

# Start Here

## Infant/Toddler Feeding Exercise Series



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# **Exercise Facilitator Handbook EXPLAN**

## **Infant/Toddler Feeding Exercise Series**

## How To Use This Template Package

This template package has been developed by Barton Dunant, which followed the guidance set forth in the federal Homeland Security Exercise and Evaluation Program (HSEEP). The exercise series design team was led by community stakeholders including local, state, and federal emergency management experts, public health officials, and others.

This template package is for the specific Barton Dunant HSEEP Exercise Series:

- Infant/Toddler Feeding Exercises
  - ‘Before’ - Preparedness/Prevention/Protection
  - ‘During’ - Response/Interim Recovery
  - ‘After’ – Long Term Recovery/Mitigation
  - Logistics – Supply Chain Management/Security/Integrity
  - Master Scenario Exercise List (MSEL) specifics for a Mass Care Sheltering/Feeding Functional Exercise (FNX) and/or Full-Scale Exercise (FSE)

Which consists of a building-block series of workshops, table-top exercises, functional exercises, and full-scale exercises which have been designed by Barton Dunant and/or other exercise design partners. These exercises are tangible evidence of the commitment of all participating entities to ensure public safety and incident readiness through collaborative partnerships that will prepare organizations and/or jurisdictions to be more resilient and ready, for emergencies or disasters **specifically where the family’s choice is the continuity of infants and toddlers to continue human milk feeding, is critical.**

These are unclassified exercises, however their use and adaptation in your organization/facility may require some confidentiality or non-public disclosure disclaimers and protocols. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but participants may view other materials deemed necessary to their performance.

### Exercise Design Team (through January, 2024)

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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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## CHANGE LOG

Date	Change Type	Modification	Comment	Approved By

## INTRODUCTION

### Purpose of this Exercise Series

The purpose of this exercise series is to exercise the planning, organizing, equipping, and training (the POETE process) for your organization(s)/jurisdiction(s) in preparation for, response to, and recovery from any incident which generates disaster feeding and/or sheltering. The POETE process is ideal for continuous improvement updates to existing POETE elements, as well as creating new ones.

Jurisdictions should utilize this series to increase their effectiveness for Functional Needs Support in Sheltering, including better support for Durable Medical Equipment (DME), Consumable Medical Supplies (CMS), and Personal Assistance Services (PAS) for Activities of Daily Living (ADLs), which includes human milk feeding by infants and toddlers. The exercise series is also designed to provide a feedback loop for the constituents themselves – the families of breast-fed infants and toddlers – through collaboration and cooperation via participation in the exercises, as well.

*These should not be the first exercises your organization or jurisdiction conducts. If you, your emergency management team and/or your general staff are **new** to the concept of organized Homeland Security Exercise and Evaluation Program (HSEEP)-designed exercises, please contact your local government's emergency management exercise planning team or Barton Dunant for a different exercise series to begin with.*

This exercise **series** is designed to support your organization's/jurisdiction's emergency plans, including the full spectrum of incident command roles, before, during and after the Response phase. This series will culminate with the injects and MSEL elements (along with the applicable EEG templates) to add to an all-hands full-scale mass care sheltering exercise.

### Scope/Limitations

The primary scope of the exercise series will be on the full cycle aspects of resolution to the concern that there is not enough support for human-milk fed infants and toddlers in general population sheltering in the United States, and more importantly – the conversion to commercial formula has both short-term and long-term negative health impacts to the child.

This specific exercise series is designed to be conducted and completed with the participation by all shelter operating organizations, as well as other children and family-specific organizations. It is strongly suggested that you notify the next level up of government, to inform them **in advance** of your plans to conduct any functional drill or full-scale exercise and obtain their guidance and recommendations as to what level of participation is available from affiliated and partner groups.

## Assumptions

During this exercise series, the following assumptions apply:

- Exercise Facilitators have had some level of HSEEP training/experience.
- There is an existing Emergency Operations Plan with either a Sheltering and Feeding annex (or annexes) or a Mass Care Emergency Support Function already in place for the jurisdiction where the exercise series will be conducted, and that there is also a group of staff designated as Command, PIO, Operations, Logistics, and Planning support. Also, that there is management support for this initiative and sufficient *additional* staff to facilitate, control, and evaluate all exercises; as well as provide feedback for improvements.
- Players have their own high level of knowledge of the laws, policies, etc. in their jurisdiction – including access to funding and support from other governmental agencies and departments – related to both mass care feeding and feeding/health for infants and toddlers. For example, knowledge of Title V Maternal and Child Health Block Grant status for their SLTT.<sup>1</sup>
- The scenarios are plausible, and events occur as they are presented.
- There are no “hidden agendas” or trick questions.
- All Players receive information at the same time.
- Departments and organizations not represented at the table are assumed to be cooperating and supporting the response using their standard procedures and policies.
- Discussions and Actions that occur during this exercise are not necessarily precedent setting.

