allergies: _____

HX: _____

Vitals	1	2	3	Run Times
Time	:	:	:	Dispatch Time
BP	/	/	/	En route Time
Pulse				Arrive Scene
Resp.				Patient Contact
SpO ₂	%	%	%	Depart Scene
Skin/Eyes				Arrive Hospital
LOC/GCS				Return to Service
Gluc.				
Temp.				
Pain				

Notes: _____

VIPER

Inclement Weather Response

WIND: If the wind is greater than 20mph, do not erect a tent or shelter within a tent.

FLOOD: In the event we are evacuating during flooding conditions, all patients **MUST** wear a life vest.
***** EVACUATING IN A WATER RESCUE - BY FOOT IS A LAST RESORT! *****



In the event we are evacuating patients **THROUGH water**, a rope line must be established for the evacuees to hold onto.



Fire Response

In the event we are evacuating patients during a fire, all residents should be medically cleared by EMS / Nursing staff.

Patients may become distraught not having their belongings, pets, pictures, etc. Care should be taken to comfort evacuees.

Sheltering should be in a safe area designated by the onscene Incident Commander and away from smoke, and fire responders.





VIPER

Relocation

- Work with Incident command on a method of relocating patients from Temporary Sheltering to semi-permanent. (School Bus, Vans, Etc.)
- Check out each patient at time of transfer
- Note the location they are being taken to
- Ensure they have their belongings, medications, etc.
- Keep a copy of the transfer log





ICS FORMS

Central Nebraska

medical
reserve
corps



VIPER

Vulnerable **I**dentified **P**opulation **E**vacuation **R**esponse



Functional Exercise for the Central Nebraska Medical Reserve Corps.

Situation Manual

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.

TABLE OF CONTENTS

<i>TOPIC</i>	<i>PAGE</i>
• Table of Contents	2
• Exercise Overview	3
• General Information	4
• Participant Roles and Responsibilities	5
• Exercise Structure	5
• Exercise Guidelines	5
• Exercise Assumptions and Artificialities	6
• Exercise Evaluation	6
• Exercise Layout	7
• Hastings Lost or Trapped Fire Fighter Guideline 407	8
• Hastings Dispatch Mayday Protocol	11
• SCENARIO	13
• Post Activity Questions / Review	16
• Module Notes	18
• Appendix A – Exercise Schedule	19
• Appendix B – Exercise Participants	20

Exercise Overview

Exercise Name	Vulnerable Population Evacuation
Scope	This exercise is a FUNCTIONAL exercise, planned for up to 6 hours. Exercise play is limited to Central Nebraska Medical Reserve Corps.
Purpose	The purpose of this exercise is to focus on strategy and decision-making to support calls for help. When a vulnerable population such as the elderly need evacuation from their residence, the CNMRC is equipped to respond with the necessary tools to assist on-scene incident command with the tools and resources to safely and effectively evacuate the needy for a temporary care point until a semi-permanent relocation becomes available.
Threat or Hazard	Imminent Danger and injury to a vulnerable population during an emergent transition period from their normal place of residency to a temporary holding area until semi-permanent relocation can be established.
Sponsors	<ul style="list-style-type: none">• Central Nebraska Medical Reserve Corps• Nursing Homes• Citizen Corps SHSP Grant Funding
Point of Contact	Central Nebraska Medical Reserve Corps Coordinator: Ron Pughes (402) 519-8203

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission areas.

Exercise Objective	Core Capability
Prioritize available resources to support the incident and identify resource needs by type to support ongoing operations.	Operational Coordination
Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.	Situational Assessment
Provide, set-up and manage a temporary care point	Deployment Operations
Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.	Operational Communications

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 their regular roles and responsibilities during the exercise. Players discuss 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.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise begins with a request from an Emergency Manager to provide our VIPER response. A typical CALL-DOWN will occur via our Mass Notification System.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your jurisdictions 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 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 preparedness, response, and recovery efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

