

2019

STATEWIDE MEDICAL AND HEALTH EXERCISE

PREFACE

FULL SCALE EXERCISE



EXERCISE PLAN

Los Angeles Flood Scenario

The 2019 Los Angeles County Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH) and the Los Angeles County Department of Health Services Emergency Medical Services Agency (EMS). This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the SWMHE Planning Workgroup, comprised of representatives from:

* All Care Provider
* American Medical Response
* California Association of Health Facilities
* Care Ambulance Service
* Children’s Hospital Los Angeles
* City of Long Beach Department of Health and Human Services
* Community Clinic Association of LA County
* Huntington Hospital
* Kaiser Permanente – Los Angeles Medical Center
* Los Angeles County Department of Mental Health
* Los Angeles County Department of Public Health
* Los Angeles County Emergency Medical Services Agency
* Los Angeles County Fire Department
* Los Angeles County Office of Emergency Management
* Providence Health and Services, Valley Service Area
* Torrance Surgery Center
* U.S. Renal Care
* UCLA Health
* Westmed/McCormick Ambulance

The ExPlan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The ExPlan gives participating organizations the information necessary to take part in an operations-based full scale exercise (FSE). See [Appendix I] for a listing of agency/event acronyms. All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives.

## [CUSTOMIZING THE EXPLAN]

[Throughout the ExPlan, there are opportunities for customization by jurisdiction/organization/facility planners. This document serves as a template guidance document. This ExPlan, and particularly the objectives, schedule, and venue details, should be modified to reflect the unique characteristics of your region and participants. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific customization. These should be removed or modified as appropriate prior to finalizing this document. Exercise planners can insert their customized language and then remove the highlight and brackets. After customizing the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on it and selecting “update field.”]

