****

**Medical Response and Surge Exercise (MRSE)**

Exercise Plan (ExPlan)

Thursday, November 17, 2022

Welcome to the Los Angeles County Emergency Medical Services (EMS) Agency, Medical Response and Surge Exercise (MRSE). The 2022 MRSE will focus on surge and radiological response plan evaluation.

Supported by the U.S. Administration for Strategic Preparedness and Response(ASPR), Hospital Preparedness Program (HPP), and the Los Angeles County Healthcare Coalition (HCC) the MRSE is an annual requirement of the HPP cooperative agreement.

The MRSE is a functional exercise designed to examine and evaluate the ability of HCC and other stakeholders to support medical surge. Placing stress on the health system is important for testing current response systems, identifying gaps in preparedness, and informing improvement planning by facilitating program grant requirements and Healthcare Coalition (HCC) priorities.

ASPR developed the [2017-2022 Health Care Preparedness and](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf) [Response Capabilities](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf) guide to detail what health care organizations, including HCCs and emergency medical services (EMS) agencies, must do to prepare for and respond to emergencies.

# TABLE OF CONTENTS

TABLE OF CONTENTS 2

Exercise Overview 3

General Information 5

Participant Roles and Responsibilities 6

Exercise Guidelines 10

Calculating the Scale of the Surge 10

Exercise Assumptions and Artificialities 13

Exercise Logistics 14

Safety 14

Site Access 15

Post-exercise Activities 16

Debriefings 16

Participant Information and Guidance 17

Exercise Rules 17

Players Instructions 17

Appendix A: Communications Plan A

Appendix B: Exercise Participants B

Appendix C: Exercise Schedule C

Appendix D: Exercise Site Maps D

Appendix E: Exercise Scenario E

Appendix F: Acronyms F

**CUSTOMIZING THIS DOCUMENT**

*Throughout this document, there are opportunities for customization by organization/facility planners. This document serves as a template guidance document. This document may be modified to reflect the unique characteristics of your organization/facility. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. 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 tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on them and selecting “update field”.*

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | Medical Response and Surge Exercise (MRSE)  |
| **Exercise Date** | Thursday, November 17, 2022 |
| **Scope** | The MRSE is a functional exercise for Hospital Preparedness Program (HPP) fund recipients and Healthcare Coalition members. There will be no actual movement of patients. The Countywide exercise component will last approximately 4:00 hours. Play will take place in the live ReddiNet system. Command center activation is optional. |
| **ASPR Core Capabilities** | Capability 1. Foundation for Health Care and Medical ReadinessCapability 2. Health Care and Medical Response CoordinationCapability 4. Medical Surge |
| **FEMA Mission Areas** | FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery) |
| **FEMA Core Capabilities** | * Planning
* Operational Coordination
* Operational Communication
* Public Health, Healthcare, and Emergency Medical Services
 |
| **Goals and Objectives** | The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge.In addition, the exercise will test the HCC radiological preparedness plans, communication processes, and patient destination coordination to support surge efforts. |
| **Threat/Hazard** | Radiological surge incident |
| **Scenario** | A dirty bomb explosion has occurred at a mass gathering event near your facility resulting in a large-scale multi-casualty incident (MCI). Many victims self-transported from the scene to local hospitals. Multiple other patients will be transported to hospital emergency departments throughout the county due to injuries related to a radiologic incident. HAZMAT and Public Health’s Radiation Management team confirmed the detonation and release of Caesium-137.Hospital emergency departments are receiving a large influx of self-transport victims and patients arriving by EMS with radiation and other injuries. The patients arriving by EMS have been triaged by personnel in the field in the Immediate, Delayed, and Minor categories. |
| **Sponsor** | Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program |
| **Participating Organizations** | * Ambulatory Surgery Centers
* Clinics
* Dialysis Centers
* Home Health and Hospice
* Hospitals
* Long Term Care Facilities
* Los Angeles City Fire Department
* Los Angeles County EMS Agency
* Los Angeles County Fire Department
* Los Angeles County Office of Emergency Management
* Public Health (Long Beach, Los Angeles County, Pasadena)
* Provider Agencies (Private)
 |
| **Point of Contact** | Darren VerretteDisaster Program ManagerLos Angeles County Emergency Medical Services Agency10100 Pioneer Blvd.Santa Fe Springs, CA 90670 |

