

**CORVALIS TORNADO
TABLETOP EXERCISE**

JULY 11, 2007

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INTRODUCTION

Purpose

This exercise gives participants an opportunity to evaluate current response concepts, plans, and capabilities for a response to a major tornado event in Nebraska. The exercise will focus on key local emergency responder coordination, critical decisions, and the integration of external assets necessary to minimize the psychological effects of a natural disaster.

Scope

This exercise emphasizes the role of assets from within Nebraska Health and Human Services, regional behavioral health entities, and volunteer organizations in response to the potential consequences of a natural disaster. **Processes and decision making are more important than minute details.**

Design Objectives

Exercise design objectives are focused on improving understanding of a response concept, identifying opportunities or problems, and/or achieving a change in attitude. The exercise will focus on the following design objectives:

- 1. Chain of command.** *Identify and reinforce chain of command and control issues to ensure NIMS/ICS Compliance.*
- 2. Response Protocols.** *Identify and clarify response protocols for behavioral health personnel.*
- 3. Service Delivery.** *Identify strategies for service delivery during community recovery.*
- 4. Resource Identification.** *Identify required resources needed to provide behavioral health services to victims and responders.*
- 5. Coordinating partners and agencies.** *Identify coordinating agencies and partners in disaster response.*

Exercise Structure

This will be a multimedia facilitated Tabletop Exercise (TTX). Players will respond to the following scenario modules:

- Module 1 – Pre-deployment
- Module 2 – Initial on-scene response
- Module 3 – Ongoing provision of services

Exercise Format

Each module begins with a situation briefing or update presented to the plenum. Following each module briefing, players, who have been organized into groups according to behavioral health regions, and will discuss key issues within their group.

Following each situation update, players will participate in a caucus period to review the module, and discuss the suggested questions at the end of each module as well as the response issues relevant to their group. At the end of the facilitated discussion, exercise facilitators will highlight key elements of each response phase.

Roles and Responsibilities

Players respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training and experience.

Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. State Behavioral Health representatives will also assist with facilitation as Subject Matter Experts (SME) during the tabletop exercise.

Assumptions and Artificialities

In any exercise, a number of assumptions and artificialities may be necessary to complete play in the time allotted. During the exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There are no “hidden agendas” or trick questions.
- All players receive information at the same time.

Exercise Rules

There is no “textbook” or perfect solution. Varying viewpoints, even disagreements, are expected. This is intended to be a safe, open, stress-free environment.

- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training and experience.
- Your organization’s positions or policies do not limit you. Make your best decision based on the circumstances presented.
- 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.
- Assume cooperation and support from other responders and agencies.

- The situation updates, written material, and resources are the basis for discussion. There are no situational injects.

Additional Resources

During the exercise, you may need some specific information to assist you in making a decision. The appendices to this Situation Manual (SITMAN) contain additional information you may use in your discussion. As you participate, draw on your experience and knowledge of how Federal, State, and local agencies work together in an emergency response situation.

EXERCISE SCHEDULE

NOTE: *The exercise schedule should be tailored to reflect the exercise designed by the exercise planning team in accordance with the needs of your community. Modules, breaks, lunches, or other events may be removed or added as needed.*

- | | |
|---------------|------------------------------------------------------------------------------------------------------------------|
| [1245] | Registration |
| [1300] | Welcome and Introductions
Overview of tornados in Nebraska |
| [1330] | Module 1 – Pre-Deployment
Situation Briefing
Group Discussion
Facilitated Discussion |
| [1415] | Module 2 – Initial On-Scene Response
Situation Briefing
Group Discussion
Facilitated Discussion |
| [1500] | Module 3 – Ongoing Provision of Services
Situation Briefing
Caucus Period
Facilitated Discussion |
| [1545] | Review and Conclusion |
| [1615] | Closing Comments |

MODULE 1 – PRE-DEPLOYMENT

Background –Tornados in Nebraska

Although tornadoes occur in many parts of the world, these destructive forces of nature are found most frequently in the United States east of the Rocky Mountains during the spring and summer months. In an average year, 800 tornadoes are reported nationwide, resulting in 80 deaths and over 1,500 injuries. A tornado is defined as a violently rotating column of air extending from a thunderstorm to the ground. The most violent tornadoes are capable of tremendous destruction with wind speeds of 250 mph or more. Damage paths can be in excess of one mile wide and 50 miles long.