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# EXERCISE OVERVIEW

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| --- | --- |
| **Exercise Name** | 2019 Los Angeles County Statewide Medical and Health Exercise (SWMHE) – Full Scale Exercise (FSE) |
| **Exercise Date** | November 21, 2019 |
| **Scope** | This is an FSE planned for the Los Angeles County Health Care Coalition to take place at [enter participating location]. The 2019 SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. This year’s exercise is a multiphase program culminating in the FSE on November 21, 2019. An After Action Meeting (AAM) will be conducted on December 17, 2019 at the Santa Fe Springs Town Center |
| **Mission Area(s)** | Preparedness  Response |
| **Capabilities** | The following capabilities originate from Office of the Assistant Secretary for Preparedness and Response for 2017-2022 Healthcare Preparedness and Response:   * Foundation for Healthcare and Medical Readiness * Healthcare and Medical Response Coordination * Continuity of Healthcare Service Delivery * Medical Surge |
| **Objectives** | **Ambulance Objectives:**   * **Objective 1:** Per company policies and procedures, activate surge response plan when the request is received from the Fire Operational Area Coordinator (FOAC). * **Objective 2:** Maintain continuous on-scene resource needs and request necessary resources through proper channels as per local policies and procedures.   **Ambulatory Surgical Center Objectives:**   * **Objective 1:** Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable]. * **Objective 2:** If ASC is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients. * **Objective 3:** Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.   **Community Clinics:**   * **Objective 1:** Clinics will activate their facility’s Emergency Operations Plan (EOP) and relevant incident-specific procedures **immediately after receiving incident notification** to provide a structured and successful emergency response. * **Objective 2:** The command center will gather and share real-time information relevant to the emergency and determine the clinic’s priorities to ensure key functions and patient safety are maintained throughout the emergency **1 hour** after receiving incident notification. * **Objective 3:** Clinics will complete an assessment poll indicating their service level to the MAC within 5 minutes of receiving the poll.      * **Objective 4:** Initiate patient movement, evacuation, and relocation if and when the facility can no longer sustain a safe working environment, and coordinate all evacuation and relocation efforts with all response partners within 3 hours.   **Department of Health Services EMS Objectives:**   * **Objective 1:** The Director of Emergency Medical Services or the Assistant Director will initiate and activate the Department Operations Center (DOC) and establish communications within 30 minutes following notification of an incident and in accordance with activation guidelines found in the Department Emergency Plan. * **Objective 2:** The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within 30 minutes of activation to DOC management and staff. * **Objective 3:** The Planning and Intelligence Section will establish a systematic process and strategic approach to provide a common operating picture to support DOC objectives within 60 minutes following notification of an incident and develop a Coordinated Action Plan. * **Objective 4:** In coordination with the local health departments’ Public Information Officer (PIO), the DHS PIO will disseminate coordinated, accurate, and timely information to the Medical and Health community within 60 minutes of activation. * **Objective 5:** Activate the Medical Health Operational Area Coordinator (MHOAC) program for medical and health resource ordering within 60 minutes of identification of need for continuous provision of essential services to the Medical and Health sector throughout the event, to include ongoing provisions for supplementing staff impacted by the flood event. * **Objective 6:** MHOAC representative will provide situational awareness update to the EOC Region and State per MHOAC Communication Flow. * **Objective 7:** Maintain patient tracking and components of patient movement.   **Department of Mental Health Objectives:**   * **Objective 1**- Deploy a DMH Liaison to the DHS DOC to maintain situational awareness and coordinate disaster mental health response activities with the DMH DOC and Health Authority partners. * **Objective 2**-  The DMH DOC will work with the DMH Liaison in the DHS DOC and the MHOAC program to submit a mutual aid resource request for mental health staff using the procedures in the California Public Health and Medical EOM. * **Objective 3** – The DMH Liaison assigned to the DHS DOC will receive and review any PsySTART data generated by hospitals during the exercise and will provide PsySTART summary data and analysis to the DMH DOC.   **Department of Public Health Objectives:**   * **Objective 1:** Determine the need to activate public health emergency operations based on analyzed information. * **Objective 2:** Validate the processes used to develop a jurisdiction-wide public health response strategy. * **Objective 3:** Validate the processes used to respond to a public health emergency within a jurisdiction. * **Objective 4:** Plan for the activation of and support to volunteer management activities that are engaged in public health response activities. * **Objective 5:** Plan for the activation of and support to mass care operations and response activities.   **Dialysis Center Objectives:**   * **Objective 1:** Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable]. * **Objective 2:** If dialysis center is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients. * **Objective 3:** Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.   **Office of Emergency Management:**   * **Objective 1:** The [Insert Director of Emergency Services or designee] will initiate and activate the Emergency Operations Center (EOC) and establish communications within [insert timeframe] following notification of an incident and in accordance with activation guidelines found in the Emergency Operations Plan (EOP). * ***Objective 2:*** The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within [insert timeframe] of activation to [insert key decision-makers, e.g., senior officials, executive board, etc.]. * **Objective 3:** The Planning and Intelligence Section will establish a systematic process and strategic approach in an effort to provide a common operating picture to support EOC objectives within [insert timeframe] following notification of an incident. * **Objective 4:** In coordination with the local health departments’ Public Information Officer (PIO), the EOC PIO will disseminate coordinated, accurate, and timely information to the whole community within [insert timeframe] of activation.   **Home Health/Hospice Objectives:**   * **Objective 1:** Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable]. * **Objective 2:** If agency or patient care areas are within flood areas, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing and possibly new patients. * **Objective 3:** Determine priories to ensure patient safety and continuity of care when either current home circumstances are no longer safe, or the agency is unable to contact high acuity patients and/or field staff. Test the process of informing local emergency preparedness officials of inability to reach patients or field staff.   **Hospital Objectives:**   * **Objective 1:** Alert and activate the Incident Command System (ICS) and HCC staff within [insert timeframe]. * **Objective 2:** Develop an Incident Action Plan (IAP) and conduct [number of] associated meetings (e.g., incident briefing) within the first Operational Period for flood response. * **Objective 3:** Implement internal notification [insert strategies such as page, email, or intercom announcement] within [insert timeframe] for information and incident sharing within the hospital, between [XYZ Location, e.g., Labor Pool, HCC] and [XYZ Location, e.g., Triage Area, Pharmacy]. * **Objective 4:** Initiate communication strategies [such as page, email. etc.] within [insert timeframe] between Hospital Command Centers and the [the Medical Health Operational Area Coordinator (MHOAC), local operational area/Department Operations Center (DOC)/Emergency Operations Center (EOC), Disaster Resource Center (DRC) and umbrella hospitals ]. * **Objective 5:** [Insert XYZ position, e.g., Medical Care Branch Director] will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate [Insert Patient Tracking]. * **Objective 6**: Assess and report hospital situation status and capability, to Medical and Health Operational Area Coordinator (MHOAC) within one hour of initiation of the poll. * **Objective 7:** The [Insert specific position, e.g., Logistics Section Chief] will send at least one resource request through the Medical and Health Operational Area Coordinator (MHOAC) within two hours of activation, and will communicate resource needs with Health Care Coalition partners to identify available assistance. * **Objective 8:** Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning.   **Long Term Care Objectives:**   * **Objective 1:** Activate the Emergency Operation Plan (EOP) and policies related to external flooding within [insert timeframe] of notification of incident information that may affect normal operations. * **Objective 2:** Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders within [insert timeframe]. * **Objective 3:** If the decision is made to restrict admissions and shelter in place, provide patients with at least a minimum standard of care according to internal protocols and procedures within [insert timeframe]. * **Objective 4:** If the decision is made to evacuate, implement policies and procedures to assure the safety and care of residents at other appropriate facilities within [insert timeframe]. * **Objective 5:** Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning as needed within [insert timeframe].   **Los Angeles County Fire Department Objectives:**   * **Objective 1:** Provide situational awareness to the Medical Alert Center (MAC) within 10 minutes of activation. * **Objective 2:** Provide and/or update effective risk communication in partnership with other local and regional players through the coordination of a Joint Information Center (JIC) within 60 minutes of activation. * **Objective 3:** Activate the Incident Command System (ICS) and effectively transition into Unified Command (UC) within 60 minutes of notification of incident information that may affect normal operations and in accordance with the [insert plan name]. * **Objective 4:** Develop an Incident Action Plan (IAP) and complete the appropriate forms (e.g. ICS-214) for the next Operational Period within 6 hours of Command Center activation. * **Objective 5:** Establish, maintain, and/or update communications with internal and external partners (e.g., start of new Operational Period, significant changes, new important information) via local channels (e.g., radio, telephone, email, etc.) per agency protocols to maintain situational awareness and support response within 10 minutes of activation. * **Objective 6:** Through UC, coordinate with emergency medical services (EMS) agencies and/or MHOAC Program for medical and health resource ordering, and to identify staging locations for ambulances and additional EMS resources within 60 minutes of identification of need. |
| **Scenario** | **Pre-Incident Information:**   * L.A. County has had an unusually wet season, with a record amount of rainfall. Persistent rainfall has caused the Los Angeles’ storm drain system to exceed normal water elevation throughout the county. Officials are concerned that this could result in a flash-flood scenario. The forecast calls for additional heavy rainfall, over the next 72 hours. The National Weather Service issues a flash flood warning for the following counties: Los Angeles, Ventura, Santa Barbara, Orange, Riverside, and San Bernardino. There is concern for mud slides in the burn areas of LA, Ventura, and Santa Barbara Counties.   **Exercise Information:**   * Floodwaters have reached some healthcare facilities and caused significant damage to departments located on the first floor and the basement. Large areas of some cities are without power, and some are without potable water. * Residents are being rescued from flooded homes and vehicles all across LA County. * Many roadways remain flooded and impassable. * Law enforcement have established perimeters around heavily damaged areas and are not allowing anyone to enter or exit for safety reasons. * The public is advised to drive carefully due to an increased number of traffic accidents. * Traffic lights are out at many intersections. |
| **Sponsor** | The 2019 Los Angeles Countywide State Medical and Health Exercise (LACOMHE) is sponsored by the California Department of Public Health and Los Angeles Department of Health Services Emergency Medical Services Agency (EMS). This Exercise Situation Manual was produced with assistance and guidance from the Los Angeles Countywide Medical and Health Exercise Planning Workgroup. |
| **Participating Organizations** | [Insert participating organizations here and in the appendices] |

