



*Georgia Department of Public Health*

# Healthcare Exercise Program

## All for One – One for All

Presentation to:

***Advanced Healthcare Emergency  
Management Course***



*We Protect Lives.*

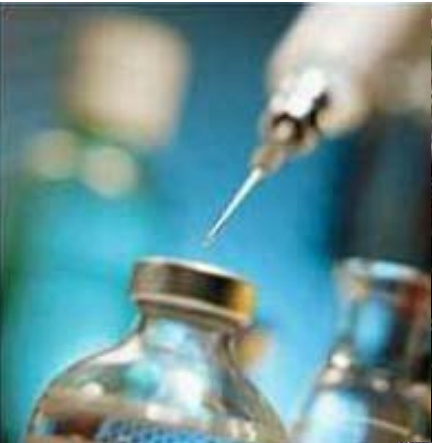


# Session Objectives

- ✓ **Understand the basics of exercises**
- ✓ **Review exercise requirements**
- ✓ **Learn how to gain support for the exercise planning process**
- ✓ **Learn how to plan for a full scale exercise**

# What are Exercises?

Practice of EOPs  
**BEFORE** the real event happens



# Why Have Exercises?

- Determine if:
  - Policies and procedures are effective
  - Training is up to standards
  - Adequate resources are available
- Help keep our families, organizations and communities prepared for disasters
- Prepare for the worst — avoiding the unavoidable
- Realize that when the disaster strikes, it's truly...

**All for One — One for All!**

# What are the Benefits of Exercises?

- Identify planning weaknesses
- Improve coordination and communication
- Clarify roles and responsibilities
- Identify resource gaps
- Increase public confidence in the organization's ability to respond to disasters

# Exercise Requirements

# Are Exercises Required?

- **Joint Commission Requirement (hospitals/healthcare organizations):**
    - 2 full scale exercises per year (w/ EOP activated)
  - **State of Georgia Requirements (local EMAs):**
    - 2 exercises per fiscal year
    - 1 full scale exercise every 4 years
- + Other?**

**YES!!!**



# Healthcare Exercise Program

## Resource Elements: Plans (P), Equipment (E), Skills (S)

- P1. Exercise plans
  - The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF #8, relevant response partners, and stakeholders, develop, refine, and sustain coordinated exercise plans to guide exercise implementation. Coordinated exercise plans should include but are not limited to the following elements:
    - An exercise schedule
    - An annual update plan
    - An approach for testing healthcare system capabilities
    - Roles and responsibilities of the participating healthcare entities

# Healthcare Exercise Program

- P2. Exercise implementation and coordination
  - The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF #8, relevant response partners, and stakeholders, should exercise capabilities based on identified gaps and subsequent corrective actions. Exercise implementation and coordination should include:
    - Exercises based on the guidance and concepts of HSEEP or equivalent program
    - The encouragement of healthcare organization participation to address gaps in capabilities
    - Horizontal and vertical coordination with relevant response partners and stakeholders to include Federal, state and local response teams. (i.e., DMATs)

# Healthcare Exercise Program

- P3. Evaluation and improvement plans
  - The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF #8, relevant response partners, and stakeholders, implement evaluation methods to inform risk assessments, manage vulnerabilities, allocate resources, and guide the elements of preparedness. Evaluation methods should include but are not limited to:
    - HSEEP, or equivalent, based capability assessment guidance
    - The coordination of After Action Reports (AAR) for exercises/actual incidents
    - The coordination of improvement plans for exercises/actual incidents
    - The integration of findings from the improvement plan into the next planning, training, exercise, and resource allocation cycle

# Healthcare Exercise Program

- P4. Best practice and lessons learned sharing
  - The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF #8, relevant response partners, and stakeholders, develop, refine, and sustain a means to share best practices and lessons learned.
- S1. Exercise and evaluation training
  - The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF #8, relevant response partners, and stakeholders, provide exercise and evaluation training to assist healthcare organizations with the concepts of exercise coordination, implementation, and evaluation.

# Health-Related Accreditation Exercise Requirements

## Hospital (Joint Commission)

- EM 02.01.01 EP2 – Maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing hospital to new patients, staged evacuation, total evacuation. Documentation is required.
- EM 03.01.03 EP3
  - Communications
  - Resources and Assets
  - Security
  - Staff
  - Utilities
  - Patients

## Community Health Center

- Regulated by HRSA
  - Emergency Preparedness Expectations Policy Information Notice (PIN) 2007-15. This policy provides the framework for emergency management planning and response within CHCs and state partners.
- Emergency Management Expectations for CHCs are:
  - 1) Emergency Management Planning
  - 2) Linkages and Collaborations
  - 3) Communications and Information Sharing
  - 4) Maintaining Financial and Operational Stability *We Protect Lives.*

# Georgia Regulations and Laws

## Disaster Preparedness

### Georgia HFR 290-9-7.15 (Hospital)

- The hospital shall prepare for emergency situations that could affect patient care by the development of a disaster preparedness plan that identifies emergency situations and outlines a course of action.

### Georgia HFR 290-5-45 (Nursing Homes)

- Every facility shall have an approved or provisionally approved Disaster Preparedness Plan. Disaster Plan rehearsals shall be regularly conducted with a minimum of **two rehearsals in each calendar year**

# Georgia Regulations and Laws

## Disaster Preparedness

### Georgia HFR 111-8-63-.14 (Assisted Living)

- Each assisted living community must develop and utilize a comprehensive emergency plan for responding to internal and external disasters and emergency situations which address obtaining emergency transportation, sheltering in place, loss of power, and water, evacuation, and transporting the residents away from the community.

### Georgia HFR 290-9-43.11 (Hospice)

- Every hospice shall have a current Disaster Preparedness Plan that addresses potential situations
- The plan must be reviewed annually

# Federal Capabilities

Public Health Preparedness Capabilities	Healthcare Preparedness Capabilities
1 Community Preparedness	1 Healthcare System Preparedness
2 Community Recovery	2 Healthcare System Recovery
3 Emergency Operations Coordination	3 Emergency Operations Coordination
4 Emergency Public Information and Warning	4
5 Fatality Management	5 Fatality Management
6 Information Sharing	6 Information Sharing
7 Mass Care	7
8 Medical Countermeasure Dispensing	8
9 Medical Materiel Management and Distribution	9
10 Medical Surge	10 Medical Surge
11 Non-Pharmaceutical Interventions	11
12 Public Health Laboratory Testing	12
13 Public Health Surveillance and Epidemiological Investigation	13
14 Responder Safety and Health	14 Responder Safety and Health
15 Volunteer Management	15 Volunteer Management

# Healthcare Exercise Program Overview

- Exercise Requirements
  - Interoperable Communications
  - Emergency System for Advanced Registration of Volunteers
  - Fatality Management
  - Tracking of Bed Availability
  - Mass Fatality
  - Medical Evacuation
  - MOU's
  - Alternate Care Sites
- National Priorities – Expand Regional Collaboration, Implement NIMS, NRF, NIPP, Strengthen Information Sharing, Interoperable and Operable Communications, CBRNE detection, response and decontamination capabilities, medical surge and mass prophylaxis, planning and citizen protection capabilities