Nebraska Tornado facts:

- Nebraska is ranked fifth in the nation for average number of tornados per year, averaging 40 tornadoes. In 2004 however, 110 tornadoes occurred in the state.
- Nebraska is ranked 23rd for the number of tornado fatalities and 24th for the number of tornado injuries.
- The peak month for tornados in Nebraska is June, with May, June, and July together accounting for 78% of all tornadoes in the state.
- There have been 115 tornado fatalities in the state since 1916.
- All 93 Nebraska counties have been visited by tornadoes since 1950.
- Over 50% of tornadoes in the state occur between 4pm and 8pm.

General tornado facts:

- Tornadoes have occurred in all 50 states.
- The most violent tornadoes in the U.S. occur in the Spring.
- 38% of tornado fatalities occur in mobile homes.
- A tornado can move in any direction, slow or fast and even remain stationary.

-Source:

The University of Nebraska-Lincoln

www.hprcc.unl.edu/nebraska/NEBTORNADOFACETS.HTML

There have been three notable tornadoes (among many others) since the 1970's in Nebraska. The first was the tornado that hit Omaha on May 6, 1975 touching down in northern Sarpy County just south of Omaha. The tornado moved north-northeast through residential and business areas of west central Omaha destroying 287 homes and damaging 1400 others. The tornado's path was 10 miles long and 200-300 yards wide, killing three people and injuring 133 others. Damage estimates ranged from \$250-\$500 million. The Omaha tornado was classified as an F4 with winds between 207-260mph.

The second tornado(s) of note hit Grand Island, NE June 3, 1980. A massive super cell thunderstorm had developed north of the city in the early evening hours. The storm moved slowly southeast through the city at under 10 mph spawning seven tornadoes over a period of less than three hours. The tornados, rated from F0-F4 cut separate swaths through the city from 700-1000 yards wide. Distances varied for each tornado. The distance traveled on the ground for these tornados ranged from one mile to as far as 14.5 miles. The Grand Island tornados killed five people, injured 200 others, and destroyed 475 living units and 49 businesses. Damages were estimated at nearly \$300 million.

The characteristics of the Grand Island tornadoes were unique, in that three of the tornadoes were anticyclonic, meaning their rotation was clockwise. Ninety-nine percent of tornados in the northern hemisphere rotate counterclockwise.

The third notable tornado was the tornado that hit the southeast Nebraska village of Hallam on May 22, 2004. The tornado was an unprecedented 2 ½ miles wide and an F4 in intensity when it when through Hallam. The tornado damaged 95% of the homes and business in Hallam and traveled a total of 52 miles on the ground for approximately 100 minutes damaging surrounding communities and Norris High School. Thirty-seven people were injured with one fatality in Hallam.

In all of these cases, it has taken years to repair the physical damage and mend the social fabric of the affected communities.

Scenario: July 11, 2007 (today)

Corvalis, a town of 3,500 is located in Staple County in your region. Corvalis, the county seat, is largely an agricultural based town with a few medium sized manufacturing plants that manufacture bus chassis and agricultural chemicals.

At approximately 6:45 p.m., a police patrol reported that a tornado struck a large portion of the town with a path of up to ½ mile wide, cutting a full swath through the town. As it is getting dark, initial reports on the extent of injuries and damage to the town are sketchy due to downed communications lines and an overburdened cell phone system. Unconfirmed reports begin to trickle in to the media that the Corvalis Community Center was hit as well as the Corvalis Rural Hospital. It is unknown at this point to what extent homes and businesses were damaged.

As local EMS, fire, law enforcement and emergency management begin to determine the extent of the damage, initial fatalities/injuries begin to become known. As of 10:00 pm, nine fatalities have been confirmed, two of them children at the Corvalis Community Center. There were a large number of individuals injured at the site as well. The Community Center was hosting a play at the time of the tornado. It was estimated that up to 150 people were in attendance. Rescue/recovery efforts at that site continue through the night along with search and rescue efforts in the rest of the town.