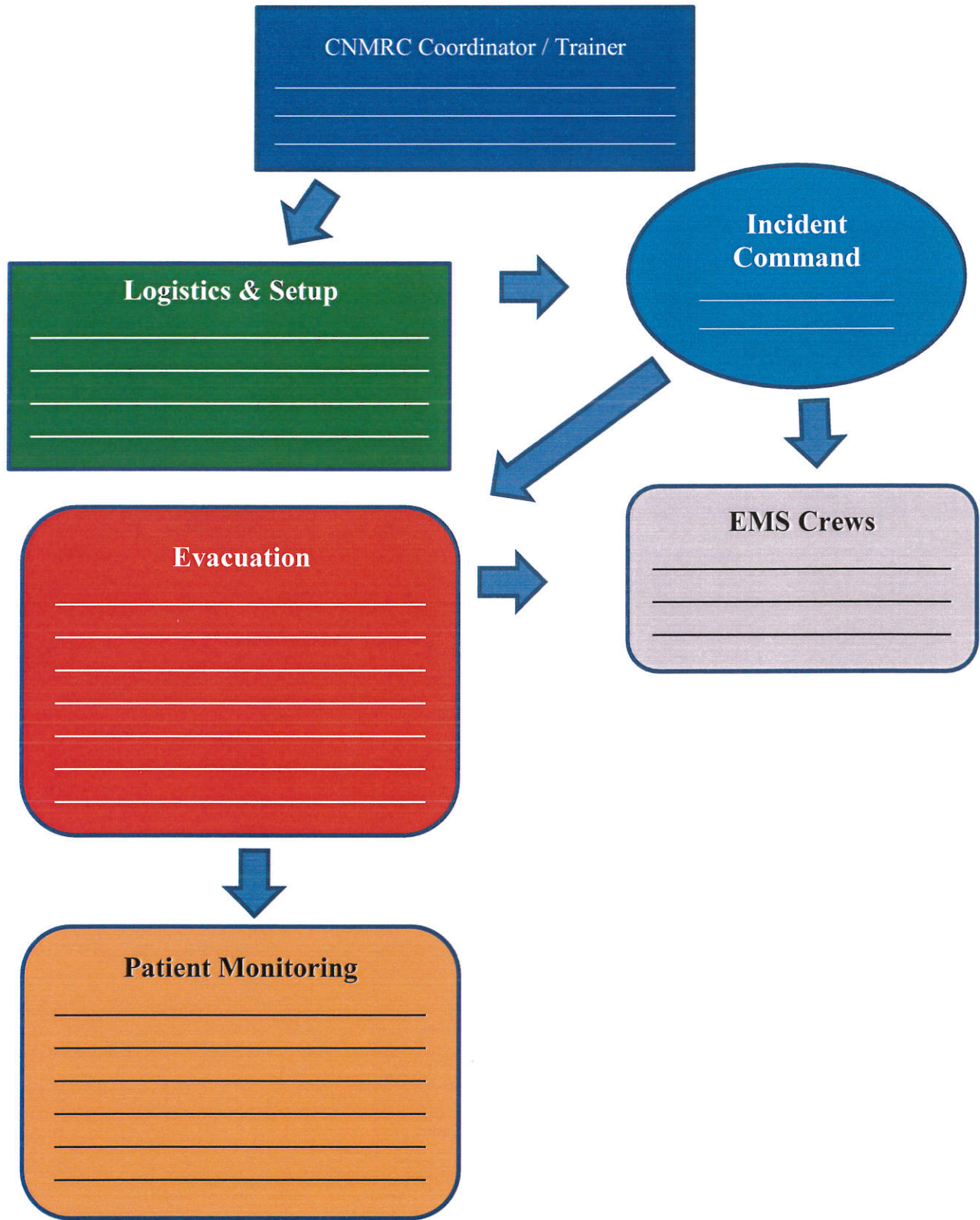
In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report/Improvement Plan (AAR/IP).