# GENERAL INFORMATION

## EXERCISE OBJECTIVES & CAPABILITIES

The exercise objectives in Table 1 describe expected outcomes for the full scale exercise (FSE). The objectives are linked to Health Care Preparedness and Response capabilities, which are elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided and selected by the Exercise Working Group.

**[Please insert the objectives that are most relevant and applicable to your agency/organization in Table 1. According to the Federal Emergency Management Agency’s (FEMA) Emergency Management Institute and general Homeland Security Exercise and Evaluation Program (HSEEP) guidelines, ten or fewer objectives are recommended for an exercise.**[[2]](#footnote-2)**]**

The objectives listed below are those tailored for this FSE. A set of example objectives customized for different participating agencies and organizations (Ambulance Companies, Ambulatory Surgical Centers, Department of Mental Health, Dialysis Centers, Community Clinics, Emergency Medical Services [EMS] Agency, Fire, Home Health/Hospice, Hospitals, Long Term Care Facilities, Office of Emergency Management, and Public Health) is available at <https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx>.

**Table 1: Exercise Objectives and Associated Capabilities**

| Exercise Objective | Capability |
| --- | --- |
| **Ambulance Objective 1:** Per company policies and procedures, activate surge response plan when the request is received from the Fire Operational Area Coordinator (FOAC). | **Health Care Preparedness and Response Capability 4: Medical Surge** |
| **Ambulance Objective 2:** Maintain continuous on-scene resource needs and request necessary resources through proper channels as per local policies and procedures. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Ambulatory Surgical Center Objective 1:** Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Ambulatory Surgical Center Objective 2:** If ASC is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Ambulatory Surgical Center Objective 3:** Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area. | **Health Care Preparedness and Response Capability 4: Medical Surge** |
| **Community Clinics Objective 1:** Clinics will activate their facility’s Emergency Operations Plan (EOP) and relevant incident-specific procedures **immediately after receiving incident notification** to provide a structured and successful emergency response. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Community Clinics** **Objective 2:** The command center will gather and share real-time information relevant to the emergency and determine the clinic’s priorities to ensure key functions and patient safety are maintained throughout the emergency **1 hour** after receiving incident notification. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Community Clinics Objective 3;** Clinics will complete an assessment poll indicating their service level to the MAC within 5 minutes of receiving the poll. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Community Clinics Objective 4:** Initiate patient movement, evacuation, and relocation if and when the facility can no longer sustain a safe working environment, and coordinate all evacuation and relocation efforts with all response partners within **3** hours. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Department of Health Services EMS Objective 1**: The Director of Emergency Medical Services or the Assistant Director will initiate and activate the Department Operations Center (DOC) and establish communications within 30 minutes following notification of an incident and in accordance with activation guidelines found in the Department Emergency Plan. *National Core Capability: Operational Communications* | **Health Care Preparedness and Response Capability 1: Foundation of Health Care and Medical Readiness** |
| **Department of Health Services EMS Objective 2**: The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within 30 minutes of activation to DOC management and staff. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Health Services EMS Objective 3:** The Planning and Intelligence Section will establish a systematic process and strategic approach to provide a common operating picture to support DOC objectives within 60 minutes following notification of an incident and develop a Coordinated Action Plan. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Health Services EMS Objective 4**: In coordination with the local health departments’ Public Information Officer (PIO), the DHS PIO will disseminate coordinated, accurate, and timely information to the Medical and Health community within 60 minutes of activation. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Health Services EMS Objective 5**: Activate the Medical Health Operational Area Coordinator (MHOAC) program for medical and health resource ordering within 60 minutes of identification of need for continuous provision of essential services to the Medical and Health sector throughout the event, to include ongoing provisions for supplementing staff impacted by the flood event. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Health Services EMS Objective 6**: MHOAC representative will provide situational awareness update to the EOC Region and State per HHOAC Communication Flow. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Health Services EMS Objective 7:** Maintain patient tracking and components of patient movement. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Department of Mental Health Objective 1:** Deploy a DMH Liaison to the DHS DOC to maintain situational awareness and coordinate disaster mental health response activities with the DMH DOC and Health Authority partners. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Mental Health Objective 2**: The DMH DOC will work with the DMH Liaison in the DHS DOC and the MHOAC program to submit a mutual aid resource request for mental health staff using the procedures in the California Public Health and Medical EOM. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Department of Mental Health Objective 3:** The DMH Liaison assigned to the DHS DOC will receive and review any PsySTART data generated by hospitals during the exercise and will provide PsySTART summary data and analysis to the DMH DOC.. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Department of Public Health Objective 1:** Determine the need to activate public health emergency operations based on analyzed information. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Public Health Objective 2:** Validate the processes used to develop a jurisdiction-wide public health response strategy. | **Health Care Preparedness and Response Capability 1: Foundation of Health Care and Medical Readiness** |
| **Department of Public Health Objective 3:** Validate the processes used to respond to a public health emergency within a jurisdiction. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Department of Public Health Objective 4:** Plan for the activation of and support to volunteer management activities that are engaged in public health response activities. | **Health Care Preparedness and Response Capability 4: Medical Surge** |
| **Department of Public Health Objective 5:** Plan for the activation of and support to mass care operations and response activities. | **Health Care Preparedness and Response Capability 4: Medical Surge** |
| **Dialysis Center Objective 1:** Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Dialysis Center Objective 2:** If dialysis center is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Dialysis Center Objective 3:** Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area. | **Health Care Preparedness and Response Capability 4: Medical Surge** |
| **Emergency Management - Office of Emergency Management (OEM) Objective 1:** The [Director of Emergency Services] will initiate and activate the Emergency Operations Center (EOC) and establish communications within [insert timeframe] following notification of an incident and in accordance with activation guidelines found in the Emergency Operations Plan (EOP). | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Emergency Management – OEM Objective 2:** ThePlanning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within [insert timeframe] of activation to [insert key decision-makers, e.g., senior officials, executive board, etc.]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Emergency Management – OEM Objective 3:** The Planning and Intelligence Section will establish a systematic process and strategic approach in an effort to provide a common operating picture to support EOC objectives within [insert timeframe] following notification of an incident. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Emergency Management – OEM Objective 4:** In coordination with the local health departments’ Public Information Officer (PIO), the EOC PIO will disseminate coordinated, accurate, and timely information to the whole community within [insert timeframe] of activation. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Home Health/Hospice Objective 1:** Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Home Health/Hospice Objective 2:** If agency or patient care areas are within flood areas, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing and possibly new patients. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Home Health/Hospice Objective 3:** Determine priories to ensure patient safety and continuity of care when either current home circumstances are no longer safe, or the agency is unable to contact high acuity patients and/or field staff. Test the process of informing local emergency preparedness officials of inability to reach patients or field staff. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery.** |
| **Hospital Objective 1:** Alert and activate the Incident Command System (ICS) and HCC staff within [insert timeframe]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital Objective 2:** Develop an Incident Action Plan (IAP) and conduct [number of] associated meetings (e.g., incident briefing) within the first Operational Period for flood response | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital Objective 3:** Implement internal notification [insert strategies such as page, email, or intercom announcement] within [insert timeframe] for information and incident sharing within the hospital, between [XYZ Location, e.g., Labor Pool, HCC] and [XYZ Location, e.g., Triage Area, Pharmacy]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital Objective 4:** Initiate communication strategies [such as page, email. etc.] within [insert timeframe] between Hospital Command Centers and the [the Medical Health Operational Area Coordinator (MHOAC), local operational area/Department Operations Center (DOC)/Emergency Operations Center (EOC), Disaster Resource Center (DRC) and umbrella hospitals ]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital Objective 5:** [Insert XYZ position, e.g., Medical Care Branch Director] will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate [Insert Patient Tracking]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital Objective 6**: Assess and report hospital situation status and capability, to Medical and Health Operational Area Coordinator (MHOAC) within one hour of initiation of the poll. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital Objective 7:** The [Insert specific position, e.g., Logistics Section Chief] will send at least one resource request through the Medical and Health Operational Area Coordinator (MHOAC) within two hours of activation, and will communicate resource needs with Health Care Coalition partners to identify available assistance. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination** |
| **Hospital****Objective 8:** Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning. | **Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness** |
| **Long Term Care Objective 1:** Activate the Emergency Operation Plan (EOP) and policies related to external flooding within [insert timeframe] of notification of incident information that may affect normal operations. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Long Term Care Objective 2:** Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders within [insert timeframe]. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Long Term Care Objective 3:** If the decision is made to restrict admissions and shelter in place, provide patients with at least a minimum standard of care according to internal protocols and procedures within [insert timeframe]. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery** |
| **Long Term Care Objective 4:** If the decision is made to evacuate, implement policies and procedures to assure the safety and care of residents at other appropriate facilities within [insert timeframe]. | **Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery.** |
| **Long Term Care Objective 5:** Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning as needed within [insert timeframe]. | **Health Care Capability 3: Continuity of Health Care Service Delivery** |
| **Los Angeles County Fire Objective 1:** Provide situational awareness to the Medical and Health Operational Area Coordinator (MHOAC) Program for inclusion in the Public Health & Medical Emergency Operations Manual Situation Report within 10 minutes of activation. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Los Angeles County Fire Objective 2:** Provide and/or update effective risk communication in partnership with other local and regional players through the coordination of a Joint Information Center (JIC) within 60 minutes of activation. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Los Angeles County Fire Objective 3:** Activate the Incident Command System (ICS) and effectively transition into Unified Command (UC) within 60 minutes of notification of incident information that may affect normal operations between local jurisdictions affected. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Los Angeles County Fire Objective 4:** Develop an Incident Action Plan (IAP) and complete the appropriate forms (e.g. ICS-214) for the next Operational Period within 6 hours of Command Center activation. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Los Angeles County Fire Objective 5:** Establish, maintain, and/or update communications with internal and external partners (e.g., start of new Operational Period, significant changes, new important information) via local channels (e.g., radio, telephone, email, etc.) per agency protocols to maintain situational awareness and support response within 10 minutes of activation. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |
| **Los Angeles County Fire Objective 6:** Through UC, coordinate with emergency medical services (EMS) agencies and/or MHOAC Program for medical and health resource ordering, and to identify staging locations for ambulances and additional EMS resources within 60 minutes of identification of need. | **Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination** |

