



Ambulatory Incident Response Exercise Companion

Supporting the Ambulatory Healthcare Incident Response Toolkit

Facilitated Tabletop Exercise Package for Ambulatory Healthcare Facilities

Developed by the Tampa Bay Health and Medical Preparedness Coalition (TBHMPC)

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Exercise Overview

This exercise companion supports the Ambulatory Healthcare Incident Response Toolkit by providing facilitated tabletop discussion scenarios designed for outpatient healthcare facilities. The exercises allow clinics, ambulatory surgery centers, dialysis facilities, urgent care centers, and community health centers to practice applying a simplified incident response structure during common operational disruptions.

Exercise Objectives

- Recognize incidents that require coordinated response
- Assign an Incident Lead and supporting response roles
- Establish operational priorities during disruptions
- Discuss communication strategies with staff and patients
- Apply toolkit tools such as Job Action Sheets, Quick IAP, and Activity Logs

Intended Audience

This exercise is intended for outpatient healthcare organizations including primary care clinics, specialty clinics, ambulatory surgery centers, dialysis centers, urgent care facilities, and community health centers.

Exercise Format

Exercise Type: Facilitated Discussion

Duration: 45–60 minutes

Participants: 5–20

Materials: Exercise Companion, Scenario Appendices, Ambulatory Healthcare Incident Response Toolkit tools

Facilitator Quick Start Guide

1. Select one scenario from the Scenario Selection Guide.
2. Brief participants on the exercise purpose and objectives.
3. Introduce the scenario narrative.
4. Introduce additional injects as the scenario develops.
5. Facilitate discussion and encourage participants to apply toolkit concepts.
6. Conduct a hotwash discussion at the end of the exercise.
7. Capture improvement actions and distribute evaluation forms.

Facilitator Guidance

The facilitator guides the discussion, introduces scenario information, and encourages participants to apply incident response concepts. The facilitator should avoid providing answers and instead prompt participants to explore operational decision-making within their own facility.

- Encourage participation from all attendees
- Ask participants to explain why they made certain decisions

- Focus on operational decision-making rather than policy language
- Allow discussion of real-world constraints within the facility

Recommended Exercise Agenda

- Introduction and objectives – 5 minutes
- Scenario overview – 5 minutes
- Scenario discussion and injects – 30–40 minutes
- Exercise hotwash discussion – 10 minutes

Scenario Selection Guide

The following scenarios represent common operational disruptions that outpatient healthcare facilities may encounter. Facilitators may select one scenario for a standard tabletop exercise or combine scenarios for longer training sessions.

- Scenario 1 – EHR System Outage (technology disruption)
- Scenario 2 – Facility Infrastructure Failure (water or utilities disruption)
- Scenario 3 – Severe Weather Staffing Disruption (workforce shortages)
- Scenario 4 – Hazardous Exposure Patient (staff safety and contamination risk)

Scenario Summaries

Scenario 1 – EHR System Outage

Focus Area: Technology Disruption

During a normal clinic day, the Electronic Health Record (EHR) system becomes unavailable, preventing staff from accessing patient records, documenting encounters, submitting orders, or electronically prescribing medications. Registration staff are unable to check patients in, and scheduled patients continue to arrive for appointments.

This scenario challenges participants to discuss how their facility would maintain clinical operations during a technology outage, including activating an incident response structure, establishing operational priorities, communicating with patients, and implementing downtime documentation procedures.

Full scenario narrative and injects available in Appendix A.

Scenario 2 – Facility Infrastructure Failure

Focus Area: Facility Operations / Utilities

During clinic operations, staff discover that running water is unavailable due to a nearby municipal water main break. The disruption affects handwashing sinks, restrooms, and sterilization areas within the facility.

Participants must determine how this infrastructure failure impacts clinical operations, infection control practices, and patient safety. The discussion focuses on operational decision-making, communication with patients and staff, and determining whether services can safely continue or must be modified or suspended.

Full scenario narrative and injects available in Appendix B.

Scenario 3 – Severe Weather Staffing Disruption

Focus Area: Workforce Continuity

Severe overnight storms cause flooding and road closures across the region. Several staff members are unable to reach the clinic while the patient schedule remains full.