Exercise Layout





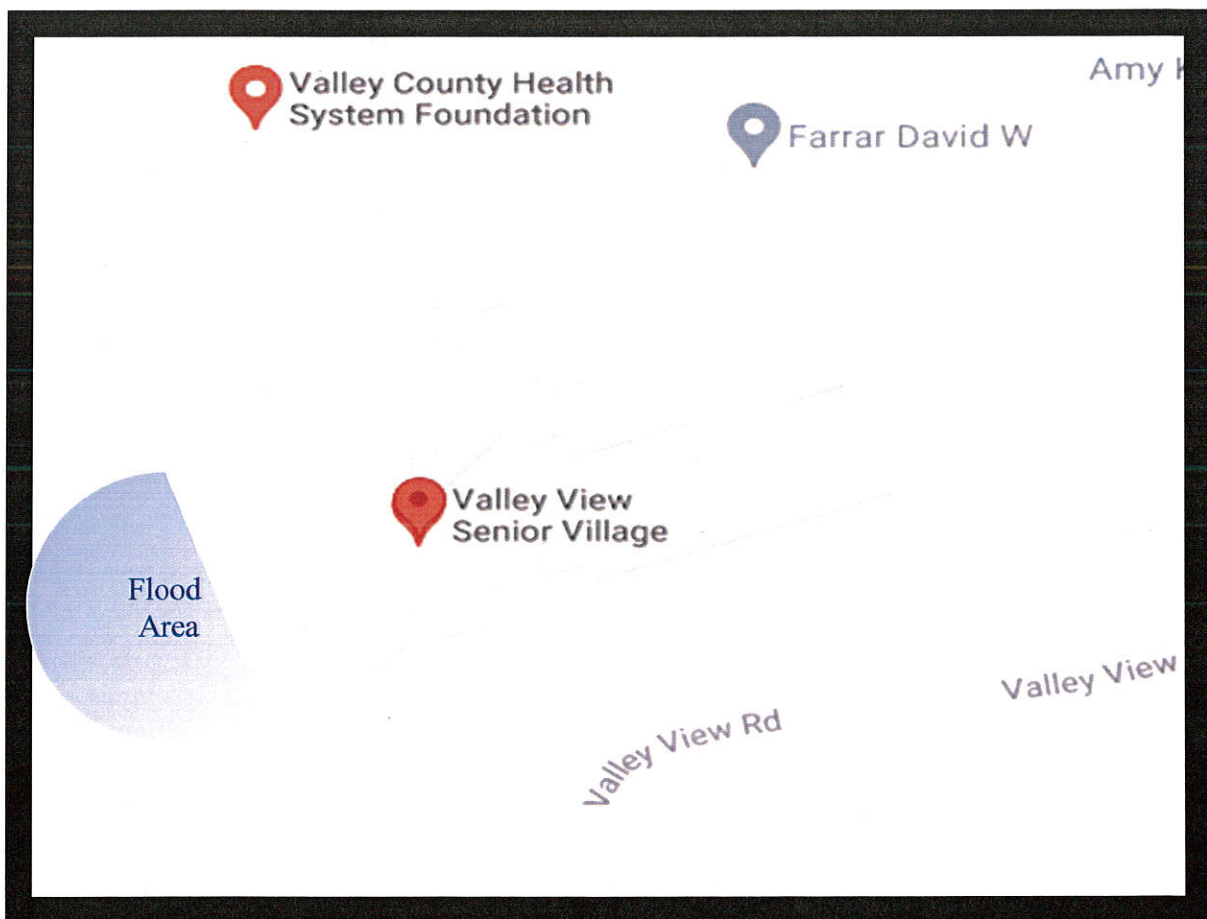
It is 2pm on a rainy afternoon. Temperatures are typical for a June Evening.

Temperature: 74 degrees

Wind: NNW at 7 mph.

Rain has been falling for the past 2 days and water is approaching the area. The Senior Village sits in an area surrounded by roads causing run-off and water stagnation. The S/W corner is filling with water and approaching the main wings of the center. City crews have been called out to dig a relief trench across the S/W road area.

CNMRC Coordinator receives a call from the Valley County Emergency Manager that there is a approaching FLOOD WATERS at the Valley View Senior Village nursing home in ORD Nebraska. The current census shows there are 28 residents. 8 are non-ambulatory, 18 have limited mobility and 2 are bed bound.



MISSION: Provide Evacuation Assistance upon arrival.

Provide Temporary sheltering

DEPLOYMENT: Determine the amount of time and volunteers that are available.