## PARTICIPANT ROLES & RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the FSE. Groups of participants, and their respective roles and responsibilities, are as follows:

* **Players.** Players are personnel who have an active role in discussing or performing their response roles and actions during the FSE. Players discuss or initiate actions in response to the simulated emergency.
* **Exercise Director.** The Exercise Director oversees all exercise functions during exercise conduct, oversees and remains in contact with controllers and evaluators, debriefs controllers and evaluators following the exercise, and oversees setup and cleanup of the exercise as well as positioning of controllers and evaluators.
* **Safety Controller.** The Safety Controller monitors exercise activities and advises the Exercise Director on all matters relating to incident health and safety of all exercise participants. The Safety Controller has emergency authority to stop and/or prevent unsafe acts during incident operations.
* **Controllers.** Controllers plan and manage FSE play, set up and operate the FSE site, and act in the roles of organizations or individuals that are not playing in the FSE. Controllers direct the pace of the FSE, provide key data to players, and may prompt or initiate certain player actions to ensure FSE continuity. In addition, they issue FSE material to players as required, monitor the FSE timeline, and supervise the safety of all FSE participants.
* **Simulators.** Simulators are control staff personnel who role-play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the FSE. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEG).
* **Actors/Victims.** Actors/Victims simulate specific roles during FSE play, typically victims or other bystanders. [Delete bullet if not applicable]
* **Observers.** Observers visit or view selected segments of the FSE. Observers do not play in the FSE, nor do they perform any control or evaluation functions. Observers view the FSE from a designated observation area and must remain within the observation area during the FSE. Very Important Persons (VIPs) are also observers, but they are often grouped separately.
* **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team. [Delete bullet if not applicable]
* **Support Staff.** The FSE support staff includes individuals who perform administrative and logistical support tasks during the FSE (e.g., registration, catering).

## EXERCISE ASSUMPTIONS & ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. FSE participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

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

* [The FSE is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.]
* [The FSE scenario is plausible, and events occur as they are presented.]
* [FSE simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.]
* [Participating agencies may need to balance FSE play with real-world emergencies.   
  Real-world emergencies take priority.]
* [Decisions are not precedent setting and may not reflect your organization’s final position.]
* [Time lapses may be inserted to achieve the FSE objectives.]
* [Impacts are seen across the spectrum of the response community.]
* [Participants should use existing plans, policies, and procedures. If during the course of the FSE there is disagreement with existing plans, policies, and procedures, this should be noted, and relevant stakeholders should assess the need to change documents after the FSE.]
* [There are no “hidden agendas” or trick questions.]
* [All players receive information at the same time.]
* [If a player would normally contact an individual or department that is not represented at the FSE, they should tell the SimCell what information they need and who they would contact. This action should be noted.]
* [Include any additional assumptions / artificialities to be used in the FSE.]

## FULL SCALE EXERCISE TOOLS

[In addition to this document, several tools have been developed by the Los Angeles County Statewide Medical and Health Exercise Working Group to aid healthcare entities and their partners in the development of their exercise. Other tools available on:

Insert LA County EMS Information

* Scenario Summary
* [Exercise Evaluation Guide (EEG)]
* [After Action Report (AAR) Template]
* [Actor/Victim Cards Template]
* Exercise Plan (ExPlan)
* [Objectives]
* [Master Scenario Events List (MSEL)]
* Controller Evaluator Handbook
* Situation Manual
* Participant Feedback Forms

**Additional Resources can be located at the following web pages:** <https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx> <http://tinyurl.com/LACoDisasterMedicalServices>

# EXERCISE LOGISTICS

[Each agency should fill in logistics information specific to their Full Scale Exercise (FSE) at their individual location.]

## Safety

FSE participant safety takes priority over FSE events. The following general requirements apply to the FSE:

* A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in FSE play and when FSE play can be resumed.
* For an emergency that requires assistance, use the phrase [“THIS IS NOT A DRILL.”]   
  The following procedures should be used in case of a real emergency during the FSE:
* Anyone who observes a participant who is seriously ill or injured will immediately   
  notify emergency services and the closest controller, and, within reason and training, render aid.
* A controller aware of a real emergency will initiate the [“THIS IS NOT A DRILL”] broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the [Control Cell or Simulation Cell (SimCell)] as soon as possible.

**Fire Safety** [delete section if not applicable]

Standard fire and safety regulations relevant to the [jurisdiction, venue, or organization] will be followed during the FSE. [Insert any organization or venue-specific guidelines/protocols]

**Emergency Medical Services** [delete section if not applicable]

The sponsor organization will coordinate with local Emergency Medical Services (EMS) in the event of a real-world emergency. [Insert any organization or venue-specific guidelines/protocols]

**Electrical and Generating Device Hazards** [delete section if not applicable]

All applicable electrical and generating device safety requirements should be documented prior to the start of the FSE. [Insert any organization or venue-specific guidelines/protocols]

**Weapons Policy** [delete section if not applicable]

All participants will follow the relevant weapons policy for the exercising organization or FSE venue.

## Site Access

**Security**

If entry control is required for the FSE venue(s), each participating facility is responsible for arranging appropriate security measures according to their existing policies and procedures

**Media/Observer Coordination** [delete section if not applicable]

Organizations with media personnel and/or observers attending the event should coordinate with each participating site individually for access to the FSE site according to their existing policies and procedures

**Exercise Identification** [delete section if not applicable]

Exercise staff may be identified by badges, hats, and/or vests that clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation according to their existing policies and procedures. Table 2 describes these identification items.