This scenario challenges participants to discuss how the facility would operate with limited staffing, including prioritizing services, adjusting schedules, communicating with patients, and coordinating leadership decisions using the simplified incident response structure.

Full scenario narrative and injects available in Appendix C.

Scenario 4 – Hazardous Exposure Patient

Focus Area: Staff Safety / Hazardous Materials

A patient enters the clinic reporting exposure to an unknown chemical substance at a nearby workplace and is experiencing symptoms including coughing, dizziness, and skin irritation. Other patients and staff are present in the waiting room.

Participants must consider potential contamination risks, staff safety, patient isolation, and coordination with emergency services. The discussion focuses on incident recognition, protecting staff and other patients, and determining appropriate operational actions within the facility.

Full scenario narrative and injects available in Appendix D.

Exercise Hotwash

- What decisions were most challenging during the exercise?
- What actions worked well during the discussion?
- What improvements could strengthen response at your facility?

Toolkit Tools to Reference During the Exercise

- Activation Quick Reference
- Incident Start-Up Checklist (First 10 Minutes)
- Job Action Sheets
- Quick Incident Action Plan
- HICS 214 Activity Log

Appendices

- Appendix A – EHR System Outage Scenario
- Appendix B – Facility Infrastructure Failure Scenario
- Appendix C – Severe Weather Staffing Disruption Scenario
- Appendix D – Hazardous Exposure Patient Scenario
- Appendix E – Participant Exercise Evaluation Form

Appendix A

EHR System Outage Scenario

This appendix may be used as a standalone tabletop exercise scenario.

Scenario Overview

This appendix provides the full scenario narrative and facilitated discussion materials for the **Electronic Health Record (EHR) System Outage** tabletop exercise.

Outpatient healthcare facilities rely heavily on electronic systems to support patient registration, clinical documentation, diagnostic ordering, and electronic prescribing. Disruptions to these systems can significantly impact clinical workflow and patient care operations.

This scenario challenges participants to explore how their facility would respond to a technology disruption affecting the electronic health record system during normal clinic operations.

Participants will discuss:

- Incident recognition and leadership activation
- Maintaining clinical operations during system outages
- Patient communication and expectations
- Documentation and downtime procedures
- Coordination and operational decision-making

The scenario includes an initial narrative followed by progressive injects that guide discussion as the incident develops.

Scenario Exercise Overview

This facilitated discussion exercise is designed for outpatient healthcare facilities (clinics, ambulatory surgery centers, dialysis centers, and community health centers). The exercise allows participants to apply concepts from the Ambulatory Healthcare Incident Response Toolkit in a realistic operational scenario.

Scenario Exercise Objectives

- Recognize incidents that require coordinated response
- Identify who should assume the Incident Lead role
- Assign simplified incident response roles
- Establish operational priorities during disruptions
- Discuss communication strategies with staff and patients
- Practice basic incident action planning concepts

Scenario Exercise Format

Exercise Type: Facilitated Discussion

Duration: 45–60 minutes

Participants: Clinic leadership, providers, nurses, office managers, preparedness staff

Scenario Overview

Time: 10:15 AM

Your clinic is fully operational with a full patient schedule when staff report they cannot access the Electronic Health Record (EHR) system.

Immediate impacts include:

- Registration cannot check patients in
- Providers cannot access patient charts
- Providers cannot dictate or document visit findings
- Electronic prescribing is unavailable
- Lab and imaging orders cannot be accessed or submitted electronically

The waiting room is filling quickly and patients are beginning to ask what is going on.

Your IT vendor reports they are aware of a regional outage affecting multiple healthcare organizations and restoration time is unknown.

Phase 1 – Incident Recognition

- Is this an incident requiring coordination?
- Who should be notified first?
- Does the facility activate its incident response structure?
- Who becomes the Incident Lead?

Phase 2 – Activation Inject

Inject: IT confirms the outage appears regional and could last several hours. Phone lines are now busy with patients asking if their appointments are cancelled.

- What activation level is appropriate?
- Who fills the Operations, Logistics, and Communications roles?
- What immediate priorities should be established?