ACTION: _____ Medical Members are able to respond immediately

_____ Medical Members are able to respond within 2 hours.

_____ Logistic Support are available immediately.

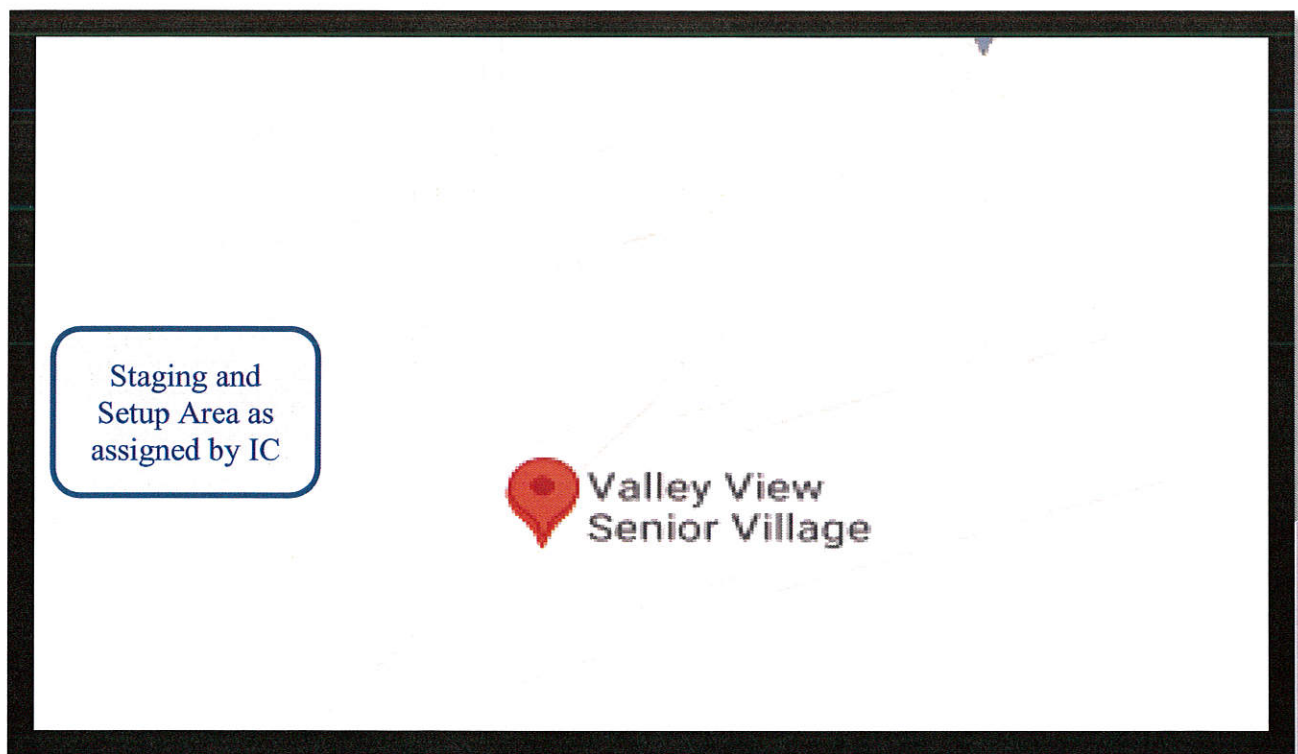
Estimated Time of ARRIVAL: _____

MISSION ACCEPTED!

Step 1: Inform responding members where to meet. – HOW?

Step 2: Begin transporting supplies and equipment to the scene – WHO?

Step 3: Meet with IC for Setup Location.



Questions

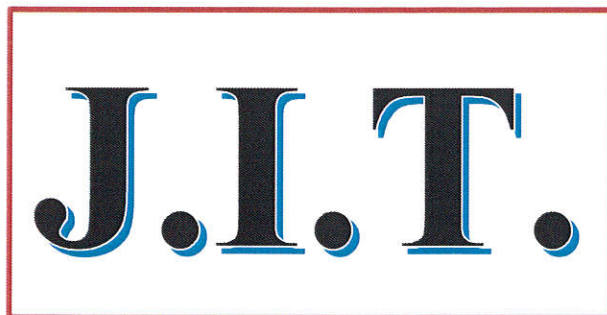
Based on the information provided, participate in the discussion concerning the issues raised in scenario. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

- Is the area identified from IC adequate for our needs?
 - What is our approximate time to arrive on scene?
 - How much time will it take to set up?

- What are our initial concerns regarding this deployment?
 - CNMRC
 - STAFF / RESIDENTS
 - WEATHER

