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COMPLIANCE GUIDELINES

HOSPITAL & HEALTH FACILITY EMERGENCY EXERCISE GUIDE

Part 1 - The Table Top Exercise

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



CD-ROM INCLUDED

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Introduction

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.

Homeland Security Exercise and Evaluation Program (HSEEP) Basics

What Is HSEEP?

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 HSEEP Policy and Guidance is presented in detail in HSEEP 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 HSEEP 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 HSEEP Volumes I-IV (in PDF format), from <http://hseep.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 HSEEP-compliant.

HSEEP Terminology and Methodology

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

Exercise Types

There are seven types of exercises defined within HSEEP, 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).
- **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 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.
- **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:

- Concepts and Objectives Meeting
- 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
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 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.

Exercise Planning and Conduct

- 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).
- Responsibilities assigned for SitMan and C/E Handbook.

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:

- Content from:
 - Exercise documents
 - Participant feedback forms
 - Player Hot Wash notes
 - Controller and Evaluator debriefing notes
- 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.

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).

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.



Chicago Metropolitan Statistical Area

Situation Manual (SitMan)

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 Awareness – participants will have a common understanding of the scenario to start exercise play.
- Part II: Initial Response – discuss the participants implementation of NIMS compliant ICS.
- Part III: Scenario Complications – extended weather scenario and discuss evacuation options.
- Part IV: Response to Surge Request – determine real time status of bed availability in the City.

Exercise Modules

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

- Communications and Emergency Operations Center Management (EOC Management);
- Medical Surge
- Evacuation
- Fatality Management

Module 1: Communications and E

Module 1 will take place during the first hour covered:

- Activation of FOC at the City and

Module 2: Medical Surge

Module 2 will take place during all four covered:

- Confirm that departments and hospitals
- Coordinate patient distribution within
- Staffing procedures
- Planning and establishment of bed
- Define incident management strategy
- Establish IOC with other entities

Exercise Structure

Chicago Metropolitan Statistical Area

Situation Manual (SitMan)

Heat Surge 2009 Tabletop Exercise

Module 3: Evacuation

Module 3 will take place during the third hour of the TTX. The following key tasks will be covered:

- Stricken hospital facility evacuation
- Communication of determination to evacuate
- Coordination of transportation response
- Alert and Dispatch including communication equipment
- Timely, accurate and clear incident information passed to all partnership members
- Who directs evacuation at the hospital level
- Estimated number of evacuees

Module 4: Fatality Management

Module 4 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 Structure

Chicago Metropolitan Statistical Area

Situation Manual (SitMan)

Heat Surge 2009 Tabletop Exercise

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 you think" your current hospital capabilities would respond. 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 express their desired 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 one of the controllers during exercise play.

Playing Organization Responsibilities

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

- If participating from their home facility, provide a conference room (preferably the Emergency Operations Center) equipped with a speakerphone, computer with a wired 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 facility, a playing organization must identify a point of contact (POC) to coordinate their organization's participation in the exercise with the exercise controllers. Designation of a backup POC is strongly encouraged. In general, POC's are responsible for representing their organizations to the exercise controllers, and for assuring that their organization participates fully in the exercise as specified above. POC tasks include:

- Using the adobe connect website during the TTX.
- Entering the playing organization's name when logging into the adobe connect website.
- Notifying home facility players about injects.
- Providing assistance to your organization's players, and referring problems to exercise controllers or exercise technical support personnel, as appropriate.

Observer Responsibilities

Observers are guests of the Lead Controller. They are welcome to watch and listen to the exercise from their own home facilities. Observers will not play in the exercise and observers are "invisible" to players.

Exercise Instructions and Rules

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Chicago Department of Public Health



Chicago Metropolitan Statistical Area

Situation Manual (SitMan) Heat Surge 2009 Tabletop Exercise

APPENDIX A: HEAT SURGE 2009 TTX FEEDBACK FORM

Exercise Date: April 21, 2009

Participant Name: _____ Title: _____

Agency or Organization: _____

Role: Player Controller

PART I – 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.

Chicago Metropolitan Statistical Area

Situation Manual (SitMan) Heat Surge 2009 Tabletop Exercise

Assessment Factor	Strongly Disagree					Strongly Agree				
	1	2	3	4	5	1	2	3	4	5
1. The exercise was well structured and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The exercise scenario was plausible and realistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The exercise instructions in the Situation Manual provided to assist in preparing for and participating in the exercise were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The scenario injects were appropriately challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The scenario injects were well structured and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The system for receiving scenario injects worked well for those participants playing from their home facilities via Adobe Connect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The exercise effectively addressed the Communication Capability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The exercise effectively addressed the Medical Surge Capability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The exercise effectively addressed the Evacuation Capability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The exercise effectively addressed the Fatality Management Capability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The Lead Controller was effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. This exercise allowed my agency/organization to practice and improve priority capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. City agencies, hospitals and other responders can better coordinate a medical surge response to a similar type incident because of their participation in this exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chicago Metropolitan Statistical Area

Situation Manual (SitMan) Heat Surge 2009 Tabletop Exercise

PART II – PARTICIPANT FEEDBACK

- Based on the exercise overall, please list the top three Chicago partnership response capabilities that need improvement.
 - a. _____
 - b. _____
 - c. _____
- Are there any issues that you observed in the exercise overall that the controller(s) might not have been able to experience, observe, and record?

- Please provide any recommendations on how future exercises could be improved or enhanced.

Please send your feedback forms to Ed Lefevour at CDPH (Lefevour_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

Date	Activity
Tuesday, April 21, 2009 7:30 AM- 8:00 AM	<ul style="list-style-type: none"> Registration @ MCHC Adobe Connect Registration: sign-in online as a guest (please use your organization's name).
8:00 AM – 8:15 AM	<ul style="list-style-type: none"> Welcome and Introduce Players Briefly identify and list expectations Explain Exercise's 4 Modules
8:25 AM – 9:20 AM	Initiate Exercise <ul style="list-style-type: none"> Module 1 <ul style="list-style-type: none"> Communications/Emergency Operations Center Management Medical Surge Fatality Management
9:25 AM – 10:00 AM	<ul style="list-style-type: none"> Module 1 Group Discussion & Report
10:00 AM - 10:20 AM	<ul style="list-style-type: none"> Module 2 <ul style="list-style-type: none"> Evacuation Fatality Management
10:20 – 10:50 AM	<ul style="list-style-type: none"> Module 2 Group Discussion
10:50 AM – 11:15 AM	<ul style="list-style-type: none"> Module 3 <ul style="list-style-type: none"> Evacuation
11:15 AM – 12:00 PM	LUNCH
12:00 PM – 12: 20 PM	<ul style="list-style-type: none"> Module 3 Continued <ul style="list-style-type: none"> Communications
12:20 PM – 12:45 PM	<ul style="list-style-type: none"> Module 3 Group Discussions
12:45 PM – 1:20 PM	<ul style="list-style-type: none"> Module 4 <ul style="list-style-type: none"> Medical Surge Fatality Management
1:20 – 1:50 PM	<ul style="list-style-type: none"> Module 4 Group Discussion
1:50 PM – 2:00 PM	<ul style="list-style-type: none"> Hotwash (players, controllers and evaluators)
2:00 PM	END EX
2:00 – 2:30 PM	<ul style="list-style-type: none"> 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 weather 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 Healthcare 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/EOC/MACC/ADF
 - Task 1.1: Activate, 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 the exercise. Such incidents are to be reported immediately to the Lead Facilitator. At 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 222 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 fail open door locks, fire sprinklers, strobe lights, fire hose connections, and a fireman's phone that is located on every fifth floor; calls go 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 MCHC conduct fire drills annually. Building staff also regularly inspect fire equipment.