# General Information

**Exercise Objectives and Capabilities**

The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge. The MRSE is a functional exercise and has very specific surge capacity requirements and data collection elements. HCC must surge to 20% of staffed beds by five (5) required bed types:

1. Emergency Department
2. General Medicine
3. Surgical
4. Post Critical Care (Step Down, Monitored Bed)
5. ICU (MICU, SICU, CCU)

The MRSE includes six (6) required objectives for the Health Care Coalition. The Core Capabilities are from the U.S. Administration for Strategic Preparedness and Response, 2017-2022 Health Care Preparedness and Response Capabilities guide. [2017-2022 Health Care Preparedness and Response Capabilities (phe.gov)](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf)

**Health Care Coalition (HCC) Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Assess an HCC’s capacity to support a large-scale, community-wide medical surge incident | Capability 4. Medical Surge |
| Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans. | Capability 1. Foundation for Health Care and Medical Readiness |
| Evaluate coalition members’ ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident | Capability 2. Health Care and Medical Response Coordination  |
| Assist HCCs and their members with improvement planning based on MRSE outcomes | Capability 1. Foundation for Health Care and Medical Readiness |
| Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement | Capability 1. Foundation for Health Care and Medical Readiness |
| Provide a flexible exercise which could be customized to meet the needs and/or exercise requirements of HCCs | Capability 1. Foundation for Health Care and Medical Readiness |

**Exercise Objectives by Sector**

**Ambulatory Surgery Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

**Clinic Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain communications with healthcare partners and the local Disaster Operations Center | Capability 2. Health Care and Medical Response Coordination |
| Activate the Incident Command System to provide a structured and successful emergency response.  | Capability 2. Health Care and Medical Response Coordination |
| Ensure processes and procedures are in place throughout response to provide the following to all clinical and non-clinical staff and their families: appropriate Personal Protective Equipment (PPE), psychological first aid, just-in-time training, and other interventions specific to the emergency to protect health care workers from illness or injury | Capability 2. Health Care and Medical Response Coordination  |
| Initiate shelter in place plan if facility is located within geographically affected area | Capability 4. Medical Surge |

**Dialysis Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

**EMS Agency / MAC / MHOAC Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and Notifications | Capability 2. Health Care and Medical Response Coordination  |
| Communications and Resource Requesting. | Capability 1. Foundation for Health Care and Medical Readiness |

**Fire Department / Provider Agency Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and Notifications | Capability 2. Health Care and Medical Response Coordination |
| Implement Plan | Capability 4. Medical Surge |
| Implement FOAC for mutual aid back up providers**.** | Capability 2. Health Care and Medical Response Coordination  |
| Implement Regional Mutual Aid Plan. | Capability 4. Medical Surge |

**Home Health / Hospice Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

**Hospital Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 4. Medical Surge |
| Activate incident management team. | Capability 2. Health Care and Medical Response Coordination |
| Develop an incident action plan. | Capability 2. Health Care and Medical Response Coordination  |
| Assess the hospital’s ability to activate and integrate patient surge response plans to a radiological event. | Capability 4. Medical Surge |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Patient Transfer | Capability 4. Medical Surge |

**Long Term Care Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 4. Medical Surge |
| Activate Incident Management Team | Capability 2. Health Care and Medical Response Coordination |
| Develop an Incident Action Plan | Capability 2. Health Care and Medical Response Coordination  |
| Implement Shelter-in-place/surge plans | Capability 4. Medical Surge |
| Implement Evacuation Plans | Capability 4. Medical Surge |
| Communication and Resource Requesting | Capability 2. Health Care and Medical Response Coordination |

**Los Angeles County Office of Emergency Management:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Communication and Situational Awareness | FEMA Core Capability: Operational Communication |

**Urgent Care Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

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

## Participant Roles and Responsibilities

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

* **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
* **Simulators.** Simulators are control staff personnel who deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
* **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
* **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

## Exercise Guidelines

* This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
* Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
* Decisions are not precedent setting and may not reflect your jurisdiction’s/ organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
* Problem-solving efforts should be the focus. Areas of opportunities can help improve [focus area] and result in action items.
* The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

## Calculating the Scale of the Surge

The HCC determined the total number of staffed beds within its coalition by bed type. HCC’s are required to surge to 20% of staffed beds for the exercise. Staffed beds mean those beds which are equipped and available for patient use. Staffed beds include those that are occupied and those that are vacant.