# Healthcare Exercise Program Overview

- The goal is to assess the level of healthcare preparedness based on recognizable threats, needs, and priorities
- To provide technical assistance to healthcare in designing, conducting, and evaluating an exercise series as defined by HSEEP
- To regionally exercise hospital/healthcare capabilities that may include
  - Command and Control/Emergency Roles and Responsibilities
  - Emergency Communication Systems
  - Requesting and Receiving Resources and Assets
  - Safety and Security
  - Utilities Management
  - Patient Clinical and Support Activities
  - Surge Capacity
  - Decontamination
  - Self-sustaining Operations
  - Others as determined by regions

# Exercises...

## a Closer Look

# What Does HSEEP Stand for?

## Homeland Security Exercise and Evaluation Program



# HSEEP? Who says?

## Supported by the following policies/ directives:

- National Strategy for Homeland Security
- Homeland Security Presidential Directive (HSPD) 5: Management of Domestic Incidents
- HSPD 8: National Preparedness
- National Exercise Program (NEP)
- National Preparedness System (NPS)
- National Incident Management System (NIMS)

# Why HSEEP?

- **Capabilities**- and **performance**-based
- Ensures **best practices** and **consistency** across disciplines
- Provides standardized policy, **methodology**, and **terminology** for exercise design, development, conduct, evaluation, and improvement planning

# What is this Alphabet Soup/ Acronym Business?!

TTX

C/E

HPP

AAR

C&O

FPC

FE

MPC

ExPlan

HSEEP

IPC

MSEL

EEGs

IP

NIMS

FSE

ASPR

PHEP

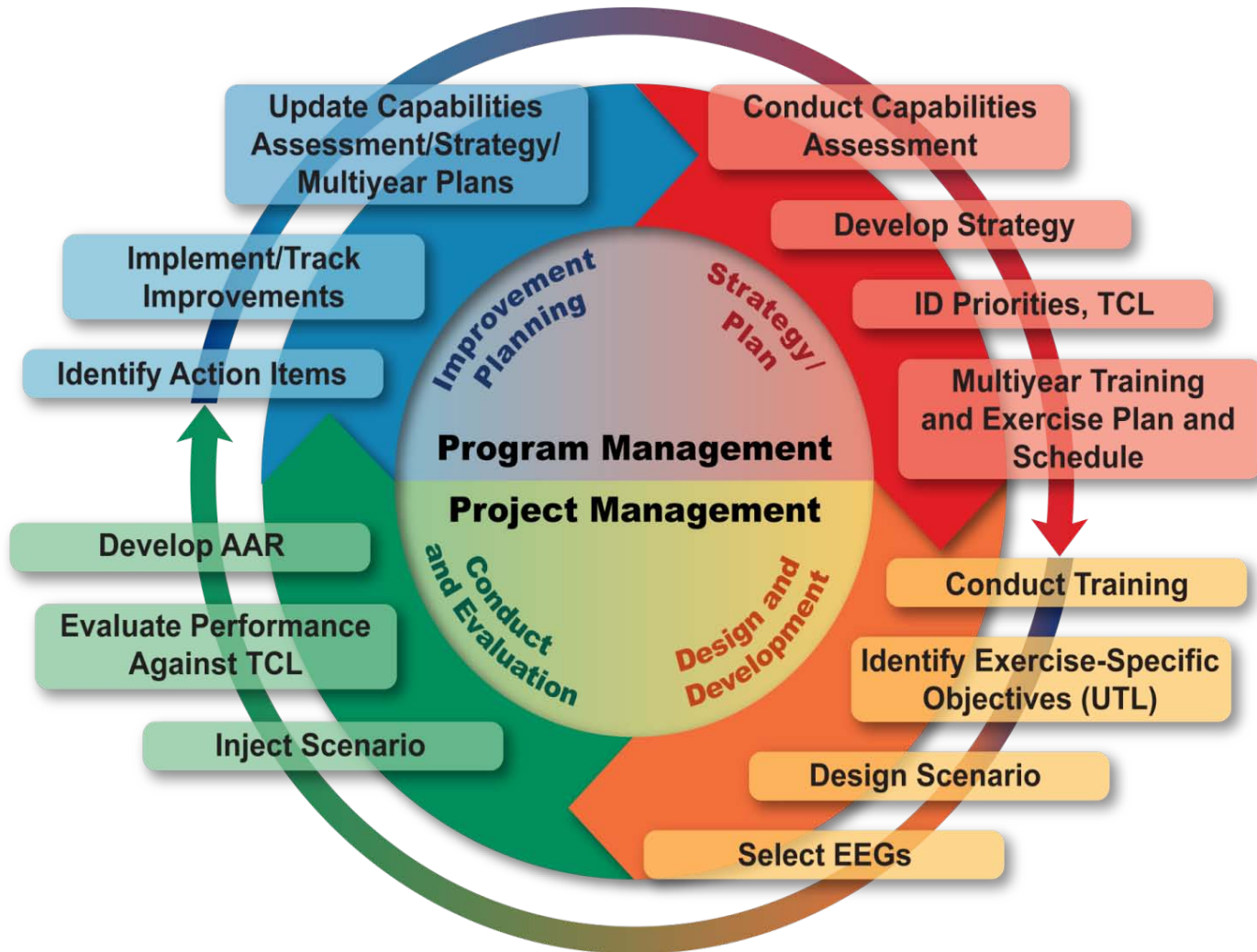
EOP

sitMan

HVA

SOG

# What is the Exercise Process?



# Types of Exercises

## Discussion-Based

- familiarize participants with current plans/policies/procedures and agreements
- develop new ones

## Operations-Based

- validate plans/policies/procedures and agreements
- clarify roles and responsibilities
- identify resource gaps in an operational environment