MCHC Procedures for Reporting

CALL 911

Report fire location as 222 South Riverside Plaza

Report the fire location to the fire department (example: 17th floor, no address to you before hand)

Call the Office of the Building

If a fire occurs in your office, use a fire extinguisher if you are trained to do so. If you are not trained, close the door to your office or suite and use the elevator. Do not

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 alarms go to the nearest stairwell and prepare to evacuate, listen for instructions from the fire department or the Office of the Building.

DO NOT USE THE ELEVATORS.

Fire Extinguishers

Fire extinguishers are located on all floors at the Northeast (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, fire, or otherwise. If the emergency communication system is activated (the strobe lights illuminate, a tone sounds, and a voice announcement is made in English, Spanish, and Polish), evacuate the floor immediately. If an announcement is made in a language you do not understand, unless immediately directed otherwise, evacuate the floor as soon as possible, the fire department will make an announcement to the fire floor, three floors above and three floors below.

In the event of a fire in a stairwell, the fire department will evacuate the fire floor, three floors above and three floors below.

Procedures to Follow

If your floor evacuation to the fire floor to evacuate.

DO NOT USE THE ELEVATORS.

Walk, don't run, to the nearest stairwell. Fire fighters will otherwise instructed, you will be instructed to use the stairs.

If you are exiting a stairwell from the stairwell to any level, do not use the elevator. As a fire fighter, you will be instructed to do so or fire fighter.

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-safe to an unlocked position. It is important that these doors not be held 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 alternate 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.

If you must use an escape route where there is smoke, stay as low as possible. Crawling lets you breathe the cleaner air near the floor as you move to an exit. If there is smoke in the corridor of your nearest exit, use your alternate route to the other stairwell.

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 any such response. Any affected playing organizations are requested to notify the Lead Facilitator as soon as they receive notice.



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APPENDIX A EEG FORMS CONTINUED

Communications

Exercise Evaluation Guide

Capability Description:

Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they possess sufficient wireless communications capabilities to meet their daily internal and emergency communication requirements before they focus on interoperability, which means being able to work with other agencies.

Communications interoperability is the ability of public safety agencies (e.g. police, fire, emergency medical services (EMS) and service agencies (e.g. public works, transportation, hospitals) to talk within and across agencies and jurisdictions when needed and authorized using various communications systems to exchange voice, data, and/or video with one another on demand or in real time. It is essential that public safety has the intragency capability it needs, and that it builds its systems around interoperability.

Capability Outcome:

A continuous flow of critical information is maintained as needed among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, and governmental officials for the duration 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 public safety communications to include the consideration of critical components, networks, support systems, personnel, and an appropriate level of redundant communications systems in the event of an emergency.

Jurisdiction or Organization:	Name of Exercise:
Location:	Date:
Evaluator:	Evaluator Contact Info:
<i>Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned</i>	

Activity 1: Alert and Dispatch

Activity Description: In response to an incident alert, tasks are notified.

Tasks Observed (Check those that were observed and provide notes)

Note: Insert () denote Performance Measures and Performance*

HSEEP Exercise Evaluation Guide, Citizen Evacuation

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Tasks/Observation Key	Time of Observation/ Task Completion
1.1. Implement response, communications interoperability plans and protocols between city and hospitals. <ul style="list-style-type: none"> Staff and management are informed of interoperable communications requirements Interoperable communications equipment, channels and protocols are activated Observations:	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
1.2. Communicate incident response information per city/hospital agency protocols. <ul style="list-style-type: none"> Timely, accurate and clear incident information passed to dispatched response teams Incident information relayed in pertinent incident management facilities (e.g. Incident Command Post (ICP), Emergency Operations Center/State Agency Coordination Center (EOC/MACC), etc.) Incident information logged and disseminated to communications staff, as appropriate Observations:	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
*Provide dispatch information to initial responders in an accurate and timely manner in conformity with: National Fire Protection Association (NFPA)-1221; Association of Public Communications Officials (APCO)-25; and/or Communications Assistance for Law Enforcement Act (CALEA) standards	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Information is transmitted via secondary means when primary means are overloaded or fail	TARGET Continuous ACTUAL
Observations:	

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Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide 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

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

HSEEP Exercise Evaluation Guide, Citizen Evacuation and Shelter-in-Place

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Master Scenario Events List

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.

Heat Surge-Evacuation TTX MSEL Examples



Scenario Time Line	Event Description	Inject # & Name	Expected Action	EEG Capability - Task	Players
8:00 am Exercise Begins	Introduction and Welcome Remarks from Partnership Chair.				Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
8:15 am Scenario Begins	1. TTX ground rules, Instructions for Players, Controllers, Evaluations, Assumptions Artificialities, Safety		All Players, Controllers, Evaluators agree to rules, ask and answer questions	Capability Summary: Communication Evacuation Fatality Management Med Surge (Planning)	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
June, 2009 8:25 am	2. Initiate TTX: Severe heat wave in June, Temperatures >100F, Heat Index >130; Expected to last more than 7 days at over 90F.				Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
8:30 am	3. Chicago has activated the Joint Operations Center (JOC), Chicago is providing bus rides free to cooling centers. They have activated an aggressive public information and safety campaign.	#1 HICS HICS	Discussion Questions: <ul style="list-style-type: none"> How will Hosp, LTC, clinics find out JOC activated? How will they be asked to collaborate and coordinate? Expected Actions: <ul style="list-style-type: none"> City and hospitals coordinate notifications and initial response operations. Appropriate staff are notified to report. JOC is started & operational. 	EOCM: <ul style="list-style-type: none"> Activity 1: Activate JOC Task 1.1: Activate, alert, and request response from city and hospital EOC personnel. 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
8:40 am	4. Hospitals running 20% over usual inpt census for Adult and Pediatric Med/Surg and ICU Beds; Due to an influx of patients with heat stroke/exhaustion and renal failure.	#2 PIO	Discussion Questions: <ul style="list-style-type: none"> Have you activated ICS yet; at what level. What are priorities on your IAP list? Who would you contact at this point? Have you gone to staff surge plan? Expected Actions: <ul style="list-style-type: none"> Activated ICS/HICS, according to NIMS Identify locations of all activities. 	MedSurge: <ul style="list-style-type: none"> Activity 1: Pre-Event Mitigation/Prep Task 1.2 Define incident management structure and methodology. 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals

Scenario Time Line	Event Description	Inject # & Name	Expected Action	EEG Capability - Task	Players
8:50 am	5. Nearly All Emergency Departments are near/at full capacity. There are high acuity ED patients who normally wait >20-30 min to be seen who are waiting 3-4 hours. Admitted patients have been informed they may not receive a bed assignment today. 6. Private ambulances are also overwhelmed by calls.	#3 Bed #8 HoTOR #12 MRI	Discussion Questions: <ul style="list-style-type: none"> How to distribute Ambulance runs to city hospitals when some have had to go to surge bed space just to manage walk-ins? Expected Actions: <ul style="list-style-type: none"> Maximize utilization of available beds. Coordinate patient distribution with other healthcare facilities, EMS, and private patient transport partners. 	MedSurge: <ul style="list-style-type: none"> Activity 3: Bed Surge Capacity Task 3.1 Maximize available beds (Coordinate Pt distribution) 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
9:05 am	7. Hosp & City agencies experience staff illness and staff needing to care for heat-affected family members. They both have 10% call-in rates among the normally scheduled staff.	#9 Lpool #10 Outpt	Discussion Questions: <ul style="list-style-type: none"> How will hospitals, city agencies and others meet the challenges when staff now have heat-affected family members? Expected Actions: <ul style="list-style-type: none"> Recall clinical staff in support of surge capacity requirements. Implement organization's staff call-back procedures (including part-time). Activate procedures to receive process and management staff throughout the incident. Debrief staff on incident parameters and how organization is responding. Discuss the need to verify credentials and issue staff assignments. 	MedSurge: <ul style="list-style-type: none"> Activity 4 Med Surge Staffing Procedures Task 4.1 Implement call-back. Activate protocols to receive, process, and manage staff ongoing 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
9:20 am	8. Hospitals complain to ME that deceased heat-wave victim remains are not being transported as quickly as usual. Families are upset that funeral arrangements were delayed. The total number of excess heat-related		Discussion Questions: <ul style="list-style-type: none"> What is our current communications & coordination plan for fatality management? Expected Actions: <ul style="list-style-type: none"> Request appropriate personnel (psychologists, social services, etc) 	FatMan: <ul style="list-style-type: none"> Activity 1: Direct Fatality Management. Task 1.2 Coordinate Next-of-Kin notification and collection of antemortem information. 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals

Scenario Time Line	Event Description	Inject # & Name	Expected Action	EEG Capability - Task	Players
10:00 am 6/29 1800	9. Worker on crane near switching station gets heat stroke, drops big load by accident onto a local power substation, causing catastrophic power losses in Chicago. Power lost at 3 Chicago Hospitals in 3 mile radius; They go to emergency generator power. Those affected hospitals are: Rush, Stroger and Jesse Brown VA.	#14 D/C	Discussion Questions: <ul style="list-style-type: none"> For power-out-Hospitals; what is added to your current IAP? What are your top priorities? What can you do immediately to save power? What information do you need immediately? What information will you need ongoing? Expected Actions: <ul style="list-style-type: none"> Use census or nursing station summaries to identify all patients currently in Hospital ID patients with special needs Estimate # of patients needing transport Update information as situation changes (this will be needed during ongoing heat-wave surge) 	Evac: <ul style="list-style-type: none"> Activity 1: Direct Evac and/or in-place protection tactical operation Task 1.3: Identify populations (Patients) and locations at risk (in hospital setting). 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
10:05 am 6/29 1900	10. ComEd reports alternate station power not available for 3 days. The JOC requests a total count of fatalities, plus how many are still at hospital morgues, have been transferred to funeral homes, and already interred. Hospitals report that the morgues are all now 30% over capacity. The total number of excess heat-related casualties is now >500 over the usual for this season over the past 4 days.	#11 Plot	Discussion Questions: <ul style="list-style-type: none"> Will you plan evacuation? What is in your evacuation plan? Please develop a new IAP. What are your new top priorities? Who must you contact right now? Estimate how many outpatients, visitors and vendors may be on site currently? Expected Actions: <ul style="list-style-type: none"> Hospitals decide to start evacuation. The partnership should develop a procedure for diversion of new patients (EMS and Walk-ins) to these affected hospitals. City agencies to update hazard information as situation changes. FM: Request appropriate personnel (psychologists, social services, etc) Contact appropriate agencies and partners for use of facilities. They should go to next tier in plan. 	Evac: <ul style="list-style-type: none"> Task 1.3 Ditto Also need to estimate outpatients & Visitors on-site. How to alert them? FatMan: <ul style="list-style-type: none"> Task 1.3 Collection of antemortem information 	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
10:20 am	Break-Out Table Discussion #2		Communication, Changes in Incident Mgt. Priorities, & Estimates of victim # & needs		
10:35 am			Controller Assist & Document Table Discussions; Report to LC		

Heat Surge-Evacuation TTX MSEL Examples (cont'd)



Scenario Time Line	Event Description	Inject # & Name	Expected Action	EEG Capability - Task	Players
10:50 am 6:30 0600	11. Patient surge, rapid depletion of generator fuel prompts all affected hospitals to go to rapid evacuation. Hospitals are seeking additional city assistance By now evacuating hospitals should have total patients who require evacuation and their condition Ambulatory adults & pets Adults-ICU Adults Ventilated Pediatric-ICU Pediatric-Ventilated Women In Labor Direct Observation (Mental Health and Law Enforcement-Detainees) Rehab Patients Bariatric Patients Transplant patients Isolation Patients (respiratory, droplet, contact)	#13 Red/Gm #16 LPool-2	Discussion Questions: <ul style="list-style-type: none"> How will time of day & traffic affect patient transport priorities? Will you consider a rapid discharge staging area rather than transport patients waiting for a CT scan to another overwhelmed hospital? Where will evacuating and receiving hospitals locate their evacuee pick-up and delivery sites? How will all of these be communicated between Hosp & Agencies? How will you coordinate with LTC and PPERs to transport and receive many of the evacuated patients? Expected Actions: <ul style="list-style-type: none"> Continued updates from affected hospitals to JOC on evacuation patients, and evacuation plan. Identify resources needed for evacuees. Transportation personnel and support mobilized with good support structure. Continued updates from receiving hospitals on surge capacity by patient needs. Expected: <ul style="list-style-type: none"> All staff informed IOC eq are act 	EEG-Task Activity 1: Direct Evacuation Task 1.5 Identify populations and locations at risk (in hospital setting). Continue with report of final patient numbers and evacuation plan. EEG Activity 1: Direct Evacuation-Task 1.6 Coordinate transportation response Direct Evacuation or SIP ID resources needed Players need to coordinate plans, communications & efforts. EEG Activity 1-Task 1.7 Coordinate location of shelter facilities and services for evacuees. Number of evacuees estimated. Transport sites identified based on traffic routes & patient needs.	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
11:15 am - 12:00 pm	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:00 pm	12. Several receiving & one evacuating hospital temporarily lose phone & web access. Other hospitals are simply not heard from because they are too busy directing surge activities.		Discussion Questions: <ul style="list-style-type: none"> How will the partnership plan to keep participants informed of important information during times of less-than-technology performance? What are the procedures for those with fixed radios who evacuate their radio sites? Expected: <ul style="list-style-type: none"> All staff informed IOC eq are act 	Comm Activity 1: Alert and Dispatch -Task 1.1 Implement communications interoperability plan & protocols between city and hospitals.	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals

Scenario Time Line	Event Description	Inject # & Name	Expected Action	EEG Capability - Task	Players
12:45 pm 6:30 0730	14. Evacuees and new patients are now rapidly arriving at receiving hospitals. Hospitals are needing to open up non-traditional treatment areas for inpatients. Using census numbers & surge capacity of receiving hospitals; we should know who is going where.	#3 Unified	Discussion Questions: <ul style="list-style-type: none"> What additional patient surge areas can be used by receiving hospitals? What patient management procedures can be streamlined or deferred? Should we implement procedures for confirming that information & Patient identifiers on transport-out match the information communicated to receiving hospitals and that it is the same on transport arrival? How do family members stay informed about location of evacuated family members? Expected Actions: <ul style="list-style-type: none"> Receiving hospitals activate plans to cancel outpt & elective procedures Activate plans, procedures and policies to maximize bed surge capacity. Consider non-traditional patients care spaces such as hallways, waiting areas, procedure rooms, etc. Identify locations for initial patient reception & triage (PRT). Disseminate information on PRT site to JOC. Implement system to track all patients in the facility. Institute method for distinguishing between routine hospital patients, new heat-wave arrivals and evacuees. 	MedSurge Activity 3: Bed Surge Capacity Task 3.2 Bed surge capacity Implement bed surge plans, proc. and policies. Activate plans to cancel outpt & elective procedures Activate plans, proc. And pol to maximize space. MedSurge Activity 6: Receive, Evaluate and Treat Surge Casualties -Task 6.1 Establish initial reception & triage areas MedSurge Activity 6: Receive, Evaluate and Treat Surge Casualties -Task 6.3 Institute patient tracking	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
1:00 pm	15. Receiving hospitals are running out of supplies, equipment and food.		Discussion Questions: <ul style="list-style-type: none"> How will the hospitals determine and communicate to the partnership what their new needs are? 	MedSurge -Activity 6: Receive, Evaluate and Treat Surge Casualties Task 6.4 Execute medical mutual aid	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals

Scenario Time Line	Event Description	Inject # & Name	Expected Action	EEG Capability - Task	Players
1:10 pm	16. Evacuating hospitals also have had a mortality surge due to the ongoing heat-wave. Some of the receiving hospitals do not want to accept deceased remains during a receiving hospital surge and their morgues are filled as well. The total number of excess heat-related casualties is now 1200 over the usual for this season over 5 days.	#7 FM	Discussion Questions: <ul style="list-style-type: none"> How will the transport of the deceased be coordinated during a patient surge event? How will Next-of-Kin receive information on transport? How will the public message be crafted and delivered? How will remains be protected & stored during such an event? Expected Actions: <ul style="list-style-type: none"> FM identifies Morgue supervisor, PIO, Safety, & Liaison officers. FM has plan for holding remains in appropriate environment to maintain preservation (appropriate power, water). Ensure appropriate refrigeration is provided as required by ME guidelines Secure storage site. 	FatMan -Activity 1: Direct Fatality Mgt. Task 1.5 Identify key morgue staff Supervisor, PIO, Safety, & Liaison officers. FatMan Activity 4: Conduct Morgue Operations Task 4.4 Store Human Remains	Health Dept., Fire Dept., Office of Emergency Mgmt., Medical Examiner, Long Term Care (LTC), Red Cross, Private Ambulance, Hospitals
1:20 pm	Break-Out Table Discussion #4		What NEW Communications, Activities, & Planning Must Take Place as Patient Arrival Proceeds?		
1:35 pm			Controller Assist & Document Table Discussions; Report to LC		
1:50 pm	HOTWASH	HOTWASH	HOTWASH	HOTWASH	HOTWASH
2:00 pm	Controller/Evaluator Debrief	DEBRIEF	DEBRIEF	DEBRIEF	DEBRIEF
Numbered and Abbreviated List or Injects for MSEL Table					
#1: HICS: What is the HICS/ICS response now?					
#2: PIO: What is the hospital PIO doing now? How is the hospital PIO coordinating public information with the JOC.					
#3: Bed: Is the City doing real-time awareness on bed availability?					
Av-BED: Does not account for alternate beds within hospital if not licensed staffed beds. Bed Resource information disconnect. Bring up Resource typing issues: Surge Wards or treating inpatients in endoscopy suites, etc.					
#5: Unified: How is Unified Command being implemented. Who is actually directing transfers					
#6: Order: Who decides evacuation process? E.g. less complex patients first or medically complex patients first? Who decides—city or hospitals? Further inject: if traffic is light and receiving hospital is OK vs. heavy traffic and receiving hospital is the most stressed. So, who decides and what factors influence the decision when prioritizing patients for evacuation?					
#7: Fatality Management injects: Lose dead/living patients during evacuation; News reports several cases. What are the potential safety issues of storing dead bodies during a heat emergency?					
#8: Hot OR: one hospital has engineer and safety officer make the following recommendation: due to very hot weather, the tenuousness of the power supply and the danger of lasers and flammable liquids, and gases in the OR, they should cancel all but the most critical of procedures.					

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.*

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

For more information about The Joint Commission Emergency Management Standards for Hospitals, visit their website at 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:

<http://www.fema.gov/pdf/government/training/tcl.pdf>

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.

Draft 1

At-Risk Populations (Hospitals)

Exercise Evaluation Guide

Capability Description:
Emergency and disaster planning fully incorporates at-risk populations into all aspects of mitigation, preparedness, response, and recovery. According to ASPR, "at-risk populations" includes "children, senior citizens, and pregnant women...people who have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and/or have pharmacological dependency. In simple terms, at-risk populations are those who have, in addition to their medical needs, other needs that may interfere with their ability to access or receive medical care." Emergency plans are culturally and linguistically competent, and designed to reach the multitude of needs of patients, families, and staff who may be involved in a disaster.

Capability Outcome:
Members of at-risk populations have equal access to emergency and disaster plans as people who are not considered at-risk.

Jurisdiction or Organization:	Name of Exercise:
Location:	Date:
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 includes members of at-risk populations. Team develops plans to meet needs of patient population.

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks () denote Performance Measures and Performance Indicators.*

Draft 1

Tasks/Observation Keys

1.1 Analyze patient population and surrounding community.

- Conduct a demographic analysis of patient population on linguistic groups, types of disabilities, family composition
- Note the social, economic, spiritual, and physical strengths
- Include common health problems.
- Identify differences between providers and the population

HSEEP Exercise Evaluation Guide, At-Risk Populations (Hospitals)

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/ Task Completion
1.6. Train staff on disability etiquette and cultural competency skills.	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

- Staff should know to:
 - Use a trained interpreter if someone speaks a different language than their own.
 - Look at the person to whom they are speaking (not the interpreter).
 - If an interpreter is not available, use visual cues, gross gestures, and facial expressions to communicate.
 - Ask people if they need assistance or have a disability they would like to disclose.
 - Offer an arm for a person to hold if he is blind or may have trouble balancing. Do not grab the person.
 - Keep people with their service animals. They are not pets.
 - Treat people as the experts of their own bodies and cultures. Discuss with individuals what does and does not work for them. (For example, staff should not attempt to "help" a person transfer out of his wheelchair without asking; this may in fact be more dangerous than allowing the person to transfer on his own.)
 - Remember that people with disabilities (non-cognitive) have the same intelligence level as people without disabilities, and should be given the same respect and choices. People with cognitive disabilities may need more guidance in choices, but should be given respect and appropriate choice.
 - Be flexible and accommodating. Remember not to make assumptions about people and their behavior. For example, a person with autism may not understand social norms but her behavior should not be interpreted as disrespectful, defiant, or evidence of drug abuse. A person with dementia may be confused, but communication is often possible if noise is reduced, staff speak in calm voices, eye contact is maintained, and yes/no questions are used. For ALL individuals, staff will likely have the most success when they remain calm and patient, and use mediators as necessary to foster.

Draft 1

Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide 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

Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing 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 structure provided below. Please try to provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as 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, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

Strengths

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, including contributing factors and what led to the strength. Finally, if applicable, describe the positive consequences of the actions observed.)

2) **References:** (include references to plans, policies, 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 further, or for how this strength may be institutionalized or shared with others.)

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HSEEP 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.

Final – Published Version 1.0

Pediatric Medical Surge

Exercise Evaluation Guide

Capability Description:
Pediatric Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care to children. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Pediatric Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in and influx of children and an increased need for personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Capability Outcome:
Children who are injured or ill from an event are rapidly and appropriately cared for in the hospital or alternative healthcare setting. Continuity of care is maintained for non-incident related illness or injury.