## Exercise Series Objectives

The objectives of this exercise series are:

1. Demonstrate that a need to specifically identify, solve and document infant/toddler feeding needs in support of human milk distribution, is incorporated into the organization’s mass care sheltering and feeding plans, and that certain consistent protocols and procedures (Alerts, Notifications, Reporting, Logistics pathways, Finance/Admin documentation, etc.) need to be exercised and performed.
2. Ensure the effectiveness of communications systems/processes within areas of your facility, as well as across your organization.
3. Ensure that any staff and/or visitors who have infant/toddler feeding concerns (in addition to the clients) are accommodated with existing response plans.

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<sup>1</sup> <https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant>



4. Identify existing partnerships and determine new partnerships and/or formalization process to be pursued in ongoing planning efforts.
5. Explore infant/toddler feeding issues related to long-term recovery / continuity of operations after any incident, and the status of existing plans to meet these needs.

## Participants 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 or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Facilitators.** Facilitators manage exercise discussions, direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any facilitation or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, note-taking).

## Exercise Series Structure

The Barton Dunant Infant/Toddler Feeding Exercise Series includes documentation for the HSEEP standard series of pre-exercise meetings (for the functional exercise only), plus four exercise templates (three table-tops and one functional).

There are slideshows (with speaker notes) available for all the planning meetings, plus slideshows for the table-top exercises. There are also templates for the Situation Manual (SitMan), Extent of Play Agreement (XPA), Exercise Evaluation Guides (EEGs), Controller/Evaluator (C/E) Handbook, Master Scenario Evens List (MSEL) and Participant Feedback Form for the functional exercise (FNX).

See the “Exercise Building Blocks” section for a suggested order for these events to occur. The three table top exercises (“Preparedness”, “Response”, “Recovery/Mitigation”) can be performed while the series of meetings for the FNX is occurring. You can contact Barton Dunant at [info@bartondunant.com](mailto:info@bartondunant.com) if you have any questions on how to use this exercise series.

## Safety and Security

Finally, the following guidelines should be in place to ensure the safety and security of all functional and full-scale exercise participants:

- Begin and end all external communications with **“This is an Exercise” or “Exercise-Exercise-Exercise”**
- Real world events will be identified by the phrase “Real-World”
- Any Exercise may be terminated for real world emergencies
- Communicate any real-world safety/security issues to the nearest exercise facilitator/evaluator
- Real world emergency information will be communicated through the exercise facilitator/evaluators
- Panic and aggression are not part of any Barton Dunant exercise
- Any act of aggression will be considered a real-world threat
- Weapons Policy:
  - No weapons of any kind are allowed in the exercise area. The presence of any weapon, except as noted below, will be considered a real-world threat
  - Normal Facility Tools (i.e. hammers, box cutters) will not be considered a weapon as long as there is a direct need for those tools in completing the exercise objectives or you carry these tools on a regular basis. In other words, if you normally carry a hammer during work in a warehouse and you are exercising working in a warehouse, bring your hammer with you to the functional or full-scale exercise, but not a workshop or table top exercise.
  - On duty law enforcement personnel may carry weapons based on their service requirements, unless they are Players in a law-enforcement full-scale exercise. In that case, specific protocols for weapons checks, simunition<sup>2</sup>, simulated weapons, etc. must be utilized.
- Specific areas of a facility may need to be blocked-off from the public’s use before, during, and after any type of exercise – and additional security staff, as part of the exercise controller team, may need to be assigned.
- Consider having medical and mental health/wellness teams onsite for player health and wellness checks, first aid, psychological first aid, etc. Exercises can be physically demanding, and also psychologically challenging – possibly

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<sup>2</sup> Simulated ammunition

triggering past experiences and trauma from prior incidents and/or exercises. In many cases, support from non-player jurisdictions may be necessary. No exercise players should be dual-hatted as actual 'real world' medical or mental health/wellness support. For example, if you have an exercise role as a nurse, you should not be in an exercise controller/evaluator/observer role which has you providing healthcare to other players, if they get injured on the exercise.