**STAFFED BED CALCULATION**

The HCC has determined that it has **17,000 staffed beds of the five required** bed types. To surge to 20% of its staffed bed capacity, the HCC used the following calculation to determine the total number of surge patients:

**20% of 17, 000** staffed beds of the five required types (**17,000 x 20% = 3,400)**

**Total numbers of surge patients in the exercise = 3,400**

80% of the 3,400 surge patients will self-transport to the eighty (80) acute care hospital in the County (**3,400 x 80% = 2,720)**

20% of the 3,400 surge patients will be distributed between the sixty-nine (69) 911 receiving facilities in the County by ambulance (**3,400 x 20% = 680)**

Staffed bed types are summarized in the Tables below.

*Table 2: Required and optional staffed bed types used by the Medical Response & Surge Exercise*

|  |  |
| --- | --- |
| **Staffed Bed Type** | **Calculation** |
| Emergency Department Beds | Required |
| General Medical Unit Beds | Required |
| ICU beds (SICU, MICU, CCU) | Required |
| Post Critical Care (Monitored / stepdown) Beds | Required |
| Surgical Unit Beds (pre-op, post-op, & procedural) | Required |

*Table 3: Below is a crosswalk between bed types and the equivalent in the MRSE.*

|  |  |
| --- | --- |
| **Bed Type** | **MRSE Staffed Bed Type Equivalent** |
| Adult Psychiatric | Psychiatric Unit Beds |
| Burn Floor Beds | Post Critical Care (Monitored / stepdown) Beds |
| Burn ICU | ICU Beds (SICU, MICU, CCU) |
| Closed / Inactive Floor Beds | Not Included in the MRSE |
| Floor Beds | General Medical Unit Beds |
| ICU Beds | ICU Beds (SICU, MICU, CCU) |
| Monitored / Stepdown Beds | Post Critical Care (Monitored / Stepdown) Beds |
| Neonatal ICU (NICU) | Neonatal ICU Beds |
| Nursery Beds | Labor and Delivery Unit Beds |
| Operating Room Beds | Surgical Unit Beds (pre-op, post-op, & procedural) |
| Pediatric ICU | Pediatric ICU Beds |
| Pediatric Psychiatric | Psychiatric Unit Beds |
| Pediatrics Floor Beds (Inpatient) | General Pediatric Unit Beds |
| Pre-induction, Post Anesthesia andProcedural Beds | Surgical Unit Beds (pre-op, post-op, &procedural) |

**Data Elements and Information Sharing**

Hospitals will be communicating with the Medical Alert Center (MAC) to maintain situational awareness, share information, assess resource availability, and support identification and sharing of resources. Communication with the MAC should follow the normal communication procedures unless informed of alternative channels.

**Patient Allocation**

The Healthcare Coalition (HCC) must surge to 20% of its staffed bed capacity (17,000 staffed beds multiplied by 20% = 3,400 surge patients)

The HCC consist of sixty-nine (69) Acute Care Hospitals with Emergency Departments and eleven (11) Acute Care Hospitals without Emergency Departments.

Sixty-eight (68) of the Acute Care Hospitals with an Emergency Department will receive forty-eight (48) surge patients. One (1) facility, Catalina Island Medical Center, will receive twenty-six (26) surge patients.

The eleven (11) Acute Care Hospitals without an Emergency Department will receive ten (10) surge patients.

Before the exercise, each participating hospital must download the victim list from the EMS website [https://dhs.lacounty.gov/emergency-medical-services-agency/home/disaster-programs/exercise-drills/ - 1648150843740-ab025eee-cd58](https://dhs.lacounty.gov/emergency-medical-services-agency/home/disaster-programs/exercise-drills/#1648150843740-ab025eee-cd58).

