

Medical Response and Surge Exercise – Pediatric Surge and Health Care Coalition Power Outage Exercise

**Controller/Evaluator Handbook**

**Thursday, November 16, 2023**

The Controller/Evaluator (C/E) Handbook describes the roles and responsibilities of exercise controllers and evaluators, and the procedures they should follow. Because the C/E Handbook contains information about the scenario and about exercise administration, it is distributed to only those individuals specifically designated as controllers or evaluators; it should not be provided to exercise players. The C/E Handbook may supplement the Exercise Plan (ExPlan) or be a standalone document.

# TABLE OF CONTENTS

TABLE OF CONTENTS 2

Exercise Overview 3

General Information 5

Exercise Objectives and Capabilities 5

Participant Roles and Responsibilities 10

Exercise Assumptions and Artificialities 14

Exercise Logistics 15

Safety 15

Site Access 16

Post-exercise Activities 18

Debriefings 18

Evaluation 18

Improvement Planning 18

Participant Information and Guidance 20

Exercise Rules 19

Players Instructions 19

Appendix A: Communications Plan A-1

Appendix B: Exercise Participants B-1

Appendix C: Exercise Schedule C-1

Appendix D: Exercise Site Maps D-1

Appendix E: Exercise Scenario E-1

Appendix G: Acronyms F-1

# Exercise Overview

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| --- | --- |
| **Exercise Name** | Medical Response and Surge Exercise - Pediatric Surge and Health Care Coalition Power Outage Exercise |
| **Exercise Date** | Thursday, November 16, 2023 |
| **Scope** | The MRSE is a functional exercise for Hospital Preparedness Program fund recipients and Healthcare Coalition members  There will be no actual movement of patients  The Countywide coordination component will last approximately four 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 Readiness  Capability 2. Health Care and Medical Response Coordination  Capability 3. Continuity of Health Care Service Delivery  Capability 4. Medical Surge |
| **FEMA Mission Areas** | FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery) |
| **PHEP Core Capabilities** | Capability 3: Emergency Operations Coordination |
| **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 pediatric surge plan, communication processes, patient destination coordination to support surge efforts, and power outage for the non-Hospital sectors. |
| **Threat/Hazard** | Pediatric surge incident and power outage |
| **Scenario** | At 06:00 hours a large underground explosion occurred in a Metrorail tunnel under Vermont Avenue between Sunset Boulevard and De Longpre Avenue near Children’s Hospital Los Angeles (CHLA). The Los Angeles City Fire Department has cleared the scene and all patients from the incident have been transported to various emergency departments in the County. Metrorail and utility crews remain on scene assessing damage to the tunnel and other infrastructure.  At 08:00 hours CHLA requires a full evacuation due to loss of water. The current census of CHLA is 490 patients. CHLA has power. Telephones and internet-based platforms are operational.  At 09:00 hours received report of power outages sporadically occurring throughout the County. *(This is an optional exercise component to support play for the non-Hospital sectors. Hospitals can choose to incorporate this optional component into their exercise. However, if included, hospitals cannot divert pediatric patients due to power outage).* |
| **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) * Urgent Care Centers |
| **Point of Contact** | [Name Exercise Lead]  [Title / Position]  [Facility /Agency]  [Address]  [City, State, Zip Code] |

# 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 pediatric staffed beds by the designated bed types:

1. Emergency Department
2. General Pediatric / Acute Care
3. Pediatric ICU
4. Neonatal ICU
5. Pediatric Dialysis

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 awareness of the common operating picture by gathering and sharing real-time information related to the emergency | Capability 2. Health Care and Medical Response Coordination |
| Activate the Incident Command System (ICS) and the facility’s Command Center | Capability 2. Health Care and Medical Response Coordination |
| Determine the facility’s priorities for ensuring key functions are maintained throughout the emergency | Capability 3. Continuity of Health Care Service Delivery |

**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 to provide appropriate resources to staff | Capability 3. Continuity of Health Care Service Delivery |

**Dialysis Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Evaluate capabilities and resources for a surge event | Capability 2. Health Care and Medical Response Coordination |
| Maintain Communication | Capability 2. Health Care and Medical Response Coordination |
| Determine the facility’s priorities for ensuring key functions are maintained throughout the emergency | Capability 3. Continuity of Health Care Service Delivery |