**Table 2: Exercise Identification**

| **GROUP** | **COLOR** |
| --- | --- |
| [Exercise Director] |  |
| [Controllers] |  |
| [Evaluators] |  |
| [Actors] |  |
| [Support Staff] |  |
| [Observers/VIPs] |  |
| [Media Personnel] |  |
| [Players, Uniformed] |  |
| [Players, Civilian Clothes] |  |

## PARKING & TRANSPORTATION

Parking will be available at the FSE sites. Public transportation options are also available according to their existing policies and procedures .

[Add parking information]

## REGISTRATION/CHECK-IN

All participants should check in prior to the FSE and receive instructions on facility characteristics according to their existing policies and procedures

[Add registration time and location]

## LUNCH

Food and refreshments will be provided for all FSE participants at participants’ discretion. [Add lunch time and location information. Delete if not applicable]

## CLEANUP & RESTORATION

After the FSE, controllers, evaluators, and players will begin cleanup operations to restore the area to pre-FSE conditions according to their existing policies and procedures. All participating organizations will assist in these efforts.

# POST-EXERCISE & EVALUATION ACTIVITIES

For a Full Scale Exercise (FSE) schedule, including the time and location of all post-FSE meetings, please see [Appendix A].

## Debriefings

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

### Hot Wash

At the conclusion of FSE play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

### Controller & Evaluator Debriefing

Immediately following the FSE, controllers and evaluators attend a facilitated Controller/Evaluator (C/E) debriefing where they provide an overview of their observed functional areas and discuss strengths and areas for improvement.

### Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on FSE activities and design. These forms should be collected at the conclusion of the Hot Wash.

## Evaluation

### Exercise Evaluation Guides

Exercise Evaluation Guides (EEG) assist evaluators in collecting relevant FSE observations. EEGs document FSE objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the FSE and compile the After-Action Report (AAR).

### After-Action Report

The AAR summarizes key information related to evaluation. It primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. The AAR also includes basic exercise information, including the exercise name, type, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and point of contact (POC).

## Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as part of a continuous corrective action program.

### After-Action Meeting

The After-Action Meeting (AAM) is held among decision- and policy-makers from the exercising organizations, the Lead Evaluator, and members of the Exercise Planning Team to debrief the FSE and review/refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss/validate the observations and corrective actions in the draft AAR/IP.

### Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from participating organizations, and discussed/validated during the AAM.

# PARTICIPANT INFORMATION & GUIDANCE

## EXERCISE RULES

The following general rules govern Full Scale Exercise (FSE) play:

* Real-world emergency actions take priority over FSE actions.
* FSE players will comply with real-world emergency procedures, unless otherwise directed by control staff.
* All communications (including written, radio, telephone, and e-mail) during the FSE will begin and end with the statement [“This is an exercise.”]
* FSE players who place telephone calls or initiate radio communication with the Simulation Cell (SimCell) must identify the organization or individual with whom they wish to speak.
* [Insert your jurisdiction/organization/facility’s specific rules here.]

## PLAYER INSTRUCTIONS

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

### Before the Exercise

* Review appropriate organizational plans, procedures, and FSE support documents.
* Be at the appropriate site at least 30 minutes before the FSE starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* If you gain knowledge of the scenario before the FSE, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
* [Read your Explan, which includes information on FSE safety.]
* [Insert your jurisdiction/organization/facility’s specific tasks here.]

### During the Exercise

* Respond to FSE events and information as if the emergency were real, unless otherwise directed by an FSE controller.
* Controllers will only give you information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
* Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If asked an exercise-related question, give a concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
* If you do not understand the scope of the FSE or are uncertain about an organization’s participation in an FSE, ask a controller.
* Parts of the scenario may seem implausible. Recognize that the FSE has objectives to satisfy that may require incorporation of unrealistic aspects. Every effort has been made to balance realism with safety, and to create an effective learning and evaluation environment.
* All FSE communications will begin and end with the statement [“This is an exercise.”] This precaution is taken so that anyone who overhears the conversation will not mistake FSE play for a real-world emergency.
* When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
* Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
* Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.
* [Insert your jurisdiction/organization/facility’s specific tasks here.]

### 

### After the Exercise

* Participate in the Hot Wash with controllers and evaluators.
* Complete the Participant Feedback Form, which allows you to comment candidly on emergency response activities and FSE effectiveness. Provide the completed form to a controller or evaluator.
* Provide any notes/materials generated from the FSE to your controller or evaluator for review and inclusion in the AAR.
* [Insert your jurisdiction/organization/facility’s specific tasks here.]

## SIMULATION GUIDELINES

Because the FSE is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals. [Include any additional simulations to be used in the FSE.]