Hospitals will select the number of victims off the victim list equivalent to the total number of surge patients they will have for the exercise. Hospitals with emergency departments will select forty-eight (48) patients from the victim list. Hospitals without emergency departments will select ten (10) patients from the victim list. Catalina Island Medical Center will select twenty-six (26) patients from the victim's list. Hospitals may select the victim cards (patients) of their choice. Clinical personnel will perform patient triage and determine if patients will require inpatient care and admission versus outpatient care based upon the selected victim cards. Patients who require inpatient care and admission will need an appropriate, staffed bed while patients in need of outpatient care will not in this exercise.

**Confirm Staffed bed Availability for Patients**

Participating facilities will need to capture the following data elements:

**Start of Exercise (Prior to Patient Surge Data):**

1. Number of staffed beds (includes both vacant and occupied beds) at the beginning of the exercise, prior to receiving patients, for the five (5) required bed types only
2. Number of existing in-patients (census) at the beginning of the exercise, prior to receiving patients
3. Number of existing in-patients who could be safely discharged to accommodate surge patients (decompress)

**During and Post Exercise (Patient Surge Data):**

1. Number of surge patients requiring admission for inpatient care based on triage assessment
2. Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)
3. Number of existing in-patients and surge patients requiring admission for inpatient care with an appropriate staffed bed and after safe discharge of patients from the original patient census.

## Exercise Assumptions and Artificialities

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

### *Assumptions*

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

* If you are a Fire Department, a Provider Agency, OEM, EMS, or the MAC use **Dignity Sports Park in Carson** as the incident location. All other sectors such as Hospitals, LTC, Clinics, Dialysis, etc. choose a location that allows you to exercise the capabilities based on the objectives.
* The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The exercise scenario is plausible, and events occur as they are presented.
* Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
* Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

### *Artificialities*

During this exercise, the following artificialities apply:

* Some hospitals will be disproportionately impacted more than others. For example, the 20% staffed bed capacity of Ronald Reagan UCLA (RR UCLA) is a larger number compared to the 20% staffed bed capacity of Emanate Foothill Presbyterian (FHP) Hospital. Sending 48 surge patients to RR UCLA is less than their 20% surge capacity, while sending 48 surge patients to FHP is greater than their 20% surge capacity.
* Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell
* Only communication methods listed in the Communications Directory are available for players to use during the exercise.

# Exercise Logistics

## Safety

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

* A Safety Controller is responsible for ensuring the exercise is conducted in a safe environment; 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 exercise play and when exercise play can be resumed.
* For an emergency that requires assistance, use the phrase **“real-world emergency.”** The following procedures should be used in case of a real emergency during the exercise:
* 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.
* The controller aware of a real emergency will initiate the **“real-world emergency”** broadcast and provide the Safety Controller, Lead Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Lead Controller will notify the EMS Agency AOD as soon as possible if a real emergency occurs.

### *Fire Safety*

Standard fire and safety regulations relevant to the organization will be followed during the exercise.

### *Emergency Medical Services*

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency.

## Site Access

### *Security*

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

and answer questions. Exercise participants should be advised of media and/or observer presence.

### *Exercise Identification*

Exercise staff may be identified by badges, hats, and/or vests to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 4 describes these identification items.

| Group | Color |
| --- | --- |
| Controllers | [White] |
| Evaluators | [Red] |
| Support Staff | [Green] |
| Players | [Blue] |
| Safety Controller | [Orange] |
| Observer | [Gray] |
| Media | [Purple] |
| Actors | [Yellow] |
| VIP | [Black] |

Table 4. Exercise Identification

# Post-exercise Activities

## Debriefings

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

### *Hotwash*

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

### *Participant Feedback Forms*

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design, and to share their observed strengths and areas for improvement. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

# Participant Information and Guidance

## Exercise Rules

The following general rules govern exercise play:

* Real-world emergency actions take priority over exercise actions.
* Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
* All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **“This is an exercise.”**

## Players Instructions

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

### *Before the Exercise*

* Review appropriate organizational plans, procedures, and exercise support documents.
* Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* Read your Exercise Information Handout if provided.

