2025-2026 CMS Exercise Series Functional Exercise – Cascading Failures

Exercise Plan
Tuesday, February 3, 2026

The Exercise Plan (ExPlan) gives senior leaders, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. It includes an exercise overview, objectives and aligned capabilities, roles and responsibilities, logistics, schedule, and communications plan. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

EXERCISE OVERVIEW

Exercise Name	2025-2026 CMS Exercise Series Functional Exercise – Cascading Failures
Exercise Dates	Tuesday, February 3rd
Scope	This exercise is a functional exercise, planned for two hours virtually.
Focus Area(s)	Response and Recovery
Capabilities	ASPR Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery
Objectives	• Evaluate the ability of healthcare facilities and partners to maintain situational awareness and share timely, accurate information during a prolonged severe weather event. • Evaluate how facilities prioritize critical services and make operational decisions during prolonged isolation and cascading system failures. • Evaluate coordination and decision-making related to power, water, HVAC, and communications disruption as infrastructure failures compound. • Evaluate the ability to sustain patient care operations and manage staffing and resources under extended operational stress.
Threat/Hazard	Severe Weather
Scenario	See Exercise Scenario Details
Sponsor	Southwest Virginia Healthcare Coalition (SVHC)
Participating Organizations	See Appendix B
Point of Contact	Alayna Hubble Medically Vulnerable Populations Coordinator Southwest Virginia Healthcare Coalition (540) 676-5019 ahubble@vhha.com Greggory Skeens Southwest Virginia Healthcare Coalition Medically Vulnerable Populations Coordinator Southwest Virginia Healthcare Coalition (540) 527-6734 gskeens@vhha.com

GENERAL INFORMATION

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided by senior leaders and selected by the Exercise Planning Team.

Exercise Objective	Core Capability
Evaluate the ability of healthcare facilities and partners to maintain situational awareness and share timely, accurate information during a prolonged severe weather event.	Capability 2: Health Care and Medical Response Coordination
Evaluate how facilities prioritize critical services and make operational decisions during prolonged isolation and cascading system failures.	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery
Evaluate coordination and decision-making related to power, water, HVAC, and communications disruption as infrastructure failures compound.	Capability 3: Continuity of Health Care Service Delivery
Evaluate the ability to sustain patient care operations and manage staffing and resources under extended operational stress	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery

Table 1. Exercise Objectives and Associated Capabilities

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 or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

    - Participating Organizations

- **Controllers.** Controllers plan and manage exercise play, set up, operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers 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.

- SVHC Staff

- **Simulators.** Simulators are control staff personnel who deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.

  - RHCC Staff

- **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).

  - Depending on your organization's extent of play, you can choose to assign a staff member to evaluate operations throughout the exercise to provide feedback at the end.

- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.

  - Depending on your organization's extent of play, you can choose to assign a staff member to observe operations throughout the exercise to provide feedback at the end.

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.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- 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.

- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.

- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating organizations.

Table 2. Exercise Identification

POST-EXERCISE ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hotwash

At the conclusion of exercise play, a controller or evaluator will lead a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The information gathered during a hotwash contributes to the AAR/IP and any exercise suggestions can improve future exercises.

- This will not be coordinated by SVHC, but we encourage you to do this onsite at your facility and take notes.

After Action Report / Improvement Plan

AAR/IP is a document that generally includes an exercise overview, analysis of capabilities, and a list of corrective actions. The AAR/IP should include an overview of performance related to each exercise objective and associated capabilities. The ability to communicate exercise evaluation results to stakeholders is crucial to the improvement of planning process.

- SVHC will be walking participating organizations through how to complete an AAR on Tuesday, February 10th at 10 AM virtually. The completion of AAR documentation is the responsibility of each organization. SVHC will provide an AAR template for both exercises conducted throughout the series if the participating organization wishes to utilize them.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.

- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.

- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement ["EXERCISE EXERCISE EXERCISE"]

- The RHCC Hotline and Teams Meeting will be available to all participants to ask questions throughout the exercise:

  - [Teams Meeting Information](#)

Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.

- Ensure there is a sign-in sheet for those participating at your facility.

- Read the Exercise Plan provided.

During the Exercise

- All organizations will be asked to join the Teams meeting at 10 AM. A VHASS alert will go out to those registered shortly afterwards.

- The exercise will run for two hours, and all responses should be communicated within the allotted time frame to record your organization's participation in the exercise.

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.

- Controllers (SVHC Staff) will give you all the information that is being requested in the [Virginia Healthcare Alerting & Status System](#). You can also obtain the same information through the active Teams meeting that will be open during the exercise.

- Players will be asked to follow the scenario and complete a series of tasks that are listed in the exercise details below.

- If your facility is interested in exercising more than is being asked, please do so. We are giving you the opportunity to participate as little or as much as you would like to.

- For any questions that come up during the exercise, please utilize the Teams meeting.

- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask a controller.

- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

- All exercise communications will begin and end with the statement ["EXERCISE EXERCISE EXERCISE"]. This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

- Maintain any documentation you create throughout the exercise.

After the Exercise

- Participate in the Hotwash at your organization with everyone who participated in the exercise.

- Discuss your findings, as well as strengths and weaknesses to your exercise response in the Hotwash.

- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

EXERCISE SCENARIO DETAILS

Following the initial 48-hour rainfall event from the remnants of a tropical storm, the region is now facing compounding impacts. The mountainous terrain has intensified runoff, and saturated soil has led to multiple landslides, blocking key transportation routes and isolating several healthcare facilities. As the storm stalls, a second wave of heavy rainfall hits unexpectedly due to a moisture surge from a nearby low-pressure system. Rainfall totals now exceed 24 inches, and infrastructure begins to fail under the strain.

As conditions worsen, healthcare facilities begin experiencing direct operational impacts. Power flickers and localized outages force some facilities into generator power for extended periods, increasing fuel demands. Water pressure becomes inconsistent, affecting sanitation, cooling systems, and equipment that relies on steady flow. Road blockages delay staff arrivals, routine supply deliveries, and patient transport, further complicating operations.

Communication challenges emerge as cellular and internet connectivity degrade, slowing coordination with EMS, public health, and emergency management partners. With deteriorating access and increasing utility disruptions, facilities must now manage cascading challenges that directly affect staffing, resources, and continuity of patient care.

Building on the discussions from the previous tabletop exercise, this functional exercise will allow your organization to test emergency plans, policies, and procedures by working through a series of essential functions and tasks needed to maintain operations.

The exercise will begin at 10:00 AM on Teams and will conclude at 12:00 PM. Shortly after the start time, all participating organizations will receive a notification from the Regional Healthcare Coordination Center (RHCC) directing them to log into the Virginia Healthcare Alerting & Status System (VHASS). Participants should review the Event Details and update their facility's status board accordingly.

All participating organizations will need to complete each function listed on the next page in red, then answer each question in blue. All answered questions should be recorded and posted in the VHASS Event Log before 12:00 PM to record your organization's exercise participation.

Focus Area: Communications and Notifications (Internal and External)

- Function: Internal Situation Update
  - Send an internal situation update to command staff/department leads.
  - Questions
    - Who receives the update (roles/departments)?
    - Which communication channels did you use (e.g., Teams, email, call tree, radios, etc.)?
- Function: External Status Reporting
  - Share a status report with an external partner.
  - Questions
    - Who did your organization reach out to?
    - What confirmations/requests came back?
- Function: Targeted Populations Messaging
  - Notify patients/families/staff about current conditions and any operational changes.
  - Questions
    - Who did you notify?
    - What was the key messaging?
    - How did you confirm receipt/understanding?

Focus Area: Utility Disruption and Continuity of Operations

- Function: Emergency Power Review
  - Verify which critical systems are on emergency powers.
  - Questions
    - Which area/devices are confirmed on generator power?
    - Did your organization identify any that needed to be?
- Function: Fuel Status and Conservation Plan
  - Validate current fuel levels and reach out to your fuel vendor for an estimated time of arrival to bring additional fuel.
  - Questions
    - What is the current runtime at present load?
    - What was the earliest delivery window from your vendor?
    - What conservation measures can be implemented immediately to extend runtime?
- Function: Water Interruption Contingencies
  - Identify alternate water supply resources to support critical operations.
  - Questions
    - What is the minimum daily water requirement for your organization?
    - What are the alternate water sources available?
- Function: HVAC Impact Mitigation
  - Identify any temperature sensitive areas at your organization and short-term mitigation plans.
  - Questions
    - What areas did you identify?
    - What short-term mitigation plans or resources (e.g., portable cooling, relocation, etc.) did your organization discuss?

Focus Area: Patient Care Continuity and Surge Management

- Function: Environmental Safety Assessment
  - Conduct a rapid environmental assessment of potential relocation areas within your facility.
  - Questions

- What area did you identify?
- What criteria did you use to determine whether those were safe relocation areas during the current severe weather?
- Who completes and documents the assessment?

- Function: Clinical Prioritization for Movement
  - Identify which patients must be moved first based on medical need and environmental risk.
  - Questions
    - Which patient categories within your organization require immediate relocation (e.g., ICU, dialysis, oxygen-dependent, memory care, etc.)?
    - What criteria are used to determine patient movement?

Focus Area: Coordination, Reporting and Documentation
- Function: Status Board Updates
  - Update VHASS Status Board to reflect census, utility statuses, and operations.
  - Questions
    - Has your organization's status board been updated?
- Function: Vendor Outreach
  - Contact a vendor for support (e.g., oxygen, food, pharmacy, etc.)
  - Questions
    - Who did you contact?
    - What can they provide and when?