## EXERCISE BUILDING BLOCKS

Audience	Exercise/Event
<b>Exercise Planners</b>	Review/Revise Exercise Facilitator Handbook and exercise design workshop
<b>Command and General Staff Leads (Only)</b>	<b>Table-Top Exercises</b>
Exercise Facilitators, Controllers, Evaluators	Concept and Objectives Meeting
Exercise Facilitators, Controllers, Evaluators	Initial Planning Meeting (IPM)
Exercise Facilitators, Controllers, Evaluators	Midterm Planning Meeting (MPM)
Exercise Facilitators, Controllers, Evaluators	Final Planning Meeting (FPM)
<b>All Participants</b>	<b>Functional Exercise &amp; Hot Wash</b>
Exercise Facilitators, Controllers, Evaluators	Review of After-Action Report/Improvement Plan (AAR/IP) (after FNX and TTXs)

### Collaborative Workshops to build/design specific Table-Top Exercises

#### Preparedness

Start with the “before” phase to help gather all the ‘right’ players to help design this first table-top exercise (TTX). The primary goals for this TTX are:

- Communicating the need for more support of breast-fed infants and toddlers in shelters - and that **self-selecting choices** by the clients/nursing mothers is key. They need to be empowered and supported to make these choices.
- Understanding the differences between the plans, organization (i.e., staff w/ responsibilities), equipment, training, and exercises (POETE) needed before a shelter is stood up/populated, what is needed during shelter operations, and what is needed after families have left the shelter.

- What equipment (DME, CMS, etc.) needs to be pre-staged in shelters?
  - CDC and HHS toolkits (for labels, signage)
  - Private area, comfy chair, etc. (lactation room), medical refrigeration available
  - Hydration and nutrition priorities for nursing mothers
  - Logistics procurement - just-in-time- protocols - transportation
- What staffing (PAS) needs to be allocated to shelters, directly and/or remotely?
  - Licensed/certified lactation counselors? Any bypasses/waivers needed, EMAC support?
  - C-MIST training, working with clients with other disabilities (mental/cognitive/etc.)
- Performing a network analysis on who needs to be ‘at the table’, including supply-chain management elements (Logistics) and funding (Finance/Admin) for this ‘before’ phase.
  - Who are the other “players” who should be involved in both these exercises, and in “real world” missions? Day Care Centers, Pre-K, private/public consortium groups such as Grocery Stores, Big Box Stores (Wal-Mart, Costco, BJs, etc.) - also can this transition into some parameters for sheltering-in-place support at community sites such as daycare, houses of worship/faith-based organizations, and even government/quasi-sites like children’s hospitals, women’s shelters, women’s prisons/jails, supervised visitation sites, etc.

## Response/Recovery

Next, utilize this same whole-of-community workshop model to build a TTX for response and short-term/interim recovery. This will include a carry-over/cross-walk from many of the items in the prior TTX (Preparedness/Protection/Prevention), but will also uncover new POETE elements to be worked through, including contingency planning for transportation concerns, getting equipment and supplies to the shelter site, and on-the-job/just-in-time training needed by many aspects of the operation, not just shelter staff. Here are some of the possible TTX module questions/scenarios, which can cover the Durable Medical Equipment (DME), Consumable Medical Supplies (CMS), and Personal Assistance Services (PAS) needed:

- Family presents at shelter, with challenges breastfeeding their infant. Needs 8 ounces warm human milk in the next two hours.
- The shelter does not have manual or electric breast pump and supplies, pre-staged at site.
- The shelter manager determines there is no onsite staff who has lactation counseling skills.

## Long-Term Recovery/Mitigation

Finish with a final workshop in the initial three part series (i.e., “Before, During, and After”), to build the TTX for long-term recover and mitigation needed, specific to your jurisdiction. This should always *incorporate an AAR/IP segment*, and may also include:

- Financial considerations for donating DME/CMS to client, post-sheltering/Emergency use in shelters. Considerations for continuing no-cost lactation counseling for those without insurance coverage,
- Consideration of incorporating Milk Banks into a jurisdiction’s emergency planning, if not already included in your jurisdiction,
- Identifying other SME jurisdictions, who can assist with the POETE process for future exercises and responses of scale, and/or
- Supporting the *National Mass Care Strategy* with best practices, further examples of TTXs, etc. - so that others may benefit from your jurisdiction’s success, on a continuous improvement basis.

## Logistics – Supply Chain Management/Security/Integrity - TBD

As an additional Table Top Exercise, your jurisdiction may benefit from a specific targeted TTX for the Logistics (Sites, Staffing, Systems, ‘Stuff’) involved in Infant/Toddler Feeding at Disaster sites, such as shelters and fixed feeding sites. The single sample Table Top Exercise we have built covers the before, during and after aspects in one single exercise. This is also a great exercise for the Finance/Administration leadership.