Mutual aid begins arriving through the night from neighboring communities, as the extent of the disaster becomes known. The Incident Command Post/staging area (ICP) is established by local emergency management at a local church that has back-up power just outside of town. Nebraska Emergency Management Agency (NEMA) has been notified and has activated parts of the State Emergency Operations Plan. NEMA has decided to deploy personnel and equipment to provide direction and support. The church and its large parking lot serve as the initial staging site for rescue personnel, vehicles, and equipment.

Your Regional Behavioral Health Office has just received a call from the local county emergency manager who has requested behavioral health personnel on site to provide psychological first aid to citizens and rescue personnel. At this time details are sketchy, however, you've been asked to assemble volunteers and have them report to the ICP by 12:00 pm (noon) to work for at least the next 72 hrs at the site. Additionally, you have been asked to assume the primary responsibility for coordinating among other behavioral health response entities (Red Cross, CISM). The morning news is now reporting that 21 people are dead, many of which were found at the Corvalis Community Center. Rescue/Recovery efforts continue.

Key Issues

- A major disaster has occurred in your region.
- Based on the information presented, tornados can have a devastating effect on people and communities.
- There are confirmed fatalities of which numbers may rise.
- People are displaced, and many have lost everything.
- Incident command has been established to establish control of the scene, and continue rescue/recovery operations.

Task

Based on the information provided, you have 20 minutes to consider the issues raised in Module 1. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Participants are not required to address every question in this section.

1. What initial plans/decisions need to be made regarding the decision to deploy volunteers for a prolonged period (72hrs)?
 - What plans/procedures are in place to assist you to establish your immediate priorities?

2. Who are your partners/collaborators in behavioral health that you see yourself working with?
 - What contacts do you need to make?

3. Who do you anticipate receiving direction from to establish your work priorities?
 - Who do you communicate with for direction?

MODULE 2 – INITIAL ON-SCENE RESPONSE

You spent the first 72 hours post disaster activating/deploying volunteer resources in accordance with your Regional Behavioral Health All Hazards Plan . The operation has changed from response to a recovery operation as there is little hope of finding additional survivors. An additional four people were found dead including the church minister's wife whose home was demolished, yet he continues to provide assistance at the Incident Command Post (is the site of the church he served). An additional 161 people with varying degrees of injuries that have been taken to healthcare facilities in surrounding towns/cities. Almost all of the residents of Corvallis have been relocated with family, friends, or the mass shelter in a neighboring town's high school.

In addition to the deployment of volunteers, you have been coordinating with emergency management, the Red Cross, and the regional CISM contact. Initial volunteer activities have included observation of the health and welfare of rescue workers as they rotated in and out of the disaster area, provision of psychological first aid, and assessment of the evolving behavioral health needs of individuals and responders impacted by the disaster. Most of the rescue workers have come from neighboring towns in the State; however a few are residents who belonged to the local volunteer fire department. They too have lost friends, family, and their homes.

You have been asked to coordinate an expanded behavioral health response to provide outreach services to reach the broad spectrum of those affected by the disaster, and to deploy volunteers accordingly. Public Health officials along with emergency management have set up a volunteer processing center because people from all over are the State who wish to help with clean-up operations are spontaneously volunteering. You have also received a message from the processing center asking what to do with volunteers from Kansas who claim to be behavioral health professionals wanting to help.

The area has been declared a disaster by the Governor. A federal disaster declaration is pending and the American Red Cross has decided to activate the national disaster human resource system, sending behavioral health volunteers to the site from across the country. You have been contacted by State Behavioral Health officials who are preparing an application for crisis counseling program funds. They are asking for information about the type, amount, and cost of behavioral health services provided to date across behavioral health entities, your plan for providing outreach services over the next 60 days and is asking you to procure damage assessment information from emergency management to complete the application.

Key Issues

- The disaster has evolved from response to recovery.
- People have been displaced en mass to neighboring towns.
- Rescue workers are feeling the strain of the initial response and continued operations.
- Coordination of a greater behavioral response is requested.
- Spontaneous volunteers have shown up wanting to help.
- The need for tracking contacts/work flow documentation.

Task

Based on the information provided, you have 20 minutes to consider the issues raised in Module 2. Identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Participants are not required to address every question in this section.

1. Are the contacts/behavioral health partners described in the scenario included in your plan for service?

- Are there other partners or collaborators that need to be included in the next phase of your response?