# APPENDIX A: EXERCISE SCHEDULE

**[Note:** Jurisdictions/Organizations/Facilities should fill in and adjust the following timeline, breaks, etc.]

| **TIME** | **PERSONNEL** | **ACTIVITY** | **LOCATION** |
| --- | --- | --- | --- |
| **9/24/2019** | | | |
| TBD | All Participating Facilities/Agencies | * Participant Seminar |  |
| [Time] | Full Exercise (FSE) Controllers, Evaluators, & Staff | * Controller & Evaluator Orientation Briefing | [Location] |
| [Time] | FSE Controllers & Staff | * Set up Control Cell and walk-through the exercise site(s) | [Location] |
| [Time] | All FSE Players | * Player Briefing | [Location] |
| **[Date of Full Scale Exercise]** | | | |
| [Time] | Controllers & FSE Staff | * Check-in for final instructions and a communications check | [Location] |
| [Time] | Media | * Media Briefing | [Location] |
| [Time] | Very Important Persons (VIP) & Selected FSE Staff | * VIP Briefing | [Location] |
| [Time] | All Participants | * Safety/Player Briefing | [Location] |
| [Time] | All | * All participants in starting positions | [Location] |
| [Time] | **All** | * **Full Scale Exercise Starts** | [Location] |
| [Time] | **All** | * **Full Scale Exercise Ends** | [Location] |
| Immediately Following the FSE | All | * Venue Hot Washes * Turn in all Participant Feedback Forms | [Location] |
| [Time] | Controllers & Evaluators | * Controller/Evaluator Debrief | [Location] |
| **[Date of Post-Exercise Activities]** | | | |
| [Time] | Controllers, Evaluators, and Exercise Planning Team members | * After Action Meeting | [Location] |
| 12/17/2019 Time TBD | All Participating Facilities/Agencies | * Exercise Evaluation Conference | Santa Fe Springs Town Center |

# APPENDIX B: EXERCISE PARTICIPANTS

| NAME | ORGANIZATION |
| --- | --- |
| **Federal** | |
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| **State** | |
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| **[Jurisdiction A]** | |
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# APPENDIX C: COMMUNICATIONS PLAN

Jurisdictions, organizations, and facilities should use any pre-existing communications plans; e.g. [LA County EMS Agency Communication Plan](http://file.lacounty.gov/SDSInter/dhs/206683_Communication.pdf). For entities and organizations without an established communications plan, the plan below may be utilized instead.

All spoken and written communications will start and end with the statement [“THIS IS AN EXERCISE.”]

## 

## PLAYER COMMUNICATIONS

**Full Scale Exercise (FSE) communications do not interfere with real-world emergency communications.** Players use routine organization communications systems. Additional communication assets may be made available as the FSE progresses. Each venue or organization coordinates its internal communication networks and channels.

## CONTROLLER COMMUNICATIONS

Face-to-face interaction is the principal method of information transfer for controllers during the FSE. The controller communications network allows the Exercise Director or Senior Controller to make and announce universal changes in FSE documentation, such as changes to the Master Scenario Events List (MSEL).

[Landline telephone] is the primary means of communication between the SimCell, Controllers, and Players. A list of key telephone numbers will be available before the FSE starts.

## COMMUNICATIONS CHECK

Before the FSE, the Controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information according to their existing policies and procedures

## PLAYER BRIEFING

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

## PUBLIC AFFAIRS

Participating Facilities/Agencies are responsible for coordinating and disseminating public information before the FSE. Each venue should follow internal procedures.

## COMMUNICATIONS DIRECTORY

| **PARTICIPATING AGENCY** | **NUMBER/CHANNEL** |
| --- | --- |
| [Fire Department] | [(888) 888-8888] |
| [EMS Agency] | [(888) 888-8888] |
| [Police Department] | [(888) 888-8888] |
| [Public Health Department Operations Center (DOC)] | [(888) 888-8888] |
| [Hospital Command Center (HCC)] | [FRS Channel 12] |
| [Health Officer] | [FRS Channel 2] |

# APPENDIX D: EXERCISE SITE MAPS

[Map Title]

[Insert map]

[Map Title]

[Insert map]

# APPENDIX E: SCENARIO SPECIFIC GUIDELINES OR RESOURCES

[Insert information, resources, or relevant guidelines and reference material on the scenario chosen by your jurisdiction/organization/facility. If reference material is provided separately from the Exercise Plan (ExPlan), this appendix can be deleted.]

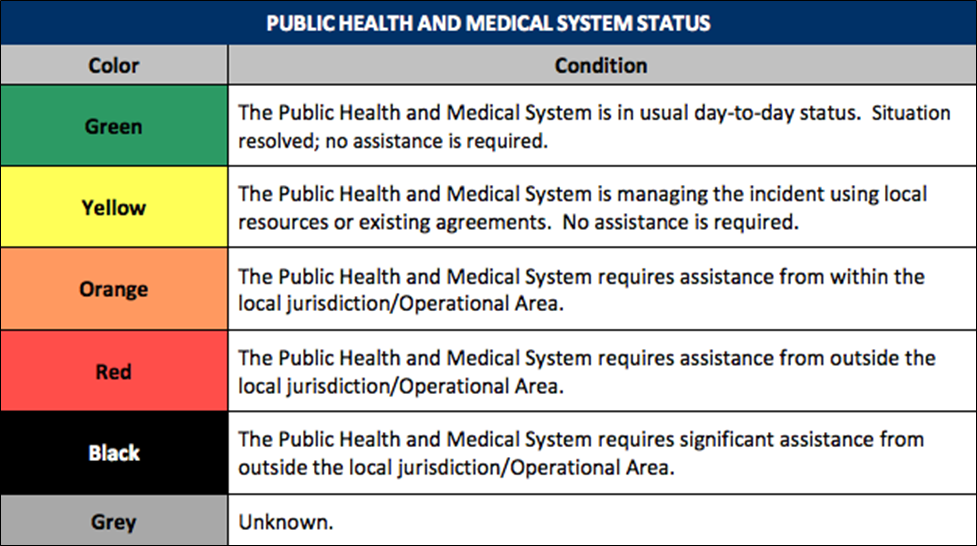
# APPENDIX F: COMMUNICATION & INFORMATION MANAGEMENT

[Insert Communication Plan and information management resources, relevant guidelines, and reference material on the scenario chosen by your jurisdiction/organization/facility; e.g. The [Los Angeles County EMS Agency Communication Plan](http://file.lacounty.gov/SDSInter/dhs/206683_Communication.pdf). If reference material is provided separately from the Exercise Plan (ExPlan), this appendix can be deleted.]