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

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 2. Health Care and Medical Response Coordination |
| 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 pediatric surge response plans to a hospital evacuation event | Capability 4. Medical Surge |
| MHOAC 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 |

**Home Health / Hospice Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communication | Capability 2. Health Care and Medical Response Coordination |
| Shelter-In-Place / Evacuation (Water & Power) | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination |
| Patient Safety and Continuity of Care (Water & Power) | Capability 3. Continuity of Health Care Service Delivery |

**Hospital Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 2. Health Care and Medical Response Coordination |
| 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 pediatric surge response plans to a hospital evacuation event | Capability 4. Medical Surge |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |

**Long Term Care Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Activate the Emergency Operation Plan (EOP) and policies related to Surge Incident | Capability 2. Health Care and Medical Response Coordination |
| Activate Communication Plan | Capability 2. Health Care and Medical Response Coordination |
| Activate Surge Plans | Capability 3. Continuity of Health Care Service Delivery |
| Implement the Nursing Home Incident Command System (ICS) in Response to a Surge Incident | Capability 3. Continuity of Health Care Service Delivery |
| Plan for the Activation of Mental and Behavioral Health Services for all Staff Members as part of Incident Response and Recovery Planning as Needed | Capability 3. Continuity of Health Care Service Delivery |

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

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

**Los Angeles County Department of Public Health:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Establish situational awareness with health and medical stakeholders/MHOAC to determine needs | PHEP Capability 3: Emergency Operations Coordination |
| Determine need as to whether or not to activate formal ICS organization | PHEP Capability 3: Emergency Operations Coordination |
| Coordinate ongoing situational awareness and establish information sharing plan | PHEP Capability 3: Emergency Operations Coordination |

**Urgent Care Center 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 to provide appropriate resources to staff | Capability 3. Continuity of Health Care Service Delivery |

**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

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.

**Pediatric Surge**

**Pediatric Staffed Bed Calculation**

The HCC has determined that it has **2,453 staffed pediatric beds.** 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 2,453** staffed pediatric beds (**2,453 x 20% = 490)**

**Total numbers of pediatric surge patients in the exercise = 490**

Staffed bed types are summarized in the Tables below.

|  |  |
| --- | --- |
| **Staffed Bed Type** | **Calculation** |
| Emergency Department | Required |
| General Pediatric / Acute Care | Required |
| Pediatric ICU (PICU) | Required |
| Neonatal ICU (NICU) | Required |
| Pediatric Dialysis | Required |

**Table 2: Required and optional staffed bed types used by the 2023 MRSE**

**Data Elements and Information Sharing**

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

**Los Angeles County Pediatric Surge Plan**

The Los Angeles County Pediatric Surge Plan is a tiered system based on pediatric capacity and capability. Patient age and acuity are factored in when determining the location where children will be treated. The goal is to expand hospitals’ existing capabilities and triage the most critically ill or injured children to those hospitals accustomed to treating them. Although hospital capabilities and capacity vary, all hospitals will need to participate to meet the needs of children.

The Los Angeles County (LAC) Pediatric Surge Plan may be activated in response to an incident that has a disproportionate number of pediatric patients. The plan will be activated in the same way the LAC EMS Agency functions daily with ReddiNet and transfers through the Medical Alert Center (MAC). The EMS Agency will be responsible for activating the plan based on information they receive about a given incident. The MAC will notify all hospitals and prehospital providers that the Pediatric Surge Plan has been activated through the ReddiNet messaging module.

To expand the hospital’s existing capability, each hospital will determine what specific strategies to implement to meet its surge capacity target. Hospitals will utilize the clinical practices of pediatric care that are standard for their facility.

Hospital surge capacity targets are determined by assigned tier level. Most hospitals in the County have been assigned to a tier level in the Pediatric Surge Plan based on pediatric capability. The plan includes 7 tier levels. Facilities that can accommodate the youngest and most critically ill or injured pediatric patients are assigned to Tier 1. Hospitals without emergency departments and no pediatric capability are assigned to Tier 7. Some hospitals are undesignated and have not been assigned a Pediatric Surge Plan tier category.