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

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

Activity 1: Pediatric Pre-Event Mitigation and Preparedness Delete Activity

Activity Description:

Tasks Observed *(check those that were observed and provide the time of observation)*
Note: Asterisks () denote Performance Measures and Performance Indicators*

Tasks/Observation Keys

1.1 Conduct Pediatric Hazard Vulnerability Analysis (HIVA)

- Identify and list, by type, all hazards that could affect the likelihood of each hazard's occurrence ("threat")
- Assess both the community and response system's suscept impact health and medical needs

HSEEP Exercise Evaluation Guide, Pediatric Medical Surge

Final – Published Version 1.0

Tasks Observed *(check those that were observed and provide the time of observation)*
Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/ Task Completion
4.3 Augment non-clinical staffing	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
<ul style="list-style-type: none"> - Initiate call-back procedures for non-clinical staff (e.g., custodians, security, cooks, etc.) - Activate MOUs for non-clinical staff (if applicable) - Activate processes to receive, process, and manage non-clinical staff throughout the incident 	Target TBD
* Immediate deployment of additional health care personnel	Actual

Activity 5: Pediatric Decontamination Delete Activity

Activity Description:

Tasks Observed *(check those that were observed and provide the time of observation)*
Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/ Task Completion
5.1. Provide mass decontamination capabilities to children if necessary	Time: Not <input type="checkbox"/> N/A <input type="checkbox"/>

Final – Published Version 1.0

Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide 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
Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing 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 structure provided below. Please try to provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as 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, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

Strengths

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, including contributing factors and what led to the strength. Finally, if applicable, describe the positive consequences of the actions observed.)

2) References: (Include references to plans, policies, 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 further, or for how this strength may be institutionalized or shared with others.)

2. Observation Title:

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Communications

Exercise Evaluation Guide

Capability Description:

Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they possess sufficient wireless communications capabilities to meet their daily internal and emergency communication requirements before they focus on interoperability, which means being able to work with other agencies.

Communications interoperability is the ability of public safety agencies (e.g. police, fire, emergency medical services (EMS)) and service agencies (e.g. public works, transportation, hospitals) to talk within and across agencies and jurisdictions when needed and authorized using various communications systems to exchange voice, data, and/or video with one another on demand or in real time. It is essential that public safety has the intra-agency operability it needs, and that it builds its systems toward interoperability.

Capability Outcome:

A continuous flow of critical information is maintained as needed among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, and governmental officials for the duration 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 public safety communications to include the consideration of critical components, networks, support systems, personnel, and an appropriate level of redundant communications systems in the event of an emergency.

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

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

Activity 1: Alert and Dispatch

Delete Activity

Activity Description: In response to an incident alert, make notification and provide communications management until the Incident Command (IC), Emergency Operations Center (EOC), and Emergency Management Agency (EMA) are activated.

Tasks Observed (check those that were observed and provide the time of observation)

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure.

Tasks/Observation Keys

- 1.1. Implement response communications interoperability plans and
 - Staff and management are informed of interoperable communications equipment, channels and

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Tasks Observed (check those that were observed and provide the time of observation)

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure.

Tasks/Observation Keys

Time of Observation/ Task Completion

*Alternate communications and/or dispatch centers are staffed in the event of a catastrophic loss of the primary site	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
*Equipment and personnel capabilities within communications and/or dispatch centers are available to process incoming calls with increased call volume, and/or loss of any one communication or dispatch centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.6. Implement procedures to protect information facility and communication network systems. <ul style="list-style-type: none"> - Facility is physically secure - Communications equipment is sheltered from weather and physical damage - Communications equipment is monitored and protected from malicious attacks, to include cyber attacks - An equipment accountability system is established 	Time: Task Completed? Fully <input type="checkbox"/>	Partially <input type="checkbox"/>	Not <input type="checkbox"/>	N/A <input type="checkbox"/>
1.7.	Time: Task Completed? Fully <input type="checkbox"/>	Partially <input type="checkbox"/>	Not <input type="checkbox"/>	N/A <input type="checkbox"/>

Activity 2: Provide Emergency Operations Center Communications Support

Delete Activity

Activity Description: In response to notification of an incident, provide and receive interoperable voice, data, and video communications

Tasks Observed (check those that were observed and provide the time of observation)

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The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide 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

Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing 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 structure provided below. Please try to provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as 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, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

HSEEP Exercise Evaluation Guide, Communications

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Emergency Operations Center Management EEG Examples



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Emergency Operations Center Management

Exercise Evaluation Guide

Capability Description:
Emergency Operations Center (EOC) management is the capability to provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a pre-planned or no-notice event. EOC management includes: EOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among neighboring governments at each level and among local, regional, State, and Federal EOCs; coordination of public information and warning; and maintenance of the information and communication necessary for coordinating response and recovery activities. Similar entities may include the National (or Regional) Response Coordination Center (NRCC or RRCC), Joint Field Offices (JFO), National Operating Center (NOC), Joint Operations Center (JOC), Multi-Agency Coordination Center (MACC), Initial Operating Facility (IOF), etc.

Capability Outcome:
The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event.

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

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

Activity 1: Activate EOC/MACC/IOF
Delete Activity

Activity Description: In response to activation, perform incident notifications, recall of essential personnel, and stand-up of EOC/MACC/IOF systems to provide a fully staffed and operational EOC/MACC/IOF

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys

1.1. Activate, alert, and request response from EOC/MACC/IOF personnel
 - Rosters are accessible and up-to-date
 - Appropriate staff are notified to report, as necessary, post-activation

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Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/Task Completion
4.1. Identify and elevate needs/issues up the chain of command as needed, while tracking status. - Personnel and equipment challenges - Legal and regulatory - Policy - Interoperability - Political, social, and economic sensitivities * Establish process to prioritize and track identified needs/issues until they are resolved * Issues are elevated up the chain of command in a timely manner	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2.	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

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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, including contributing factors and what led to the strength. Finally, if applicable, describe the negative consequences of the actions observed.)

2) References: (Include references to plans, policies, and procedures relevant to the observation)

3) Recommendation: (Write a recommendation to address the root cause. Relate your recommendations to needed changes in plans, procedures, equipment, training, mutual aid support, management 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:

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HSEEP Exercise Evaluation Guide, Emergency Operations Center Management



Epidemiological Surveillance and Investigation

Exercise Evaluation Guide:

Capability Description:

The Epidemiological Surveillance and Investigation capability is the capacity to rapidly conduct epidemiological investigations. It includes deliberate and naturally occurring exposure and disease detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, communicating with the public and providers about case definitions, disease risk, mitigation, and recommendations for the implementation of control measures.

Capability Outcome:

Potential exposure and disease is identified rapidly (exposure, mode of transmission, agent, as well as interrupt transmission in order to contain the spread of the event and reduce number of cases). Confirmed cases are reported immediately to all relevant public health, food regulatory, environmental regulatory and law enforcement agencies. Suspected cases are investigated promptly, reported to relevant public health authorities, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. An outbreak is defined and characterized; new suspect cases are identified and characterized based on case definitions on an ongoing basis; relevant clinical specimens are obtained and transported for confirmatory laboratory testing; the source of exposure is tracked; methods of transmission are identified; and, effective mitigation measures are communicated to the public, providers, and relevant agencies are recommended as appropriate.