Los Angeles County MHOAC Incident Response Communication Flow Sheet is provided for your convenience.



The designation of Public Health and Medical Incident Level 1, 2, or 3 describes the need for resources. It is also important to assess and report the operational status of the Public Health and Medical System within the Operational Area. Public Health and Medical System Status is assessed using a color-coded system that describes conditions along a continuum from normal daily operations to major disaster. This system is generally modeled after the system developed to assess and report Health Care Surge Level described in CDPH’s Standards and Guidelines for Healthcare Surge During Emergencies. Note that this following is only an example of color codes. Each health care sector may utilize a color coding system unique to their sector.



# APPENDIX G: FORMS[[3]](#footnote-3)

[Resource Request Form](http://file.lacounty.gov/SDSInter/dhs/243593_FRM-ResourceRequestMedicalandHealth-20140814.xlsx)

# APPENDIX H: SAFETY CHECKLIST

[Each agency should fill in safety checklist information specific to their FSE.]

## Site Control/scene safety

* Access to full scale exercise (FSE) sites and the [Control Cell and/or SimCell] is limited to FSE participants.
* All participants check in before the FSE.
* Media/Observers are escorted to designated areas according to their existing policies and procedures
* FSE staff are wearing the pre-determined badges, hats, and/or vests to clearly display their FSE roles according to their existing policies and procedures.
* A perimeter fence or other types of barrier controls are in place.
* Site access points to the site or building have been identified and will be monitored during the duration of the FSE.
* Vehicle traffic is separated from pedestrian traffic on the site.
* Vehicle barriers at the perimeter and building maintain access for emergency responders, including large fire apparatus.
* Signs provide control of vehicles and people.
* All existing fire hydrants on the site are accessible.
* Floor plans posted show exits, entrances, location of security equipment, etc.

## Participant Safety

* All participants are aware that there is a Safety Controller on scene.
* All participants know to use the phrase [“THIS IS NOT A DRILL”] if an emergency arises that requires assistance.
* All participants are aware that they should notify emergency services and the closest controller if they observe another participant who is seriously ill or injured.
* All participants know to advise their venue’s controller or evaluator of any unauthorized persons.
* All participants are aware of exercise identification items, and will be able to identify FSE staff.
* All participants are aware of the exits, entrances, location of security equipment, etc.
* All participants are aware of and have agreed to the relevant weapons policy.

APPENDIX I: ACRONYMS

|  |  |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AFN | Access and Functional Needs |
| C/E | Controller/Evaluator |
| CAHAN | California Health Alert Network |
| CAHF | California Association of Health Facilities |
| Cal OES | California Governor's Office of Emergency Services |
| Cal OSHA | California Division of Occupational Safety and Health |
| CBO | Community Based Organizations |
| CCLHO | California Conference of Local Health Officers |
| CDPH | California Department of Public Health |
| CERT | Community Emergency Response Team |
| CHA | California Hospital Association |
| C/ME | Coroner/Medical Examiner |
| CPCA | California Primary Care Association |
| CHHS | California Health and Human Services Agency |
| DHS | Department of Homeland Security |
| DHS-DOC | Department of Health Services Department Operations Center |
| DMH | Department of Mental Health |
| DOC | Department Operations Center |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guides |
| EHD | Environmental Health Department |
| EMS | Emergency Medical Services |
| EMSA | Emergency Medical Services Authority |
| EMSAAC | Emergency Medical Services Administrators Association of California |
| EOC | Emergency Operation Center |
| EOM | California Public Health and Medical Emergency Operations Manual |
| EOP | Emergency Operations Plan |
| EPO | California Department of Public Health Emergency Preparedness Office |
| ETA | Estimated Time of Arrival |
| ExPlan | Exercise Plan |
| FAC/FIC | Family Assistance Center / Family Information Center |
| FBI | Federal Bureau of Investigation |
| FEMA | Federal Emergency Management Agency |
| FOUO | For Official Use Only |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| IP | Improvement Plan |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| JRIC | Joint Regional Intelligence Center |
| JTTF | Joint Terrorism Task Force |
| LEMSA | Local Emergency Medical Services Authority |
| LHD | Local Health Department |
| MAC | Medical Alert Center |
| MCI | Mass Casualty Incident |
| MHCC | Medical and Health Coordination Center |
| MHOAC | Medical/Health Operational Area Coordinator Program |
| MOU | Memorandum of Understanding |
| MRC | Medical Reserve Corps |
| MSEL | Master Scenario Events List |
| NGO | Non-governmental organization |
| NHICS | Nursing Home Incident Command System |
| NIMS | National Incident Management System |
| OA | Operational Area |
| OEM | Office of Emergency Management |
| OES | California Governor’s Office of Emergency Services |
| PHEP | Public Health Emergency Preparedness |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RDMHS | Regional Disaster Medical Health Specialist |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SimCell | Simulation Cell |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| SOC | State Operations Center |
| SWAT | Special Weapons and Tactics Team |
| SWMHE | Statewide Medical and Health Exercise |
| TLO | Terrorism Liaison Officer |
| TTX | Tabletop Exercise |
| UC | Unified Command |
| VIP | Very Important Person |

1. . After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right-clicking on it and selecting “update field.” [↑](#footnote-ref-1)
2. . From FEMA’s Emergency Management Institute Exercise Design Guidelines, in “Unit 4: Exercise Design Steps.” [↑](#footnote-ref-2)
3. . Source: CDPH Emergency Operations Manual, July 2011 [↑](#footnote-ref-3)