# Types of Exercises

## Discussion-Based:

- Seminar
- Workshop
- **Tabletop Exercise (TTX)**
- Games

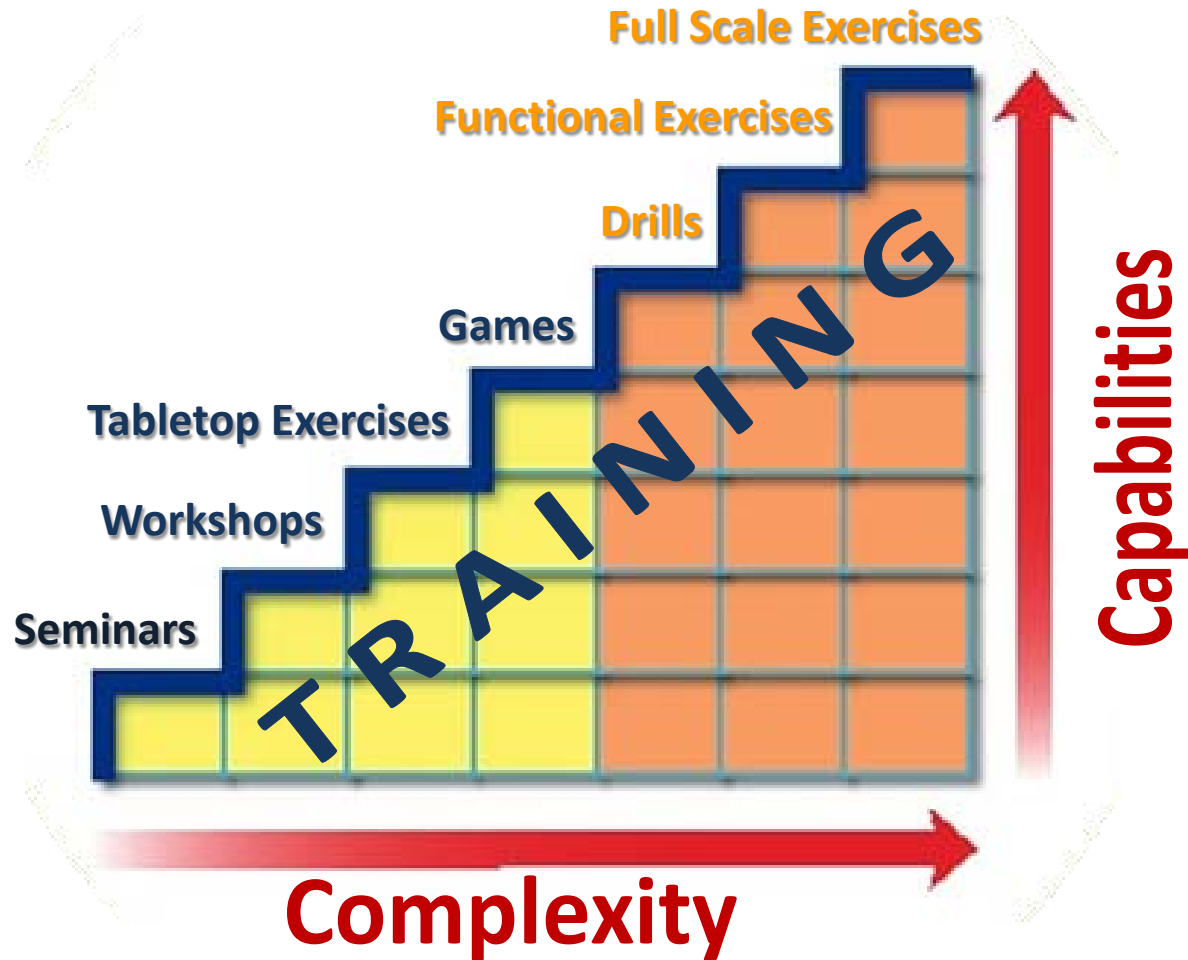


## Operations-Based:

- **Drills**
- Functional Exercise (FE)
- **Full Scale Exercise (FSE)**



# What's the Difference?



# What is the Exercise Planning Process?

PLANNING MEETINGS	WHAT IT IS
Concepts and Objectives Meeting ( <b>C&amp;O</b> )	<ul style="list-style-type: none"><li>• Review Hazards/Vulnerabilities</li><li>• Determine Exercise Design Elements and Timeline</li></ul>
Initial Planning Conference ( <b>IPC</b> )	<ul style="list-style-type: none"><li>• Determine Objectives and Target Capabilities</li></ul>
Mid-Term Planning Conference ( <b>MPC</b> )	<ul style="list-style-type: none"><li>• <b>SitMan/ExPlan</b> Review</li><li>• Review <b>MSEL</b> Draft(s)</li></ul>
Master Scenario Events List ( <b>MSEL</b> ) Conference	<ul style="list-style-type: none"><li>• Finalize <b>MSEL(s)</b></li></ul>
Final Planning Conference ( <b>FPC</b> )	<ul style="list-style-type: none"><li>• Finalize <b>SitMan/ExPlan</b></li><li>• Review <b>C/E Handbook</b> Draft</li></ul>
After Action Conference ( <b>AAC</b> )	<ul style="list-style-type: none"><li>• Review <b>AAR</b> Draft</li></ul>

# What are the Exercise Documents?

<b>SitMan</b>	Situation Manual
<b>ExPlan</b>	Exercise Plan
<b>C/E Handbook</b>	Controller and Evaluator Handbook
<b>MSEL</b>	Master Scenario Events List
<b>EEGs</b>	Exercise Evaluation Guides
<b>AAR/IP</b>	After Action Report/Improvement Plan

What is a  
**Full Scale Exercise?**

# Full Scale Exercise (FSE)

- Most complex type of exercise
- Multi-agency, multi-jurisdictional, multi-organizational
- Focus on implementing and analyzing the plans, policies, procedures, and cooperative agreements
- Boots on the ground/deploy resources (people, supplies, or equipment)

# What Does It Take to Run a Full Scale Exercise?

- Commitment of all emergency service organizations
- Support from administration, elected or appointed officials, etc.
- Adequate physical facilities
- Adequate communication equipment (e.g., radios and telephones)
- Planned site logistics

# Who Should Play?

- Controllers
- Actors/Simulators
- Players/Personnel (all levels)
- Evaluators
- Observers
- Media
- Security

**How do you get these people to your exercise?**

# Controllers

- The controller (or lead controller) is responsible for ensuring that the exercise starts on schedule.
- The controller also designates an exercise control point from which all communications should be monitored.

# Actors/Simulators

- Volunteers who pretend to be victims of the emergency event.
- For realism, they may wear makeup and “act” injured, unconscious, hysterical, or dead - whatever the scene calls for.



**Where might you find/recruit volunteer simulators?**

**If you don't have these volunteers, what will you use?**

# Evaluators

- Observe the action and keep a log of all significant events and associated time.  
(This is important because so many of the actions will not be pre-scripted, but rather spontaneous responses to other actions.)
- May be internal or external  
(use of both is recommended)
- Should have expertise in assigned evaluation area(s)

# How the FSE Works: Beginning

- Exercise planning team will decide how and when the exercise is to begin.
- Trigger (inject or event) may simply be a call from dispatch, a radio broadcast, or a telephone call from a private citizen.
- The beginning for each participating facility/agency should be as realistic as possible (that is, personnel should receive notification through normal channels).

# How the FSE Works: Beginning

Participating emergency services personnel in the field component must then proceed to the assigned location, where a “visual narrative” is displayed before them in the form of a mock emergency to which they will respond.



# How the FSE Works: Beginning



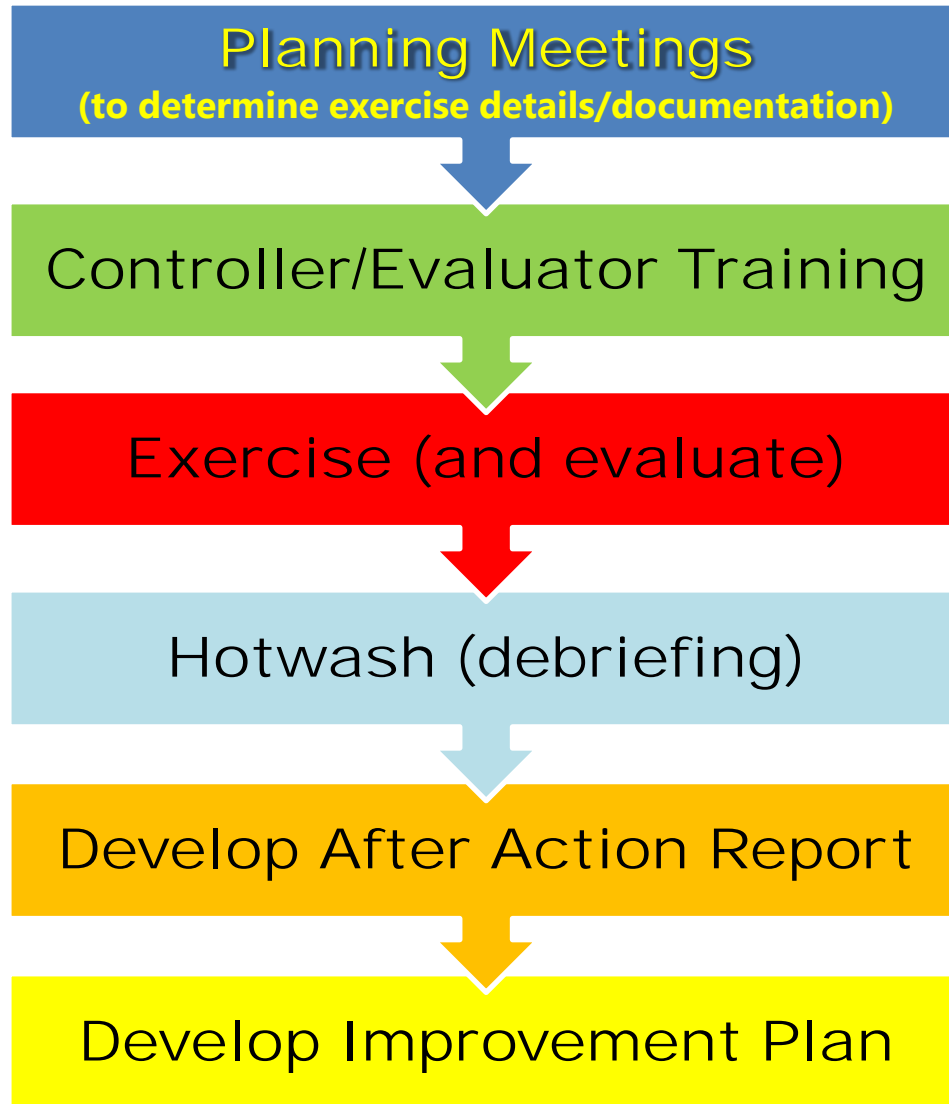
- Key decision makers (those who would normally operate out of the EOC/HIC/ICC during an emergency) proceed to the EOC/HIC/ICC to fulfill their roles.
- Command posts are set up as required by the event.

# How the FSE Works: Action

- Actions in a full scale exercise occur in the EOC/HIC/ICC and at one or more field sites.
- Actions taking place at the event site and command posts serve as input to the simulation taking place at the EOC/HIC/ICC.

# What is the Full Scale Exercise Process

# At a Glance



# Planning Meetings

Details are determined which comprise documents that guide the Full Scale Exercise

<b>ExPlan</b>	Exercise Plan
<b>C/E Handbook</b>	Controller and Evaluator Handbook
<b>MSEL</b>	Master Scenario Events List
<b>EEGs</b>	Exercise Evaluation Guides
<b>AAR/IP</b>	After Action Report/Improvement Plan

# Full Scale Exercise Scenario – the MSEL

Event #	Event Time	Event Description	Lead Controller/ Evaluator	Expected Outcome of Player Action
1	9:00 AM	<b>StartEx</b>	Lead Controller/ Evaluator	
2	9:01 AM	Hospital is notified by County e911 that a train has derailed and an unknown chemical has been spilled.	Lead Controller/ Evaluator	
3	9:02 AM	EMS reports to hospital that there are multiple victims on the scene and preparations should be made in anticipation of receiving the victims.	Lead Controller/ Evaluator	
4	9:05 AM	Hospital is notified that City Fire Department has identified the chemical as Chemical "X" and it is potentially hazardous. Reports are coming in that bystanders are walking through the liquid at the scene and contaminating themselves.	Lead Controller/ Evaluator	Hospital locks down its facility and pages decontamination team.
5	9:06 AM	Hospital contacts appropriate healthcare facilities/agencies about Chemical "X".	Lead Controller/ Evaluator	Contact RCH, Public Health, Emergency Management Agency, etc.
6	9:07 AM	Hospital gathers information on decontaminating and treating victims exposed to Chemical "X".	Lead Controller/ Evaluator	
7	9:08 AM	Hospital starts a GHA911 event log and requests that all Region X hospitals update their bed counts.	Lead Controller/ Evaluator	
8	9:10 AM	Hospital begins setting up its decontamination tent and suiting out team members.	Lead Controller/ Evaluator	The tent is set up in an efficient time. Decontamination team members suit out correctly and in a timely manner. Pre-medical screenings are performed. This process should be timed.
9	9:12 AM	Six victims (2 of which are geriatrics) in two cars self-evacuating from the accident scene arrive at hospital ED.	Lead Controller/ Evaluator	Victims are directed to go to the decontamination tent where they are initially triaged and then sent through the decontamination process. Security is needed in the decontamination line prior to decontaminating. Valuables for each victim must be tracked.
10	9:14 AM	Local law enforcement has been called in to help direct traffic and to help police the decontamination line.	Lead Controller/ Evaluator	Local LE suits out to help police the decontamination line.

# Full Scale Exercise Scenario – the MSEL

Inject #	Event Time	Event Description	Location/Responsible Controller	Expected Outcome of Player Action
1.R5	3:13am	CNN is reporting numerous possible tornado touchdowns across the southeast United States, centered in Mississippi. The extent of the damage will be unknown until after daybreak, but initial reports of injuries and fatalities are being cited by several local news stations.	Simulated Controller (news report) <i>via email</i>	<p>Note that all expected actions must be filled out by each facility. These will vary based upon established plans/ protocols.</p>
1.R6	7:30am	The NWS is continuing to monitor the strengthening storm. The Atlanta metro area will begin to experience the storm's most severe effects within the next two to three hours. News outlets are reporting overnight damage to several areas along the storm's path.	Simulated Controller <i>via phone</i>	
1.R7	8:00am	The AJC is reporting on the extensive damage experienced throughout the southeast overnight. At least 15 tornadoes have been confirmed throughout portions of Louisiana, Mississippi, and Alabama. Metro Atlanta is bracing for a direct impact from the storm. The region will begin feeling the effects of the storm in the next one to two hours. These storms are expected to produce periods of intense wind, large hail, and heavy rains. Tornadoes are likely with this storm. All citizens are urged seek shelter immediately and stay off roadways until the storm has passed.	Simulated Controller (news report) <i>via email</i>	

Basic description of information that should be received.

Who will communicate the information and how; in this case, communication will be simulated via TFCC through an email message.

# Sample EEG (Completed)

**1.1 Once notified, staff reported to assigned area in timely manner.**

*Strength*       *Area for Improvement*       *N/A*

*Observations:*

The healthcare facility was notified via overhead page, email, phone calls, and text messages of the inclement weather situation. Upon notification, all members of the incident command team were notified of the activation of the command center and to report to the primary ICC location via email, text, and phone call. All members of the command team reported to the primary command center within 15 minutes of notification.

**1.1 Once notified, staff reported to assigned area in timely manner.**

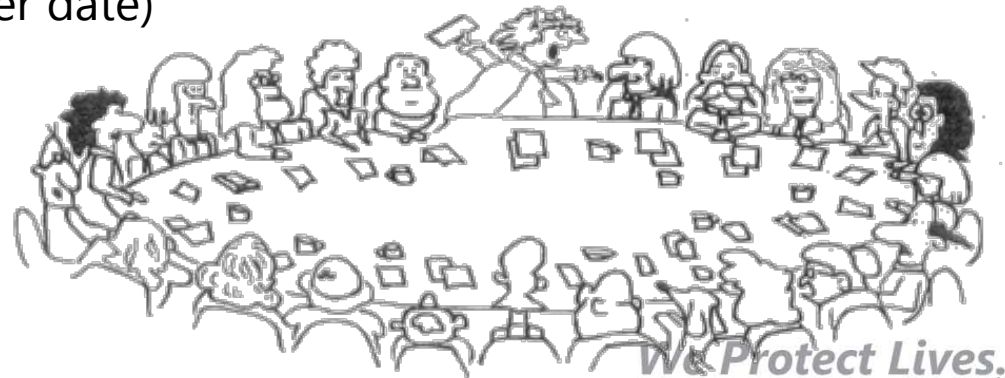
*Strength*       *Area for Improvement*       *N/A*

*Observations:*

All members of the incident command team were notified via email, text, and phone call. However, not all command staff arrived at the primary location. Some incident command team members were not on the email distribution list and/or their phone numbers were not up to date. It was also noted that not all members of the command team knew the location of the primary command center.

# Hot Wash (debriefing)

- Have facilitator
- Document! – identify a note taker/scribe
- Include evaluators, players, victims and observers
- Get constructive feedback (positives & improvement opportunities)
  - Written and Verbal
- Identify areas for improvement  
(solutions can be determined at a later date)
- Be open to feedback  
(Don't take it personally!)



# After Action Report (AAR)

- Points of contact (who organized it)
- Participating organizations
- Exercise details (location, timeframe, etc.)
- Exercise scenario
- Exercise objectives and target capabilities
- Numbers of Players, evaluators, and observers
- Strengths and areas for improvement (from evaluator EEGS and Hotwash feedback)



# Improvement Plan (IP)

- **VERY important!**
- **Result of After Action Report (AAR)**
- **Be specific** (who, what, where, when, how)
- **Realistic and achievable**



**Who helps plan the  
Full Scale Exercise?**

# PLANNING: Who Participates?

# Your Community Partners



# Who are My Community Partners?

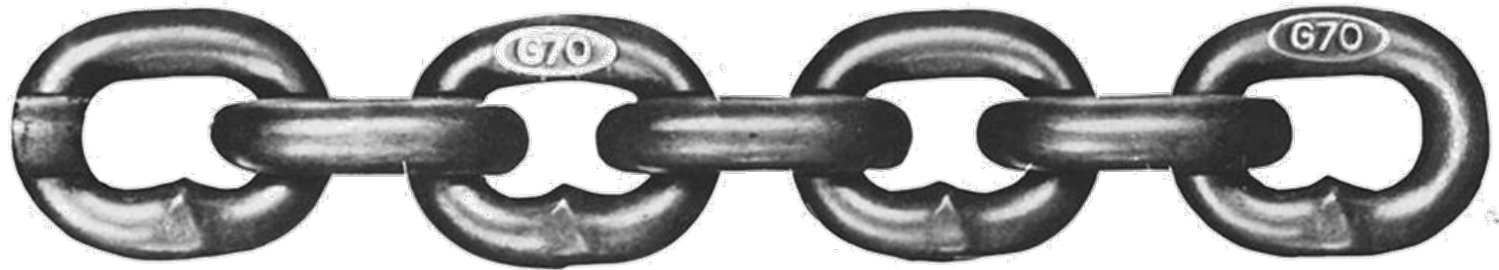
## **Internal Partners**

administrators, clinical staff, non-clinical staff, labs, blood bank, ancillaries, staff in external buildings and/or other locations, etc.

## **External Partners**

other emergency response and community partners outside of your organization

# Why Do Community Partners Matter?



*We Protect Lives.*

# Who are the External Partners in My Community?

NURSING HOME



We Protect Lives.

# Will an E-mail Alone Get Them to the Planning Table?

Maybe...

But probably **NOT** those who are consistently missing – the people you NEED to participate.

# Then How Do I Get Them to Participate?

Of course NOT!

Bribery???



# Gaining Buy-in and Support

- **Know what you're talking about** – be able to explain why the exercise process is so important and why they're needed
- **Invite key people** – the decision makers
- **Work your network** & the six degrees of separation
- Tap into individuals' **intrinsic motivations**
- **Share planning meeting information** internally and externally as appropriate
- **Encourage backup meeting representatives**

# Streamlining the Planning Process

- **Don't re-invent the wheel** (share & borrow from others, find resources at GHA911, etc.)
- **Know the skills needed** for planning
- **Six degrees of separation & leadership and influence** – to get the desired people and skills
- **All for one — one for all!** An exercise is for a community. It takes more than one person to respond to a disaster; therefore, it stands to reason that it requires more than one person to prepare for it.

# Unit 12 Practical Activity

Exercises, Part I:  
We Need an Exercise



**Full Scale Exercise  
Objectives,  
Target Capabilities &  
Critical Tasks**

# How do you do the Exercise Planning Process?

PLANNING MEETINGS	WHAT IT IS
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# What are Objectives?

As the cornerstone of design and development, objectives:

- Guide development of individual organizational objectives
- Provide a framework for scenario development
- Drive a Master Scenario Events List (MSEL)
- Provide evaluation criteria

## Lessons Learned:

**Limit the number of objectives to enable exercise conduct, facilitate reasonable scenario design, and adequately support successful completion of the exercise.**

# SMART Objectives

**S**imple

**M**easurable

**A**chievable

**R**ealistic

**T**ask Oriented

HSEEP-053b

# Characteristics of Good Objectives

An objective should state  
**who** should do **what**  
under **what conditions**,  
according to  
**what standards**

- Clear, concise, and focused on participant performance
- Should contain:
  - Action stated in observable terms
  - Conditions under which action will be performed
  - Standards of performance

# How to Develop Objectives

## STEP 1

**Capability**

Select capabilities from the Target Capabilities List based on the type and scope of the exercise.