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

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

Activity 1: Direct Epidemiological Surveillance and Investigation Operations

Activity Description: Coordinate, maintain, enhance, 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)

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Task /Observation Keys	
1.1 (Pro.B1a 3.3.2)	Identify applicable laws, policies, and implement notification - Applicable local, State, and Federal law - Due process and HIPAA requirements

HSEEP Exercise Evaluation Guide: Epidemiological Surveillance and Investigation

Ability to receive, review, and analyze data warranting public health action	Yes []	No []
------------------------------------------------------------------------------	---------	--------

Activity 3: Conduct Epidemiological Investigation

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

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

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Task /Observation Keys	Time of Observation/ Task Completion	TARGET	ACTUAL
3.1 (Pro.B1a 5.3)	Confirm the outbreak using lab data and disease tracking data - Lab results reviewed and correlated with disease tracking data - Presumptive and confirmation lab test results received	Time: Task Completed? Fully [] Partially [] Not [] N/A []	
	Time from initial notification to public health epidemiologists to initiate initial investigation	Within 3 hours	
3.2 (Pro.B1a 5.2.1)	Define case characteristics - Interviews conducted and medical records reviewed - Specificity and sensitivity for condition of interest established - Standard set of criteria based on case definition established action levels	Time: Task Completed? Fully [] Partially [] Not [] N/A []	
	Time from laboratory confirmation of index case(s)/agent to creation of case definitions	Within 12 hours	

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 evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide 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

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

[Insert text electronically or on separate pages]

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 maximum (three templates are provided for each section; reproduce these as 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, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

Strengths

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, including contributing factors and what led to the strength. Finally, if applicable, describe the positive consequences of the actions observed.)

HSEEP Exercise Evaluation Guide: Epidemiological Surveillance and Investigation

Evacuation EEG Examples

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Citizen Evacuation and Shelter-In-Place

Exercise Evaluation Guide

Capability Description:

Citizen evacuation and shelter-in-place is the capability to prepare for, ensure communication of, and immediately execute the safe and effective sheltering-in-place of an at-risk population (and companion animals), and/or the organized and managed evacuation of the at-risk population (and companion animals) to areas of safe refuge in response to a potentially or actually dangerous environment. In addition, this capability involves the safe reentry of the population where feasible.

Capability Outcome:

Affected and at-risk populations (and companion animals) are safely sheltered-in-place and/or evacuated to safe refuge areas, in order to obtain access to medical care, physical assistance, shelter, and other essential services, and effectively and safely reentered into the affected area, if appropriate.

Jurisdiction or Organization:	Name of Exercise:
Location:	Date:
Evaluator:	Evaluator Contact Info:
<i>Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned</i>	

Activity 1: Direct Evacuation and/or In-Place Protection Tactical Operation Delete Activity

Activity Description: In response to a hazardous condition for a locality, direct, manage, and coordinate evacuation and/or in-place sheltering procedures for both the general population and those requiring evacuation assistance throughout incident.

Tasks Observed (check those that were observed and provide the time of observation)

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys

- 1.1. Make the decision to evacuate or shelter in place. **Res.B.3.4.1**
- Danger to the public rapidly identified
 - Appropriate course of action is determined with process and unified command
 - Coordinate with IC/UC
- * Time to select appropriate protective strategy to meet the populations.

HSEEP Exercise Evaluation Guide, Citizen Evacuation and Shelter-In-Place

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Tasks Observed (check those that were observed and provide the time of observation)

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/Task Completion	
	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>	ACTUAL
* Frequency of notification to the public of evacuation procedures, routes, locations, or sources of evacuation information throughout the incident	TARGET Continuous for first 24 hours, every 30 minutes for next 48 hours	ACTUAL
3.2. Assist in the evacuation of special needs population. Res.B.3.4.3.2	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>	
3.3. Activate approved traffic control plan. Res.B.3.4.4	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>	
* Time in which the traffic and transportation plan is implemented to enable evacuation within the incident timeframe	TARGET Within 1-3 hours	ACTUAL
3.4. Coordinate traffic control. Res.B.1.6.1.3.3	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>	

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2. Observation Title:

Related Activity:

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

1) Analysis:

2) References:

3) Recommendation:

3. Observation Title:

Related Activity:

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

1) Analysis:

2) References:

3) Recommendation:

HSEEP Exercise Evaluation Guide, Firefighting Operations and Support

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Fatality Management

Exercise Evaluation Guide

Capability Description:
Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure.

Capability Outcome:
Complete documentation and recovery of human remains, personal effects, and items of evidence is done (except in cases where the health risk posed to personnel outweighs the benefits of recovery of remains and personal effects). Remains receive surface decontamination (if indicated) and, unless catastrophic circumstances dictate otherwise, are examined and identified, and released to the next of kin's funeral home with a complete certified death certificate. Reports of missing persons and ante mortem data are efficiently collected. Victims' family members receive updated information prior to the media release. All hazardous material regulations are reviewed and any restrictions on the transportation and disposition of remains are made clear by those with the authority and responsibility to establish the standards. All personal effects are made safe to return to legally authorized person(s) unless contraindicated by catastrophic circumstances. Law Enforcement agencies are given all the information needed to investigate and prosecute the case successfully. Families are provided incident specific support services.

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

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

Activity 1: Direct Fatality Management Delete Activity

Activity Description: Direct all internal Fatality Management Operations

Tasks Observed *(check those that were observed and provide the time)*

Note: Asterisks () denote Performance Measures and Performance Indicators*

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

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/ Task Completion
	Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

Activity 4: Conduct Morgue Operations Delete Activity

Activity Description: Store remains temporarily and conduct multi-specialty forensic analyses of human remains to determine the cause and manner of death

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

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/ Task Completion
4.1. Implement morgue operations. - Store Remains in appropriate manner, as indicated by Federal, State and local guidelines - Ensure adequate number of ME/C personnel to support morgue of that size per Federal, State or local guidelines - Ensure adequate resources available for specific incident	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
4.2. Receive remains at morgue. Track remains Shelter remains from public view	Time: Task Completed? <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

Actual

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Observations Summary

Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing specific Tasks where applicable. The narrative provided will be used in developing the exercise After-Action Report (AAR).

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 maximum (three templates are provided for each section; reproduce these as 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, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

HSEEP Exercise Evaluation Guide, Fatality Management 13

Isolation and Quarantine EEG Examples



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 and/or quarantine measures in order to contain the spread of disease. Isolation of ill individuals may occur in homes, hospitals, designated health care facilities, or alternate facilities. Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and may become infectious. Successful implementation will require that sufficient legal, logistical, and informational support exists to maintain these measures. Most experts feel that isolation and quarantine will not stop the outbreak and that if used, the focus will be on cases that might introduce the disease into the state or other geographic area.

Capability Outcome:

Individuals who are ill, exposed, or likely to be exposed are separated; their movement is restricted; basic necessities of life are available to them; and their health is monitored in order to limit the spread of a newly introduced contagious disease (e.g. pandemic influenza). Legal authority for these measures is clearly defined and communicated to the public. Logistical support is provided to maintain measures until danger of contagion has elapsed.

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

Note to Exercise Evaluators: 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 orders, direct, manage, and coordinate isolation and quarantine operations.

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

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

Task/Observation Keys	Time of Observation/ Task Completion
1.1 (Res B3b 3.1.1) Identify decision-makers to oversee isolation of identified individual(s) possess appropriate authority is provided to them in order	
1.2 (Res B3b 3.1.3) Develop disease-specific isolation and quarantine sites identified Centers for Disease Control (CDC) order Extent of spread determined Parameters for containment determined	

HSEEP Exercise Evaluation Guide: Isolation and Quarantine

4.3 (Res B3b 6.5) Provide infection control education materials to hospitals and community members under voluntary isolation and quarantine. Standard precautions addressing basic indoor/outdoor hygiene/sanitation provided Contact precautions addressing transmission methods (e.g., airborne, personal contact, environmental contact) are provided	Time: Task Completed? Fully [] Partially [] Not [] N/A []
Frequency of updates to tracking system from voluntarily isolated or quarantined individuals while under voluntary isolation and quarantine	TARGET Daily ACTUAL
4.4 (Res B3b 6.3.1) Monitor health status of voluntarily isolated and quarantined individuals and caregivers in the community and hospitals. Monitoring procedures implemented Information collected and documented Information reported to public health officials	Time: Task Completed? Fully [] Partially [] Not [] N/A []
Percentage of caregivers for isolated patients who become infected while under voluntary isolation and quarantine	TARGET 0% ACTUAL
4.5 (Res B3b 6.4) Arrange for transportation to designated healthcare facilities of critically ill individuals under voluntary isolation and quarantine. Coordination with designated facilities and transporting agency Patient documentation and tracking procedures are coordinated and maintained	Time: Task Completed? Fully [] Partially [] Not [] N/A []

Activity 5: Implement Mandatory Isolation and Quarantine

Activity Description: Ensure compliance with orders for separation and restriction of movement of potentially exposed asymptomatic individuals and isolation of symptomatic individuals within an identified geographic area.

