Medical Response and Surge Exercise (MRSE)

Controller/Evaluator Handbook
Thursday, November 21, 2024

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

EXERCISE OVERVIEW

Exercise Name	Medical Response and Surge Exercise (MRSE)
Exercise Date	Thursday, November 21, 2024
Scope	The MRSE is an operations-based exercise for Hospital Preparedness Program fund recipients and Healthcare Coalition (HCC) members. The exercise will test burn surge plans, communication processes, patient decompression coordination to support surge efforts, shelter-in-place, and evacuation plans. Command center activation is encouraged. There will be no actual movement of patients. Play will take place in the live ReddiNet system. The exercise will begin at 8:00 am and end at 12:00 pm. Participating facilities who chose to end sooner than 12:00pm may do so if all objectives and associated tasks are achieved. There will be no request for mandatory County wide polls or resource requests after 11:00 am to provide participants the opportunity to end sooner if able.
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)
FEMA Core Capabilities	• Planning • Operational Coordination • Operational Communication • Public Health, Healthcare, and Emergency Medical Services
PHEP Capabilities	Capability 3: Emergency Operations Coordination • **Function 1**: Conduct preliminary assessment to determine the need for activation of public health emergency operations • **Function 2:** Activate public health emergency operations • **Function 3**: Develop and maintain an incident response strategy • **Function 4**: Manage and sustain the public health response • **Function 5**: Demobilize and evaluate public health emergency operations

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 Los Angeles County Burn Surge Plan, communication processes, patient destination coordination to support surge efforts, shelter-in-place plans, and evacuation plans.
Threat/Hazard	Burn
Scenario	*A freight train carrying hazardous material derailed at a location near your facility. Several railcars were damaged and released a gaseous substance into the air. A subsequent explosion occurred with a brief fireball that had a horizontal expansion (approximately two blocks in one direction) that resulted in multiple persons attending a mass gathering event with burn injuries. The estimated number of persons with burns and other injuries is approximately 1,700. Approximately 800 plus persons sustained burns and minor injuries. Several railcars are fully engulfed, and a smoke plume, presumed toxic, is traveling in a North-East direction. Evacuation and Shelter-in-Place advisories are currently in effect.*
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program
Participating Organizations	• Amateur Radio Emergency Services • Ambulatory Surgery Centers • Clinics • Dialysis Centers • Home Health and Hospice • Hospitals • Long Term Care Facilities • Los Angeles County Department of Mental Health • Los Angeles County Emergency Medical Services Agency • Los Angeles County Fire Department • Los Angeles County Office of Emergency Management • Provider Agencies (Private) • Public Health (Long Beach, Pasadena, Los Angeles County) • Urgent Care Centers
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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) Burn Floor Beds
5) Burn ICU

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)]

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 andmatch 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

Exercise Objective	Core Capability
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

Amateur Radio Emergency Services (ARES) Objectives:

Exercise Objective	Core Capability
Maintain voice and digital communications for 911 receiving hospital partners and the Medical Alert Center	Capability 2. Health Care and Medical Response Coordination
Provide an internet independent network for delivery of hospital HAvBED and Resource Request spreadsheets to the Medical Alert Center	Capability 2. Health Care and Medical Response Coordination
Provide color coded hospital service level	Capability 2. Health Care and Medical Response Coordination

Ambulatory Surgery Center Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
Activate the Incident Command System (ICS) and the facility's Command Center (if applicable)	Capability 2. Health Care and Medical Response Coordination
Determine the facility's priorities for ensuring key functions are maintained	Capability 3. Continuity of Health Care Service Delivery
Evaluate capabilities and resources for a burn surge event	Capability 4. Medical Surge
Plan for the activation of mental and behavioral health services for all staff members	Capability 3. Continuity of Health Care Service Delivery

Exercise Objective	Core Capability
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Clinic Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
Activate the Incident Command System	Capability 2. Health Care and Medical Response Coordination
Determine the (clinic or urgent care) priorities for ensuring key functions are maintained	Capability 2. Health Care and Medical Response Coordination
Evaluate capabilities and resources for burn surge incident	Capability 4. Medical Surge
Ensure processes and procedures are in place to provide appropriate Personal Protective Equipment (PPE), psychological first aid	Capability 2. Health Care and Medical Response Coordination
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Dialysis Center Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
Activate the organization's Emergency Operations Plan (EOP) Determine the facility's priorities for ensuring key functions are maintained throughout the emergency	Capability 2. Health Care and Medical Response Coordination

Exercise Objective	Core Capability
Determine the organization's priorities for ensuring key functions are maintained	Capability 3. Continuity of Health Care Service Delivery
Ensure processes and procedures are in place throughout response to provide appropriate Personal Protective Equipment (PPE), psychological first aid	Capability 3. Continuity of Health Care Service Delivery
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Emergency Medical Services (EMS) Agency / MAC / MHOAC Objectives:

Exercise Objective	Core Capability
Communication	Capability 2. Health Care and Medical Response Coordination
Situational Awareness	Capability 2. Health Care and Medical Response Coordination
Burn Surge	Capability 4. Medical Surge
Coordinate Resources	Capability 2. Health Care and Medical Response Coordination
Incident Management	Capability 3. Continuity of Health Care Service Delivery

Home Health Hospice Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
Activate the Emergency Operations Plan (EOP) and Continuity of Operations (COOP) Plan	Capability 2. Health Care and Medical Response Coordination

Exercise Objective	Core Capability
Activate and implement Surge plan	Capability 4. Medical Surge
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Hospital Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
Alert and notify Incident Management Team or Hospital Command Center staff of incident	Capability 2. Health Care and Medical Response Coordination
Activate the Hospital Command Center	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 Burn surge / patient surge response plans	Capability 4. Medical Surge
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Long Term Care Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination

Exercise Objective	Core Capability
Activate the Emergency Operation Plan (EOP) and policies related to the incident	Capability 2. Health Care and Medical Response Coordination
Implement the Nursing Home Incident Command System (ICS)	Capability 3. Continuity of Health Care Service Delivery
If shelter in place and/or activate surge plans, provide minimum standard of care	Capability 3. Continuity of Health Care Service Delivery
If evacuation provide patients with at least a minimum standard of care	Capability 3. Continuity of Health Care Service Delivery
Plan for the Activation of Mental and Behavioral Health Services	Capability 3. Continuity of Health Care Service Delivery
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Los Angeles County Office of Emergency Management:

Exercise Objective	Core Capability
Simulate activating the Emergency Operations Center (EOC) within	FEMA Core Capability: Operational Coordination
Simulate activating the Incident Command System (ICS	FEMA Core Capability: Operational Coordination
CEOC will notify the Department DOCs that the CEOC is activated and available to support ongoing response efforts	FEMA Core Capability: Operational Coordination
Gather, organize, and document incident situation and resource information received	FEMA Core Capability: Operational Coordination
Ensure that OARRS is available to the DOCs	FEMA Core Capability: Operational Coordination

Los Angeles County Department of Mental Health:

Exercise Objective	Core Capability
Activate DOC and send an agency representative to the MCC	FEMA Core Capability: Public Health, Healthcare, and Emergency Medical Services
Simulate testing rapid response outreach team or available services to clinical/field personnel	FEMA Core Capability: Public Health, Healthcare, and Emergency Medical Services
Test activation of Family Assistance Center	FEMA Core Capability: Public Health, Healthcare, and Emergency Medical Services

Provider Agency Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
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 4. Medical Surge
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Public Health Objectives:

Exercise Objective	Core Capability
Establish situational awareness with health and medical stakeholders/MHOAC	Capability 2. Health Care and Medical Response Coordination
Determine need as to whether-or-not to activate formal ICS organization	Capability 2. Health Care and Medical Response Coordination
Coordinate ongoing situational awareness and establish information sharing plan	Capability 2. Health Care and Medical Response Coordination