**Patient Allocation**

The Healthcare Coalition (HCC) must surge 490 pediatric patients which is 20% of its staffed pediatric bed capacity.

Each hospital will be allocated a pre-determined number of pediatric patients based on the assigned tier level:

* Tier 1 to Tier 3 Hospitals: 12 pediatric patients each
* Tier 4 to Tier 5 Hospitals: 7 pediatric patients each
* Tier 6 Hospitals: 5 pediatric patients each
* Tier 7 Hospitals: 0 pediatric patients
* Undesignated Hospitals: 0 pediatric patients

Each participating hospital will receive pre-assigned types of pediatric patients according to tier level:

* Tier 1 to Tier 3 hospitals will receive the youngest and most critical cases
* Tier 4 to Tier 6 hospitals will receive older more stable patients
* Tier 7 and participating undesignated hospitals will not receive pediatric patients. They will be allocated 10 adult victims each (patient transfers) to support hospital decompression efforts.

**Pediatric Victim List**

Before the exercise, each participating hospital assigned to Pediatric Surge Plan tiers 1 through 6 must download the Pediatric Victim list from the EMS Agency 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).

SimCell will facilitate pediatric patient movement on the day of the exercise. There will be no actual movement of patients. SimCell will call each receiving facility and provide patient assignment information from the Pediatric Victim List. The SimCell caller will relay which patients on the list downloaded from the website are assigned to the contacted hospital.

When Hospitals register for the exercise, each facility must provide the point of contact information including the name, title or position, and telephone number of the person who will receive the facility's pediatric victim list information on the day of the exercise.

Clinical personnel will perform patient triage and determine if patients will require inpatient care and admission versus outpatient care based on the data provided on the victim cards. Patients who require inpatient care and admission will need an appropriate, staffed bed in this exercise.

**Adult Victim List**

Before the exercise, Tier 7 and participating undesignated hospitals must download the Adult Victim list from the EMS Agency 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).

After downloading the victim list, the facility must select any 10 victims of their choice to process at their facility.

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 in this exercise.

**Long Term Care (LTC) Adult Victim List**

Optional: The Adult Victim list is available for download for those LTC facilities that select to support hospital decompression efforts. Before the exercise, download the Adult Victim List from the EMS Agency 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).

After downloading the list, select as many victims as needed to support objectives.

Clinical personnel can perform patient assessments to support your intake and bed assignment processes.

**Pre-Exercise MCI Adult Victim List**

Optional: The Adult Victim list is available for download for those hospitals that select to participate with the pre-exercise MCI component. Before the exercise, download the Adult Victim List from the EMS Agency 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).

After downloading the victim list, select as many victims as needed to support objectives.

Clinical personnel will perform patient triage and determine if patients will require inpatient care and admission versus outpatient care based on the data provided on the victim cards.

**Staffed Bed Availability Data**

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 ***emergency department*** ***bed type***
2. Number of staffed pediatric beds (includes both vacant and occupied beds) at the beginning of the exercise, prior to receiving patients, for the ***designated pediatric bed types (pediatric general / acute care, PICU, NICU, and pediatric dialysis)***
3. Number of existing pediatric in-patients (census) at the beginning of the exercise, prior to receiving patients
4. Number of existing pediatric in-patients who could be safely discharged to accommodate surge patients (decompress)

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

1. Number of pediatric surge patients requiring admission for inpatient care based on triage assessment
2. Number of pediatric surge patients requiring outpatient care who will not be admitted based on your triage assessment
3. Number of existing pediatric 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.

## Power Outage

The Power Outage component has been incorporated into this year’s exercise to facilitate play for the non-hospital sectors of the Healthcare Coalition.

Facilities can test internal plans and processes in response to power outages. Facilities can implement and test strategies outlined in the Los Angeles County Emergency Medical Services Healthcare Surge Planning Guide. For example, Ambulatory Surgery Centers setting up charging stations for Health and Hospice patients that need power to support their medically necessary equipment, such as oxygen concentrators, is a strategy identified in the guide.

Facilities could also implement and test downtime procedures and Business Continuity Plans or any relevant plan or process of their choice.