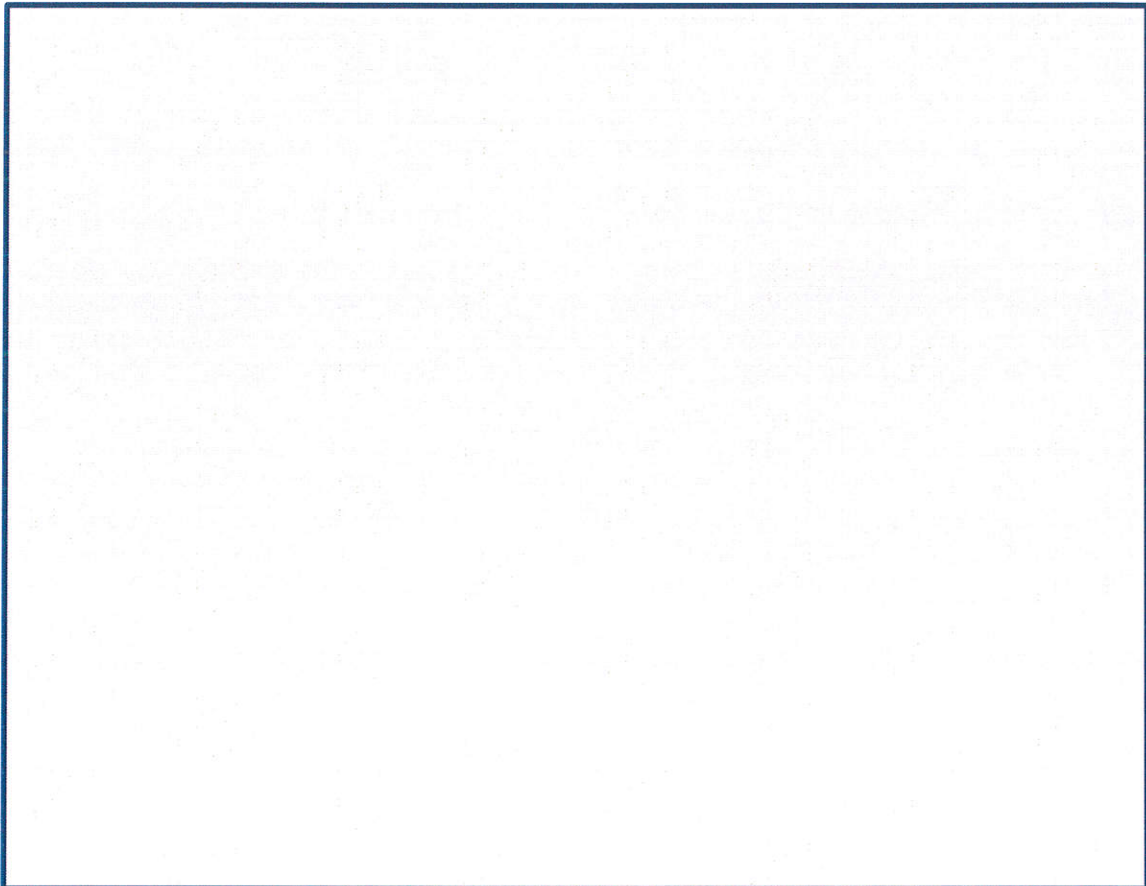
- What might be some of your initial actions, roles, and responsibilities?
 - What are your priorities at this point?

 - How may your actions or priorities affect or conflict with the Incident Commander's priorities?



BEGIN VIPER DEPLOYMENT

- WHAT EQUIPMENT WILL WE BRING?
- WILL WE HAVE A CONVERGENCE POINT?
- WHAT J.I.T WILL BE NECESSARY?
- HOW WILL COMMUNICATIONS BE HANDLED?
- WHAT EMS WILL INTERFACE WITH US?



BEGIN SAFE TRANSFERS

HOW WILL WE MOVE:

NON – AMBULATORY?

(8) WHEEL CHAIR BOUND

LIMITED MOBILITY?

(5) ARE ON OXYGENATORS

(8) CAN WALK WITH A WALKER / CANE

(5) WHEEL CHAIR ASSIST

BED BOUND?

(2) PARALYZED, NON-COMMUNICATING

** REQUIRES CONSTANT O2

SET-UP

START TIME: _____

COMPLETE TIME: _____

PATIENT MOVEMENT BEGINS: _____

1ST RESIDENT IN TENT: _____

ALL NON-AMBULAORY: _____

ALL LIMITED MOBILITY: _____

APPENDIX A: EXERCISE SCHEDULE

Time	Activity
	Welcome and Opening Remarks
	EVACUATION Video https://youtu.be/6XKDKCToM48 https://youtu.be/SbYOTbgHMac
	Protocol Reviews – CNMRC & VIPER
	Move to Designated Locations
	Scenario & LIVE EXERCISE
	Question Sheet – Open Questions, Comments, Concerns
	Follow-up
	Hot Wash and Closing Comments

Appendix B: Exercise Participants

Participating Organizations
Central Nebraska Medical Reserve Corps
Adams County Emergency Management
Nursing Care Facility:
Nursing Care Director / Nurse:
Transportation Service:
EMS / Fire Service:

