Hospital & Health Facility
Emergency Exercise Guide

Part 1 - The Table Top Exercise

HSEEP Compliance Principles for Exercise Development, Conduct, Evaluation, and Improvement Planning

Funding for this project was provided by the Chicago Department of Public Health (CDPH), in partnership with the Chicago Health System Coalition for Planning and Response (CHSCPR), through a Cooperative Agreement (CA) from the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (NHPP), Hospital Preparedness Program (HPP). Special thanks are extended to the members of the CHSCPR Exercise, Training and Education Overarching Committee for all of their hard work and dedication toward the completion of this project.

CD-ROM INCLUDED
# Table of Contents

- Introduction ................................................................................................................................. 2  

- Homeland Security Exercise and Evaluation Program (HSEEP) Basics ........................................... 3  
  - What is the HSEEP? ......................................................................................................................... 3  
  - HSEEP Terminology and Methodology ............................................................................................ 3  
  - HSEEP Compliance .......................................................................................................................... 5  
  - Additional Information .................................................................................................................... 7  

- Steps Involved in Planning a Health Care Table Top Exercise (TTX) .................................................. 8  

- Developing a Health Care TTX .......................................................................................................... 12  
  - What Is a TTX? ................................................................................................................................. 13  
  - Materials to Bring to or Use for a Health Care TTX ........................................................................ 14  
  - Materials to Be Provided for a TTX ................................................................................................. 14  
  - Health Care TTX Materials ............................................................................................................ 15  
    - Situation Manual (SitMan) ............................................................................................................. 15  
    - Controller and Evaluator (C/E) Handbook .................................................................................... 18  
    - Master Scenario Events List (MSEL) ............................................................................................ 22  
  - Health Care Exercise Evaluation Guides (EEGs) ............................................................................ 25  
    - At-risk Populations ......................................................................................................................... 27  
    - Pediatrics ....................................................................................................................................... 28  
    - Communications .............................................................................................................................. 29  
    - Emergency Operations Center Management (EOCM) ................................................................. 30  
    - Epidemiological (EPI) Surveillance & Investigation ....................................................................... 31  
    - Evacuation ...................................................................................................................................... 32  
    - Fatality Management ....................................................................................................................... 33  
    - Isolation and Quarantine ................................................................................................................. 34  
    - Medical Surge ................................................................................................................................. 35  
    - HazMat Response and Decontamination ....................................................................................... 36  

- Health Care After-Action Reports .................................................................................................... 37  

- References and Resources ................................................................................................................ 41  

- Glossary ........................................................................................................................................... 43  

- Acknowledgements .......................................................................................................................... 49  

---

The information provided in this document acknowledges the standardized approaches to emergency preparedness recommended by the U.S. Department of Homeland Security’s (DHS) Office of Domestic Preparedness (ODP) and by the Homeland Security Exercise and Evaluation Program (HSEEP) as maintained by the Federal Emergency Management Agency’s National Preparedness Directorate.

Copyright © 2009 | Exercise, Training & Education Overarching Committee of the Chicago Health System Coalition for Planning and Response
This guide was created to help hospitals design, implement, and evaluate emergency exercises following the The Homeland Security Exercise and Evaluation Program (HSEEP) format. HSEEP enhances and supports prevention, response, and recovery capabilities through the recommended routine practice of comprehensive incident management scenarios intended to reduce risks and protect lives, regardless of the specific emergency.

Hospitals and other health care facilities participate in exercises to help prepare for and respond to bioterrorism and other public health emergencies. Current hospital emergency preparedness priority areas include interoperable communication systems, bed tracking, alternate care sites, hospital partnership development, mobile medical assets, fatality management planning, and hospital evacuation planning. Planning and exercises should also be done to improve surge capacity, decontamination capabilities, isolation capacity, personal protective equipment, pharmaceutical supplies, and preparedness for at-risk populations.

Utilizing the HSEEP format in hospital exercises provides consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization. It reflects lessons learned and best practices of existing exercise programs and can be adapted to a variety of scenarios and incidents within a hospital. HSEEP is also consistent with all of the current national initiatives and policies including the National Incident Management System (NIMS), Hospital Incident Command System (HICS), the National Preparedness Goal, National Response Framework, the Target Capabilities List (TCL), and the Universal Task List (UTL).

Our hope is that the material contained in this guide will help hospitals and other health care facilities effectively and efficiently conduct and evaluate required emergency preparedness exercises and drills. Most hospitals that are accredited by a regulatory agency are required to test emergency operation procedures and plans twice a year while utilizing certain capacities. This emergency exercise series will help hospitals format and conduct a community-wide table top exercise while following the HSEEP format.

Conducting a discussion-based table top exercise with community partners (surrounding hospitals and government agencies) should be the first step in testing emergency plans. Once a table top exercise has been evaluated and action plans have been completed, functional and full-scale exercises should follow.

This workbook was compiled after consulting with emergency planning experts and utilizing the current resources and published literature available. Hospitals and other health care facilities should watch for future installments of this HSEEP-based emergency exercise guide series.

Additional information can be found in the “References and Resources” tab of this guide.

The CD-Rom included at the back of this guide contains samples of the HSEEP TTX materials referenced.
What Is HSEEPR The Homeland Security Exercise and Evaluation Program is a capabilities- and performance-based exercise program that provides a standardized policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning. The HSEEPR Policy and Guidance is presented in detail in HSEEPR Volumes I-IV, which are maintained by the Federal Emergency Management Agency’s National Preparedness Directorate, Department of Homeland Security. Adherence to the Policy and Guidance presented in the HSEEPR Volumes ensures that exercise programs conform to established best practices and helps provide unity and consistency of effort for exercises at all levels of government. You can download complete versions of HSEEPR Volumes I-IV (in PDF format), from http://hseepr.dhs.gov.

This section provides terminology, methodology, and compliance guidelines for all entities involved in exercises, including federal, state, and local governments, departments, and agencies; private sector entities; and non-governmental organizations. It defines the key requirements for an entity to be considered HSEEPR-compliant.

HSEEPR Terminology and Methodology

Below is an overview of key components of HSEEPR terminology and methodology.

Exercise Types

There are seven types of exercises defined within HSEEPR, each of which is either discussion-based or operations-based.

Discussion-based exercises familiarize participants with current plans, policies, agreements, and procedures or may be used to develop new plans, policies, and agreements. Types of discussion-based exercises include the following:

- **Seminar**: A seminar is an informal discussion designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new Evacuation Standard Operating Procedure).
- **Workshop**: A workshop resembles a seminar but is employed to build specific products, such as a draft plan or policy (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).
- **Table Top Exercise (TTX)**: A table top exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.
- **Game**: A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedures designed to depict an actual or assumed real-life situation.

Operations-based exercises validate plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of operations-based exercises include:

- **Drill**: A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a fire department conducts a decontamination drill).
- **Functional Exercise (FE)**: A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any “boots on the ground” (i.e., first responders or emergency officials responding to an incident in real time).
• **Full-Scale Exercise (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and “boots on the ground” response (e.g., firefighters decontaminating mock victims).

### Exercise Documentation

The list below briefly describes the important document types associated with most exercises. The types of documentation described here are discussed in more detail in *HSEEP Volume II: Exercise Planning and Conduct*.

- **A Situation Manual (SitMan)** is a participant handbook for discussion-based exercises, particularly TTXs. It provides background information on exercise scope, schedule, and objectives. It also presents the scenario narrative that will drive participant discussions during the exercise.

- **The Exercise Plan (ExPlan)**, typically 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. The ExPlan includes the exercise objectives and scope, safety procedures, and logistical considerations such as an exercise schedule. The ExPlan does not contain detailed scenario information.

- **The Controller and Evaluator (C/E) Handbook** supplements the ExPlan for operations-based exercises, containing 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.

- **The Master Scenario Events List (MSEL)** is a 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. It ensures necessary events happen so that all exercise objectives are met.

- **A Player Handout** is a 1- to 2-page document, usually distributed at the start of an exercise, which provides a quick reference for exercise players on safety procedures, logistical considerations, exercise schedule, and other key factors and information.

- **Exercise Evaluation Guides (EEGs)** help evaluators collect and interpret relevant exercise observations. EEGs provide evaluators with information on what tasks they should expect to see accomplished during an exercise, space to record observations, and questions to address after the exercise as a first step in the analysis process. In order to assist entities in exercise evaluation, standardized EEGs have been created that reflect capabilities-based planning tools, such as the Target Capabilities List (TCL) and the Universal Task List (UTL). The EEGs are not meant as report cards. Rather, they are intended to guide an evaluator’s observations so that the evaluator focuses on capabilities and tasks relevant to exercise objectives to support development of the After-Action Report/Improvement Plan (AAR/IP).

- **An After-Action Report/Improvement Plan (AAR/IP)** is the final product of an exercise. The AAR/IP has two components: an AAR, which captures observations and recommendations based on the exercise objectives as associated with the capabilities and tasks, and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The lead evaluator and the exercise planning team draft the AAR and submit it to conference participants prior to an After-Action Conference (see below). The draft AAR is distributed to conference participants for review no more than 30 days after exercise conduct. The final AAR/IP is an outcome of the After-Action Conference and should be disseminated to participants no more than 60 days after exercise conduct.

### Planning and After-Action Conferences

The HSEEP methodology defines a variety of planning and after action conferences. The need for each of these conferences varies depending on the type and scope of the exercise. They include:
Hospital & Health Facility emergency exercise guide

• Initial Planning Conference (IPC)
• Mid-term Planning Conference (MPC)
• Master Scenario Events List (MSEL) Conference
• Final Planning Conference (FPC)
• After Action Conference (AAC)

**HSEEP Volume II: Exercise Planning and Conduct**

provides details on the outcomes, products, and associated timelines for each of these planning conferences.

**HSEEP Compliance**

For the purpose of this document, HSEEP Compliance is defined as adherence to specific HSEEP-mandated practices for exercise program management, design, development, conduct, evaluation, and improvement planning. In order for an entity to be considered HSEEP compliant it must satisfy four distinct performance requirements:

1. **Conducting an annual Training and Exercise Plan Workshop (T&EPW) and developing and maintaining a Multi-year Training and Exercise Plan**
   - The entities’ training and exercise priorities (based on an overarching strategy and previous improvement plans)
   - The capabilities from the TCL that the entity will train for and exercise against
   - A multi-year training and exercise schedule that:
     - Reflects the training activities that will take place prior to an exercise, allowing exercises to serve as a true validation of previous training
     - Reflects all exercises in which the entity participates
     - Employs a “building-block approach” in which training and exercise activities gradually escalate in complexity
   - A new or updated Multi-year Training and Exercise Plan must be finalized and implemented within 60 days of the T&EPW.
   - All scheduled exercises must be entered into the National Exercise Schedule (NEXS) System.
   - The Multi-year Training and Exercise Plan must be updated on an annual basis (or as necessary) to reflect schedule changes.

2. **Planning and conducting exercises in accordance with the guidelines set forth in HSEEP Volumes I-III**

3. **Developing and submitting a properly formatted After-Action Report/Improvement Plan (AAR/IP).**
   - The format for the AAR/IP is found in HSEEP Volume III

4. **Tracking and implementing corrective actions identified in the AAR/IP**

The checklist provided below is intended to serve as a guide to assess whether or not a particular exercise program is HSEEP compliant.

**Training and Exercise Plan Workshop**

- All HSEEP-compliant entities conduct a T&EPW each calendar year in which they develop a Multi-year Training and Exercise Plan, which includes:

  - The type of exercise selected by the entity should be consistent with the entity’s Multi-year Training and Exercise Plan.

  - Exercise objectives should be based on capabilities and their associated critical tasks, which are contained within the EEGs. For example, if an entity, based on its risk/vulnerability analysis, determines that it is prone to hurricanes, it may want to validate its evacuation capabilities. In order to validate this capability it would first refer to the “Citizen Protection: Evacuation and/or In-Place Protection” EEG. Tasks associated with this capability include: “make the decision to evacuate or shelter in place,” “identify and
mobilize appropriate personnel,” and “activate approved traffic control plan.” An entity may wish to create its own Simple, Measurable, Achievable, Realistic, and Task-oriented (SMART) objectives based on its specific plans/procedures associated with these capabilities and tasks, such as: 1) examine the ability of local response agencies to conduct mass evacuation procedures in accordance with standard operating procedures; and 2) evaluate the ability of local response agencies to issue public notification of an evacuation order within the time frame prescribed in local standard operating procedures.

- The scenarios used in exercises must be tailored toward validating the capabilities and should be based on the entity’s risk/vulnerability assessment.

- Exercise planners should develop the following documents in accordance with HSEEP Volume IV to support exercise planning, conduct, evaluation, and improvement planning:
  - For Discussion-based Exercises:
    - Situation Manual (SitMan)
  - For Operations-based Exercises this requires:
    - Exercise Plan (ExPlan)
    - Player Handout
    - Master Scenario Events List (MSEL)
    - Controller and Evaluator (C/E) Handbook

Templates and samples of these documents can be found in *HSEEP Volume IV: Sample Templates and Formats*, available on the HSEEP website (http://hseep.dhs.gov).

- Exercises should adhere to the planning timelines laid forth in HSEEP Volume I.

- Exercises must reflect the principles of the National Incident Management System (NIMS).

### After-Action Reporting

- AAR/IPs created for exercises must conform to the templates provided in HSEEP Volume III: Exercise Evaluation and Improvement Planning.

- Following each exercise, a draft AAR/IP must be developed based on information gathered through use of Exercise Evaluation Guides (EEGs).

- Following every exercise, an After-Action Conference (AAC) must be conducted in which:
  - Key personnel and the exercise planning team are presented with findings and recommendations from the draft AAR/IP.
  - Corrective actions addressing a draft AAR/IP’s recommendations are developed and assigned to responsible parties with due dates for completion.

- A final AAR/IP with recommendations and corrective actions derived from discussion at the AAC must be completed within 60 days after the completion of each exercise.

### Improvement Planning

- An improvement plan will include broad recommendations from the AAR/IP organized by target capability as defined in the Target Capabilities List (TCL).

- Corrective actions derived from an AAC are associated with the recommendations and must be linked to a capability element as defined in the TCL.

- Corrective actions included in the improvement plan must be measurable.

- Corrective actions included in the improvement plan must designate a projected start date and completion date.

- Corrective actions included in the improvement plan must be assigned to an organization and a point of contact (POC) within that organization.
Corrective actions must be continually monitored and reviewed as part of an organizational Corrective Action Program. An individual should be responsible for managing a Corrective Action Program to ensure corrective actions resulting from exercises, policy discussions, and real-world events are resolved and support the scheduling and development of subsequent training and exercises.

Additional Information

The HSEEP website, http://hseep.dhs.gov, provides additional information regarding HSEEP Policy and Guidance. Available on the website are the revised versions of HSEEP Volumes I-III, which provide detail and context regarding many of the terms, processes, and requirements described above. Volume IV is a searchable library that provides many of the sample materials described above. The HSEEP Toolkit, which includes the National Exercise Schedule (NEXS) System, Design and Development System (DDS), and Corrective Action Program (CAP) System, allows users to schedule, plan, evaluate, and track corrective actions from exercises. In addition, there are several exercise training courses, including independent study (IS-120a, IS-130, etc.), mobile (HSEEP Mobile Course), and residence courses (Master Exercise Practitioner Program) that teach students the principles of exercise planning, conduct, evaluation, and improvement planning.
Steps Involved in Planning a Health Care Table Top Exercise (TTX)

There are 12 fundamental steps involved in planning and executing a health care TTX to ensure its success. Below are brief descriptions of those steps, along with recommended timetables and outcomes for each step.

1. Concept and Objectives Meetings

A Concept and Objectives (C & O) Meeting is the formal beginning of the planning process. It is held to identify the type, scope, objectives, and purpose of the exercise. The C & O Meeting helps planners identify the capabilities and tasks that are going to be substantiated, design objectives based on those capabilities and tasks, and exercise planning team members.

The C & O Meeting for a TTX should take place at least 4 to 5 months before the exercise.

The following outcomes are expected from the C & O Meeting:
- Purpose and goals of the exercise
- Type of exercise
- Budget for the exercise
- Timeframe and location
- Participating jurisdictions, agencies, and organizations
- Who should be represented on the exercise planning team
- Date for the Initial Planning Conference (IPC)

2. Initial Planning Conference

The Initial Planning Conference (IPC) marks the beginning of the exercise development phase of the planning process. Its purpose is to outline exercise scope by gathering input from the exercise planning team, design requirements and conditions (e.g., assumptions and artificialities), objectives, extent of play, and scenario variables (e.g., time, location, hazard selection). The IPC is also used to develop exercise documentation by obtaining the planning team’s input on exercise location, schedule, duration, and other relevant details.

During the IPC, exercise planning team members are assigned responsibility for activities associated with designing and developing exercise documents—such as the Master Scenario Events List (MSEL) and the Situation Manual (SitMan)—and logistics, such as scene management and personnel. In addition to conducting the conference, the exercise planning team gathers appropriate photographs and audio recordings to enhance the realism and informational value of the final document(s) and/or multimedia presentation(s) presented during the exercise.

The IPC for a TTX should take place 4 months before the exercise.

The following outcomes are expected from the IPC:
- Scope of the exercise
  - Purpose
  - Type of exercise
  - Participants—level of participation
  - Date
  - Location
  - Goals and objectives (must be associated with Target Capabilities)
  - Exercise assumptions and artificialities (requirements and conditions)
  - Scenario variables—time, location, hazard selection
- Exercise Director, Control Lead, Evaluation Lead, and Logistics Lead identified.
- Documentation started—Emergency Operations Procedures (EOP) Exercise Notification Form (mirrors information that is submitted to the National Exercise Scheduler [NEXS] at the HSEEP site).

3. Mid-term Planning Conference

The Mid-term Planning Conference (MPC) is a working session to discuss exercise organization and staffing concepts, scenario and timeline development, scheduling, logistics, and administrative requirements. It is also a session to review draft documentation (e.g.,
scenario, SitMan, C/E Handbook, MSEL). MPCs provide additional opportunities to resolve logistical and organizational issues that may arise during planning. At the conclusion of the MPC, selected planners should conduct a walk-through of the proposed exercise site.

The MPC for a TTX should take place at least 4 months before the exercise.

The following outcomes are expected from the MPC:
- Review documentation—ExPlan, draft of C/E Handbook with the MSEL.
- Possible walkthrough of exercise site/layout.
- Develop the MSEL exercise timeline and associated scenario injects or determine if one or more MSEL conferences will be needed.
- Review logistics needs for the exercise.
- Assign additional responsibilities with date of completion.
- Determine date and time for MSEL conference(s) and Final Planning Conference (FPC).

4. Master Scenario Events List Conference

The Master Scenario Events List (MSEL) Conference focuses on developing the MSEL—a chronological list that supplements the exercise scenario with event summaries; expected participant responses; capabilities, tasks, and objectives to be addressed; and responsible personnel.

The MSEL Conference for a TTX should take place at least 90 days before the exercise.

The following outcomes are expected from the MSEL Conference:
- Identify major and minor events that should occur during the exercise.
- Determine expected responses event by each player.
- Determine if the conditions established will trigger the expected response; provide a secondary prompt through a message/data inject to be used if needed.
- Determine what responses need an informational inject to stimulate the expected response.
- Identify the method used to introduce each message/data inject.
- Organize major and minor events and messages chronologically; assigning a time for each event/message.
- Create the draft MSEL document.
- Determine additional assignments and date to complete the MSEL.

5. Final Planning Conference

The Final Planning Conference (FPC) is the last forum for reviewing exercise processes and procedures. Prior to the FPC, the exercise planning team receives final drafts of all exercise materials. No major changes to the design or scope of the exercise, or its supporting documentation, should take place at the FPC. The FPC ensures that all logistical requirements have been met, all outstanding issues have been identified and resolved, and all exercise products are ready for printing.

The FPC for a TTX should take place at least 45 days before the exercise.

The following outcomes are expected from the FPC:
- Review the entire exercise processes and procedures. No major changes should occur at the FPC.
- Resolve any open issues related to the exercise documents and materials.
- Review and verify the logistics needs of the exercise.
- Determine additional assignments and completion date.
- Conduct a final comprehensive review of all documents:
  - SitMan
  - C/E Handbook with the MSEL
  - Player Handout
  - Briefing materials (for player briefing and controller/evaluator training)
  - Reference materials to be provided to players

6. Controller and Evaluator Briefing

The Controller and Evaluator Briefing is an exercise overview that covers location and area, schedule of events, scenario, control concept, controller and evaluator responsibilities, and any miscellaneous information.
The Controller and Evaluator Briefing for a TTX should take place 2 to 5 days before the exercise.

The following outcomes are expected from the Controller and Evaluator Briefing:
- Review the C/E Handbook
- Identify all assignments and locations
- Provide badges/identification
- Walk-through of exercise site if possible
- Q&A

7. Player Briefing

A Controller conducts the Player Briefing for all players to address individual roles and responsibilities, exercise parameters, safety, badges, and any other remaining logistical exercise concerns or questions.

The Player Briefing for a TTX should take place 15 to 30 minutes before the start of the exercise.

The following outcomes are expected from the Player Briefing:
- Provide badging/identification
- Review the Player Handout
- Review references
- Overview of exercise site
- Review safety and exercise call-off procedures

8. Exercise Conduct

Health care TTX conduct includes presentation, facilitation, and discussion of the scenario.

Table Top Exercise Begins

During TTX Conduct, Controllers:
- Initiate the play and monitor players’ actions
- Monitor and record the injects and player expected actions
- Ensure participants’ safety

During TTX Conduct, Players:
- Respond to the events and injects

During TTX Conduct, Evaluators:
- Observe players’ actions
- Record significant decisions/actions/outcomes
- Help ensure safety of participants by reporting to the controller

9. Player Hot Wash

Subsequent to the end of a TTX, a controller leads a Hot Wash so players can provide feedback. This allows controllers and evaluators to capture information about events while they are still fresh in the players’ minds. The Hot Wash is an opportunity to determine the level of satisfaction with the exercise, identify issues or concerns, and propose areas for improvement.

The Player Hot Wash should occur immediately after the exercise (or the next day at the latest if the exercise ends late or not all players are present).

The following outcomes are expected from the Player Hot Wash:
- Secure Participant Feedback Forms
- Determine what went well and should be continued, and what did not go well and should be improved
- Recommendations on how to improve
- Recover badges/identification
- Recover reference materials

10. Controller and Evaluator Debriefing

The Controller and Evaluator (C/E) Debriefing provides a forum for controllers and evaluators to review the exercise. The exercise planning team facilitates this debriefing, which allows each controller and evaluator to provide an assessment of their observations and to discuss both strengths and areas for improvement.

The C/E Debriefing should occur no later than one week after the exercise.

The following outcomes are expected from the C/E Debriefing:
- Review the exercise and note changes from the MSEL.
- Document controller and evaluator observations.
- Secure completed EEGs and Participant Feedback Forms.
- Recover badges/identification.
11. After-Action Report and Improvement Plan

To prepare the After-Action Report and Improvement Plan (AAR/IP), exercise evaluators analyze data collected from the Hot Wash, Debriefing, Participant Feedback Forms, EEGs, and other sources (e.g., plans, procedures) and compare actual results with the intended outcome. An AAR/IP is used to provide feedback to participating entities on their performance during the exercise. The AAR/IP summarizes exercise events and analyzes performance of the tasks identified as important during the planning process. It also evaluates achievement of the selected exercise objectives and demonstration of the overall capabilities being validated. The IP portion of the AAR/IP includes corrective actions for improvement, along with timelines for their implementation and assignment to responsible parties.

A draft of the AAR/IP is due within 3 to 5 weeks after the exercise.

The following outcomes are expected from the AAR/IP:

- **Identify the participants for the After-Action Conference (AAC).**
- **Date and invitations sent out for After-Action Conference**
- **Draft AAR/IP reviewed by exercise planning team**
- **Draft AAR/IP sent to participants of After-Action Conference at least a week prior to the date**

12. After-Action Conference

The exercise planning team, evaluation team, and other stakeholders meet for an After-Action Conference to present, discuss, review, and refine the draft AAR/IP. The After-Action Conference is a critical component of the exercise planning process to ensure that exercises are results-oriented and contribute to preparedness by translating AAR/IP analyses into concrete improvements for validation in subsequent exercises.

The After-Action Conference occurs no later than 60 days after the exercise is conducted.

The following outcomes are expected from the After-Action Conference:

- **Review the draft After-Action Report.**
- **Review, revise, accept, or decline each recommendation in the Improvement Plan matrix.**
- **For accepted recommendations, define the corrective actions.**
- **Assign corrective actions and due dates.**
- **Finalize the AAR/IP.**
Developing A Health Care Table Top Exercise

The following heat surge scenario was developed by the Exercise, Training, and Education Overarching Committee of the Chicago Health System Coalition for Planning and Response. It was developed to emulate the 1995 Chicago heat wave, which led to more than 600 heat-related deaths in Chicago over a period of five days. Creating a scenario of this nature offered members of the Chicago Partnership for Health Care System Planning and Response to train on and evaluate their ability to effectively handle a citywide emerging health crisis compounded by a failure in hospital infrastructure that requires some facilities to begin evacuation. This scenario was developed to:

- Test partnership collaborative agreements to provide mutual benefit and response.
- Use previously tested communication methods to transmit public information messages.
- Provide real-time bed availability.
- Test medical surge response.
- Test morgue surge response.

In 1995, the City of Chicago was gripped by an unprecedented heat wave, causing medical and morgue surge throughout the City. Subsequent seasonal heat waves have demonstrated extreme temperatures and required that the City of Chicago implement heat wave response plans each summer. The City’s main power distribution provider, Commonwealth Edison, experienced significant equipment failures during previous outages resulting in power failure for multiple days affecting large segments of Chicago neighborhoods. Hospitals are routinely equipped with backup power generators. These facilities vary in their ability to distribute power to an entire hospital campus allowing for an orderly evacuation during an extended power outage. Some have all systems tied into emergency power. Others are older facilities where only vital patient care systems are linked to the emergency power distribution system.

Health Care Tabletop Exercise Example

**HEAT SURGE - EVACUATION SCENARIO**

An unusually early heat wave has severely affected the city of Chicago. This deadly heat wave has extended its grip on the city of Chicago with temperatures exceeding 100 degrees and expected to remain above 90 degrees for over seven continuous days. The city has activated the Joint Operation Center (JOC). City officials are encouraging residents to use the city's cooling centers and have provided free bus transportation to the centers. The city has also engaged in an aggressive public information campaign communicating health and safety warnings to the citizens, including vulnerable populations such as the elderly and the chronically ill. Despite these proactive efforts, the Cook County Medical Examiner's office has reported a substantial increase in heat related fatalities in Chicago and its surrounding communities.

All Chicago area hospitals have also experienced an increase in emergency admissions, and most Emergency Departments (EDs) are near full capacity. Within the past few days, EDs city-wide have seen a dramatic increase in the number of elderly citizens (65 years and older) suffering from heat stroke and/or heat exhaustion. Chicago Fire Department (CFD) paramedics have experienced a surge of heat-related calls, and all vacations have been cancelled. Hospital staffing has also been addressed, and all vacations for Emergency Room (ER) personnel have been temporarily suspended until further notice.

At approximately 11:00 PM on 29-May-09, a major electrical switch station supplying energy to three major hospitals located within a three-mile radius has suffered catastrophic loss due to an electrical explosion. The facility has reported that alternate switching stations will not be in operation to tie into other power stations for at least four days. As a result, hospitals have switched to back up generator power, but this power is not adequate to maintain overall hospital and cooling operations for an extended period of time.

Hospital surge and loss of power has forced all affected hospitals to initiate immediate evacuation operations requiring the transportation of patients to supporting facilities. These simultaneous evacuations have put a tremendous strain on transportation of patients, critical medical resources, and surge capacity at alternate hospital facilities. Many of the affected hospitals have also lost primary sources of communication and have activated two health department interoperable two-way operations to facilitate command and control during evacuation operations.
What Is a Table Top Exercise (TTX)?

Table Top Exercises involve key personnel discussing hypothetical scenarios in an informal setting. This type of exercise can be used to assess plans, policies, and procedures or to assess the systems needed to guide the prevention of, response to, and recovery from a defined health care incident.

Planning a TTX for hospitals and health care agencies has different components to consider in order to sustain patient care operations and maintain the safety of the facility. Some health care components that should be evaluated during a health care TTX include:

- **External Communications**
  - What governmental agencies were contacted (health departments, emergency management agency, police, fire)?
  - What other external entities were contacted (electric company, gas company, etc.)?
  - Were other hospitals contacted for assistance?

- **Resource Mobilization and Allocation**
  - Was labor pool activated? If so, was it effective?
  - Did non-clinical departments participate in the incident?
  - Were clinical or non-clinical assets redirected?
  - Were any caregivers credentialed using the emergency credentialing procedures? If so, when were they demobilized?

- **Equipment**
  - What equipment was activated (attach inventory list if available)?
  - What equipment was purchased?
  - What equipment was taken from normal stock levels?
  - What equipment needs to be demobilized (add to action plan)?

- **Supplies**
  - What supplies were used? (attach inventory list if available)
  - What stock levels were depleted?
  - What supplies need to be replaced during demobilization (add to action plan)?

- **Personal Protective Equipment**
  - What PPE was distributed?
  - How were caregivers deemed competent to use PPE?
  - What PPE supplies were depleted?
  - What PPE needs to be replaced during demobilization?

- **Transportation**
  - Were there any extraordinary transportation needs?
  - What assets were mobilized to meet needs?
  - What assets need to be returned to loaning entity (add to action plan)?
  - What PPE needs to be replaced during demobilization?
  - Were any departments relocated? If so, describe nature and include transfer back to original location.

- **Review of Critical Systems**
  - Identify if and how system was affected by incident (e.g., heating, ventilating, and air conditioning [HVAC], overhead paging, personal pagers, tube system, information system, telephone system, security surveillance, fire alarm system).
  - Were operating rooms taken out of service? If so, list procedures to put them back on line.

TTXs are effective for evaluating group problem solving, personnel contingencies, group message interpretation, information sharing, interagency coordination, and achievement of specific objectives.
Materials to Bring to or Use for a Health Care TTX

REQUIRED

**Patient Load: Current Inpatient Census**
- Adults - Ambulatory and non-ambulatory
- Pediatric - Ambulatory and non-ambulatory
- Adult - ICU
- Adult - Ventilated
- Pediatric - ICU
- Pediatric - Ventilated
- Women in labor or deliveries per day or week
- Transplant patients
- Rehab patients
- Those needing direct observation — mental health and law-enforcement detainees
- Patients needing isolation precautions — respiratory (negative-pressure), contact, and droplet
- Bariatric patients

**Surge Capacity:**
- Estimate total numbers of surge beds you could provide within 4 hours
- Estimate number of additional staff you could mobilize within 4 hours
- Total number of deceased patients you can accommodate for up to 48 hours

STRONGLY ADVISED

**Additional Patients: Procedures and Ambulatory**
- Average or approximate number of surgeries per day or week
- Average or approximate number of outpatient clinic visits per day or week
- Average or approximate number of outpatient imaging procedures per day or week

**Emergency Plans:**
- Emergency Operations Plan (EOP) Summary
- Current Facility Evacuation Plan
- Current Bed Surge Plan — Estimate total numbers of surge beds you could provide
- Current Staff Surge Plan — Estimate number of additional staff you could mobilize
- Diversion or Bypass Policy
- Facility Infrastructure (hours of backup generator power, plans for loss of water and electricity)

Materials to Be Provided for a TTX

- Cooperative Agreement Draft for Partnership
- Hospital Incident Command System (HICS) or Incident Command System (ICS) forms:
  (For the purposes of the Heat Surge - Evacuation Scenario covered in this guide, the HICS forms were used.)
  - HICS 201 - Incident Briefing
  - HICS 202 - Incident Objectives
  - HICS 205 - Incident Communications Log (internal & external)
  - HICS 213 - Incident Message Form
  - HICS 214 - Operational Log
  - HICS 251 - Facility System Status Report
  - HICS 254 - Disaster Victim/Patient Tracking Form
  - HICS 255 - Master Patient Evacuation Tracking Form
  - HICS 260 - Patient Evacuation Tracking Form
  - HICS 258 - Hospital Resource Directory
  - HICS 259 - Hospital Casualty/Fatality Report
  - Red Cross Patient Locator Forms

**NOTE:** While these forms are provided onsite, it is recommended that participants review the forms before the exercise to be better prepared for the scenario.
Situation Manual

A Situation Manual (SitMan) is the core documentation that provides the written background for a multimedia-facilitated, discussion-based exercise such as a tabletop exercise. The SitMan supports the scenario narrative and allows participants to read along while watching the multimedia events unfold. All participants (i.e., players, facilitators, evaluators, and observers) should receive SitMans at the beginning of the exercise. Consideration should be given to the accessibility of presentations and documents, such as making information available in alternative formats (i.e., large prints, compact disk [CD], braille), closed captioning or another form of text display, or the provision of sign language interpreters.

The SitMan’s introduction provides an overview of the exercise—including scope, capabilities, tasks and objectives, structure, rules, and conduct—as well as an exercise agenda. The next section of the SitMan is the scenario itself, which is divided up into distinct modules. Modules provide the basic structure of the exercise and are chronologically sequenced. Each module represents a specific time segment of the overall scenario—pre-incident warning, notification, response, or recovery—selected based on exercise objectives and scenario requirements. For example, pandemic disease exercises typically contain an incubation module, whereas chemical or incendiary terrorism scenarios offer planners the opportunity to include a warning phase and initial response modules.

The SitMan contains greater detail than the discussion-based exercise’s multimedia presentation and generally includes the following information:
- Introduction
- Schedule of events
- Exercise purpose, scope, capabilities, tasks, and objectives
- Exercise structure (i.e., order of the modules)
- Instructions for exercise facilitators, players, and observers
- Exercise assumptions and artificialities
- Exercise rules
- Exercise scenario background (including scenario location information)
- Discussion questions and key issues
- Reference appendices with relevant supporting information, which may include but not be limited to:
  - entity- and threat-specific information;
  - Material Safety Data Sheet (MSDS) or agent fact sheet, when applicable;
  - relevant documents regarding plans, SOPs, etc.; and
  - a list of reference terms

The following are sample pages from the SitMan provided to participants in conjunction with the Heat Surge-Evacuation Scenario outlined in this guide.

Each module is followed by discussion questions, usually divided up by organizational group (e.g., public safety, emergency management, public affairs). Responses to the modules’ discussion questions are the focus of the exercise, and reviewing them provides the basis for evaluating exercise results. These discussion questions can be derived from tasks and capabilities contained within each Exercise Evaluation Guide (EEG).
Heat Surge–Evacuation TTX Situation Manual Examples

Chicago Metropolitan Statistical Area
Situation Manual (StillNet)  Heat Surge 2009 Tabletop Exercise

EXERCISE STRUCTURE
The TTX will be a facilitated tabletop exercise. Players will be on site as well as remotely connected from their home facilities using Adobe Connect software.

- Part I: Scenario Development - Participants will have an overview understanding of the scenario to our exercise play.
- Part II: Initial Response - Discuss the participants’ implementation of NIMS concepts.
- Part III: Scenario Complications - extended weather scenario and dynamic evacuation options.
- Part IV: Response to Surge Request - Determine need for hospital surge availability in the City.

Exercise Modules
The Heat Wave–Evacuation 2009 TTX is divided into four modules corresponding to the exercise objectives:

- Module 1: Communications and Command
  Module will take place during the first hour of the exercise.
  Activites of EOC at the City and field level.

- Module 2: Medical Surge
  Module will take place during the first hour of the exercise.
  Activities including patient intakes, medical interventions, triage and transport.

- Module 3: Evacuation
  Module will take place during the third hour of the TTX. The following key tasks will be covered:
  - Establish hospital facility evacuation procedures.
  - Communication of evacuation to patients and families.
  - Coordination of transportation in response to evacuation needs.
  - Alert and deploy all necessary communication equipment.
  - Triage, communicate and treat incident information passed to all participating agencies.
  - Who directs evacuation at the hospital level?
  - Estimation of number of evacuees.

- Module 4: Fatality Management
  Module will take place during the fourth hour of the TTX. The following key tasks will be covered:
  - Request appropriate personnel.
  - Use of facilities to accommodate surge.

EXERCISE INSTRUCTIONS AND RULES
Exercise instructions and rules are presented in this section for playing organizations and for individual players.

General Guidelines
This is a tabletop drill but the scenario should be treated as realistic as possible. Playing organizations are asked to respond to questions posed during the exercise “as if you think,” your system could handle the scenario. City agencies should be forthcoming in their ability to support response in a city wide manner. Communication must be as real as possible; players should assume their identical communication needs at all times. Follow the instructions of the Lead Controller and controllers throughout exercise play.

Contact for Technical Questions and Problems
In case of questions or problems with respect to the TTX or remote Internet connection (Adobe Connect), please contact the Lead Controller during exercise play.

Playing Organization Responsibilities
Heat Wave TTX playing organizations are expected to include city agencies, city hospitals and private sector partners. All playing organizations have identical responsibilities. These are:

- If participating from their home facility, provide a conference room (preferably the Emergency Operations Center) equipped with a power phone, a computer with a wireless high-speed Internet connection, computer speakers, and a computer projector.
- Follow all rules and procedures identified in this document and as instructed by controllers.

Point of Contact Responsibilities
If using Adobe Connect and playing from home facilities, playing organizations must identify a point of contact (POC) to coordinate their organization’s participation in the exercise with the exercise controllers.

POC responsibilities include:
- Using the Adobe Connect website during the TTX.
- Notifying the playing organization’s name when logging into the Adobe Connect website.
- Notifying the Lead Controller about incidents.
- Providing assistance to organizations that run into problems with exercise controllers or exercise technical support personnel, as appropriate.

Observer Responsibilities
Observers are goals of the Lead Controller. They are welcome to watch and learn to the exercise from their own home facilities. Observers will not play in the exercise and observers are “invisible” to players.
Heat Surge-Evacuation TTX Situation Manual Examples (cont’d)

APPENDIX A: Heat Surge 2009 TTX Feedback Form

Exercise Date: April 21, 2009

PART 1 - EXERCISE DESIGN AND CONDUCT: ASSESSMENT

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

<table>
<thead>
<tr>
<th>Assessment Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The exercise was well structured and organized.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The exercise scenario was plausible and realistic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The exercise instructions in the Situational Manual provided in assist in preparing for and participating in the exercise were clear.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The scenario injects were appropriately challenging.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The scenario injects were well structured and organized.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The system for receiving scenario injects worked well for those participants playing from their home locations via Adobe Connect.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The exercise effectively addressed the Communication Capability.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The exercise effectively addressed the Medical Surge Capability.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The exercise effectively addressed the Evacuation Capability.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. The exercise effectively addressed the Fatality Management Capability.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART II - PARTICIPANT FEEDBACK

1. Based on the exercise overall, please list the top three Chicago partnership response capabilities that need improvement.

   a. 
   b. 
   c. 

2. Are there any issues that you observed in the exercise overall that the controller(s) might not have been able to observe, observe, and report?

   __________________________________________

3. Please provide any recommendations on how future exercises could be improved or expanded.

   __________________________________________

Please send your feedback forms to Ed Lefton at CDPH (Lefton_Edward@cdph.org)

Thank you.

Chicago Metropolitan Statistical Area

Situation Manual (SIMMan)  Heat Surge 2009 Tabletop Exercise

PART II – PARTICIPANT FEEDBACK

1. Based on the exercise overall, please list the top three Chicago partnership response capabilities that need improvement.

   a. 
   b. 
   c. 

2. Are there any issues that you observed in the exercise overall that the controller(s) might not have been able to observe, observe, and report?

   __________________________________________

3. Please provide any recommendations on how future exercises could be improved or expanded.

   __________________________________________

Please send your feedback forms to Ed Lefton at CDPH (Lefton_Edward@cdph.org)

Thank you.
Controller and Evaluator Handbook

The C/E Handbook specifically describes the roles and responsibilities of exercise controllers and evaluators and the procedures they must follow. Because the C/E Handbook contains information about the scenario and about exercise administration, it is distributed to only those individuals specifically designated as controllers or evaluators. The C/E Handbook supplements the ExPlan and contains more detailed information about the scenario. It points readers to the ExPlan for more general exercise information, such as participant lists, activity schedules, required briefings, and the roles and responsibilities of specific participants.

The C/E Handbook usually contains the following sections:

- Detailed scenario information
- Assignments, roles, and responsibilities of group or individual controllers and evaluators
- Exercise safety plan
- Controller communications plan (e.g., a phone list, a call-down tree, instructions for the use of radio channels)
- Evaluation instructions

For larger, more complex exercises, planners may develop a written Evaluation Plan (EvalPlan) in lieu of or in addition to a C/E Handbook. Like the C/E Handbook, an EvalPlan supplements the ExPlan by providing evaluation staff with guidance and instructions on evaluation or observation methodology to be used as well as essential materials required to execute their specific functions. The EvalPlan is a limited distribution document. Evaluators use it in conjunction with the ExPlan and the MSEL, and some controllers may use it as well. More information on the EvalPlan and the evaluation process can be found in HSEEP Volume III.

Likewise, Control Staff Instructions (COSIN) may be employed in lieu of a C/E Handbook for larger, more complex exercises that require more coordination among control staff. A COSIN contains guidance that controllers, simulators, and evaluators need concerning procedures and responsibilities for exercise control, simulation, and support. In addition to the functions of a C/E Handbook, a COSIN provides guidelines for control and simulation support and establishes a management structure for these activities.

The following pages are examples from the C/E Handbook produced in conjunction with the Heat Surge-Evacuation Scenario outlined in this guide.
Heat Surge TTX Exercise Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
</table>
| Tuesday, April 31, 2009 7:30 AM - 9:00 AM | • Registration @ MCHD  
• Active Connex Registration: sign in online as a guest (please use your organisation’s name) |
| 8:00 AM – 8:15 AM     | • Welcome and Introduce Players  
• Briefly identify and list expectations  
• Fundamentals of TTX Modules |
| 8:15 AM – 9:20 AM     | • Initiate Exercise  
• Module 1: Communications/Emergency Operations Center Management  
• Critical Surge  
• Fatality Management |
| 9:25 AM – 10:00 AM    | • Module 1 Group Discussion & Report |
| 10:00 AM – 10:20 AM   | • Module 2  
• Evacuation  
• Fatality Management |
| 10:20 – 10:50 AM      | • Module 2 Group Discussion |
| 10:50 AM – 11:15 AM   | • Module 3  
• Evacuation |
| 11:15 AM – 12:30 PM   | • LUNCH |
| 12:20 PM – 12:45 PM   | • Module 3: Continued Communications |
| 12:45 PM – 1:00 PM    | • Module 3: Group Discussion  
• Module 4: Medical Surge  
• Fatality Management |
| 1:15 – 1:50 PM        | • Module 4 Group Discussion  
• In-Depth (players, controllers and evaluators)  
• END EX |
| 1:50 PM – 2:00 PM     | • Controller – Evaluator Debrief |

Exercise Goals and Objectives

Exercise Goal

The goal of the Heat Surge 2009 TTX is to improve the capability of the City of Chicago hospitals, non-government organizations and private sector entities to effectively respond to a catastrophic event that strains the operating capacity of public and private agencies in Chicago. Improvement of these capabilities will strengthen the city’s ability to prepare for and respond to public health emergencies.

Exercise Objectives

The exercise will focus on the following design objectives selected by the Chicago Partnership for Health Care System Planning and Response’s exercise planning team:

1. The Chicago Partnership can communicate with one another effectively and share accurate information throughout the response period (2 – 4 days).
   a. Emergency Operations Center Management (EOCM)
      i. Activity 1: Activate JOC/OCC/MACC/CF
         Task 1.1: Communicate, alert, and request response from city and hospital EOC personnel
   b. Communications
      i. Activity 1: Alert and Dispatch
         Task 1.1: Implement response communications interoperability plan and protocols between city and hospitals
         Task 1.2: Communicate incident response information per city/hospital agency protocols

2. Chicago hospitals, with partner agency support, can manage medical surge requirements during the first 48 hours of a response to a catastrophic event in the City of Chicago.
   a. Medical Surge
Heat Surge TTX Exercise Safety Plan

This functional exercise will follow all Chicago Department of Public Health and Argonne National Laboratory worker safety requirements. Specifically, every controller and evaluator has the obligation to stop exercise play if conditions threaten the well-being of anyone attending this exercise. Such incidents are to be reported immediately to the Lead Facilitator. All times, exercise players, controllers, evaluators and observers must maintain a safe work environment.

The TTX will be held at the Metropolitan Chicago Healthcare Council at 202 South Riverside Plaza, which is a modern high-rise office building designed to provide a safe environment for its occupants. The building is equipped with fire sprinklers and has a fire alarm communication system. Any sprinkler flow or smoke detection signal is electronically reported to a ground floor alarm panel that is continuously monitored by building personnel. Emergency information can be communicated from the lobby to tenant floors through a loudspeaker system providing tone alarms and voice communication.

The building is equipped with three stairwells. Each stairwell is equipped with fall open door locks, fire sprinklers, smoke detectors, fire hose connections, and a fireman's phone that is located on every fifth floor. Call to the fire panel located in the lobby. Also, the electrical equipment closets are equipped with smoke detectors.

Both the Chicago Fire Department and the METRO Agency will be on site during the TTX exercise.

MCHC Procedures for Reporting an Emergency

CALL 911
Report fire location and number (Example: 17th floor, room 1702, address to you below)
Call the Office of the Building Administrator
If a fire occurs in your office, call the fire department and use the elevator. Do not use the stairwell.

Department response time can be lost. Do not return to the office until you are told to do so.

Upon hearing the building's fire alarm, go to the nearest stairwell and prepare to evacuate. Listen for instructions from the fire department or the Office of the Building Administrator.

DO NOT USE THE ELEVATORS.

Fire Extinguishers

Fire extinguishers are located on all floors of the Northwest (near Janitorial Closet) and Southeast (near Freight elevator) corridors. These fire extinguishers are ABC types and can be used on all types of fire.

Floor Evacuation

An audible alarm indicates the need to evacuate due to an emergency situation. An audible alarm, unless immediately directed to do otherwise, will evacuate the building. If the emergency communication system is activated the strobe lights illuminate, a tone sounds, and a voice announcement is made. Firefighters may be on the scene as soon as possible, the time frame is not exact.

In the event of a fire in all floors of the fire floor, three floors above, and three floors below if the fire floor is on the ground floor.

Procedures to Follow in the Event of a Fire

If your floor evacuation is to the floor to evacuate: DO NOT USE THE ELEVATORS.

Walk, don’t run. If a fire alarm is present, do not go down the stairwell. Fire fighters may be on the scene.

If you are exiting a stairwell, if smoke is on the stairwell, stop and continue down the stairwell. Do not move through the stairwell.

Do not use the fire escape. Do not enter any smoke doors.

Real Emergencies during the Heat Surge 2009 TTX

In case any real emergency occurs during the Heat Surge 2009 TTX, all affected participants are to respond to that incident as required by their organization’s plans. Exercise play must not be allowed to hinder the response. If an affected participant is not responding, it is suggested to take the affected participant to the nearest fire plug or fire alarm box, and then use the alternate route to the stairwell.

When you reach street level, move away from the building, out of the way of the fire fighters.

The stairwell doors are fire rated and allow exit to the stairwell, under normal circumstances these doors are locked to prevent re-entry from the stairwell to the corridor. However, in the case of fire alarm these doors will fail to an opened position. It is important that these doors are not held open or blocked open, as this allows smoke into the stairwell.

Before you open a closed door to another floor area or alternative escape route, feel the door with the back of your hand. If it is hot, leave the door closed and seek an alternative route. If the door feels normal, brace your body against the door and open it a crack. Be prepared to slam it shut! If heat or smoke rushes in, you must use an escape route where there is smoke, stay as low as possible. Crowding lets you breathe the cleaner air near the floor as you move to an exit. If there is smoke in the corridor of your own exit, use your alternate route to the other staircase.
Communications

Capability Description

Communications is the fundamental capability within a hospital and is critical to the successful and effective performance of most other needed functions. To be effective in an emergency, communications must be prompt, clear, concise, and accurate. Effective communications require a common knowledge base established to equip the staff with the information necessary to perform their roles. Emergency communications must be available 24 hours a day, 7 days a week. Communications failures are the most common cause of emergency drill failures. To ensure this capability, training must be provided to all hospital personnel to ensure all staff are aware of their roles and responsibilities.

Jurisdiction or Organization: Name of Exercise:

Location:

Date:

Instructor/Contact Info:

Note to Exercise Director: Only include those bullet items below which you have been assigned.

Activity 1: Alert and Dispatch

Activity Description: In response to an incident, done, required.

Tasks Observed:

1. Identify and report the nature of the emergency

2. Communicate the emergency to appropriate personnel

3. Notify emergency response personnel

4. Retrieve additional resources as needed

5. Maintain communication with emergency responders

Time of Observation: Time of Completion

Implementation:

1. Implement immediate communications and logistics plans and procedures between city and hospital.

2. Staff evacuation and other critical communication requirements.

Notes:

Exercise Evaluation Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator and any areas for improvement.

Observations Narrative

Revised 2022-06-06

Heat Surge—Evacuation TTX C/E Handbook Examples (cont’d)
A Master Scenario Events List (MSEL, pronounced mee-zul) contains a chronological listing of the events that drive exercise play. The MSEL links simulation to action and reflects each inject or event that will prompt players to implement the policy or procedure being validated. MSEL entries that controllers must simulate are called ‘injects.’ Entries that represent expected player actions are called ‘expected action events.’ Oftentimes, injects and expected action events are referred to simply as events. Each MSEL entry contains the following:

- Designated scenario time
- Event synopsis
- Controller responsible for delivering the inject, with controller/evaluator special instructions (if applicable)
- Expected action (i.e., player response expected after a MSEL inject is delivered)
- Intended player (i.e., agency or individual player for whom the MSEL event is intended)
- Capability, task, or objective to be demonstrated (if applicable)
- Notes section (for controllers and evaluators to track actual events against those listed in the MSEL, with special instructions for individual controllers and evaluators)

Times listed in a MSEL should reflect the time an event should occur. These times should be as realistic as possible and should be based on input from subject matter experts (SMEs). If the activity occurs sooner than the MSEL writers anticipated, then controllers and evaluators should note the time it occurred, but play should not be interrupted.

Controllers delivering MSEL injects will either be co-located with players in the venue of play or reside in a Simulation Cell (SimCell). A SimCell is a location from which controllers deliver telephone calls, radio messages, facsimiles, and other types of messages—these messages represent actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise but would likely be actively involved during a real incident.

Prior to start of the exercise, the mechanisms for introducing injects into exercise play should be tested, especially when injects are input through various communications systems. This ensures that controllers are aware of the procedures for delivering MSEL injects and that any systems that will be used to deliver them are functioning properly as planned.

The three types of events that comprise a MSEL are as follows:

1. **Contextual injects** are introduced to a player by a controller to help build the exercise operating environment. For example, if the exercise is designed to test information-sharing capabilities, a MSEL inject can be developed to direct a controller to select an actor to portray a suspect. The inject could then instruct the controller to prompt another actor to approach a law enforcement officer and inform him/her that this person was behaving suspiciously.

2. **Expected action events** reserve a place in the MSEL timeline and notify controllers of when a response action would typically take place. For example, during a table top exercise (TTX) involving a chemical agent, establishing decontamination is an expected conversation.

3. **Contingency injects** are events that a controller verbally indicates to a player if they do not physically take place. This ensures that play moves forward, as needed, to adequately evaluate performance of activities. For example, if a simulated secondary device is placed at an incident scene during a terrorism response exercise but is not discovered, a controller may want to prompt an actor to approach a player to say that he/she witnessed suspicious activity close to the device location. This should prompt the responder to discover the device and result in subsequent execution of the desired notification procedures.

The following are sample pages from the MSEL produced in conjunction with the Heat Surge-Evacuation Scenario outlined in this guide.
<table>
<thead>
<tr>
<th>Scenario Code</th>
<th>Event Description</th>
<th>Input # &amp; Notes</th>
<th>Expected Action</th>
<th>ESG Capability - Task</th>
<th>Players</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01 E</td>
<td>Introduction and Welcome Remarks from Partnership Chair</td>
<td>60 Players, Controllers, Groups agree to come, sit and answer questions</td>
<td>Capability Summary: Health Surge-Evacuation Facility Management West Gate (Planning)</td>
<td>Medicine, Fire, Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
<td>Health Dept, Fire Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
</tr>
<tr>
<td>01/02 E</td>
<td>TXG general rules, Instructions for Play, Guidelines, Evaluation of Assumptions, Articulations, Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/05 E</td>
<td>1. Intake TTX. Welcome to mass caseload.</td>
<td>1. Intake TTX, Welcome to mass caseload.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/08 E</td>
<td>2. Operations Center and ICS; providing two lanes to create centers; They have activated an aggressive public information and awareness campaign.</td>
<td></td>
<td>Capability Summary: Health Surge-Evacuation Facility Management West Gate (Planning)</td>
<td>Medicine, Fire, Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
<td>Health Dept, Fire Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
</tr>
<tr>
<td>03/15 E</td>
<td>3. Chicago announces the joint Speeding Center (JSC). Chicago is opening two lanes to create centers; They have activated an aggressive public information and awareness campaign.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/04 E</td>
<td>4. Hospitals/systems IR and PHS codes for Adult and Pediatric MedSurge and EHS Rural. Due to an influx of patients with heat stroke/exhaustion and renal failure.</td>
<td></td>
<td>Capability Summary: Health Surge-Evacuation Facility Management West Gate (Planning)</td>
<td>Medicine, Fire, Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
<td>Health Dept, Fire Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
</tr>
<tr>
<td>05/04 E</td>
<td>5. Iraqi Hum inAy Departmental Experiences are exceed full capacity. There are high risk 50% patients who remain with 70-90% to be seen who are waiting 4-6 hours. Afflicted patients have been infected. They may not receive medical treatment today.</td>
<td></td>
<td>Capability Summary: Health Surge-Evacuation Facility Management West Gate (Planning)</td>
<td>Medicine, Fire, Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
<td>Health Dept, Fire Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
</tr>
<tr>
<td>06/04 E</td>
<td>6. Hospitals complete MOR with 90% or less caseload heat wave at request want in operating. Staffing for heat-related environment to be treated. Staffing for heat-related environment to be treated. Staffing for heat-related environment to be treated.</td>
<td></td>
<td>Capability Summary: Health Surge-Evacuation Facility Management West Gate (Planning)</td>
<td>Medicine, Fire, Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
<td>Health Dept, Fire Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
</tr>
<tr>
<td>08/04 E</td>
<td>7. Chicago announces the joint Speeding Center (JSC). Chicago is opening two lanes to create centers; They have activated an aggressive public information and awareness campaign.</td>
<td></td>
<td>Capability Summary: Health Surge-Evacuation Facility Management West Gate (Planning)</td>
<td>Medicine, Fire, Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
<td>Health Dept, Fire Dept, Office of Emergency Management, Medical Examiner, Long Term Care (LT), Red Cross, Private Ambulances, Hospitals</td>
</tr>
<tr>
<td>01/01 E</td>
<td>Introduction and Welcome Remarks from Partnership Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/02 E</td>
<td>TXG general rules, Instructions for Play, Guidelines, Evaluation of Assumptions, Articulations, Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/05 E</td>
<td>1. Intake TTX. Welcome to mass caseload.</td>
<td>1. Intake TTX, Welcome to mass caseload.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/08 E</td>
<td>2. Operations Center and ICS; providing two lanes to create centers; They have activated an aggressive public information and awareness campaign.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/15 E</td>
<td>3. Chicago announces the joint Speeding Center (JSC). Chicago is opening two lanes to create centers; They have activated an aggressive public information and awareness campaign.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/04 E</td>
<td>4. Hospitals/systems IR and PHS codes for Adult and Pediatric MedSurge and EHS Rural. Due to an influx of patients with heat stroke/exhaustion and renal failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/04 E</td>
<td>5. Iraqi Hum inAy Departmental Experiences are exceed full capacity. There are high risk 50% patients who remain with 70-90% to be seen who are waiting 4-6 hours. Afflicted patients have been infected. They may not receive medical treatment today.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/04 E</td>
<td>6. Hospitals complete MOR with 90% or less caseload heat wave at request want in operating. Staffing for heat-related environment to be treated. Staffing for heat-related environment to be treated. Staffing for heat-related environment to be treated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/04 E</td>
<td>7. Chicago announces the joint Speeding Center (JSC). Chicago is opening two lanes to create centers; They have activated an aggressive public information and awareness campaign.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Patient surge, rapid depletion of personnel, & hospital beds:
   - Identify resources needed for evacuees.
   - Evacuation procedures & transport plans may be affected.

<table>
<thead>
<tr>
<th>Scenario/Date</th>
<th>Event Description</th>
<th>Issue #</th>
<th>Expected Action</th>
<th>ISS Capability - Task</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify resources needed for evacuees</td>
<td>#121</td>
<td>Evacuation procedures &amp; transport plans may be affected</td>
<td>Transport Coordination, Evacuation Planning and Execution</td>
</tr>
</tbody>
</table>

Other hospitals are simply rehoused from because they are too busy directing surge activities.

12. Hospital & Health Facility emergency exercise guide

Heat Surge-Evacuation TTX MSEL Examples (cont’d)
Health Care TTX Exercise Evaluation Guides

Exercise Evaluation Guides (EEGs) help evaluators collect and interpret relevant exercise observations. EEGs provide evaluators with information on what tasks they should expect to see accomplished or discussed during an exercise, space to record observations, and questions to address after the exercise as a first step in the analysis process and development of the After Action Report and Improvement Plan (AAR/IP).

In order to assist hospitals/health care facilities in exercise evaluation, these EEGs have been created to reflect capabilities-based planning tools, such as the Target Capabilities List (TCL) and the Universal Task List (UTL). EEGs were developed for use by experienced exercise evaluators and by practitioners who are Subject Matter Experts (SMEs). Information in the EEGs is sequenced according to the typical flow of activities and tasks to be accomplished for each capability. The template is designed to allow evaluators to record the degree to which a prescribed task or performance measure was completed or met during the exercise. Evaluators are asked to objectively record the full, partial, or non-completion of each task. The EEG is a reference for exercise evaluators, giving a sense of when activities can be expected to occur and how those activities relate to capability completion.

Each EEG can be used by an individual evaluator or by groups assigned to observe specific activities. During the analysis phase, evaluators combine their observations with those of other evaluators. They reconstruct events and analyze outcomes and interactions across agencies, organizations, disciplines, and jurisdictions to achieve broad capability outcomes.

EEGs can also be a valuable tool during the exercise planning process since they link tasks to capabilities, making it easier to determine what should be exercised. Relevant EEGs should be selected early in the planning process because they aid design of the exercise objectives and scenario.

Common Target Capabilities

The Target Capabilities List (TCL) below identifies the capabilities needed to prepare for, prevent, respond to, and recover from a major health care incident. The TCL was designed to assist organizations in understanding what their preparedness roles and responsibilities are during an incident. Below is a table comparing the Homeland Security Target Capabilities List with The Joint Commission Emergency Management standards for hospitals. Priority capabilities are italicized.

<table>
<thead>
<tr>
<th>Homeland Security Common Target Capabilities List</th>
<th>The Joint Commission Emergency Management Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Emergency Operations Plan Hazard Vulnerability Analysis</td>
</tr>
<tr>
<td>Interoperable Communications</td>
<td>Communications</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Resources and Assets, Safety and Security</td>
</tr>
<tr>
<td>Community Preparedness and Participation</td>
<td>Staff Responsibilities, Utilities, Patient Clinical and Support Activities</td>
</tr>
</tbody>
</table>

For more information about The Joint Commission Emergency Management Standards for Hospitals, visit their website at [www.jointcommission.org](http://www.jointcommission.org).

In addition to the Common Target Capabilities List, the Federal Emergency Management Agency (FEMA) has further identified capabilities under four topic areas:
1. Prevent
2. Protect
3. Respond
4. Recover

While some of these are specific to jurisdictional response (city, town, state), they have applicability to health care organizations and serve as a common language for understanding the total picture of community preparedness and response. Using the capabilities contained in the EEGs will benefit health care organizations in meeting the need for community-wide planning and response.
The following is a list of Health Care Target Capabilities developed in conjunction with the Heat Surge-Evacuation scenario outlined in this guide:

**PREVENT**
- Information Gathering
- Intelligence Analysis and Production
- Intelligence/Information Sharing and Dissemination
- Law Enforcement Investigation and Operations
- CBRNE Detection

**PROTECT**
- Critical Infrastructure Protection
- Food and Agriculture Safety and Defense
- Public Health Laboratory Testing
- Epidemiological Surveillance and Investigation

**RESPOND**
- Onsite Incident Management
- Emergency Operations Center Management
- Critical Resource Logistics and Distribution
- Volunteer Management and Donations
- Responder Safety and Health
- Public Safety and Security Response
- Animal Health Emergency Support
- Environmental Health and Vector Control
- Explosive Device Response Operations
- Firefighting Operations/Support
- WMD/Hazardous Materials Response and Decontamination
- Citizen Protection: Evacuation and/or Shelter-in-Place Protection
- Isolation and Quarantine
- Urban Search & Rescue
- Emergency Public Information and Warning
- Triage and Pre-hospital Treatment
- Medical Surge
- Medical Supplies Management and Distribution
- Mass Prophylaxis
- Mass Care—Sheltering, Feeding, and Related Services
- Fatality Management
- At-Risk Populations
- Pediatrics

**RECOVER**
- Structural Damage and Mitigation Assessment
- Restoration of Lifelines
- Economic & Community Recovery

To download the complete Homeland Security TCL reference document and planning guide (in PDF format), go to:


**HSEEP provides an extensive list of EEGs that could be used during your organization’s Table Top Exercise. The EEGs in this guide are examples your health care facility can choose based on the organization’s needs. All EEGs should be tailored for your facility and patient population.**

The following are sample pages from each of the EEGs developed in conjunction with the Heat Surge-Evacuation scenario outlined in this guide.

Please see the CD included at the back of this guide for a complete listing of all HSEEP EEGs.
At-Risk Populations EEG Examples

This EEG has been custom created to represent at-risk/special populations in your health care facility.

Exercise Evaluation Guide

At-Risk Populations (Hospitals)

Exercise Evaluation Guide

Capability Description:
Emergency and disaster planning fully considers at-risk populations into all phases of mitigation, preparedness, response, and recovery. According to ASPE, “at-risk populations” includes "children, senior citizens, pregnant women, people who have disabilities, those in institutionalized settings, the homeless, women and children, low-income families, elderly, and those with limited English proficiency, as well as those with disabilities, who may have unique concerns in an emergency or disaster situation. This includes individuals with special needs and cultural or religious beliefs, and designed to meet the needs of the at-risk population.

Capability Outcome:
Methods of at-risk population have access to emergency and disaster plans as people who are not consolidated at risk.

Jurisdiction or Organization:
Name of Exercise:
Location:
Evaluator:
Evaluator Contact Info:

Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned.

Activity 1: Planning; Mitigation and Preparedness
Delete Activity

Activity Description: Expand emergency preparedness planning team to include members of at-risk populations. Team develops plans to meet needs of patient population.

Tasks Observed:
- Identify key at-risk populations and develop the exercise.

Note: Activities ("Assessment Results and Performance Indicators Associated with a Task") have been developed for each scenario.

Exercise Evaluation Guide Analysis Sheets

This purpose of this section is to provide a summary of what was observed by the evaluator/evaluation team for inclusion in the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. Each section also requests the evaluator provide key observations (strengths or areas for improvements) to provide feedback to the exercise participants to support training of lessons learned and best practices as well as identification of corrective actions to improve overall preparedness.

Observations Summary

Write a general chronological outline of the observed actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular capability was challenged during the exercise, mentioning specific tasks, where applicable. The narrative provided will be used in developing the exercise After Action Report (AAR)/Improvement Plan (IP).

Evaluator Observations

Record your key observations using the structures provided below. Please try to provide a summary of what was observed for each section. There is no maximum for these sections, as long as these are necessary for additional observations. Use these sections to discuss strengths and any areas requiring improvement. Please provide as much detail as possible, including references to specific activities and/or tasks. Document your observations with reference to plans, processes, external-aid, and other resources. Discussion and analysis of what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will flow directly into the drafting of the After Action Report (AAR). Complete a structurally if possible, or an separate page if necessary.

Strengths

1. Observation Title
   Related Activity:
   Recorded for Learners? (Check the box that applies) Yes No
   1) Analysis (include a discussion of what happened. What if? What would have happened? What was involved? Also describe the next phases of the evaluation, including contributing factors and what led to the strength. Finally, adaptability, describe the positive consequences of the actions observed.)
   2) Relevance (include references to plans, processes, and procedures relevant to the observation)
   3) Recommendation (even though you have identified this issue as strength, please identify any recommendations you may have for enhancing performance in the future, or for how the strength may be reinforced or shared with others.)

MSEEP Exercise Evaluation Guide: At-Risk Populations (Hospitals)
Pediatric EEG Examples

This EEG has been custom created to represent the pediatric population in your health care facility.
Communications EEG Examples

Communications
Exercise Evaluation Guide

Capability Description:

Communications is the fundamental capability, within disciplines and jurisdictions that practitioners must perform the most critical and basic elements of their job functions. Agencies must ensure that they prepare staff to operate in communications environments effectively and seamlessly. Effective emergency communications networks depend on the personnel, policies, and procedures that agencies use to meet the needs of emergency responders and the public they serve.

Communications is the capability of public safety agencies (e.g., police, fire, emergency medical services [EMS]) and service agencies (e.g., public works, transportation, hospitals) to talk, write, and exchange information. It is critical that these agencies work in conjunction to conduct the communication system's risk analysis, data, and to provide a coordinated and disruptive event. Communication networks must support the needs of emergency responders and the public they serve.

Capability Outcome:

A common goal is to identify and address interdependencies and the performance of the emergency response operation in compliance with National Incident Management System (NIMS). To accomplish this, the jurisdiction has a continuity of operations plan for the public safety communications to include the consideration of critical components, networks, interoperable systems, and an appropriate level of redundant communications systems at the event of emergency.

Jurisdiction or Organization: Name of Exercise:
Location:
Date:
Evaluators: Evaluate Contact Info:

Notes to Exercise Evaluators: Only review those activities listed below to which you have been assigned.

Activity 1: Alert and Dispatch

Activity Description: Be responsible for alerting, making notifications, and provide communications management with the Incident Command (IC), Emergency Operations Center (EOC), and Emergency Management Agency (EMA) as needed.

Tasks Observed: List those that were observed and provide the date.
Note: Activities that were observed and provide the date observed.

Tasks/Observer Keys
1.1. Implement procedures for communications management by placing high priority on the communications network. Staff and management are informed of responsibilities for emergency communications equipment. Ensure communications equipment is not placed within the communications network. Ensure communications equipment is not placed within the communications network.

HSEEP Exercise Evaluation Guide, Communications

Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator in the event of inclusion within the draft After Action Report/Improvement Plan. This section includes a description of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strategies or areas for improvement) to provide feedback to the emergency participants to support sharing of lessons learned and best practices as well as identification of corrective actions to improve overall preparedness.

Observations Summary

Write a general chronicle of the responsible activities based on your observations during the exercise. Provide an overview of what you observed and, specifically, describe how this particular capability was exercised during the exercise. Referencing specific activities where applicable, this narrative provided will be used in developing the exercise After Action Report (AAR/Improvement Plan).

Evaluator Observations

Record your key observations using the structure provided below. Please try to provide a minimum of three observations for each section. There is no minimum three templates are provided for each section; however, these are necessary for additional observations. Use these sections to describe strategies and areas requiring improvement. Please provide as much detail as possible, including references to specific activities and/or tasks. Ensure your observations with reference to plans, procedures, exercise logs, and other resources. Describe and critique what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive. All the sections will lead directly into the drafting of the After Action Report (AAR). Complete electronically if possible, or on separate pages as necessary.
### Emergency Operations Center Management

**Exercise Evaluation Guide**

**Capability Description:**
Emergency Operations Center (EOC) management involves the capability to provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a crisis, planned or non-emergency event. EOC management involves the coordination, mobilization, staffing, and coordination of personnel, management, direction, control, and coordination of emergency activities, coordination of efforts among participating departments at all levels of local, regional, state, and federal EOCs, coordination of public information and warning, and maintenance of the infrastructure and communications necessary for coordinating response and recovery activities. Similar roles may include the National or Regional EOC, State, Local EOCs, Federal Emergency Management, and Regional EOCs.

**Capability Outcome:**
The event is effectively managed through multi-agency coordination for a planned or non-emergency event.

<table>
<thead>
<tr>
<th>Jurisdiction or Organization</th>
<th>Name of Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluator</th>
<th>Evaluation Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity 1: Activate EOC/MAOC/OF**

**Activity Description:** In response to evaluation, public incident mobilization, mobilization of essential personnel, and sounding of EOC/MAOC/OF system to provide timely, vital information and operations EOC/MAOC/OF.

**Tasks Observed:**

<table>
<thead>
<tr>
<th>Tasks Observed</th>
<th>Time of Observation Task Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification and clear the chain of command, including status.</td>
<td>Time: Task Complete?</td>
</tr>
<tr>
<td>Financial and staff responsibilities</td>
<td>Fully</td>
</tr>
<tr>
<td>Legal and regulatory</td>
<td>Fully</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy</th>
<th>Time: Task Complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fully</td>
</tr>
</tbody>
</table>

**Recommendation:**

Write a recommendation to address the root cause. Include recommendations to needed changes in plans, procedures, equipment, training, and leadership support.

### Emergency Operations Center Management

**Observation Title:**

1. Observation Title:

   Related Activity:

   Record for Lesson Learned? (Check the box that applies) Yes ☐ No ☐

   1) Analysis:

   (Include a discussion of what happened, when? Where? How? Who was involved? Also, describe the root cause of the observation and include contributing factors and how they lead to the strength. Finally, if applicable, describe the negative consequences of the actions observed)

   2) References:

   (Include reference to plans, policies, and procedures relevant to the observation)

   3) Recommendation:

   Write a recommendation to address the root cause. Include your recommendations for needed changes in plans, procedures, equipment, training, and leadership support.

2. Observation Title:

   Related Activity:

   Record for Lesson Learned? (Check the box that applies) Yes ☐ No ☐

   1) Analysis:

   2) References:

   3) Recommendation:
Epidemiological Surveillance and Investigation

Exercise Evaluation Guide:

**Capability Description:**
The Epidemiological Surveillance and Investigation capability is the capability to rapidly conduct epidemiological investigations. It includes the ability to identify and analyze disease outbreaks, report incidents of disease surveillance, maintain health care reporting surveillance activities, epidemiological investigation, analysis, communicating with the public, and provides about cases definitions, disease risk, mitigation, and recommendations for the implementation of control measures.

**Capability Outcomes:**
- Potential exposure of disease is identified rapidly, exposure, route of transmission, aged, wildlife, and its potential interaction in order to contain the spread of the event and reduce the number of cases. Confirmed cases are reported immediately by all individuals, public health, local regulatory, environment regulatory and law enforcement agencies. Suspected cases are investigated promptly, and reported to relevant public health authorities, and appropriately confirmed to ensure appropriate prevention or control measures are implemented.
- An outbreak is defined and characterized, case reports are identified and characterized based on the class of the outbreak.
- In the case of diagnosis, clinical specimens are examined and characterized by the laboratory confirming testing.
- The source of exposure is tracked, identified, and characterized and all, effective mitigation measures are communicated to the public, procedures, and relevant agencies are rehearsed as appropriate.

**Jurisdiction or Organization:**
- Name of Exercise:
- Data:
- Evaluation:
- Date:
- Contact Info:

**Activity 1: Direct Epidemiological Surveillance and Investigation Operations**

**Activity Description:** Coordinate, maintain, advance, analyze, and provide efficient surveillance and information systems to facilitate early detection and mitigation of disease.

**Tasks Observed:** (check those that were observed and provide comments):
- None

**Notes:** (any Performance Measures and Performance Indicators associated with this task. Please record the observed Indicators for each measure).

**Task Observation Keys**

<table>
<thead>
<tr>
<th>Task Observation Keys</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to review, receive, and analyze data warranting public health action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity 3: Conduct Epidemiological Investigation**

**Activity Description:** Investigate disease and all determinants of a population, characterize and define a case, identify the source of the public health event, and define its population at risk.

**Tasks Observed:** (check those that were observed and provide comments):
- None

**Notes:** (any Performance Measures and Performance Indicators associated with this task. Please record the observed Indicators for each measure).

**Task Observation Keys**

<table>
<thead>
<tr>
<th>Task Observation Keys</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to review, receive, and analyze data warranting public health action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Epidemiological Surveillance and Investigation**

**Exercise Evaluation Guide Analysis Sheets**

The purpose of this section is to provide a narrative of what was observed by the evaluators during the exercise. The section includes a chronological summary of what occurred during the exercise for each subsection. The section also requests the evaluator provide log observations (strengths/weaknesses) for improvement to continue feedback to the exercise participants to support sharing of lessons learned and best practices as well as identification of corrective actions to improve overall preparedness.

**Observations Summary**

A general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you observed and, specifically, discuss how the particular Capability was carried out during the exercise, referencing specific Tasks where applicable. The narrative will be used to develop the exercise After Action Report (AAR)/Improvement Plan (IP).

**Evaluator Observations:** Record your key observations using the structure provided below. Please try to provide a minimum of three observations for each section. This section is divided into four sections: "Pre-intervention," "Post-intervention," "Strengths," and "Weaknesses." Each section will include a list of key observations and commentary, and it will be used to support the development of the exercise After Action Report (AAR). Complete electronically if possible, or on separate pages as necessary.

**Weaknesses**

<table>
<thead>
<tr>
<th>Observation Title</th>
<th>Halted Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record for Lesson Learned?</td>
<td>Check the box that applies: Yes, No</td>
</tr>
<tr>
<td>1) Analyze (Describe) what happened. Where? When? How? Why? Who was involved? Also describe the root cause of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the positive consequences of the actions observed.</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH CARE TX**

**EXERCISE EVALUATION GUIDES**

**Hospital & Health Facility Emergency Exercise Guide • Part 1 - The Table Top Exercise**

33
## Citizen Evacuation and Shelter-In-Place

### Exercise Evaluation Guide

**Capability Description:**
Citizen evacuation and shelter-in-place is the capability to prepare the general population and immediately evacuate the safe and efficient shelter-in-place of an at-risk population (and companion animals), and the evacuation of managed populations (and companion animals) to areas of safe refuge in response to potentially or actually dangerous situations. Localized, this capability involves the incident response to an incident involving either human or wildlife threats.

**Capability Outcome:**
- Safe and efficient shelter-in-place of an at-risk population (and companion animals), and evacuation of managed populations (and companion animals) to areas of safe refuge in response to potentially or actually dangerous situations.

**Jurisdiction or Organization:**
Name of Exercises:
- 
**Location:**
- Date:
**Evaluator Contact Info:**
- 
**Note to Exercise Evaluators:**
Only review those activities listed below to which you have been assigned.

### Activity 1: Direct Evacuation and/Or In-Place Protection Tactical Operation

**Activity Description:** In response to a decreased condition for a healthy, clinic, or hospital, and coordinate evacuation and/or in-place sheltering procedures for both the general population and those requiring medical assistance throughout healthcare facilities.

### Tasks Observed

**Exercise Evaluation Keys:**
- Time to select appropriate protective strategy to meet the needs of the population.

### Time of Observation / Task Completion

<table>
<thead>
<tr>
<th>Time of Observation / Task Completion</th>
<th>Fully</th>
<th>Partially</th>
<th>Not</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TFR 4.1.3.2</strong></td>
<td>Time</td>
<td>Task Completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TFR 4.1.3.3</strong></td>
<td>Time</td>
<td>Task Completed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### References

**Example:**
- Record for Lesson Learned? (Check the box that applies): Yes [ ] No [ ]

---

**MSEEP Exercise Evaluation Guide, Citizen Evacuation and Shelter-In-Place**
Isolation and Quarantine

Exercise Evaluation Guide:

Capability Description:
Isolation and Quarantine is the capability to protect the health of the population through the use of isolation for certain quarantine measures in order to contain the movement, treatment, and tracking of individuals who may be infected, quarantined, or otherwise isolated. Quarantine also allows for the isolation and restriction of movement of symptomatic individuals, while pre- and post-exposure have been approved by a medical doctor and are considered isolated. Successful implementation will require the development, legal, and operational support to help maintain these measures. Most experts find that isolation and quarantine will not stop the outbreak and that it is used as a control measure to minimize the spread of the disease in the state and other geographic areas.

Capability Outcome:
Isolation of individuals with the illness or exposure, or likely to be exposed is expanded, their movement is restricted, basic necessities of life are available to them; and their health is monitored in order to limit the spread of the new contagious disease. Legal and operational support is provided to maintain these measures. Most experts believe that isolation and quarantine will not stop the outbreak and is used as a control measure to minimize the spread of the disease in the state and other geographic areas.

Jurisdiction or Organization: Name of Exercise:
Location:
Evaluator:
Evaluator Contact Information:

Note: Exercise Evaluation: Only review those activities listed below to which you have been assigned.

Activity 1: Direct Isolation and Quarantine Tactical Operations

Activity Description: In response to a need for isolation and quarantine, identify, track, manage, and coordinate isolation and quarantine operations.

Tasks Observed (check those that were observed and provide comments):

<table>
<thead>
<tr>
<th>Task</th>
<th>Observation Keys</th>
<th>Time of Observation/Task Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Isolation measure to isolate individuals who are identified as having a viral illness</td>
<td>Time: Task Completed? [ ] Fully [ ] Partially [ ] Not [ ] N/A [ ]</td>
</tr>
<tr>
<td>4.2</td>
<td>Develop specific isolation and quarantine plan</td>
<td>Frequency of update to tracking system from voluntarily isolated or quarantined individuals while voluntary isolation and quarantine</td>
</tr>
<tr>
<td>4.3</td>
<td>Develop specific isolation and quarantine plan</td>
<td>ACTION</td>
</tr>
<tr>
<td>4.4</td>
<td>Implement isolation measure to isolate individuals who are identified as having a viral illness</td>
<td>Time: Task Completed? [ ] Fully [ ] Partially [ ] Not [ ] N/A [ ]</td>
</tr>
<tr>
<td>4.5</td>
<td>Implement isolation measure to isolate individuals who are identified as having a viral illness</td>
<td>Percentage of patients who have been isolated while voluntary isolation and quarantine</td>
</tr>
<tr>
<td>4.6</td>
<td>Implement isolation measure to isolate individuals who are identified as having a viral illness</td>
<td>Time: Task Completed? [ ] Fully [ ] Partially [ ] Not [ ] N/A [ ]</td>
</tr>
</tbody>
</table>

Activity 5: Implement Mandatory Isolation and Quarantine

Activity Description: Enforce isolation and quarantine of potentially exposed asymptomatic individuals and isolation of symptomatic individuals who are identified and isolated in the same geographic area.

Tasks Observed (check those that were observed and provide comments):

<table>
<thead>
<tr>
<th>Task</th>
<th>Observation Keys</th>
<th>Time of Observation/Task Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Identify isolation measure to isolate individuals who are identified as having a viral illness</td>
<td>Time: Task Completed? [ ] Fully [ ] Partially [ ] Not [ ] N/A [ ]</td>
</tr>
<tr>
<td>5.2</td>
<td>Develop specific isolation and quarantine plan</td>
<td>Percentage of patients who have been isolated while voluntary isolation and quarantine</td>
</tr>
<tr>
<td>5.3</td>
<td>Implement isolation measure to isolate individuals who are identified as having a viral illness</td>
<td>Time: Task Completed? [ ] Fully [ ] Partially [ ] Not [ ] N/A [ ]</td>
</tr>
</tbody>
</table>

References:

1. References:
   a. Include references to plans, policies, and procedures relevant to the observation.
   b. Recommendation: (Even though you have identified this feature as a strength, please identify any recommendation you may have for enhancing performance further, or for how this strength may be institutionalized or shared with others.)
   c. Analysis:
   d. References:
   e. Recommendation:
   f. Observation Title:
   g. Related Activity:
   h. Recommendation:
   i. Observation Title:
   j. Related Activity:
   k. Recommendation:
   l. Observation Title:
   m. Related Activity:
   n. Recommendation:
   o. Observation Title:
   p. Related Activity:
   q. Recommendation:
   r. Observation Title:
   s. Related Activity:
   t. Recommendation:
   u. Observation Title:
   v. Related Activity:
   w. Recommendation:
   x. Observation Title:
   y. Related Activity:
   z. Recommendation:

HEEED Exercise Evaluation System: Isolation and Quarantine
Medical Surge EEG Examples

Medical Surge
Exercise Evaluation Guide

Capability Description:
Medical Surge is the capability that rapidly expands the capacity of the existing healthcare system during care facility, community health agencies, acute care facilities, alternate care facilities, and public health departments to include those already in operation and new capacity. This includes providing the ability to evaluate, in the appropriate clinical level of care, within sufficient time to identify and assess medical conditions. The capability applies to an event involving an incident or emergency plan that includes the key to-day today care medical capacity.

Medical Surge is defined as the full expansion of the capacity of the existing healthcare system to respond to an event threatening to exceed the current level of preparedness (clinical and non-clinical), support emergency operations and the deployment of medical support, alternate care facilities, and logistical support to both clinical and non-clinical support and assistance.

Capability Outcome:
Immediate or within the hours, accuracy and appropriate care for continuity of care maintained for non-injured and injured patients or injury.

Jurisdiction or Organization:
Name of Exercise:
Location:
Evaluator:
Evaluator Contact Info:

Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned.

Activity: Bed surge capacity
Delete Activity

Activity Description:
Increase in timely notified and increased hospital bed capacity or clinically appropriate.

Tasks Observed:
Check box that were observed and provide the times of observation.

Note: cheers (9) Omissions (Performance Measure and Performance Standards) associated with each. Please record the observed indicators for each measure


times of observation
task completion

Task/Measurement Keys:
1.1. Identification of medical beds
- Check the box if not completed
- Prioritize patient care with other health care resources

HSEEP Exercise Evaluation Guide, Medical Surge

Final – Published Version 1.0

Final – Published Version 1.0

Final – Published Version 1.0

Final – Published Version 1.0

Exercise Title:
Related Activity:
Record for Lessons Learned? (Check the box that applies) Yes No

1. Analysis:
2. References:
3. Recommendation:

Final – Published Version 1.0

Exercise Title:
Related Activity:
Record for Lessons Learned? (Check the box that applies) Yes No

1. Analysis:
2. References:
3. Recommendation:
**WMD/HazMat Response and Decontamination**

**Exercise Evaluation Guide:**

**Activity 1: Site Management and Control**

**Activity Description:** In response to activation, personnel are required to receive all incident scores and initiate response operations to manage and secure the physical location of the incident.

**Tasks Observed:**

<table>
<thead>
<tr>
<th>Task Observation Keys</th>
<th>Time of Observation/Task Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 (Rev. 0 4/1)</td>
<td>Conduct incident command and coordinate with public safety and local agencies to ensure that procedures are followed.</td>
</tr>
<tr>
<td>1.2 (Rev. 0 4/1)</td>
<td>Ensure that all necessary equipment and supplies are on site and accessible.</td>
</tr>
</tbody>
</table>

**Activity 2: Hazard Assessment and Risk Evaluation**

**Activity Description:** Assess the hazards present, evaluate the level of risk to both responders and the public, and develop an Incident Action Plan (IAP) to address the response problem.

**Tasks Observed:**

<table>
<thead>
<tr>
<th>Task Observation Keys</th>
<th>Time of Observation/Task Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 (Rev. 0 4/1)</td>
<td>Identify and assess hazardous materials, including but not limited to, identification of potential hazards, and evaluation of the potential impact on the environment.</td>
</tr>
<tr>
<td>2.2 (Rev. 0 4/1)</td>
<td>Develop a risk assessment matrix to prioritize hazards and determine appropriate response strategies.</td>
</tr>
</tbody>
</table>

**Activity 3: Terminate the Incident**

**Activity Description:** Termination of emergency response activities and the initiation of post-emergency response operations (PERO), including transfer of command, decontamination of supplies and equipment, and post-emergency response administrative activities.

**Tasks Observed:**

<table>
<thead>
<tr>
<th>Task Observation Keys</th>
<th>Time of Observation/Task Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 (Rev. 0 4/1)</td>
<td>Ensure that all responders are decontaminated and cleared of potential hazards.</td>
</tr>
<tr>
<td>3.2 (Rev. 0 4/1)</td>
<td>Conduct a post-incident review to evaluate the effectiveness of response efforts.</td>
</tr>
</tbody>
</table>

**Additional Notes:**

- Ensure all responders are cleared of potential hazards before leaving the incident site.
- Conduct a comprehensive debriefing of all responders.
- Review and update the incident action plan to improve future response efforts.

---

**HazMat Response and Decontamination EEG Examples**

---

---
Health Care TTX After-Action Reports

While the EEGs are important observation tools and contribute to the improvement planning process by collecting initial observations and recommendations for improvement—they are only a reference point from which to produce the main product of the evaluation and improvement planning process: the After-Action Report/Improvement Plan (AAR/IP). An AAR captures observations of an exercise and makes recommendations for post-exercise improvements; and an IP identifies specific corrective actions, assigns these actions to responsible parties, and establishes target dates for action completion. Because the AAR and the IP are developed through different processes and perform distinct functions, they are referred to separately. However, in practice, the AAR and the IP should be printed and distributed jointly as a single AAR/IP following an exercise.

An AAR/IP is used to provide feedback to participating entities on their performance during the exercise. The AAR/IP summarizes exercise events and analyzes performance of the tasks identified as important during the planning process. It also evaluates achievement of the selected exercise objectives and demonstration of the overall capabilities being validated. The IP portion of the AAR/IP includes corrective actions for improvement, along with timelines for their implementation and assignment to responsible parties.

To prepare the AAR/IP, exercise evaluators analyze data collected from the Hot Wash, Debriefing, Participant Feedback Forms, EEGs, and other sources (e.g., plans, procedures) and compare actual results with the intended outcome. The level of detail in an AAR/IP is based on the exercise type and scope. AAR/IP conclusions are discussed and validated at an After-Action Conference that occurs within several weeks after the exercise is conducted.

The AAR should follow the following format:
- Report Cover
- Administrative Handling Instructions
- Contents
- Executive Summary
- Section 1: Exercise Overview
  (includes identifying information, such as the exercise name, date, duration)
- Section 2: Exercise Design Summary
  (includes the overarching exercise purpose; objectives, capabilities, activities, and tasks identified for validation; a summary of designed initiating event(s) / key scenario events; and exercise design issues)
- Section 3: Analysis of Capabilities
- Section 4: Conclusion
- Appendix A: Improvement Plan
- Appendix B: Lessons Learned (optional)
- Appendix C: Participant Feedback Summary (optional)
- Appendix D: Exercise Events Summary Table (optional)
- Appendix E: Performance Ratings (optional)
- Appendix F: Acronyms

AAR/IPs are required for all exercises regardless of type. However, due to the nature of certain discussion-based exercises (including seminars and workshops), the AAR/IP may include an abbreviated Analysis of Capabilities section and several additional sections, including an overview of speaker presentations and a summary of discussion points, results, and recommendations.

Following are several sample pages from the AAR/IP developed in conjunction with the Heat Surge-Evacuation scenario outlined in this guide. A full draft of the AAR/IP document is included on the CD at the back of this guide.
### Heat Surge TTX After-Action Report Examples

**Executive Summary**

In 1995 the city of Chicago was gripped by an unprecedented heat wave causing medical and emergency surge throughout the city. Since that time, annual heat waves have demonstrated extreme temperatures and required that the city of Chicago implement heat wave response plans each summer. The city’s main power distribution provider, Commonwealth Edison, experienced significant equipment failures during previous heat waves resulting in power failure for multiple days affecting large segments of Chicago neighborhoods. Hospitals are routinely equipped with backup power generation facilities. These facilities vary in ability to distribute power to an entire hospital campus ranging from all systems used to emergency power to other facilities where only vital patient care systems are linked to the emergency power distribution to allow for an orderly evacuation during an extended power outage.

This year’s exercise (TTX) will offer members of the Chicago Partnership for Healthcare System Planning and Response (PPHR) the opportunity to understand their ability to effectively handle a citywide emerging health crisis compounded by a failure in hospital infrastructure which requires many facilities to begin evacuation. During this TTX, participants will:

- Test partnership collaborative agreements to provide needed funding and resources.
- Use a newly developed communication tool to support public information messages.
- Provide real-time hospital availability.
- Test medical surge response.
- Test surge response.

The purpose of this report is to analyze exercise results, identify strengths to be maintained, and highlight potential areas for corrective action.

**Major Strengths**

The major strengths identified during this exercise were:

- City hospitals will help one another during care that is not provided in the city.
- City hospitals will coordinate plans for hospitals needing patient transfer.
- City hospitals and hospitals with the city’s Joint Operations Center and Management.

**Primary Areas for Improvement**

Throughout the exercise, several opportunities for improvement areas were noted, including the need for:

<table>
<thead>
<tr>
<th>Exercise Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise Name</strong></td>
</tr>
<tr>
<td><strong>Type of Exercise</strong></td>
</tr>
<tr>
<td><strong>Exercise Start Date</strong></td>
</tr>
<tr>
<td><strong>Exercise End Date</strong></td>
</tr>
<tr>
<td><strong>Duration</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td><strong>Sponsor</strong></td>
</tr>
<tr>
<td><strong>Program</strong></td>
</tr>
<tr>
<td><strong>Mission</strong></td>
</tr>
<tr>
<td><strong>Capabilities</strong></td>
</tr>
</tbody>
</table>

### SECTION 1: EXERCISE OVERVIEW

#### Exercise Overview

- Hospitals and city agencies have different evacuation plans and triggers; city agencies, Commonwealth Edison and Chicago hospitals need to be coordinated, integrated and exercise hospital evacuation plans.
- The Chicago Fire Department and city hospitals need to revise their evacuation plans, and city hospitals’ surge plans should be shared, documented and officially adopted by the city and local hospitals.
- Hospitals, city officials, and ASPR need to determine how local state and federal departmental disaster relief and Medical Treatment Act and Active Labor Act (MTA) regulations relate to emergency hospital evacuations. State of Illinois officials should detail how hospitals and city officials coordinate on MTA waiver during declared emergencies.

### SECTION 2: EXERCISE DESIGN SUMMARY

#### Purpose and Design

The purpose of the Heat Surge 2009 TTX was to improve the capability of the City of Chicago, hospitals, non-government organizations and private sector entities to effectively respond to a climatic heat wave event that impacts the operating capacity of public and private agencies in Chicago. Improvement of these capabilities will strengthen the city’s ability to prepare for and respond to public health emergencies.

Specifically, the purpose of this exercise is to test:

- The collaborative agreement of the Partnership (MOU) required by the Office of the Assistant Secretary for Preparedness and Response (ASPR).
- Medical surge throughout the City of Chicago with all members of the Partnership.
- Evacuation of multiple hospitals in the City of Chicago.
- Medical surge throughout the City of Chicago with all members of the Partnership.

#### Exercise Design

This exercise was driven by a hypothetical scenario that was reviewed and approved by the Heat Surge 2009 TTX planning team. The scenario emphasized inter-organizational coordination. The scenario included five modules that provided the following search criteria for this TTX: emergency operations center management; communication; medical surge; evacuation; and family management.

The exercise was led by two lead facilitators who directed exercise play. The exercise scenario was presented by the lead facilitators in a PowerPoint presentation. In addition, the facilitators used PowerPoint slides to announce inputs into exercise play. When appropriate, the facilitators led the discussion directly into the exercise play conversations.

The design was modeled after a traditional tabletop, discussion-based exercise. However, to accommodate the on-site (remote) playing organizations, the exercise design also included the use of an online course website, conference call moderator, and real-time video on-site and remote players could communicate during exercise play.

For those players participating remotely, scenario descriptions and inputs were presented simultaneously via the online course website provided by Argonne National Laboratory. All players, on-site and remote, were responsible for responding to inputs in accordance with their response plans. If any input raised a question, players were able to obtain clarification from a facilitator in the exercise room or through a facilitator assigned to the online connect website.
Heat Surge TTX After-Action Report Examples (cont’d)

Homeland Security Exercise and Evaluation Program
Draft After Action Report
Heat Surge 2009 Tabletop Exercise

Objective: This section of the report covers the performance of Hot surge emergency capabilities, activities, and tasks. Observations are organized by capability and associated activities. The capabilities linked to the Hot Surge 2009 TTX objectives are listed below, followed by corresponding activities. Each activity is followed by related observations, which include reference, analysis, and recommendations.

CAPABILITY 1: EMERGENCY OPERATIONS
Capability Summary: Emergency Operations provide the emergency coordination for incidents in a preplanned or突发的 event. It includes 9/11 incident management, emergency operations, coordination efforts among local, regional, state, and federal law enforcement, and maintenance of the information and communication-related activities.

Activity 1: ACTIVATE JOC/DODMAC/COF
Observation 1.3: Activate, alert, and request personnel – Strengths

References: None.

Analysis: The scenario event was a heat wave in Chicago. The JOC/DODMAC/COF was activated and personnel were requested to evaluate the situation.

Recommendation: None.

CAPABILITY 2: COMMUNICATIONS
Activity 1: COMMUNICATIONS
Observation 1.4: Communication (city or city/hospital emergency operations)

References: None.

Analysis: The scenario event was a heat wave in Chicago. The communication activities were evaluated and found to be effective.

Recommendation: None.

SECTION 3: ANALYSIS OF CAPABILITIES

Observation 1.5: Establish bed tracking system – Area of Improvement

References: None.

Analysis: While hospitals indicated they would transfer bed tracking information to public health officials and DPH’s HA/BED system, it was not clear how the HCS is responsible for gathering and disseminating bed tracking data and where and when this information is being transmitted back to DPH, CDPH, OEM, EMA, NMD, and local hospitals.

Recommendation: DPH, CDPH, and hospital directors review current HA/BED protocols and determine what HCS position is responsible for tracking and disseminating HA/BED data for all operational periods.

Activity 3: Bed Surge Capacity

Observation 3.1: Maximize utilization of available beds

References: None.

Analysis: When all of the city’s hospitals were fully engaged and all the participating hospitals indicated they would accept elective surgeries, discharge non-acute, ambulatory patients, and transfer acutely ill patients and begin to identify alternative care spaces within their facilities. For example, Edward Main campus would coordinate with local suburban hospitals to identify available beds. Advocate Hospital stated it would set up an alternative care site, and several hospitals stated they would provide assistance to staff with children in pre-school/school ages so they could work without worrying about their school-aged children.

Recommendation: None.

Activity 3.1: Maximize utilization of available beds – Strengths

References: None.

Analysis: One Rash Medical Center announced it had to consider all six of its 56 patients because of a power failure in the Medical District. Mt. Sinai and Mercy hospitals quickly agreed to accept many of Rash’s patients. The Jesse Brown V.A. Hospital offered to take patients from Sinai, if necessary, and reported that it could transfer pediatric patients to the North Chicago facility if they are pediatric-dependent. Sinai would transport patients by obtaining permission to use the hospital-owned fleet of non-emergency vehicles for non-critical patients. This would be
This page is intentionally left blank.
References and Resources


Center for Development and Disability, University of New Mexico. Tips for First Responders (3rd ed.) http://cdd.unm.edu/products/tips3rdedition.pdf


References and Resources (cont’d)


Glossary of Terms

After-Action Report/Improvement Plan (AAR/IP)
The AAR/IP has two components: an AAR, which captures observations of an exercise and makes recommendations for post-exercise improvements, and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The lead evaluator and the exercise planning team draft the AAR and submit it to conference participants prior to the After-Action Conference. The draft AAR is completed first and distributed to conference participants for review no more than 30 days after exercise conduct. The final AAR/IP is an outcome of the After-Action Conference and should be disseminated to participants no more than 60 days after exercise conduct. Even though the AAR and IP are developed through different processes and perform distinct functions, the final AAR and IP should always be printed and distributed jointly as a single AAR/IP following an exercise.

Best Practices
Best practices are peer-validated techniques, procedures, and solutions that prove successful and are solidly grounded in actual experience in operations, training, and exercises. AAR/IPs should identify lessons learned and highlight best practices. Many of these can be found on http://www.llis.gov/, the Department of Homeland Security’s (DHS’s) lessons learned/best practices portal.

Capability
A capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel who achieve the intended outcome. Descriptions of these combinations can be found in the Target Capabilities List (TCL) for each capability. This combination of resources provides the means to accomplish one or more tasks under specific conditions and meet specific performance standards.

Concept and Objectives (C&O) Meeting
The C&O Meeting is the formal beginning of the exercise planning process. It is held to obtain consensus on the already-identified type, scope, capabilities, objectives, and purpose of the exercise. For less complex exercises and for jurisdictions or organizations with limited resources, the C&O Meeting can be conducted in conjunction with the Initial Planning Conference (IPC). However, when exercise scope dictates, the C&O Meeting is held first. Representatives from the sponsoring agency or organization, the lead exercise planner, and senior officials typically attend the C&O Meeting to identify an overall exercise goal, develop rough drafts of exercise capabilities and objectives, and identify Exercise Planning Team members.

Contextual Inject
A controller introduces a contextual inject to a player to help build the exercise operating environment. For example, if the exercise is designed to test information-sharing capabilities, a Master Scenario Events List (MSEL) inject can be developed to direct a controller to select an actor to portray a suspect. The inject could then instruct the controller to prompt another actor to approach a law enforcement officer and inform him or her that this person was behaving suspiciously.

Contingency Inject
A controller verbally introduces a contingency inject to a player if players are not performing the actions needed to sustain exercise play. This ensures that play moves forward as needed to adequately test performance of activities. For example, if a simulated secondary device is placed at an incident scene during a terrorism response exercise but is not discovered, a controller may want to prompt an actor to approach a player to say that he or she witnessed suspicious activity close to the device’s location. This should prompt the discovery of the device by the responder and result in subsequent execution of the desired notification procedures.

Controllers
In an operations-based exercise, controllers plan and manage exercise play, set up and operate the exercise incident site, and possibly take the roles of individuals and agencies not actually participating in the exercise (i.e., in the Simulation Cell [SimCell]). Controllers direct the pace of exercise play and routinely include members from the exercise planning team, provide key data to players, and may prompt or initiate certain player actions and injects to the players as described in the Master Scenario Event List (MSEL) to ensure exercise continuity. The individual controllers issue exercise materials to players as required, monitor the exercise timeline, and monitor the safety of all exercise participants. Controllers are the only participants who should provide information or direction to players. All controllers should be accountable to one senior controller. (Note: If conducting an exercise requires more controllers or evaluators than are available, a controller may serve as an evaluator; however, this typically is discouraged.)

Corrective Actions
Corrective actions are the concrete, actionable steps outlined in Improvement Plans (IPs) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

Corrective Action Program (CAP)
The CAP System is a web-based application that enables users to prioritize, track, and analyze improvement plans developed from exercises and real-world events. Features of the CAP System include Improvement Plan creation and maintenance, corrective action assignment and tracking, and reporting and analysis. The CAP System functionality is based on the process described in HSEEP Volume III: Exercise Evaluation and Improvement Planning. The CAP System supports the process by which exercise and real-world events can inform and improve exercise programs and other preparedness components.

Design and Development
Building on the exercise foundation, the design and development process should consist of identifying capabilities, tasks, and objectives, designing the scenario, creating documentation, coordinating logistics, planning exercise conduct, and selecting an evaluation and improvement methodology.
Glossary of Terms (cont’d)

**Discussion-based Exercise**
Discussion-based exercises are normally used as a starting point in the building-block approach to the cycle, mix, and range of exercises. Discussion-based exercises include seminars, workshops, Table Top Exercises (TTXs), and games. These types of exercises typically highlight existing plans, policies, mutual aid agreements (MAAs), and procedures, and are exceptional tools to familiarize agencies and personnel with current or expected jurisdictional capabilities. Discussion-based exercises typically focus on strategic, policy-oriented issues, whereas operations-based exercises tend to focus more on tactical, response-related issues. Facilitators and/or presenters usually lead the discussion and keep participants on track to meet exercise objectives.

**Drill**
A drill, a type of operations-based exercise, is a coordinated, supervised activity usually employed to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.

**Evaluation**
One of the five phases of the exercise process, evaluation, is the cornerstone of exercises; it documents strengths and opportunities for improvement in a jurisdiction’s preparedness and is the first step in the improvement process. Under the Homeland Security Exercise and Evaluation Program (HSEEP), evaluations are conducted through player observation and the use of Exercise Evaluation Guides (EEGs), which outline exercise performance measures expected from participants.

**Evaluation Team**
The evaluation team consists of evaluators trained to observe and record participant actions. These individuals should be familiar with the exercising jurisdiction’s plans, policies, procedures, and agreements.

**Evaluator**
Evaluators, selected from participating agencies, are chosen based on their expertise in the functional areas they will observe. Evaluators use EEGs to measure and assess performance, capture unresolved issues, and analyze exercise results. Evaluators assess and document participants’ performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. Evaluators have a passive role in the exercise and only note the actions and decisions of players without interfering with exercise flow.

**Event**
An event is an expected action that is expected to take place during an exercise and is located in the MSEL.

**Exercise**
An exercise is an instrument to train for, assess, practice, and improve performance in prevention, protection, response, and recovery capabilities in a risk-free environment. Exercises can be used for: testing and validating policies, plans, procedures, training, equipment, and interagency agreements; clarifying and training personnel in roles and responsibilities; improving interagency coordination and communications; identifying gaps in resources; improving individual performance; and identifying opportunities for improvement. (Note: an exercise is also an excellent way to demonstrate community resolve to prepare for disastrous events).

**Exercise and Evaluation Guide (EEG)**
The EEG Builder allows users to create customized EEGs both inside the Toolkit and through the website by selecting which activities from a given Capability will be evaluated during an exercise. Users will also be able to create customized Tasks and Measures to further focus the evaluation process.

**Exercise Program Manager**
The exercise program manager develops a self-sustaining HSEEP through program budget management oversight, exercise conduct, and improvement tracking monitoring and reporting.

**Facilitator**
The facilitator in a discussion-based exercise is responsible for keeping participant discussions on track with the exercise design objectives and making sure all issues and objectives are explored as thoroughly as possible within time constraints.

**Final Planning Conference**
The FPC is the final forum for the exercise planning team to review the process and procedures for exercise conduct, final drafts of all exercise materials, and all logistical requirements. There should be no major changes made to either the design or the scope of the exercise, nor to any supporting documentation, at the FPC. The FPC ensures all logistical requirements have been arranged, all outstanding issues have been identified and resolved, and all exercise products are ready for printing.

**Ground Truth**
Ground truth is a component of prevention exercise documentation comprised of the detailed elements of the scenario that must remain consistent during exercise development and be conducted to ensure that realism is maintained and objectives are met in the unscripted move-countermove exercise environment.

**Homeland Security Exercise and Evaluation Program (HSEEP)**
HSEEP is a capabilities- and performance-based exercise program that provides standardized policy, doctrine, and terminology for the design, development, conduct, and evaluation of homeland security exercises. HSEEP also provides tools and resources to facilitate the management of self-sustaining homeland security exercise programs.

HSPD-5, an Executive Branch–issued policy, required DHS to coordinate with other federal departments and agencies as well as state, local, and tribal governments to establish the National Response Plan (NRP) and the National Incident Management System (NIMS).
Glossary of Terms (cont’d)

HSPD-8, an Executive Branch–issued policy, was drafted to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal; establishing mechanisms for improved delivery of federal preparedness assistance to state and local governments; and outlining actions to improve the capabilities of federal, state, and local entities.