## STEP 2

**Critical Tasks**

Analyze the associated critical tasks for the selected capability.

## STEP 3

**Objectives**

Tailor objectives to the local jurisdiction and exercise-specific information.

# Selecting the Target Capabilities

**STEP 1:** Select capabilities from the Target Capability List based on the type and scope of the exercise.



# Selecting the Critical Tasks

**STEP 2:** Analyze the associated critical tasks for the selected capability.



Coordinate rescue efforts with law enforcement to ensure safety of rescuers while law enforcement secures incident site.

Monitor and control operating time of rescuers assigned to hot zone to minimize rescuer exposure.

Conduct decontamination.

Identify assets required for decontamination activities.

Establish decontamination sites.

Decontaminate affected facilities and equipment.

Conduct screening of affected persons.

# Selecting the Critical Tasks

**STEP 2 (CONT.):** Determine which task to focus on.



Coordinate rescue efforts with law enforcement to ensure safety of rescuers while law enforcement secures incident site.

Monitor and control operating time of rescuers assigned to hot zone to minimize rescuer exposure.

Conduct decontamination.

Identify assets required for decontamination activities.

Establish decontamination sites.

Decontaminate affected facilities and equipment.

Conduct screening of affected persons.

# Writing Objectives

**STEP 3:** Tailor objectives to your jurisdiction and exercise-specific information.



# Writing Objectives for Operations-Based Exercises

## Sample Objective:

Evaluate **responder's** ability →  
to **establish and perform victim decontamination** →  
**during a chemical incident** →  
**in accordance with applicable regulations and standards.** →

## Objectives should include:

*who*  
should do *what*  
under *what conditions*  
according to  
*what standards*

# Unit 12 Practical Activity

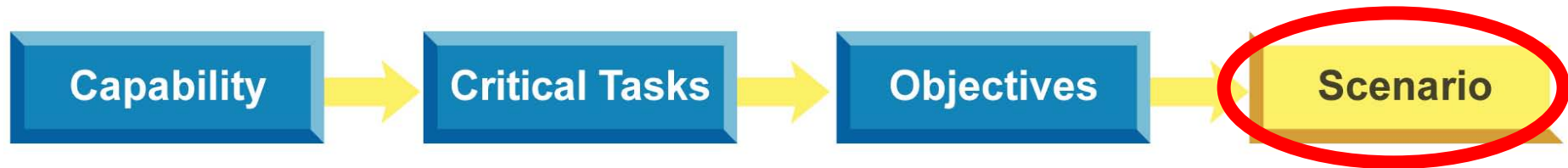
## Exercises, Part II: Planning with the Exercise Team



**Full Scale Exercise  
Scenario Development (MSEL),  
ExPlan and CE Handbook**

# Developing an Exercise Scenario

After identifying capabilities and designing objectives, you will design an exercise scenario to exercise and evaluate the capabilities and objectives.



# What Is an Exercise Scenario?

- Should be:
  - Risk-based
  - Realistic
  - Challenging
- Three basic elements:
  - Conditions
  - Context
  - Technical details
- Should facilitate accomplishment of design objectives

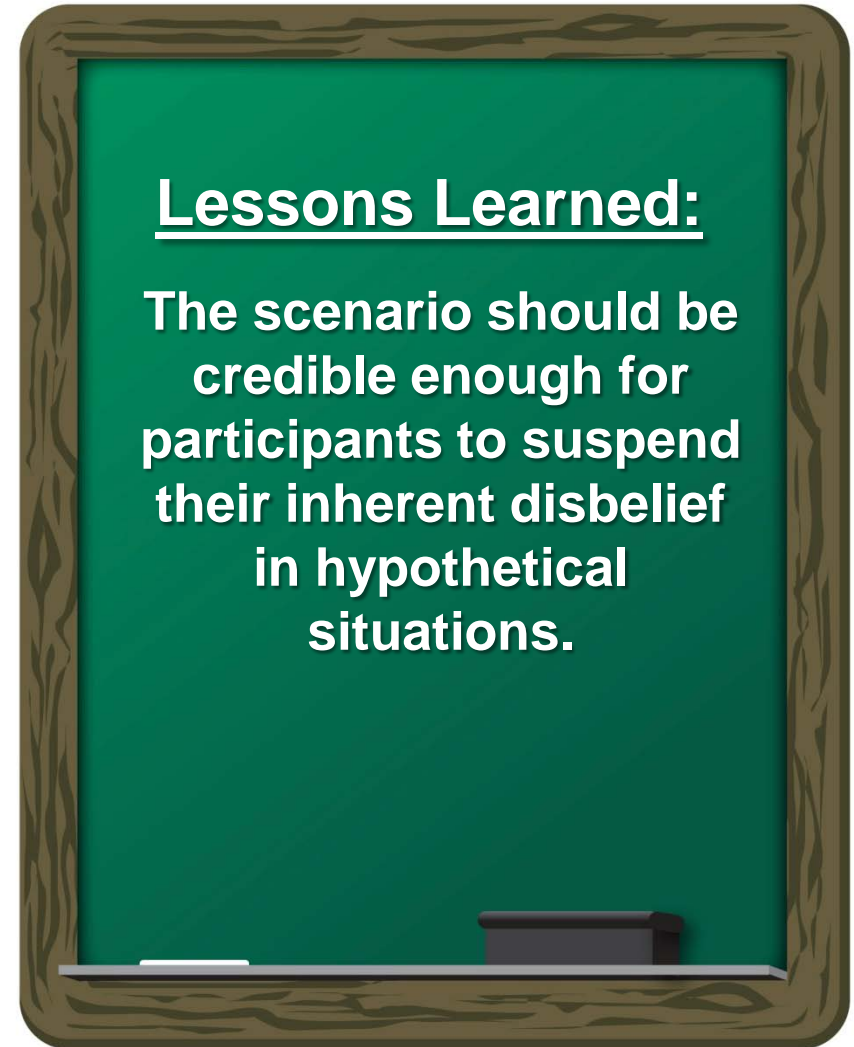


# How to Develop an Exercise Scenario

Determine a threat/hazard that is:

- A best fit for exercise objectives
- Based on realistic threats
- Of sufficient magnitude and realistic

Identify player activities and decision-making opportunities that must occur to accomplish objectives.



# Additional Scenario Considerations

- Involve local agencies and facilities.
- Select a venue that is appropriate for the hazard type.
- Consider previous real-world incidents, exercises, and existing SOPs and Emergency Operations Plans (EOPs).