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

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

2) References: (Include references to plans, policies, and procedures relevant to the observation)

3) Recommendation: (Even though you have identified this issue as a strength, please identify any recommendations you may have for enhancing performance further, or for how this strength may be institutionalized or shared with others.)

2. Observation Title:

Related Activity:

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

1) Analysis:

2) References:

3) Recommendation:

3. Observation Title:

Related Activity:

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

1) Analysis:

2) References:

HSEEP Exercise Evaluation Guide: Isolation and Quarantine

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Medical Surge

Exercise Evaluation Guide

Capability Description:
Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Capability Outcome:
Injured or ill from the event are rapidly and appropriately cared for. Continuity of care is maintained for non-incident related illness or injury.

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

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

Activity 3: Bed surge capacity **Delete Activity**

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

Tasks Observed *(check those that were observed and provide the time of observation)*

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys

3.1. Maximize utilization of available beds
- Coordinate patient distribution with other health care facilities

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Tasks/Observation Keys	Time of Observation/ Task Completion				
4.1. Recall clinical personnel in support of surge capacity requirements - Implement health care organization's staff call-back procedures (including "part-time" staff) - Activate procedures to receive, process, and manage staff throughout the incident - Debrief clinical staff on incident parameters and how the organization is responding - Verify credentials and issue clinical staff assignments	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>				
4.2. Augment clinical staffing - Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians - Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident - Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System personnel) - Provide just-in-time training to clinical staff	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>				
4.3. Augment non-clinical staffing - Initiate call-back procedures for non-clinical staff (e.g., custodians, security, cooks, etc.) - Activate MOUs for non-clinical staff (if applicable) - Activate processes to receive, process, and manage non-clinical staff throughout the incident	Time: Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>				
* Immediate deployment of additional health care personnel	<table border="1"> <tr> <td>Target</td> <td>Actual</td> </tr> <tr> <td>TBD</td> <td></td> </tr> </table>	Target	Actual	TBD	
Target	Actual				
TBD					

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2. Observation Title:
Related Activity:

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

1) Analysis:

2) References:

3) Recommendation:

3. Observation Title:
Related Activity:

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

1) Analysis:

2) References:

3) Recommendation:

HSEEP Exercise Evaluation Guide, Medical Surge

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HazMat Response and Decontamination EEG Examples



WMD/HazMat Response and Decontamination

Exercise Evaluation Guide:

Capability Description:

Weapons of Mass Destruction (WMD)/Hazardous Materials Response and Decontamination is the capability to assess and manage the consequences of a hazardous materials release, either accidental or as part of a terrorist attack. It includes testing and identifying all likely hazardous substances onsite; ensuring that responders have protective clothing and equipment; conducting rescue operations to remove affected victims from the hazardous environment; conducting geographical survey searches of suspected sources or contamination spreads and establishing isolation perimeters; mitigating the effects of hazardous materials; decontaminating on-site victims, responders, and equipment; coordinating off-site decontamination with relevant agencies; and notifying environmental, health, and law enforcement agencies having jurisdiction for the incident to begin implementation of their standard evidence collection and investigation procedures.

Capability Outcome:

Hazardous materials release is rapidly identified and mitigated; victims exposed to the hazard are rescued, decontaminated, and treated; the impact of the release is limited; and responders and at-risk populations are effectively protected.

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

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

Activity 1: Site Management and Control

Activity Description: In response to activation, mobilize and arrive at the incident scene and initiate response operations to manage and secure the physical layout of the incident.

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

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

	Task /Observation Keys	Time of Observation/ Task Completion
1.1 (Res.B2b 4.3.1)	Conduct initial approach and positioning of <ul style="list-style-type: none"> - Avoid committing or positioning responders - Consider escape routes if conditions change - Establish staging area(s), as appropriate 	
	Time for WMD/HM response and decontamination requested by IC	

HSEEP Exercise Evaluation Guide: WMD/HazMat Response and Decontamination

Activity 3: 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 (check those that were observed and provide comments)

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

	Task /Observation Keys	Time of Observation/ Task Completion
3.1 (Res.B2b 5.5.1)	Collect, prioritize and manage hazard data and information from all sources. <ul style="list-style-type: none"> - Technical reference manuals, information sources, specialists and/or WMD/HM databases - Monitoring, detection, and sampling operations 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
3.2 (Res.B2b 5.5.1.1)	Incident monitoring and sampling strategy is based upon a realistic assessment of operational conditions. <ul style="list-style-type: none"> - Indoor or open air incident, known or unknown material(s), potential for multiple hazards - "Rule of Three" detection technologies for classifying or identifying hazards - Established action levels 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
3.3 (Res.B2b 5.5.1.2)	Conduct sampling operations. <ul style="list-style-type: none"> - Sampling plan established outlining type of sampling operation, sampling team members, sample points, cross-contamination concerns, etc. - Sampling operations are conducted to following appropriate guidance and protocols (e.g., agency, federal) - Chain-of-custody requirements maintained 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
	Time to implement monitoring, detection, and/or sampling operations	TARGET Less than 1 hour of arrival on-scene
		ACTUAL

7.8 (Res.B2b 9.2.4)	Coordinate with environmental authorities to ensure the appropriate decon area clean-up and disposal of waste materials generated by decon operations. <ul style="list-style-type: none"> - In accordance with applicable Federal, State or local Environmental Protection Agency (EPA) regulations 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
	Safe and effective transition to clean-up and recovery operations	Yes [] No []

Activity 8: Terminate the Incident

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

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

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

	Task /Observation Keys	Time of Observation/ Task Completion
8.1 (Res.B2b 10.1.1)	Transfer command for emergency response phase to authority having jurisdiction (AHJ) for post-emergency clean-up and recovery operations. <ul style="list-style-type: none"> - Account for all personnel and equipment before securing on-scene emergency operations - Demobilize on-scene operations 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
8.2 (Res.B2b 10.1.2)	Work through IC/UC to ensure that incident-specific evidence collection and investigation protocols are clearly understood and communicated to all responders. <ul style="list-style-type: none"> - Tracking and collection of any items identified as potential evidence - Point-of-contact for post-incident issues 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
8.3 (Res.B2b 10.4)	Conduct an incident debriefing for on-scene personnel. <ul style="list-style-type: none"> - Ensure documentation of any health exposures - Critical Incident Stress debriefing, as appropriate - Equipment and apparatus exposure review - Point-of-contact for post-incident issues - Identify problems requiring immediate action 	Time: Task Completed? Fully [] Partially [] Not [] N/A []
8.4 (Res.B2b 10.1)	Inventory WMD/HM equipment cache and restore to service. <ul style="list-style-type: none"> - Conduct post-incident inventory of WMD/HM supplies and equipment - Acquire required supplies and equipment - Operational capability restored 	Time: Task Completed? Fully [] Partially [] Not [] N/A []

HSEEP Exercise Evaluation Guide: WMD/HazMat Response and Decontamination

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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



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

EXECUTIVE SUMMARY

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 back-up power generation facilities. These facilities vary in ability to distribute power to an entire hospital campus ranging from all systems tied into emergency power to older 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 tabletop exercise (TTX) will offer members of the Chicago Partnership for Healthcare System Planning and Response (Partnership) to train on and evaluate their ability to effectively handle a citywide emerging health crisis compounded by a failure in hospital infrastructure which requires some facilities to begin evacuation. During the TTX participants will:

- 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.