Focus Area: Staffing and Safety
- Function: Staffing Accountability
  - Confirm the status of all essential staff.
  - Questions
    - How are you tracking staff who are on-site, off-site, unreachable, etc.?
    - How quickly can accountability updates be provided to leadership?
    - What communication method(s) do you use to reach staff?
- Function: Staffing Sustainment Plan
  - Implement on-site staffing relief rotations (e.g., shelter, rest cycles, contacting family)
  - Questions
    - What would be your current staffing gaps?
    - What plans are in place to ensure current staff's well-being is a priority?
    - What are the plans if incoming staff are delayed 12-24 hours?

APPENDIX A: COMMUNICATIONS PLAN

This exercise will utilize multiple forms of communication:

A) Virginia Healthcare Alerting & Status System (VHASS)
   a. All participating organizations will be asked to report information on the VHASS Event Log. It is important to make sure your organization's information is up to date. Exercise alerts will be sent out to all participants utilizing this system. www.vhass.org

B) Regional Healthcare Coordination Center (RHCC)
   a. Whenever a healthcare organization experiences an emergency, they are encouraged to notify the RHCC for awareness or assistance. If your organization would like to practice or exercise this, please dial 1-866-679-7422.
      i. Reminder, any communication during this exercise needs to begin with ["EXERCISE EXERCISE EXERCISE"].

C) Teams Meeting
   a. For questions or reports throughout the exercise, please utilize this information below:
      i. Teams Meeting Information
         Join the meeting now
         Meeting ID: 254 773 547 977 8
         Passcode: Su6aD6TB

APPENDIX B: EXERCISE PARTICIPANTS

Roanoke Valley Center for Sight: Salem	Fresenius: Friendship Manor Dialysis Unit	Springtree Health & Rehabilitation Center
Westminster-Canterbury of Lynchburg	Bland County Nursing & Rehab	Brandon Oaks Nursing & Rehabilitation Center
Fresenius Kidney Care Abingdon	Friendship Health and Rehab Center - North	Davis & McDaniel Veterans Care Center
Pulaski Health & Rehab Center	Kings Grant Retirement Community	Clinch Valley Medical Center LTC
Lee Health & Rehab Center	Rehab Center and Memory Care at Bristol	Berkshire Health and Rehabilitation Center
Roanoke Valley Center for Sight - Roanoke	Fresenius: Franklin County	Star City Rehabilitation and Nursing
Caris Healthcare	Roman Eagle Rehabilitation and Healthcare Center	Pheasant Ridge Nursing and Rehab
Abingdon Health & Rehab Center	Fresenius Kidney Care Southwest Virginia (Grundy)	Mulberry Creek Nursing and Rehab Center
Clinch Valley Medical Center	Blue Ridge Surgery Center	Danville-Pittsylvania Community Services
Fresenius Kidney Care Abingdon	Fresenius Kidney Care Mountain Empire (Norton)	Galax Health & Rehab
Amedisys Home Health-Roanoke	Pulaski Health & Rehab Center	LewisGale Medical Center
Brian Center Health Rehab-Fincastle	Richfield Health Center Salem	Heritage Hall - Big Stone Gap
Friendship Health and Rehabilitation Center-South, Inc	Fresenius Kidney Care Smyth County	Fresenius: Montgomery
Fresenius: Blue Ridge	NHC HealthCare, Bristol	Physicians' Surgery Center of Tidewater
Surgery Center of Lynchburg	Fresenius South Roanoke	Fresenius: Crystal Spring
Fresenius Kidney Care Russell County	Gentle Shepherd Hospice	Blue Ridge Therapy Connection
Kroontje Center at Warm Hearth Village	Horizon Behavioral Health	Southwest Virginia Healthcare Coalition

APPENDIX C: EXERCISE SCHEDULE

Event	Date
Part 1: Hazard Vulnerability Assessment (HVA)	October 2, 2025
Part 2: Initial Planning Meeting (IPM)	January 6, 2026
Part 3: Tabletop Exercise (TTX)	January 13-15, 2026
Part 4: Mid-Term Planning Meeting (MPM)	January 27, 2026
Part 5: Functional or Full-Scale Exercise (FE/FSE)	February 3, 2026
Part 6: After Action Review (AAR)	February 10, 2026

APPENDIX D: ACRONYMS

Acronym	Term
AAR	After Action Review
ASPR	Assistant Secretary for Preparedness and Response
DHS	U.S. Department of Homeland Security
EEGs	Exercise Evaluation Guides
EMS	Emergency Medical Services
ExPlan	Exercise Plan
FE	Functional Exercise
FSE	Full Scale Exercise
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Assessment
HVAC	Heating, Ventilation, and Air Conditioning
ICU	Intensive Care Unit
IPM	Initial Planning Meeting
MPM	Mid-Term Planning Meeting
MSEL	Master Scenario Events List
RHCC	Regional Healthcare Coordination Center
SimCell	Simulation Cell
SME	Subject Matter Expert
SVHC	Southwest Virginia Healthcare Coalition
TTX	Tabletop Exercise
VHASS	Virginia Healthcare Alerting & Status System
VIPs	Very Important Persons