2. How do you plan to collaborate with CISM, American Red Cross, and other behavioral health partners (e.g., Lutheran Family Services) who are interested in providing recovery services?

- How do you plan to address the issue of spontaneous behavioral health volunteers?

3. How will you gather the needs assessment data that is required for the FEMA Crisis Counseling Grant?

- What information do you want volunteers to collect regarding activities and services provided?

MODULE 3 – ONGOING PROVISION OF SERVICES

Forty five days have passed since the tornado hit Corvalis. Activities to get the town and people's lives put back together have begun as the town was declared a federal disaster. State and federal disaster assistance personnel are scouring the town in attempts to assess damage, remove debris, and begin to prioritize rebuilding. Since the town's infrastructure (power, water, and sewage) has been devastated, the Mayor has declared the town uninhabitable.

Former residents of Corvalis have been relocated to neighboring towns as far as 60 miles away. Some are staying with extended family, and some are living in FEMA funded living units (apartments and rental homes), some of which are overcrowded and minimally adequate. The stress of recovery from the disaster is beginning to show. Along with the grief experienced with the loss of family and friends, residents must navigate a multitude of programs and services. It is hard for some Corvalis residents to accept public assistance for the first time. At this time, one suicide attempt has been attributed to the post disaster stress.

Your Behavioral Health Region has received an immediate services program crisis counseling grant to do outreach with responders and displaced individuals who are now primarily located in four towns in your region. The regular services program crisis counseling grant is due in fifteen days. You must submit a plan to provide ongoing outreach and intervention over the next nine months to help individuals and the community heal from the disaster and move forward. You have also received word that an unmet needs community group has been formed with the aid of FEMA. This group is working in tandem with a newly formed group of volunteer case managers that are operating under the supervision of a paid coordinator through one of the churches.

Key Issues

- Physical recovery of the town has begun.
- Town residents have been displaced and are temporarily residing in neighboring towns.
- Stress from the disaster recovery is starting to show on displaced individuals
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- Individuals must navigate a multitude of public assistance programs, and deal with unemployment.
- Your Region is tasked with providing behavioral health assistance to individuals, and to simultaneously develop a plan to continue services for nine more months.

Task

*Based on the information provided, you have **20 minutes** to consider the issues raised in Module 3. Remember to identify any additional requirements, critical issues, decisions, and/or questions you feel should be addressed at this time.*

Review the following questions in their entirety and discuss your group's major concerns at this point in the exercise scenario. Participants are not required to address every question in this section.

1. Who are the partners you need at the table to coordinate provision of outreach?

- Which partners can help secure information needed to locate displaced community members?

- Which partners will you need to coordinate with to prepare a plan to continue outreach services?

- How do you plan to coordinate with unmet needs groups and newly funded case management services?

2. What is your plan for outreach over the next nine months?

- What is your staffing plan (how many outreach workers will you need; how many supervisors; data entry and administrative personnel)?

- What strategies will you use to reach and deliver services to displaced people who may be in several towns?

 - What strategies will you use to reach and deliver services to responders, rescue workers, utility workers, National Guard units and others who may have assisted with response activities?
3. How will you monitor fellow staff, outreach workers, volunteers, and emergency workers to ensure they are dealing with the situation and its issues adequately from a behavioral health standpoint?

APPENDIX 1

Terms of Reference

AAR	After-Action Report
ANG	Air National Guard
ARNG	Army National Guard
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CDC	Centers for Disease Control and Prevention
CISM	Critical Incident Stress Management
DCO	Defense Coordinating Officer
DFO	Disaster Field Office
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ECC	Emergency Coordination Center
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
HHS	Department of Health and Human Services
IC	Incident Commander
ICS	Incident Command System
JIC	Joint Information Center
JOC	Joint Operations Center
MACC	Multi-Agency Coordination Center
NEMA	Nebraska Emergency Management Agency
NIMS	National Incident Management System
NRP	National Response Plan
ODP	Office for Domestic Preparedness
PIO	Public Information Officer

POC	Point of Contact
PPE	Personal Protective Equipment
SEOP	Emergency Operations Plan
SITMAN	Situation Manual
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOG	Special Operating Guidelines
SOP	Standard Operating Procedure
UCS	Unified Command System
USPHS	U.S. Public Health Service
WHO	World Health Organization
WMD	Weapon(s) of Mass Destruction