Hospitals can incorporate power outages into their exercise; however, they cannot divert pediatric patients due to power outages.

Module 3 in the Situation Manual outlines key issues and subjects related to power outages. The Master Scenario Event List (MSEL) supports play for the power outage scenario. Please refer to the MSEL for specific time-sensitive tasks and responses to ReddiNet messages and polls.

## 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 2 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 2. 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.

## Evaluation

### Exercise Evaluation Guides (EEGs)

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core 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 Hotwash notes, are used to evaluate the exercise and compile the AAR.

### After Action Report (AAR)

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and 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 a part of a continuous corrective action program.

### After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and 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 the organizations participating in the exercise and discussed and validated during the AAM.

# 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.

**Controller Information and Guidance**

**Exercise Control Overview**

Exercise control maintains exercise scope, pace, and integrity during exercise conduct. The control structure in a well-developed exercise ensures that exercise play assesses objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise.

**Exercise Control Documentation**

**Controller Package**

The controller package consists of the C/E Handbook, activity logs, badges, and other exercise tools (e.g., MSEL) as necessary. Controllers must bring their packages and any additional professional materials specific to their assigned exercise activities.

**Incident Simulation**

Because the exercise is of limited duration and scope, certain details will be simulated. Venue controllers are responsible for providing players with the physical description of what would fully occur at the incident sites and surrounding areas. SimCell controllers will simulate the roles and interactions of nonparticipating organizations or individuals.

**Scenario Tools**

The MSEL outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as information expected to emanate from simulated organizations (i.e., nonparticipating organizations or individuals who usually would respond to the situation). The MSEL consists of the following two parts:

* **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
* **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: scenario time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

**Exercise Control Structure**

Control of the exercise is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with other controllers at other exercise venues, the SimCell, or a Control Cell to deliver and track exercise information. The control structure for this exercise is shown in Figure 1.

**Figure 1. Sample Exercise Control Structure [edit as needed or delete if not applicable]**

**Controller Instructions**

**Before the Exercise**

* Review appropriate emergency plans, procedures, and protocols.
* Review appropriate exercise package materials, including the objectives, scenario, injects, safety and security plans, and controller instructions.
* Attend required briefings.
* Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
* Be at the appropriate location at least 15 minutes before the exercise starts.
* Obtain, locate and test necessary communications equipment.

**During the Exercise**

* Wear controller identification items (e.g., badge).
* Avoid personal conversations with exercise players.
* If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). **Note:** If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
* When you deliver an inject, notify the [Senior Controller or Control Cell] and note the time that you delivered the inject and player actions.
* Receive and record exercise information from players that would be directed to nonparticipating organizations.
* Observe and record exercise artificialities that interfere with exercise realism. If exercise artificialities interfere with exercise play, report it to the Exercise Director.
* Begin and end all exercise communications with the statement, **“This is an exercise.”**
* Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information but do not provide coaching.
* Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify the Exercise Director.
* Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through their own resources.

**After the Exercise**

* Distribute copies of Participant Feedback Forms and pertinent documentation.
* All controllers are expected to conduct a Hotwash at their venue and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hotwash, do not discuss specific issues or problems with exercise players.
* At exercise termination, summarize your notes from the exercise and Hotwash, and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Exercise Director.

**Controller Responsibilities**

The following table details controller responsibilities. For controller assignment details, see [Appendix F].

| **Controller Responsibilities** |
| --- |
| **Exercise Director** |
| * Oversees all exercise functions * Oversees and remains in contact with controllers and evaluators * Oversees setup and cleanup of exercise, and positioning of controllers and evaluators |
| **Senior Controller** |
| * Monitors exercise progress * Coordinates decisions regarding deviations or significant changes to the scenario * Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time * Debriefs controllers and evaluators after the exercise * Oversees setup and takedown of the exercise |
| **Safety Controller** |
| * Monitors exercise safety during exercise setup, conduct, and cleanup * Receives any reports of safety concerns from other controllers or participants |
| **Public Information Officer (PIO)** |
| * Provides escort for observers * Provides narration and explanation during exercise events, as needed * Performs pre-exercise and post-exercise public affairs duties * May act as media briefer and escort at exercise site * Serves as safety officer for his or her site |
| **Venue Controller** |
| * Issues exercise materials to players * Monitors exercise timeline * Provides input to players (i.e., injects) as described in MSEL * Serves as safety officer for his or her site |
| **Simulation Cell (SimCell) Controller** |
| * Role plays as nonparticipating organizations or individuals * Monitors exercise timeline * Provides input to players (i.e., injects) as described in MSEL |