Hot Wash
A hot wash is a facilitated discussion held immediately following an exercise among exercise players from each functional area. It is designed to capture feedback about any issues, concerns, or proposed improvements players may have about the exercise. The hot wash is an opportunity for players to voice their opinions on the exercise and their own performance. This facilitated meeting allows players to participate in a self-assessment of the exercise play and provides a general assessment of how the jurisdiction performed in the exercise. At this time, evaluators can also seek clarification on certain actions and what prompted players to take them. Evaluators should take notes during the hot wash and include these observations in their analysis. The hot wash should last no more than 30 minutes.

Initial Planning Conference
The IPC is typically the first step in the planning process and lays the foundation for the exercise (unless a C&O Meeting is held). Its purpose is to gather input from the exercise planning team on the scope; design requirements and conditions (such as assumptions and artificialities); objectives; level of participation; and scenario variables (e.g., location, threat/hazard selection), and MSEL. During the IPC, the exercise planning team decides on exercise location, schedule, duration, and other details required to develop exercise documentation. Planning team members should be assigned responsibility for the tasks outlined in the conference.

Inject
Injects are MSEL entries that controllers must simulate—including directives, instructions, and decisions. Exercise controllers provide injects to exercise players to drive exercise play toward the achievement of objectives. Injects can be written, oral, televised, and/or transmitted via any means (e.g., fax, phone, e-mail, voice, radio, or sign). Injects can be contextual or contingency.

Lead Evaluator
The lead evaluator should participate fully as a member of the exercise planning team and should be a senior-level individual familiar with: prevention, protection, response, and/or recovery issues associated with the exercise; plans, policies, and procedures of the exercising jurisdiction/organization; Incident Command and decision-making processes of the exercising jurisdiction/organization; and interagency and/or interjurisdictional coordination issues relevant to the exercise. The lead evaluator must have the management skills needed to oversee a team of controllers and evaluators over an extended process as well as the knowledge and analytical skills to undertake a thorough and accurate analysis of all capabilities being tested during an exercise.

Lessons Learned
Lessons learned are knowledge and experience (both positive and negative) derived from observations and historical study of actual operations, training, and exercises. Exercise AAR/IPs should identify lessons learned and highlight best practices, and should be submitted to DHS for inclusion in the lessons learned/ best practices Web portal, http://www.llis.gov/, which serves as a national network for generating, validating, and disseminating lessons learned and best practices.

Master Scenario Events List
The MSEL is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met.

Mid-term Planning Conference
The MPC, an operations-based exercise planning conference, is used to discuss exercise organization and staffing concepts; scenario and timeline development; and scheduling, logistics, and administrative requirements. It is also a session to review draft documentation (e.g., scenario, ExPlan, C/E Handbook, MSEL). (Note: A MSEL Conference can be held in conjunction with or separate from the MPC to review the scenario timeline for the exercise.)

Mission
There are four Homeland Security missions: (1) prevent, (2) protect against, (3) respond to, and (4) recover from acts of terrorism, natural disasters, and other emergencies. Within the missions are the capabilities to be achieved and the tasks required to achieve them.

Multiyear Training and Exercise Plan
The Multiyear Training and Exercise Plan (TEP) is the foundational document guiding a successful exercise program. The multiyear plan provides a mechanism for long-term coordination of training and exercise activities toward a jurisdiction’s preparedness goals. This plan describes the program’s training and exercise priorities and associated capabilities and aids in employing the building-block approach for training and exercise activities. Within the Multiyear TEP, the multiyear schedule graphically illustrates training and exercise activities that support the identified priorities. The schedule is color-coded by priority and presents a multiyear outlook for task and priority achievement. As training and exercises are completed, the document can be annually updated, modified, and revised to reflect changes to the priorities and new capabilities that need to be assessed. The Multiyear TEP and schedule is produced through the work completed at the Training and Exercise Plan Workshop (T&EPW). The T&EPW focuses on discussion of capabilities-based planning, overview of the National Priorities, review of the state or jurisdiction priorities, and analysis of previous training and exercises. After this information is synthesized, participants develop the plan and schedule for their state or jurisdiction.
Glossary of Terms (cont’d)

National Exercise Schedule
The National Exercise Schedule (NEXS) System is the nation’s online comprehensive tool that facilitates scheduling, deconfliction, and synchronization of all national-level, federal, state, and local exercises. HSEEP User Guide: Login and Create an Exercise. HSEEP User Guide: NEXS.

National Incident Management System (NIMS)
The NIMS standard was designed to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive system for incident management. It is a system mandated by HSPD-5 that provides a consistent, nationwide approach for federal, state, local, and tribal governments, the private sector, and non-governmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

National Planning Scenarios
The 15 National Planning Scenarios require a wide range of prevention, protection, response, and recovery tasks to effectively manage the incidents described. They represent a range of potential incidents and were used to develop the Universal Task List (UTL) and the TCL.

Objectives
Exercise objectives must be established for every exercise. Well-defined objectives provide a framework for scenario development, guide individual organizations’ objective development, and inform exercise evaluation criteria. Jurisdictions should frame exercise objectives with the aim of attaining capabilities established as priorities at the federal, state, and local level, as captured in the jurisdiction’s Multiyear TEP and schedule. Objectives should reflect specific capabilities that the exercising jurisdiction establishes as priorities and the tasks associated with those capabilities. Objectives should be simple, measurable, achievable, realistic, and task-oriented (SMART). Planners should limit the number of exercise objectives to enable timely execution and to facilitate design of a realistic scenario.

Observers
Observers are not exercise participants; rather, they observe selected segments of the exercise as it unfolds while remaining separated from player activities. Observers view the exercise from a designated observation area and are asked to remain within the observation area during the exercise. A dedicated group of exercise controllers should be assigned to manage these groups. In a discussion-based exercise, observers may support the development of player responses to the situation during the discussion by delivering messages or citing references.

Participants
Participants include all players, controllers, evaluators, and staff involved in conducting an exercise.

Planning Conferences
Planning conferences are forums held by the exercise planning team to design and develop the exercise. The scope, type, and complexity of an exercise should determine the number of conferences necessary to successfully conduct an exercise. These milestones of the exercise planning process are typically comprised of the Initial Planning Conference (IPC), the Midterm Planning Conference (MPC), and the Final Planning Conferences (FPC). Potential additional exercise planning conferences include the C&O Meeting, the MSEL Conference, and the Red Team Planning Conference. Discussion-based exercises usually convene IPCs and FPCs, whereas operations-based exercises may call for an IPC, MPC, FPC, and a MSEL Conference.

Preparedness
The Preparedness process is the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is continuous and involves efforts at all levels of government and between government and private sector and non-governmental organizations to identify threats, determine vulnerabilities, and identify required resources. It is also the existence of plans, procedures, policies, training, and equipment necessary at the federal, state, and local level to maximize the ability to prevent, respond to, and recover from major incidents. The term “readiness” is used interchangeably with preparedness.

Prevention
The Prevention process encompasses activities that serve to detect and disrupt terrorist threats or actions against the United States and its interests. They are actions taken to avoid an incident or to intervene to stop an incident from occurring and involve actions taken to prevent the loss of lives and property. Prevention involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice. Prevention also includes activities undertaken by the first responder community during the early stages of an incident to reduce the likelihood or consequences of threatened or actual terrorist attacks.

Project Management
Effective exercise project management ensures identification, development, and management of critical and supportive activities; frequent communication about project status; and use of management plans and timelines (e.g., project management timeline, scheduling software, Gantt charts).
Glossary of Terms (cont’d)

**Protection**
The Protection process includes actions to reduce the vulnerability of critical infrastructure or key resources in order to deter, mitigate, or neutralize terrorist attacks, major disasters, and other emergencies. Protection focuses on deterrence, mitigation, and response-oriented activities to prevent an attack from occurring, whereas prevention centers on the recognition of threats via information sharing and intelligence analysis.

**Purpose**
The purpose is a broad statement of the reason the exercise is being conducted. The purpose should explain what elements are to be assessed, evaluated, or measured.

**Recommendation(s)**
Recommendations, based on root-cause analysis, are listed in all AAR/IPs. Recommendations are the identification of areas for improvement as noted during an exercise.

**Recovery**
The Recovery process is the development, coordination, and execution of service- and site-restoration plans for impacted communities and the reconstitution of government operations and services through individual, private-sector, non-governmental, and public assistance programs that identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.

**Registration Area**
The Registration Area is where participants sign in and receive exercise identification, such as badges or hats.

**Response**
The Response process focuses on activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of EOPs and of incident mitigation actions designed to limit loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include: applying intelligence and other information to lessen the effects or consequences of an incident; increasing security operations; continuing investigations into the nature and source of the threat; conducting ongoing public health and agricultural surveillance and testing processes; performing immunizations, isolation, or quarantine; and conducting specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity and apprehending actual perpetrators and bringing them to justice.

**Safety Controller**
The Safety Controller is responsible for monitoring exercise safety during setup, conduct, and clean-up of the exercise. All exercise controllers assist the safety controller by reporting any safety concerns. The Safety Controller should not be confused with the safety officer, who is identified by the incident commander during exercise play.

**Scenario**
A scenario provides the backdrop and storyline that drive an exercise. The first step in designing a scenario is determining the type of threat/hazard (e.g., chemical, explosive, cyber, natural disaster) to be used in an exercise. The hazards selected for an exercise should realistically stress the capabilities a jurisdiction is attempting to improve through its exercise programs. A hazard should also be a realistic representation of potential threats faced by the exercising jurisdiction. For discussion-based exercises, a scenario provides the backdrop that drives participant discussion. For operations-based exercises, the scenario should provide background information on the incident catalyst of the exercise. For prevention exercises, the scenario should include the Ground Truth.

**Scope**
Scope is an indicator of the level of government or private sector participation in exercise play, regardless of participant size. Scope levels include: local, multi-local, regional (within a state), state, multi-state, federal, national, international, and private sector.

**Simple, Measurable, Achievable, Realistic, Task-oriented (SMART)**
SMART is a set of guidelines for developing viable exercise goals and objectives.

**Situation Manual (SitMan)**
The SitMan is a handbook provided to all participants in discussion-based exercises, particularly TTXs. The SitMan provides background information on the exercise scope, schedule, and objectives. It also presents the scenario narrative that will drive participant discussions during the exercise. (Note: The SitMan should mirror the exercise briefing, support the scenario narrative, and allow participants to read along while watching events unfold).

**Subject Matter Expert (SME)**
SMEs add functional knowledge and expertise in a specific area or in performing a specialized job, task, or skill to the exercise planning team. They help to make the scenario realistic and plausible and ensure jurisdictions have the appropriate capabilities to respond.

**Support Staff**
Exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (e.g., registration, catering).
Glossary of Terms (cont’d)

**Table Top Exercise (TTX)**
TTXs are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident. During a TTX, senior staff, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem solving rather than the rapid, spontaneous decision making that occurs under actual or simulated emergency conditions. TTXs can be breakout (i.e., groups split into functional areas) or plenary (i.e., one large group).

**Target Capabilities List (TCL)**
The TCL is a list of capabilities that provides guidance on the specific capabilities that federal, state, tribal, and local entities are expected to develop and maintain to prevent, protect against, respond to, and recover from incidents of national significance, including terrorism or natural disasters, in order to maintain the level of preparedness set forth in the National Preparedness Goal.

**Tasks**
Tasks are specific, discrete actions that individuals or groups must complete or discuss during an exercise to successfully carry out an activity. Successful execution of performance measures and tasks, either sequentially or in parallel, is the foundation for activities, which are, in turn, the foundation of capabilities.

**Training and Exercise Plan Workshop**
A T&EPW is usually conducted in order to create a Multiyear Training and Exercise Plan. During the workshop, participants review priority preparedness capabilities and coordinate exercise and training activities that can improve those capabilities. As a result of the workshop, the Multiyear TEP outlines multiyear timelines and milestones for execution of specific training and exercise activities.

**Trusted Agent**
Trusted agents are the individuals on the exercise planning team who are trusted not to reveal the scenario details to players prior to the exercise being conducted.

**Universal Task List (UTL)**
The UTL is a comprehensive menu of tasks derived from all tasks that may be performed in major incidents as illustrated by the National Planning Scenarios. Entities at all levels of government should use the UTL as a reference to help them develop proficiency through training and exercises to perform their assigned missions and tasks during major incidents.

**Workshop**
The workshop, a type of discussion-based exercise, represents the second tier of exercises in the building-block approach. Although similar to seminars, workshops differ in two important aspects: increased participant interaction and a focus on achieving or building a product (e.g., plans, policies). A workshop is typically used to test new ideas, processes, or procedures; train groups in coordinated activities; and obtain consensus. Workshops often use breakout sessions to explore parts of an issue with smaller groups.
Acknowledgments

If you would like to share your organization’s AAR/lessons learned, or if you would like additional HSEEP for Hospitals training, please contact:

Robert Humrickhouse
Co-Exercise Director
Assistant Vice President, Risk and Regulatory Compliance
Chief Safety Officer
Mt. Sinai Hospital
1401 S. California Avenue
Chicago, IL 60608-1797
humr@sinai.org

Crystal Jurik
Safety Coordinator
Sinai Health System
1401 S. California Avenue
Chicago, IL 60608-1797
jurc@sinai.org

Edward LeFevour
Co-Exercise Director
Chicago Department of Public Health
333 S. State Street
Chicago, IL 60604
Lefevour_Edward@cdph.org

Suzet M. McKinney, DrPH, MPH
Deputy Commissioner
Office of Public Health Preparedness and Emergency Response
Chicago Department of Public Health
333 S. State Street
Chicago, IL 60604
mckinney_suzet@cdph.org

Dr. Rebecca Roberts
Co-Exercise Director
Emergency Department
John H. Stroger, Jr. Hospital of Cook County
1901 W. Harrison Street
Chicago, IL 60612
rroberts@ccbh.org

Patricia Taylor
Health System Emergency Coordinator
John H. Stroger, Jr. Hospital of Cook County
1901 W. Harrison Street
Chicago, IL 60612
ptaylor@ccbh.org

Elisabeth K. Weber, RN, MA, CEN
Projects Administrator, HPP/ASPR
Office of Public Health Preparedness & Emergency Response
Chicago Department of Public Health
333 S. State Street
Chicago, IL 60604
weber_elisabeth@cdph.org

At the time of development:

Elisabeth K. Weber, RN, MA, CEN
Administrative Coordinator, Emergency Preparedness
Children’s Memorial Hospital
Chicago, IL 60614

All sample documents were written by the Chicago Partnership for Health Care System Planning and Response in conjunction with:

Daniel M. Walsh
Asst. Emergency Preparedness Analyst
Argonne National Laboratory
Decision and Information Sciences Division
9700 S. Cass Avenue, Bldg. 900
Argonne, IL 60439
dwalsh@anl.gov

Funding for this project was provided by the Chicago Department of Public Health (CDPH), in partnership with the Chicago Health System Coalition for Planning and Response (CHSCPR), through a Cooperative Agreement (CA) from the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (NHPP), Hospital Preparedness Program (HPP). Special thanks are extended to the members of the CHSCPR Exercise, Training and Education Overarching Committee for all of their hard work and dedication toward the completion of this project.
This page is intentionally left blank.