# Eight Steps of Exercise Design

1. Assess needs.
2. Define the scope.
3. Define the purpose.
4. Define objectives

**Have we completed these first four steps?**

**Yes! We just discussed**

# **Eight Steps of Exercise Design**

5. Draft the basic scenario
6. Define major and detailed events (triggers)
7. List expected actions via MSEL
8. Create needed visual and pre-scripted messages (using completed MSEL)

**Where should we find the information for these final four steps?**

- ExPlan, C/E Handbook, MSEL

# Exercise Plan (ExPlan)

- Used for operations-based exercises
- Provides a synopsis of the exercise and is published and distributed to players and observers prior to the start of the exercise
- Includes the exercise objectives and scope, safety procedures, and logistical considerations, such as an exercise schedule or communications plan
- The ExPlan DOES NOT contain detailed scenario information.

# Controller/Evaluator Handbook

- Supplements the ExPlan
- Contains more detailed information about the exercise scenario and describing exercise controllers' and evaluators' roles and responsibilities
- Because the C/E Handbook contains information on the scenario and exercise administration, **it is distributed only to those individuals specifically designated as controllers or evaluators**

# How do you do the Exercise Planning Process?

PLANNING MEETINGS	WHAT IT IS
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Initial Planning Conference <b>(IPC)</b>	<ul style="list-style-type: none"><li>• Determine Objectives and Target Capabilities</li></ul>
Mid-Term Planning Conference <b>(MPC)</b>	<ul style="list-style-type: none"><li>• <b>ExPlan</b> Review</li><li>• Review <b>MSEL</b> Draft(s)</li></ul>
Master Scenario Events List <b>(MSEL)</b> Conference	<ul style="list-style-type: none"><li>• Finalize <b>MSEL</b>(s)</li></ul>
Final Planning Conference <b>(FPC)</b>	<ul style="list-style-type: none"><li>• Finalize <b>ExPlan</b></li><li>• Review <b>C/E Handbook</b> Draft</li></ul>
After Action Conference <b>(AAC)</b>	<ul style="list-style-type: none"><li>• Review <b>After Action Report (AAR)</b> Draft</li></ul>

# Master Scenario Events List (MSEL)

- Contains injects (events)
- Chronological timeline of expected actions and scripted events (i.e., injects) to be inserted into operations-based exercise play by controllers in order to generate or prompt player activity
- Ensures necessary events happen so that all exercise objectives are met

# Elements of a MSEL

- Event /inject number
- Event/inject time
- Event /inject synopsis (the trigger)
- Controller responsible for delivering event/inject and from which location
- Expected action (how the player will respond)

# Sample MSEL

Event #	Event Time	Event Description	Lead Controller/ Evaluator	Expected Outcome of Player Action
1	9:00 AM	StartEx	Lead Controller/ Evaluator	
2	9:01 AM	Hospital is notified by County e911 that a train has derailed and an unknown chemical has been spilled.	Lead Controller/ Evaluator	
3	9:02 AM	EMS reports to hospital that there are multiple victims on the scene and preparations should be made in anticipation of receiving the victims.	Lead Controller/ Evaluator	
4	9:05 AM	Hospital is notified that City Fire Department has identified the chemical as Chemical "X" and it is potentially hazardous. Reports are coming in that bystanders are walking through the liquid at the scene and contaminating themselves.	Lead Controller/ Evaluator	Hospital locks down its facility and pages decontamination team.
5	9:06 AM	Hospital contacts appropriate healthcare facilities/agencies about Chemical "X".	Lead Controller/ Evaluator	Contact RCH, Public Health, Emergency Management Agency, etc.
6	9:07 AM	Hospital gathers information on decontaminating and treating victims exposed to Chemical "X".	Lead Controller/ Evaluator	
7	9:08 AM	Hospital starts a GHA911 event log and requests that all Region X hospitals update their bed counts.	Lead Controller/ Evaluator	
8	9:10 AM	Hospital begins setting up its decontamination tent and suiting out team members.	Lead Controller/ Evaluator	The tent is set up in an efficient time. Decontamination team members suit out correctly and in a timely manner. Pre-medical screenings are performed. This process should be timed.
9	9:12 AM	Six victims (2 of which are geriatrics) in two cars self-evacuating from the accident scene arrive at hospital ED.	Lead Controller/ Evaluator	Victims are directed to go to the decontamination tent where they are initially triaged and then sent through the decontamination process. Security is needed in the decontamination line prior to decontaminating. Valuables for each victim must be tracked.
10	9:14 AM	Local law enforcement has been called in to help direct traffic and to help police the decontamination line.	Lead Controller/ Evaluator	Local LE suits out to help police the decontamination line.

# Basic Inject Examples

Note that injects are numbered sequentially. The first number indicates day. All regional injects denoted with an R.

Times displayed indicate when communication should be received from respective source.

Day One – March 04, 2013 (optional)				
Inject #	Event Time	Event Description	Location/Responsible Controller	Expected Outcome of Player Action
	2:30pm	<b>STARTEX (Day One)</b>		
1.R1	2:30pm	The National Weather Service (NWS) is tracking a line of severe thunderstorms extending from a low pressure system situated in central Illinois southwards to eastern Texas. This system is expected to produce a strong, long-tracking storm capable of producing high winds, hail, and excessive amounts of rain. Tornadoes are probable with this storm. Portions of Louisiana, Mississippi, and Arkansas are currently under a tornado watch until 22:30 hours on Monday, March 04, 2013. Tornado warnings in effect until 12:00 hours on Tuesday, March 05, 2013 extend eastward to include portions of Alabama and Georgia, including all counties within Regions D and N.	Simulated Controller <i>via phone</i>	
1.R2	6:30pm	The Atlanta Journal Constitution (AJC) is reporting that this storm line may produce heavy rain and possible tornadoes as it enters the state, tomorrow morning. At least one death has already been reported as a result of this system.	Simulated Controller (news report) <i>via email</i>	
1.R3	10:00pm	The NWS is continuing to monitor the progress of the storm which is moving eastward at an approximate rate of 30 mph. Weather models indicate that the storm is expected to strengthen overnight and those areas within its projected path should make preparations to experience severe weather sometime within the next 12-18 hours.	Simulated Controller <i>via phone</i>	
1.R4	12:46am	The AJC is reporting on the severity of the storm in Louisiana and Arkansas, reporting at least two tornadoes and extensive power outages in the affected areas. Several injuries are being reported as a result of a possible tornado in Moreauville, LA.	Simulated Controller (news report) <i>via email</i>	

# Basic Inject Examples

Inject #	Event Time	Event Description	Location/Responsible Controller	Expected Outcome of Player Action
1.R5	3:13am	CNN is reporting numerous possible tornado touchdowns across the southeast United States, centered in Mississippi. The extent of the damage will be unknown until after daybreak, but initial reports of injuries and fatalities are being cited by several local news stations.	Simulated Controller (news report) <i>via email</i>	<p>Note that all expected actions must be filled out by each facility. These will vary based upon established plans/protocols.</p>
1.R6	7:30am	The NWS is continuing to monitor the strengthening storm. The Atlanta metro area will begin to experience the storm's most severe effects within the next two to three hours. News outlets are reporting overnight damage to several areas along the storm's path.	Simulated Controller <i>via phone</i>	
1.R7	8:00am	The AJC is reporting on the extensive damage experienced throughout the southeast overnight. At least 15 tornadoes have been confirmed throughout portions of Louisiana, Mississippi, and Alabama. Metro Atlanta is bracing for a direct impact from the storm. The region will begin feeling the effects of the storm in the next one to two hours. These storms are expected to produce periods of intense wind, large hail, and heavy rains. Tornadoes are likely with this storm. All citizens are urged seek shelter immediately and stay off roadways until the storm has passed.	Simulated Controller (news report) <i>via email</i>	

Basic description of information that should be received.