### *During the Exercise*

* Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
* Controllers will give you only 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, or evaluators. If you are asked an exercise-related question, give a short, 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 exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
* All exercise 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 exercise play for a real-world emergency.
* 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.

### *After the Exercise*

* Participate in the Hotwash at your venue with controllers and evaluators.
* Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
* Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

# Appendix A: Communications Plan

## Controller Directory

| **Name** | **Agency** | **Location** | **Phone** | **Email** |
| --- | --- | --- | --- | --- |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |

## Simulation Cell Directory

| **Name** | **Simulating Agency** | **Phone** | **Email** |
| --- | --- | --- | --- |
| [Name] | [Agency] | [Phone] | [Email] |
| [Name] | [Agency] | [Phone] | [Email] |
| [Name] | [Agency] | [Phone] | [Email] |
| [Name] | [Agency] | [Phone] | [Email] |
| [Name] | [Agency] | [Phone] | [Email] |
| [Name] | [Agency] | [Phone] | [Email] |

## Evaluator Directory

| **Name** | **Agency** | **Location** | **Phone** | **Email** |
| --- | --- | --- | --- | --- |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |
| [Name] | [Agency] | [Location] | [Phone] | [Email] |

# Appendix B: Exercise Participants

| **Participating Organizations** |
| --- |
| **County** |
| Medical Alert Center |
| [County Participant] |
| [County Participant] |
| **City** |
| [City Participant] |
| [City Participant] |
| [City Participant] |
| **[Jurisdiction A]** |
| [Jurisdiction A Participant] |
| [Jurisdiction A Participant] |
| [Jurisdiction A Participant] |
| **[Jurisdiction B]** |
| [Jurisdiction B Participant] |
| [Jurisdiction B Participant] |
| [Jurisdiction B Participant] |

# Appendix C: Exercise Schedule

[**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the ExPlan.]

| Day 1: Thursday, November 17, 2022 | Personnel | Activity | Location |
| --- | --- | --- | --- |
| [Time] | Controllers and exercise staff | Check-in for final instructions and communications check | [Location] |
| [Time] | Media | Media Briefing | [Location] |
| [Time] | VIPs and selected exercise staff | VIP Controller Briefing | [Location] |
| [Time] | Controllers and evaluators | Controllers and evaluators in starting positions | [Location] |
| [Time] | All | Controllers provide player briefs | [Location] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Appendix D: Exercise Site Maps

Figure D.1: [Map Title]

[Insert map]

Figure D.2: [Map Title]

[Insert map]

# Appendix E: Exercise Scenario

A dirty bomb explosion has occurred at a mass gathering event near your facility resulting in a large-scale multi-casualty incident (MCI). Many victims self-transported from the scene to local hospitals. Multiple other patients will be transported to hospital emergency departments throughout the county due to injuries related to a radiologic incident, a dirty bomb explosion. HAZMAT and Public Health’s Radiation Management team confirmed the detonation and release of Caesium-137.

Hospital emergency departments are receiving a large influx of self-transport victims and patients arriving by EMS with radiation and other injuries. The patients arriving by EMS have been triaged by personnel in the field in the Immediate, Delayed, and Minor categories.

## Major Events

### [Venue Name]

* [Insert a list of major exercise events at each venue, including both simulated scenario events and important expected player actions.]
* [Insert event description.]
* [Insert event description.]

### [Venue Name]

* [Insert a list of major exercise events at each venue, including both simulated scenario events and important expected player actions.]
* [Insert event description.]
* [Insert event description.]

### [Venue Name]

* [Insert a list of major exercise events at each venue, including both simulated scenario events and important expected player actions.]
* [Insert event description.]
* [Insert event description.]

# Appendix F: Acronyms

| **Acronym** | **Term** |
| --- | --- |
| DHS | U.S. Department of Homeland Security |
| ASPR | Administration of Strategic Preparedness and Response |
| EMS Agency | Los Angeles County Emergency Medical Services Agency |
| ExPlan | Exercise Plan |
| HHS | U.S. Department of Health and Human Services |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| MAC | Medical Alert Center |
| MCI | Multi-Casualty Incident |
| SME | Subject Matter Expert |
|  |  |
|  |  |
|  |  |