Urgent Care Center Objectives:

Exercise Objective	Core Capability
Maintain awareness of the common operating picture	Capability 2. Health Care and Medical Response Coordination
Activate the Incident Command System	Capability 2. Health Care and Medical Response Coordination
Determine the (clinic or urgent care) priorities for ensuring key functions are maintained	Capability 2. Health Care and Medical Response Coordination
Evaluate capabilities and resources for burn surge incident	Capability 4. Medical Surge
Ensure processes and procedures are in place to provide appropriate Personal Protective Equipment (PPE), psychological first aid	Capability 2. Health Care and Medical Response Coordination
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

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.

Data Elements and Information Sharing

The exercise will test burn surge plans, communication processes, patient decompression coordination to support surge efforts, shelter-in-place, and evacuation plans.

Participating Medical and Health facilities will communicate with the Medical Alert Center (MAC) or the Medical Coordination Center (MCC) to maintain situational awareness, share information, assess resource availability, and support the identification and sharing of resources. Communication with the MAC or MCC should follow the normal communication procedures according to the EMS Agency's Communication Plan available at https://file.lacounty.gov/SDSInter/dhs/206683_Communication.pdf unless informed of alternative channels.

The MAC will initiate the Start of the Exercise (StartEx) at 08:00 hours via ReddiNet messaging to all Healthcare Facilities in ReddiNet for the following sectors:

- Ambulatory Surgery Centers
- Clinics
- Dialysis
- Home Health / Hospice
- Hospitals
- Long Term Care
- Provider Agencies
- Urgent Care

All participating facilities will acknowledge receipt of the ReddiNet message and begin exercise activities according to sector specific objectives and the Master Scenario Event List (MSEL). The MSEL will prompt specific actions throughout the exercise to support play across all sectors of the HCC.

Calculating the Scale of the Surge

The MRSE requires Healthcare Coalitions (HCC) to surge to 10% of their staffed bed capacity. Staffed beds are those beds that are equipped and available for patient use, including beds that are vacant and beds that are occupied. The HCC has determined that it has 17,000 staffed beds of the five required types.

Staffed bed types are summarized in the Tables below

Staffed Bed Type	Calculation
Emergency Department Beds	Required
General Medical Unit Beds	Required
ICU beds (SICU, MICU, CCU)	Required
Burn Floor Beds	Required
Burn ICU	Required

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

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 and Procedural Beds	Surgical Unit Beds (pre-op, post-op, & procedural)

Table 3: Crosswalk between bed types and the equivalent in the MRSE.

Patient Allocation

The Healthcare Coalition (HCC) must surge to 10% of its staffed bed capacity. Los Angeles County has 17,000 staffed beds. (17,000 multiplied by 10% = 1,700 surge patients).

The HCC consists of 69 Acute Care Hospitals that have Emergency Departments and 11 Acute Care Hospitals that do not have Emergency Departments.

68 of the 69 Acute Care Hospitals with an Emergency Department (9-1-1 receiving) will receive 25 surge patients each, 20 by EMS (ReddiNet MCI Module) and 5 walk-in patients. Catalina Island Medical Center will receive 10 surge patients in total by EMS (ReddiNet MCI Module).

The 11 Acute Care Hospitals without an Emergency Department (Non 9-1-1 receiving) will receive a minimum of three (3) to a maximum of five (5) walk-in patients with minor burn injuries from the incident. The facility can select to receive either three (3), four (4), or five (5) walk-in patients with minor burn injuries. In addition, they will receive ten (10) in-patients to support hospital decompression efforts.

The MAC will initiate a ReddiNet MCI poll for the 69 acute care hospitals with emergency departments (9-1-1 receiving). Each facility will respond to the poll and enter their bed availability data into ReddiNet. The MAC will then assign either one or two ambulances to each of the acute care hospitals. Each facility will arrive the ambulance(s) and update the MCI victim list in ReddiNet with all 25 patients (EMS and walk-in) from the incident in their emergency department.

Patient Allocation: Burn Surge

The 15 trauma centers in Los Angeles County are the designated Burn Resource Centers (BRC). Each BRC can take up to 20 major/critical burn patients. Each BRC maintains a cache of pharmaceuticals, medical supplies, and equipment to manage burn patients. In addition, each BRC is required to provide burn care training to designated clinical staff in the facility.

Out of the 1,700 surge patients needed for the MRSE, we will have a total of 840 burn victims. Out of the 840 burn victims, 354 will be classified as major/critical burn victims and the remaining 486 will be classified as minor burn victims.

As previously mentioned, 68 of the 69 acute care hospitals will receive 25 surge patients and Catalina Island Medical Center will receive 10 surge patients. Each of the 15 BRCs will receive 20 burn victims out of the 25 surge patients each with major/critical burns. Each of the remaining 54 acute care hospitals (non-BRC) will receive 10 burn victims, 1 of the 10 burn patients will have major/critical burns and the remaining 9 will have minor burn injuries.

Patient Allocation: Hospitals

Before the exercise, all hospitals will choose the victims from the victim list based on the above and following categories and quantities.

All hospitals with emergency departments will select 25 patients from the victim list except Catalina Island Medical Center who will select 10 patients from the victim list.

Burn Resource Centers (Trauma Centers) must select at least 20 major/critical burn patients, and the remaining 5 victims (patients) can be chosen freely.

All other acute care hospitals with emergency departments must select 1 major/critical burn patient, 9 minor burn patients, and the remaining 15 victims (patients) can be chosen freely.

Hospitals without emergency departments will select either three (3), four (4), or five (5) walk-in patients from the incident. In addition, they will select ten (10) patients of their choice from the hospital patient list. These patients will not be assigned via ReddiNet, and it is not mandatory to add them to the MCI victim list. The person(s) on site preparing for the exercise will create injects to simulate patient arrival.

Patient Allocation: Clinics and Urgent Care Centers

Participating clinics and urgent care facilities have the option to choose the number of walk-in patients they wish to receive to fulfill their objectives. It is advisable to receive at least 1 walk-in patient but no more than 10 walk-in patients from the incident. These patients will not be assigned to clinics via ReddiNet, and it is not mandatory to add them to the MCI victim list. The person(s) on site preparing for the exercise will create injects to simulate patient arrival.

Before the exercise, each participating clinic and urgent care must download the victim list and select the (1 to 10) patient(s) of their choice from the burn clinic category.

Patient Allocation: Long Term Care Centers and Home Health / Hospice

Long-term care (LTC) and Home Health / Hospice (HHH) facilities taking part in the exercise will be allocated ten (10) patients to assist in relieving the pressure on hospitals. These patients will not be assigned to facilities through ReddiNet, nor will it be necessary to add them to any patient list on ReddiNet. The person on site preparing for the exercise will create injects to simulate patient arrival.

Before the exercise, each participating LTC and HHH facility must download the hospital patient list and choose 10 patients of their choice from the list.

Patient allocation summarized in table below

	Number of surge patients from incident with Major/Critical Burns injuries arriving by EMS	Number of surge patients from incident with Minor Burn injuries arriving by EMS	Other surge patients from incident arriving by EMS	Number of walk-in patients from Incident	Decompression patient transfers to: • Hospitals without ED • HHH • LTC	Total number of Patients
Trauma Center / Burn Resource Center (15)	20	0	0	5	0	25
Acute Care Hospital (53)	1	9	10	5	0	25
Catalina Island Medical Center	1	9	0	0	0	10
Hospitals without Emergency Departments (11)	0	0	0	*3-5	10	*13 -15
Clinics and Urgent Care Centers	0	0	0	**1-10	0	**1 -10
Home Health Hospice	0	0	0	0	10	10
Long Term Care	0	0	0	0	10	10

*Table 4: Patient allocation table. *Hospitals without Emergency Departments will receive a minimum of three (3) to a maximum of five (5) walk-in patients with minor burn injuries. **Clinics and Urgent Care Centers have the option of receiving up to 10 walk-in patients with minor burn injuries. These patients are in addition to the 10% patient surge.*

Staffed Bed Availability: Hospital Capacity Survey All participating HPP Hospitals will participate in the "Hospital Capacity Survey" in the ReddiNet assessment module. The deadline to submit the data is the end of the next business day following the conclusion of the exercise. The following data elements are required:

Start of Exercise (Prior to Patient Surge Data):

i) 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 *(see Table 2 on page 15 for the five (5) required bed types)*

ii) Number of existing in-patients (census) at the beginning of the exercise, prior to receiving patients

iii) Number of existing in-patients who could be safely discharged to accommodate surge patients (decompress)

During and Post Exercise (Patient Surge Data):

iv) Number of surge patients requiring admission for inpatient care based on triage assessment

v) Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)

vi) 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:

- 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 10% staffed bed capacity of Ronald Reagan UCLA (RR UCLA) is a larger number compared to the 10% staffed bed capacity of Emanate Foothill Presbyterian (FHP) Hospital. Sending 25 surge patients to RR UCLA is less than their 10% surge capacity, while sending 25 surge patients to FHP is greater than their 10% 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.

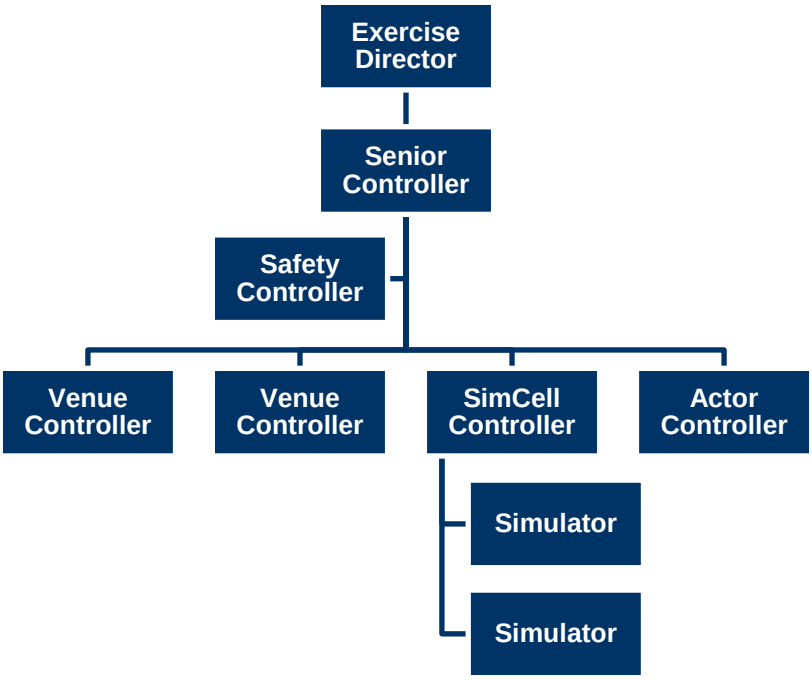

Figure 1. Sample Exercise Control Structure [edit as needed or delete if not applicable]

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

Controller Responsibilities
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 21, 2024	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 freight train carrying hazardous material derailed at a location near your facility. Several railcars were damaged and released a gaseous substance into the air. A subsequent explosion occurred with a brief fireball that had a horizontal expansion (approximately two blocks in one direction) that resulted in multiple persons attending a mass gathering event with burn injuries. The estimated number of persons with burns and other injuries is approximately 1,700. Approximately 800 plus persons sustained burns and minor injuries. Several railcars are fully engulfed, and a smoke plume, presumed toxic, is traveling in a North-East direction. Evacuation and Shelter-in-Place advisories are currently in effect.

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