Who will communicate the information and how; in this case, communication will be simulated via TFCC through an email message.

# Time and Injects

- Times listed in a MSEL event/inject should reflect the time an inject should occur
- These times should be as realistic as possible and should be based on input from functional area representatives (i.e., how long does it take to respond to each inject ?)
- If the activity occurs sooner than anticipated, the time should be noted but play should not be interrupted

# Writing an Inject

- Problems requiring a realistic action that will meet exercise objectives
- The goal in developing events/injects is to provide a structure that will:
  - Link the simulated event to the actions that you want people to take
  - Provide unity to the exercise

**Keep this in mind as we move to writing injects and developing our MSEs.**

# Questions to Consider for Injects

- Are you notified of each event/inject in the way that mirrors normal communication/notification channels?
  - Is the proper response role/agency relaying the information?
  - Is the proper location receiving the information? (i.e., emergency dept)
  - Is the correct mode of communication used?

# Questions to Consider for Injects

- Are inject times realistic based on response times as outlined in your EOP?
- Are the appropriate community partners involved?
  - Do the events/injects included mirror how community partners would participate in a real event?
  - Are these events appropriately timed, given the level of play (i.e., resource deployment vs. simulated)?

# Questions to Consider for Injects

- Is your surge of patients large enough to stress your facility/system?
  - Are adequate events/injects included to reflect all desired patients and acuity levels (see supplemental MSEL information worksheet)?
  - If testing beyond emergency department procedures, are there adequate events/injects to accomplish this? (i.e., admissions, operating room or intensive care unit procedures, etc.)

# Questions to Consider for Injects (If Evacuating)

- Do the events/injects appropriately trigger the process for locating/designating the receiving facilities?
- Does your MSEL reflect the appropriate events/injects to trigger the various transport resources as outlined in your EOP? (i.e., ambulatory/non-ambulatory, and emergency/non-emergency)
- What security concerns may be involved and are these appropriately included in the events/injects?

# FSE: Achieving Realism

- On-scene actions and decisions
- Simulated "victims"
- Communication devices
- Equipment deployment
- Actual resource and personnel allocation



**Can you think of any other ways to add realism to your exercise?**

# FSE: Special Considerations

- Site selection
- Scene management
- Personnel and resources
- Response capability
- Safety and legal liability
- Emergency call-off (due to real-world event)
- The media

## Full-Scale Exercise Planning Checklist: Special Considerations

### Participants:

- Controller(s)—sufficient to manage all event sites
- Simulators (mock victims)—different age groups, body types, physical characteristics
- Players (most functions, all levels—policy, coordination, operation, field)
- Evaluators
- Safety Officer

### Site Selection:

- Adequate space for number of victims, responders, and observers
- Space for vehicles and equipment
- As realistic as possible without interfering with normal traffic or safety
- Credible scenario and location

### Scene Management:

- Logistics (who, what, where, how, when)
- Believable simulation of emergency
- Realistic victims
- Preparation of simulators to realistically portray roles
- Number of victims consistent with type of emergency, history of past events
- Types of injuries consistent with type of emergency, history of past events
- Victim load compatible with local capacity to handle
- Props and materials to simulate injuries, damage, other effects

### Personnel and Resources:

- Number of participants
- Number of volunteers for scene setup, victims, etc.
- Types and numbers of equipment
- Communications equipment
- Fuel for vehicles and equipment
- Materials and supplies
- Expenses identified (wages, overtime, fuel, materials and supplies)

### Response Capability

- Sufficient personnel kept in reserve to handle routine nonexercise events

### Safety

- Safety addressed through development
- Each design team member responsible for safety in own discipline
- Hazards identified and resolved
- Safety addressed in preexercise briefing, simulator and evaluator packets
- Each field location examined for safety issues
- Safety officer designated, given authority

### Legal Liability

- Legal questions of liability researched by local attorney

### Emergency Call-Off

- Call-off procedure in place, including code word/phrase
- Call-off procedure tested

### Media

- Role of media addressed in planning, used as a resource to gain favorable exposure
- Media and observers considered in logistical planning

Consider your facility/community. What special considerations might you need to think about? Make a list.



# Full Scale Exercise Evaluation

# Sample EEG (Completed)

**1.1 Once notified, staff reported to assigned area in timely manner.**

*Strength*       *Area for Improvement*       *N/A*

*Observations:*

The healthcare facility was notified via overhead page, email, phone calls, and text messages of the inclement weather situation. Upon notification, all members of the incident command team were notified of the activation of the command center and to report to the primary ICC location via email, text, and phone call. All members of the command team reported to the primary command center within 15 minutes of notification.

**1.1 Once notified, staff reported to assigned area in timely manner.**

*Strength*       *Area for Improvement*       *N/A*

*Observations:*


All members of the incident command team were notified via email, text, and phone call. However, not all command staff arrived at the primary location. Some incident command team members were not on the email distribution list and/or their phone numbers were not up to date. It was also noted that not all members of the command team knew the location of the primary command center.

# Building Evaluation Capacity

## Consider your internal staff

- Who is detail oriented? Who is analytical?
- Who knows your processes and procedures?
- Who makes constructive suggestions for improved patient care and processes?
- Primary command center staff could evaluate backup CC staff while giving them experience in those roles
- Retirees or past employees
- Healthcare and other volunteers
- YOU!

Evaluation



# Building Evaluation Capacity

- **Use it or lose it!**
- Take advantage of **FREE C/E training** via ASPR Regional Exercises, GHA or State Public Health
- **Tap into your external community partners to serve as external evaluators** – having a mix of internal/external is recommended

# Unit 12 Practical Activity

Exercises, Part III:  
Data Analysis and  
Drafting the After-Action Report



# Unit 12 Practical Activity

## Exercises, Part IV: After-Action Review and the Improvement Plan



# Exercise Planning Review

- 1. Know What You're Talking About** (5 Ws and the H):
  - Learn the HSEEP methodology and terminology
  - Complete FREE FEMA online courses (NIMS and ICS)
  - Be open to ongoing preparedness education and updated best practices
- 2. Use what you know!** (Leadership and Influence)
- 3. Work your professional and personal networks to get the right people to the planning table** (Six Degrees of Separation)

# Review: **YOUR** Responsibility

- **Learn the terminology** (NIMS and ICS training)
- **Learn the exercise planning process**  
(what and when)
- **Learn how to evaluate** (C/E Training...understand how to appropriately complete the EEGs!)
- **Track the progress of the IP!!!**

# Any Questions?