**Table 3. Controller Responsibilities**

**Evaluator Information and Guidance**

**Exercise Evaluation Overview**

Exercise evaluation assesses an organization’s capabilities to accomplish a mission, function, or objective. Evaluation provides an opportunity to assess performance of critical tasks to capability target levels. Evaluation is accomplished by the following means:

* Observing the event and collecting supporting data;
* Analyzing collected data to identify strengths and areas for improvement; and
* Reporting exercise outcomes in the AAR.

**Evaluation Documentation**

**Evaluator Package**

The evaluator package contains this C/E Handbook, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

**Exercise Evaluation Guides**

EEGs provide a consistent tool to guide exercise observation and data collection. EEGs are aligned to exercise objectives and core capabilities and list the relevant capability targets and critical tasks. Data collected in EEGs by each evaluator will be used to develop the analysis of capabilities in the AAR.

Each evaluator is provided with an EEG for each capability that he/she is assigned to evaluate. Evaluators should complete all assigned EEGs and submit to the Lead Evaluator at the conclusion of the exercise. The Lead Evaluator and Senior Controller compile all evaluator submissions into the first working draft of the AAR.

**After Action Report/Improvement Plan**

The main focus of the AAR is the analysis of core capabilities. For each core capability exercised, the AAR includes a rating of how the exercise participants performed, as well as strengths and areas for improvement.

Following completion of the draft AAR, elected and appointed officials confirm observations identified in the AAR, and determine which areas for improvement require further action. As part of the improvement planning process, elected and appointed officials identify corrective actions to bring areas for improvement to resolution and determine the appropriate organization with responsibility for those actions. Corrective actions are consolidated in the IP, which is included as an appendix to the AAR.

**Evaluator Instructions**

**General**

* Avoid personal conversations with players.
* Do not give information to players about event progress or other participants’ methods of problem resolution. Players are expected to obtain information through their own resources.

**Before the Exercise**

* Review appropriate plans, procedures, and protocols.
* Attend required evaluator training and other briefings.
* Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
* Review the EEGs and other supporting materials for your area of responsibility to ensure that you have a thorough understanding of the core capabilities, capability targets, and critical tasks you are assigned to evaluate.
* Report to the exercise check-in location at the time designated in the exercise schedule and meet with the exercise staff.
* Obtain or locate necessary communications equipment and test it to ensure that you can communicate with other evaluators and the Exercise Director.

**During the Exercise**

* Wear evaluator identification items (e.g., badge).
* Stay in proximity to player decision-makers.
* Use EEGs to document performance relative to exercise objectives, core capabilities, capability targets, and critical tasks.
* Focus on critical tasks, as specified in the EEGs.
* Your primary duty is to document performance of core capabilities. After the exercise, that information will be used to determine whether the exercise capability targets were effectively met and to identify strengths and areas for improvement.

**After the Exercise**

* Participate in the Hotwash and take notes on findings identified by players. Before the Hotwash, do not discuss specific issues or problems with participants. After the Hotwash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.
* Complete and submit all EEGs and other documentation to the Lead Evaluator at the end of the exercise.

**Using Exercise Evaluation Guides**

The EEGs are structured to capture information specifically related to the evaluation requirements developed by the Exercise Planning Team. The following evaluation requirements are documented in each EEG:

* **Core capabilities:** The distinct critical elements necessary to achieve a specific mission area (e.g., prevention). To assess both capacity and gaps, each core capability includes capability targets.
* **Capability target(s):** The performance thresholds for each core capability; they state the exact *amount* of capability that players aim to achieve. Capability targets are typically written as quantitative or qualitative statements.
* **Critical tasks:** The distinct elements required to perform a core capability; they describe *how* the capability target will be met. Critical tasks generally include the activities, resources, and responsibilities required to fulfill capability targets. Capability targets and critical tasks are based on operational plans, policies, and procedures to be exercised and tested during the exercise.
* **Performance ratings:** The summary description of performance against target levels. Performance ratings include both Target Ratings, describing how exercise participants performed relative to each capability target, and Core Capability Ratings, describing overall performance relative to entire the core capability.

For each EEG, evaluators provide a target rating, observation notes and an explanation of the target rating, and a final core capability rating. In order to efficiently complete these sections of the EEG, evaluators should focus their observations on the capability targets and critical tasks listed in the EEG.

Observation notes should include *if* and *how* quantitative or qualitative targets were met. For example, a capability target might state, “*Within 4 hours of the incident….”* Notes on that target should include the actual time required for exercise players to complete the critical tasks. Additionally, observations should include:

* How the target was or was not met;
* Pertinent decisions made and information gathered to make decisions;
* Requests made and how requests were handled;
* Resources utilized;
* Plans, policies, procedures, or legislative authorities used or implemented; and
* Any other factors contributed to the results.

Evaluators should also note if an obvious cause or underlying reason resulted in players not meeting a capability target or critical task. However, the evaluators should not include recommendations in the EEGs. As part of the after-action and improvement planning processes, elected and appointed officials will review and confirm observations documented in the AAR and determine areas for improvement requiring further action.

*Note:* Observation notes for discussion-based exercises will focus on *discussion* of the how critical tasks would be completed, rather than actual actions taken.

Based on their observations, evaluators assign a target rating for each capability target listed on the EEG*.* Evaluators then consider all target ratings for the core capability and assign an overall core capability rating. The rating scale includes four ratings:

* Performed without Challenge (P)
* Performed with Some Challenges (S)
* Performed with Major Challenges (M)
* Unable to be Performed (U)

Definitions for each of these ratings are included in the EEG.

**Placement and Monitoring**

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area. For specific evaluator assignments, see [Appendix F]. For exercise site maps highlighting key locations, see [Appendix D].

# 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

At 06:00 hours a large underground explosion occurred in a Metrorail tunnel under Vermont Avenue between Sunset Blvd. and De Longpre Ave. near Children’s Hospital Los Angeles (CHLA). The Los Angeles City Fire Department has cleared the scene and all patients from the incident have been transported to various emergency departments in the County. Metrorail and utility crews remain on scene assessing damage to the tunnel and other infrastructure.

At 08:00 hours CHLA requires a full evacuation due to loss of water. The current census of CHLA is 490 patients. CHLA has power. Telephones and internet-based platforms are operational.

At 09:00 hours received report of power outages sporadically occurring throughout the County.

## 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.]

#### APPENDIX F: Controller and Evaluator Assignments

**[Note:** This is a sample list of controller and evaluator assignments. The positions should be modified based on the type and scope of the exercise. For example, if the exercise will not include a Simulation Cell, then a controller does not need to fulfill that function. Both controllers and evaluators may be assigned to a second area if play has been completed in the first.]

| **Name** | **Role** | **Position** | **Exercise Venue Name** |
| --- | --- | --- | --- |
| [Name] | Controller | Exercise Director |  |
| [Name] | Controller | Senior Controller |  |
| [Name] | Controller | Safety Controller |  |
| [Name] | Evaluator | Lead Evaluator |  |
| [Name] | Controller | Site safety officer |  |
| [Name] | Controller | [Function/venue] controller |  |
| [Name] | Controller | [Function/venue] controller |  |
| [Name] | Evaluator | [Function/venue] evaluator |  |
| [Name] | Evaluator | [Function/venue] evaluator |  |
| [Name] | Controller | Site safety officer |  |
| [Name] | Controller | [Function/venue] controller |  |
| [Name] | Controller | [Function/venue] controller |  |
| [Name] | Evaluator | [Function/venue] evaluator |  |
| [Name] | Evaluator | [Function/venue] evaluator |  |
| [Name] | Controller | Lead SimCell controller, Master Scenario Events List (MSEL) manager |  |
| [Name] | Controller | [Function/organization] simulator |  |
| [Name] | Controller | [Function/organization] simulator |  |

# Appendix G: 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 |
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