The purposes of this report are to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for corrective actions.

Major Strengths

The major strengths identified during this

- City hospitals will help one another and patients that are forced to relocate the city.
- City agencies will coordinate plans for hospitals requiring patient evacuation.
- City agencies and hospitals will use the city's Joint Operations Center and Management.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement, including recommendations

AAR/IP

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

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Chicago Heat Surge 2009 Tabletop Exercise (Heat Surge 2009 TTX)

Type of Exercise

Tabletop exercise

Exercise Start Date

April 21, 2009

Exercise End Date

April 21, 2009

Duration

1 day

Location

Metropolitan Chicago Healthcare Coalition

Sponsor

The Chicago Partnership for Healthcare System Planning and Response Committee (OaC)

Program

Fiscal Year 2009 ASPR Hospital Preparedness

Mission

Preparedness

Capabilities

EOC Management
Communications
Medical Surge

AAR/IP

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

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 catastrophic weather 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.

Specifically, the purpose of this exercise is to test:

- The collaborative agreement of the Partnership (MOU) required by the Office of Assistant Secretary for Preparedness and Response grant.
- Medical surge throughout the City of Chicago with all members of the Partnership.
- Evacuation of multiple hospitals in the City of Chicago.
- Morgue 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 exercise emphasizes inter-organizational coordination. The scenario included five modules patterned after the EEG capabilities selected for this TTX: emergency operations center management; communications; medical surge; evacuation and fatality 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; additionally, the facilitators used the PowerPoint slides to announce injects into exercise play. When appropriate, the facilitators also added spontaneous injects into the exercise play discussions.

The design was modeled after a traditional tabletop, discussion-based exercise. However, to accommodate the off-site (remote) playing organizations, the exercise design also involved the use of an adobe connect website, conference call-in number and speakerphones so on-site and remote players could communicate together during exercise play.

For those players participating remotely, scenario descriptions and injects were presented simultaneously via the adobe connect website sponsored by Argonne National Laboratory. All players, on-site and remote, were responsible for responding to injects in accordance with their response plans. If any inject raised a question, players were able to obtain clarification from a controller in the exercise room or through a controller assigned to the adobe connect website.

AAR/IP

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Chicago Department of Public Health



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

The flexible design of this exercise allowed on-site participation at MCHC and remotely from home offices for city agencies, local hospitals, non-government organizations and private industry.

Objectives, Capabilities, and Activities

The exercise focused on the following design objectives selected by the Chicago Partnership for Healthcare 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. **Capability 1: Emergency Operations Center Management (EOCM)**
 - i. **Activity 1: Activate JOC/EOC/MACC/IOF**
 - Task 1.1: Activate, alert, and request response from city and hospital EOC personnel.
 - b. **Capability 2: 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. **Capability 3: Medical Surge**
 - i. **Activity 1: Pre-Event**
 - Task 1.2: De
 - Task 1.3: Est
 - ii. **Activity 3: Bed surge**
 - Task 3.1: M
 - Task 3.2: Im
 - iii. **Activity 4: Medical**
 - Task 4.1: Re
 - iv. **Activity 6: Receive,**
 - Task 6.1: Es
 - Task 6.3: Ins
 - Task 6.4: Ex
3. Chicago hospitals can successfully City and non-government agency s
 - a. **Capability 4: Evacuation**
 - i. **Activity 1: Direct Ex**
 - Operation

AAR/MP

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

into other power stations for at least three 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 CDPH-Hospital interoperable two-way operations to facilitate command and control during evacuation operations.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercise capabilities, activities, and tasks. Observations are organized by capability and associated activities. The capabilities linked to the Heat Surge 2009 TTX objectives are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

CAPABILITY 1: EMERGENCY OPERATIONS CENTER MANAGEMENT

Capability Summary: Emergency Operations Center Management provides multi-agency coordination for incident response for a pre-planned or no-notice event. EOC management, staffing, and deactivation; management, direct recovery activities; coordination of efforts among local, regional, state, and federal EOCs; and maintenance of the information and communication recovery activities.

ACTIVITY 1: ACTIVATE JOC/EOC/MACC/IOF

Observation 1.1: Activate, alert, and request response from city and hospital EOC personnel – Strength #1.

References: None.

Analysis: At the onset of a severe heat wave (CDPH) Health would disseminate the Office (OEMC) protective action recommendations to hospitals. The city would also launch an aggressive campaign to encourage residents to stay cool, drink plenty of fluids and avoid strenuous activities. City agencies would open cooling centers.

Recommendation: None.

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Homeland Security Exercise and Evaluation Program
Draft After Action Report/Improvement Plan Heat Surge 2008 Tabletop Exercise

Observation 1.3: Establish bed tracking system – Area for Improvement

References: None.

Analysis: While hospitals indicated they would transmit bed tracking information to public health officials on IDPH's HAVBED system, it was not clear who in the HICS is responsible for gathering and disseminating bed tracking data and where and when this information is being transmitted back to IDPH, CPDH, OEMC, IEMA, POD Hospitals and Resource Hospitals. During the TTX, Hospitals did not effectively describe how they would communicate bed tracking information to other local health departments or response partners through normal channels.

Recommendation: IDPH, CDPH and hospitals should review current HAVBED protocols and determine what HICS position is responsible for collecting and disseminating HAVBED data for all operational periods. State, city and hospital officials should formally define HAVBED reporting protocols (when reporting bed census and to whom) and conduct HAVBED training quarterly.

Activity 3: Bed Surge Capacity

Observable Tasks:

- Task 3.1 Maximize utilization of available beds
- Task 3.2 Implement bed surge capacity plans, procedures, and protocols

Observation 3.1: Maximize utilization of available beds – Strength #1.

References: None.

Analysis: When all of the city's Emergency Departments were near/at full capacity, all the participating hospitals' indicated they would cancel elective surgeries, discharge non-critical, ambulatory patients, use clinical areas for dehydrated patients and begin to identify alternative care space within their facilities. For example, Illinois Masonic would coordinate with other local/suburban hospitals to identify available beds; Advocate Hospital stated it would set-up an alternative triage site, and several hospitals stated that they would provide assistance to staff with children in pre-school/school on-site so they could work without worrying about their school-aged children.

Recommendation: None.

Observation 3.1: Maximize utilization of available beds – Strength #2.

References: None.

Analysis: Once Rush Medical Center announced it had to transfer all of its 556 patients because of a power failure in the Medical District, Mt. Sinai and Mercy hospitals quickly agreed to accept many of Rush's patients. The Jesse Brown V.A. Hospital offered to take patients from Stroger, if necessary, and reported that it could transfer pediatric patients to its North Chicago facility if they are veteran dependents. Stroger would transport patients by obtaining permission to use the hospital-owned fleet of non-ambulance vehicles for non-critical patients. This would be

AAR/MP 20 Chicago Department of Public Health

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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.

Homeland Security Presidential Directive-5 (HSPD-5)

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)

Homeland Security Presidential Directive-8 (HSPD-8)

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 activities 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

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