Phase 3 – Clinical Workflow Inject

Inject: Providers report they cannot verify medication lists or allergy information for some patients without the EHR.

- Can patient visits safely continue?
- Should the clinic transition to paper documentation?
- Who makes the decision about which appointments proceed?

Phase 4 – Operational Pressure Inject

Inject: A patient becomes frustrated in the waiting room after learning the system is down. Staff report the waiting area is becoming crowded.

- What communication should be provided to patients?
- How should staff be updated about operational decisions?
- Should appointments be delayed or rescheduled?

Phase 5 – External Impact Inject

Inject: A nearby clinic experiencing the same outage closes early and directs patients to your facility.

- How does this change your operational priorities?
- Do you continue accepting patients?
- What coordination may be required with external partners?

Phase 6 – Recovery Inject

Inject: IT reports the system may remain offline for another 2–3 hours.

- What adjustments should be made to clinic operations?
- What documentation should occur during the incident?
- How will delayed documentation be completed once systems are restored?

Exercise Hotwash

- What decisions were most difficult during the scenario?
- What processes worked well?
- What improvements could strengthen incident response at your facility?

Appendix B

Facility Infrastructure Failure Scenario

This appendix may be used as a standalone tabletop exercise scenario.

Scenario Overview

This appendix provides the full scenario narrative and facilitated discussion materials for the **Facility Infrastructure Failure** tabletop exercise.

Healthcare facilities depend on critical utilities such as water, electricity, and building systems to support safe patient care and infection control practices. Disruptions to these systems can quickly affect clinical operations and require rapid operational decision-making.

This scenario focuses on a **water supply disruption** affecting clinic operations.

Participants will discuss:

- Recognition of operational impacts from infrastructure disruptions
- Infection control and patient safety considerations
- Operational decision-making regarding continuation or suspension of services
- Communication with staff and patients
- Coordination with building management and external partners

The scenario progresses through phased injects designed to encourage discussion about operational priorities and leadership coordination.

Scenario Exercise Overview

This facilitated discussion exercise is designed for outpatient healthcare facilities (clinics, ambulatory surgery centers, dialysis centers, and community health centers). The exercise allows participants to apply concepts from the Ambulatory Healthcare Incident Response Toolkit in a realistic operational scenario.

Scenario Exercise Objectives

- Recognize incidents that require coordinated response
- Identify who should assume the Incident Lead role
- Assign simplified incident response roles
- Establish operational priorities during disruptions
- Discuss communication strategies with staff and patients
- Practice basic incident action planning concepts

Scenario Exercise Format

Exercise Type: Facilitated Discussion

Duration: 45–60 minutes

Participants: Clinic leadership, providers, nurses, office managers, preparedness staff

Scenario Overview

Time: 1:30 PM

Your clinic is operating normally with a full afternoon patient schedule. Staff report that running water is no longer available in the facility.

Affected areas include:

- Handwashing sinks in exam rooms
- Restrooms
- Sterilization areas
- Break room sinks

The building manager confirms that a municipal water main break has occurred in the area and the water supply has been shut down.

Utility crews estimate repairs may take several hours.

Phase 1 – Incident Recognition

- Is this an incident requiring coordination?
- Who should be notified first?
- Does the facility activate the incident response structure?
- Who assumes the Incident Lead role?

Phase 2 – Activation Inject

Inject: The water outage is expected to last at least 3–4 hours.

- What activation level is appropriate?
- Who fills Operations, Logistics, and Communications roles?
- What immediate priorities should be established?

Phase 3 – Clinical Impact Inject

Inject: Staff report they cannot perform proper hand hygiene between patients without access to running water.

- Can patient visits safely continue?
- Which clinical services should pause?
- Who decides whether services continue or stop?

Phase 4 – Operational Pressure Inject

Inject: Patients are asking to use the restroom, and staff are concerned about sanitation issues in the facility.

- How will sanitation needs be addressed?
- Should the clinic close temporarily?
- What communication should be provided to patients?

Phase 5 – External Coordination Inject

Inject: The water utility reports the outage could last up to 6 hours.

- Do you cancel remaining appointments?
- Do you redirect patients to other facilities?
- Which partners should be notified?

Phase 6 – Recovery Inject

Inject: Water service is restored.

- What steps must occur before resuming normal operations?
- Are infection control checks needed?
- What documentation should occur?

Appendix C

Severe Weather Staffing Disruption Scenario

This appendix may be used as a standalone tabletop exercise scenario.

Scenario Overview

This appendix provides the full scenario narrative and facilitated discussion materials for the **Severe Weather Staffing Disruption** tabletop exercise.

Severe weather events can disrupt transportation and infrastructure, preventing staff from reaching healthcare facilities. When staffing levels are reduced, facilities must quickly determine how to maintain essential services while ensuring patient safety.

This scenario challenges participants to explore how their facility would respond to a situation where **staffing shortages significantly affect clinic operations**.

Participants will discuss:

- Leadership activation and incident recognition
- Operational prioritization during staffing shortages
- Appointment scheduling and service modification
- Communication with patients and staff
- Maintaining continuity of operations

The scenario introduces progressive situational updates to simulate evolving operational challenges.

Scenario Exercise Overview

This facilitated discussion exercise is designed for outpatient healthcare facilities (clinics, ambulatory surgery centers, dialysis centers, and community health centers). The exercise allows participants to apply concepts from the Ambulatory Healthcare Incident Response Toolkit in a realistic operational scenario.

Scenario Exercise Objectives

- Recognize incidents that require coordinated response
- Identify who should assume the Incident Lead role
- Assign simplified incident response roles
- Establish operational priorities during disruptions
- Discuss communication strategies with staff and patients
- Practice basic incident action planning concepts

Scenario Exercise Format

Exercise Type: Facilitated Discussion

Duration: 45–60 minutes

Participants: Clinic leadership, providers, nurses, office managers, preparedness staff

Scenario Overview

Time: 7:30 AM

Overnight storms have caused flooding across the region. Several staff members report they cannot reach the clinic due to road closures and hazardous driving conditions.

Your clinic normally operates with:

- 3 providers
- 5 nurses/medical assistants
- 3 administrative staff

Today only one provider and two support staff are able to report to work.

The clinic schedule is fully booked for the day.

Phase 1 – Incident Recognition

- Is this situation an operational incident requiring coordination?
- Who should be notified first?
- Does the clinic activate its incident response structure?

Phase 2 – Activation Inject

Inject: Additional staff report they may not arrive for several hours due to continued road closures.

- Who becomes the Incident Lead?
- Which staff assume Operations, Logistics, and Communications roles?
- What immediate priorities should be established?

Phase 3 – Operational Impact Inject

Inject: Patients begin arriving for appointments despite the weather.

- Do you modify the appointment schedule?
- Which services continue?
- Which services should be delayed or cancelled?

Phase 4 – Patient Communication Inject

Inject: Patients begin calling to ask whether the clinic is open.

- What message should be communicated to patients?
- How will updates be provided to staff and patients?
- Who is responsible for communications?

Phase 5 – Escalation Inject

Inject: Local emergency management issues a travel advisory due to flooding.

- Do you close the clinic early?
- How do you safely discharge patients currently in the clinic?
- What coordination may be needed with external partners?

Phase 6 – Recovery Discussion

- What steps should occur before reopening normal operations the next day?
- What documentation should be completed?
- What lessons should be captured for future incidents?

Appendix D

Hazardous Exposure Patient Scenario

This appendix may be used as a standalone tabletop exercise scenario.

Scenario Overview

This appendix provides the full scenario narrative and facilitated discussion materials for the **Hazardous Exposure Patient** tabletop exercise.

Ambulatory healthcare facilities may encounter individuals who present for care after exposure to hazardous substances. These situations can create potential risks to staff, patients, and facility operations if contamination is not recognized and managed appropriately.

This scenario challenges participants to recognize and respond to a potential **hazardous materials exposure involving a walk-in patient**.

Participants will discuss:

- Incident recognition and staff safety considerations
- Patient isolation and protection of other patients and staff
- Communication and operational decision-making
- Coordination with emergency services and public safety agencies
- Documentation and incident management

The scenario includes progressive injects designed to simulate evolving conditions and encourage discussion about operational response actions.

Scenario Exercise Overview

This facilitated discussion exercise is designed for outpatient healthcare facilities (clinics, ambulatory surgery centers, dialysis centers, and community health centers). The exercise allows participants to apply concepts from the Ambulatory Healthcare Incident Response Toolkit in a realistic operational scenario.

Scenario Exercise Objectives

- Recognize incidents that require coordinated response
- Identify who should assume the Incident Lead role
- Assign simplified incident response roles
- Establish operational priorities during disruptions
- Discuss communication strategies with staff and patients
- Practice basic incident action planning concepts

Scenario Exercise Format

Exercise Type: Facilitated Discussion

Duration: 45–60 minutes

Participants: Clinic leadership, providers, nurses, office managers, preparedness staff

Scenario Overview

Time: 11:20 AM

Your clinic is operating normally with a full patient schedule when a patient walks into the facility reporting exposure to an unknown chemical substance while working at a nearby business.

The patient states that shortly after the exposure they began experiencing:

- coughing
- dizziness
- skin irritation on their arms

The patient appears anxious and reports that several coworkers may have also been exposed.

While speaking with staff, the patient mentions that the exposure occurred during a chemical spill at their workplace approximately 15 minutes ago.

Other patients and staff are present in the waiting room.

Phase 1 – Incident Recognition

- Does this situation represent a potential incident requiring coordinated response?
- What immediate concerns should staff consider?
- Who should be notified within the clinic?
- Who assumes the Incident Lead role?

Phase 2 – Safety Considerations Inject

Inject: The patient reports that their clothing may still have chemical residue on it.

- What steps should be taken to protect staff and other patients?
- Should the patient remain in the waiting room?
- Should EMS or emergency services be contacted?
- Should staff isolate the patient or move them to another area?

Phase 3 – Escalation Inject

Inject: Another individual arrives reporting similar symptoms and stating they were also exposed during the workplace incident.

- Should the clinic activate the incident response structure?
- Who assumes Operations, Logistics, and Communications roles?
- What priorities should be established?
- Should the clinic restrict entry into the waiting room?

Phase 4 – Environmental Concern Inject

Inject: Staff report a strong chemical odor on the patient's clothing and are concerned that the substance may be contaminating the waiting area.

- Should the clinic isolate the patient outside or in a designated area?
- Should other patients be moved from the waiting room?
- What immediate safety precautions should staff take?

Phase 5 – Communication Inject

Inject: Patients in the waiting room begin asking staff what is happening.

- What information should be communicated to patients and staff?
- How should the clinic manage the waiting room environment?
- Should the clinic temporarily suspend operations?

Phase 6 – Public Safety Notification Inject

Inject: Local emergency services confirm they are responding to a chemical spill at the nearby workplace and advise healthcare facilities to be alert for exposed individuals.

- What coordination should occur with EMS or local authorities?
- Should the clinic prepare for additional exposed staff or patients?
- What documentation should be started using the incident tools?

Phase 7 – Recovery Discussion

- What steps should occur before normal clinic operations resume?
- Are additional cleaning or safety assessments required?
- What documentation should be completed following the incident?
- What lessons should be captured for future response planning?

Appendix E

Participant Exercise Evaluation Form

Overview

This appendix contains the participant exercise evaluation form used to capture feedback following the tabletop exercise.

Participant feedback helps identify strengths, gaps, and improvement opportunities related to incident recognition, operational coordination, and use of the simplified incident response structure.

Facilities are encouraged to review evaluation responses and incorporate lessons learned into their emergency preparedness planning and operational procedures.

Participant Exercise Evaluation Form

Exercise Information

Date: _____

Facility/Organization: _____

Scenario Conducted: _____

Participant Feedback

The exercise improved my understanding of how to organize a response to operational disruptions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The simplified incident response structure was easy to understand.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The scenario felt realistic for our facility.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The discussion helped identify potential gaps in our response procedures.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel more confident applying the toolkit concepts after participating in this exercise.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Discussion and Improvement Areas

What aspects of the exercise were most useful?

What improvements could strengthen your facility's response to similar incidents?

Additional comments or recommendations:
