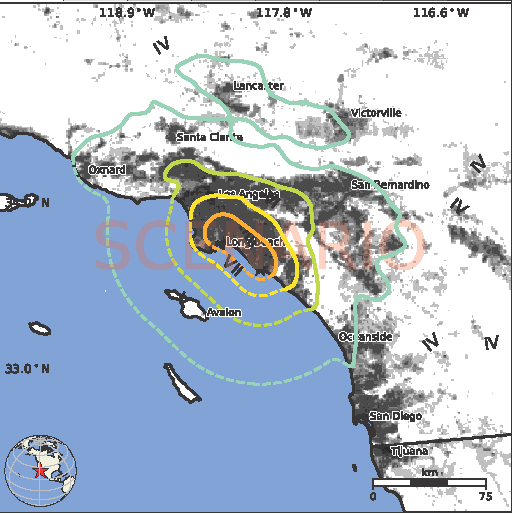
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2025 Annual Medical and Health Exercise

**Controller/Evaluator Handbook**

**Thursday, November 20, 2025**

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 13

Exercise Assumptions and Artificialities 19

Exercise Logistics 20

Safety 20

Site Access 21

Post-exercise Activities 22

Debriefings 22

Evaluation 22

Improvement Planning 22

Participant Information and Guidance 29

Exercise Rules 29

Players Instructions 29

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-D

Appendix G: Acronyms F-1

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | Annual Medical and Health Exercise |
| **Exercise Date** | Thursday, November 20, 2025 |
| **Scope** | The Annual Medical and Health Exercise is an operations-based exercise for Healthcare Coalition (HCC) members.  Command center activation is encouraged.  We will utilize the actual live ReddiNet system during the exercise.  There will be no actual movement of patients.  The exercise will begin at 8:00 a.m. and end at 12:00 p.m. |
| **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 2025 exercise will focus on testing patient surge, hospital evacuation & relocation, transportation coordination, and other pertinent plans and processes related to earthquakes.  In addition, the HCC is required to meet the surge requirements set forth in the Medical Response and Surge Exercise (MRSE). |
| **Threat/Hazard** | Earthquake |
| **Scenario** | At 7:30 a.m., a M6.3 earthquake occurred on a section of the Palos Verdes fault. The entire Los Angeles region experienced shaking, with stronger tremors felt in Long Beach, Terminal Island, San Pedro, Carson, Lomita, Torrance, and Redondo Beach.  No reports of any significant damage occurring to any hospital in the County. All facilities remain operational.  All Emergency Departments in the County are receiving an influx of patients by walk-in and EMS runs due to an MCI. Victims sustained mild to moderate injuries. Very few require admission.  Several hours later at 9:30 a.m., a M6.8 earthquake occurred along the Newport-Inglewood fault. Once again, the entire Los Angeles region experienced shaking, with particularly intense shaking in the Long Beach and South Bay areas of Los Angeles County.  Consequently, facilities are receiving patients by walk-in and EMS runs due to an MCI resulting in a second and larger patient surge into emergency departments.  Also, received reports that facilities in the Long Beach and South Bay areas require evacuation (partial or complete) due to structural and/or other infrastructure damage.  All facilities activate Surge Plan and/or Emergency Operations Plan. |
| **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) * United States Geological Survey (USGS) * Urgent Care Centers |
| **Point of Contact** | Darren Verrette  Disaster Program Manager  Los Angeles County Emergency Medical Services Agency  10100 Pioneer Blvd.  Santa Fe Springs, CA 90670 |

# General Information

**Exercise Objectives and Capabilities**

The Annual Medical and Health Exercise (AMHE) will also meet requirements of ASPR’s Medical Response and Surge Exercise (MRSE).

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, Health Care Preparedness and Response Capabilities guide. [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 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**

**Amateur Radio Emergency Services Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain voice and digital communications continuity for 911 receiving hospital partners and the Medical Alert Center | Capability 2. Health Care and Medical Response Coordination |
| Provide a reliable, internet-independent network for transmission of HAvBED reports and Resource Requests to the Medical Alert Center, and for timely patient transfer documentation between participating hospitals | Capability 2. Health Care and Medical Response Coordination |
| Provide color coded hospital service level to maintain common operating picture throughout the operational period | Capability 2. Health Care and Medical Response Coordination |

**Ambulatory Surgery Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Assess the hospital's ability to activate patient surge response plan(s) during a large-scale or multicausality incident | Capability 1. Foundation for Health Care and Medical Readiness |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with the Medical and Health Operational Area Coordinator | Capability 2. Health Care and Medical Response Coordination |
| Activate the Incident Command System and the facility’s Command Center (if applicable) within a reasonable timeframe as established by your Emergency Operations Plan | Capability 2. Health Care and Medical Response Coordination |
| Activate Evacuation Plan | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination |
| Determine the facility’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients | Capability 3. Continuity of Health Care Service Delivery |

**Clinic Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Activate the Incident Command System to provide a structured and successful emergency response | Capability 2. Health Care and Medical Response Coordination |
| Determine the clinic’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients | Capability 2. Health Care and Medical Response Coordination |
| Evaluate capabilities and resources for a surge incident in accordance with HCC medical surge and resource sharing plans and policies | Capability 4. Medical Surge |

**Dialysis Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with MHOAC | Capability 2. Health Care and Medical Response Coordination |
| Activate the organization’s Emergency Operations Plan (EOP) and integrate into the Local Incident Command System | Capability 2. Health Care and Medical Response Coordination |
| Determine the organization’s priorities for ensuring key functions are maintained throughout the emergency | Capability 3. Continuity of Health Care Service Delivery |
| Ensure processes and procedures provide clinical and non-clinical staff and their families with PPE, psychological first aid, just-in-time training, and other emergency interventions | Capability 3. Continuity of Health Care Service Delivery |

**Emergency Medical Services Agency (MAC / MCC / MHOAC) Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Activate the Medical Coordination Center (MCC) and establish communications with all healthcare sectors/Coalition members as outlined in the Los Angeles County EMS Agency Communication Plan | Capability 1. Foundation for Health Care and Medical Readiness |
| Obtain situation status and share with all healthcare sectors and MHOAC partners | Capability 2. Health Care and Medical Response Coordination |
| Evaluate the MCC’s ability to support a surge in patients | Capability 4. Medical Surge |
| Coordination of Resources | Capability 2. Health Care and Medical Response Coordination |
| Respond to a surge by following the SEMS/ICS | Capability 3. Continuity of Health Care Service Delivery |

**Home Health & Hospice Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with MHOAC | Capability 2. Health Care and Medical Response Coordination |
| Activate the organization’s Emergency Operations Plan (EOP) and integrate into the Local Incident Command System | Capability 3. Continuity of Health Care Service Delivery |
| Activate and implement Surge plan | Capability 4. Medical Surge |

**Hospital Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Maintain situational awareness by gathering and sharing real-time emergency information through coordination with the Medical and Health Operational Area Coordinator | Capability 2. Health Care and Medical Response Coordination |
| Notify the Hospital Incident Management Team or Hospital Command Center personnel of the 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 |
| Continuity of Essential Functions | Capability 3. Continuity of Health Care Service Delivery |
| Assess the hospital's ability to activate patient surge response plan(s) during a large-scale or multi-causality incident | Capability 4. Medical Surge |

**Long Term Care Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Implement surge plans | Capability 4. Medical Surge |
| Implement Evacuation Plans | Capability 2. Health Care and Medical Response Coordination |
| Communication and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Activate the Emergency Operation Plan (EOP) and policies related to the incident within thirty (30) minutes of notification of incident information that may affect normal operations | Capability 2. Health Care and Medical Response Coordination |

**Provider Agency Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Send alerts and notifications within specified timeframe of request for resources to support response | Capability 1. Foundation for Health Care and Medical Readiness |
| Implement plan to support surge response | 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 |

**Urgent Care Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Activate the Incident Command System to provide a structured and successful emergency response. | Capability 2. Health Care and Medical Response Coordination |
| Determine the clinic’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients | Capability 2. Health Care and Medical Response Coordination |
| Evaluate capabilities and resources for a surge incident in accordance with HCC medical surge and resource sharing plans and policies | Capability 4. Medical Surge |

**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 patient surge, evacuation & relocation plans, communication processes, transportation coordination, and other pertinent plans and processes related to earthquakes.

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 following sectors are encouraged to participate with the exercise:

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

## Calculating the Scale of the Surge

The HCC is required to surge to 10% of its licensed bed capacity. Los Angeles County has 21,591 licensed beds (21,591 multiplied by 10% = 2,159.1 surge patients). The HCC must surge to a minimum of 2,160 patients to meet surge requirements.

**Patient Distribution Plan**

The HCC includes 69 Acute Care Hospitals that are 911-receiving Emergency Departments and 11 Acute Care Hospitals that do not have an Emergency Department.

The planning team selected a “Doublet” earthquake scenario that involves a magnitude 6.3 (M6.3) earthquake occurring on the Palos Verdes fault, followed by a magnitude 6.8 (M6.8) earthquake occurring on the Newport-Inglewood fault. The U.S. Geological Survey developed tools based upon the actual science to support this plausible scenario.

The initial M6.3 earthquake is intended to cause a mild surge to drive play to meet surge requirements.

* Trauma Centers will receive a total of 25 surge patients, 15 walk-in and 10 by EMS (MCI). 10% of the patients arriving by EMS will require admission.
* 9-1-1 receiving hospitals (not including Trauma Centers or Catalina Island Health) will receive a total of 15 surge patients, 10 walk-in and 5 by EMS (MCI). 10% of the patients arriving by EMS will require admission.
* Catalina Island Health will receive a total of 10 surge patients, 5 walk-in and 5 by BLS. 10% of the patients arriving by BLS will require admission.
* Hospitals without Emergency Departments will receive a total of 5 surge patients by walk-in.

The subsequent M6.8 earthquake is intended to cause another patient surge and evacuations to drive play to meet surge requirements and to test evacuation plans and policies.

* Except for evacuating Trauma Centers, Trauma Centers will receive a total of 50 surge patients, 30 walk-in and 20 by EMS (MCI). 20% of the patients arriving by EMS will require admission.
* Evacuating Trauma Centers will receive a total of 30 surge patients by walk-in.
* Except for evacuating 9-1-1 receiving hospitals, 9-1-1 receiving hospitals (not including Trauma Centers and Catalina Island Health) will receive a total of 25 surge patients, 15 walk-in and 10 by EMS (MCI). 20% of the patients arriving by EMS will require admission.
* Evacuating 9-1-1 receiving hospitals will receive a total of 15 surge patients by walk-in.
* Catalina Island Health will receive a total of 10 surge patients, 5 walk-in and 5 by BLS. 20% of the patients arriving by BLS will require admission.
* Except for evacuating Hospitals without Emergency Departments, Hospitals without Emergency Departments will receive a total of 5 surge patients by walk-in.
* Evacuating Hospitals without Emergency Departments will not receive any additional surge patients.

**First Earthquake (M6.3 Earthquake): Patient Surge (All Hospitals)**

The initial M6.3 earthquake is intended to cause a mild surge to drive play to meet surge requirements as indicated in the Patient Distribution Plan above.

The MAC will initiate a ReddiNet MCI poll titled, “***2025 AMHE Earthquake”***. Each facility must update the MCI victim list in ReddiNet for **all** patients in the emergency department related to the earthquake.

All Hospitals with an Emergency Department (9-1-1 receiving) will receive surge patients by EMS via the ReddiNet MCI Module. At least 10% of the surge patients arriving by EMS to the emergency department must meet admission criteria and be admitted to the hospital.

In addition, hospitals are encouraged to simulate receiving walk-in (self-transport) patients.

Following the 2019 Ridgecrest earthquake, most walk-in patients to the Ridgecrest Regional Hospital emergency department were from existing health issues and medication needs.

**Second Earthquake (M6.8 Earthquake) – Patient Surge (Only Non-Evacuating Hospitals)**

The M6.8 earthquake is intended to cause a second patient surge to drive play to meet the surge requirements as indicated in the Patient Distribution Plan above.

All Hospitals with an Emergency Department (9-1-1 receiving), **except Evacuating Hospitals,** will receive surge patients by EMS via the ReddiNet MCI Module. At least 20% of the surge patients arriving by EMS to the emergency department must meet admission criteria and be admitted to the hospital.

The MAC will either repoll the initial ReddiNet MCI poll titled, “***2025 AMHE Earthquake”*** or will initiate another MCI poll. MAC staff will determine during the exercise.

Each 911-receiving hospital will respond to the MCI poll and re-enter (or enter) their *Immediate*, *Delayed*, and *Minor* bed availability into ReddiNet. Each facility must update the MCI victim list in ReddiNet for **all** patients in the emergency department related to the earthquake.

**Second Earthquake (M6.8 Earthquake) – Evacuation (Only Evacuating Facilities)**

The M6.8 earthquake is also intended to cause facility evacuations to drive play to meet surge requirements and to test various evacuation plans and procedures, including the *Hospital Evacuation Policy, Reference 1112.*

All evacuating Hospitals in the impacted areas will be required to evacuate at a minimum, the total number of patients equivalent to 10% of their licensed bed capacity as indicated on their 2024 or most current hospital license issued by CDPH.

In addition to the minimum 10%, evacuating Hospitals are free to expand their evacuation for their own exercise needs.

**Hospital Evacuation**

Evacuating hospitals must notify the Medical Alert Center (MAC) and request closure to Internal Disaster. (*Note: Since we will be using the live ReddiNet environment for the exercise, evacuating hospitals will not actually be placed on internal disaster*.)

In accordance with the *Hospital Evacuation policy, Reference 1112,* the evacuating facilities must first attempt to evacuate and relocate patients to their “sister” (in network) hospitals and/or those facilities with an existing transfer agreement / MOU. If additional resources are needed to support patient relocation (patient placement), then the evacuating facility is to contact the MCC.

To test the Hospital Evacuation plan, evacuating hospitals are to contact their “sister” (in-network) hospital(s) and/or contracted hospital and request to transfer all patients that need evacuation. At a minimum the evacuating hospital will identify how many patients need evacuation, the type of beds needed (ICU, Tele, Ward, etc.), specialty service needed (Surgery, Cardiology, Pediatrics, etc.), and the level of transport needed (BLS, ALS, CCT).

The receiving “sister” hospital or contracted hospital will direct the transfer request to the appropriate person or location (Hospital Command Center [HCC], Nursing Office, Transfer Center, etc.) for processing. The receiving facility must determine how many, if any, patients can be accepted by utilizing internal transfer policies and surge criteria. The “sister” hospital will then inform the evacuating hospital of how many patients can be accepted by bed type and specialty service.

If the evacuating hospital is unable to secure a bed at a “sister” hospital and additional resources are needed to support patient relocation (patient placement), then the evacuating hospital is to contact the MAC.

The MAC will need to know how many remaining patients need evacuation, how many and what type of beds are needed (ICU, Tele, Ward, etc.), what specialty is needed (Surgery, Cardiology, Pediatric, etc.), and the name and telephone number of the point of contact at the evacuating facility.

The MAC will provide additional resources to the evacuating facility.

**Long-Term Care Evacuation**

EPRD and CDPH must be notified of the need to evacuate.

**Transportation**

To test transport coordination, a Provider Agency Simulation Cell (SimCell) will be established for the exercise to simulate private contracted ambulance providers. If applicable, you can also utilize internal proprietary transport resources.

Evacuating facilities (Hospitals and Long-Term Care) must first contact contracted ambulance providers (SimCell) for ambulance transportation to support evacuation and relocation efforts.

Ambulance provider SimCell will need to know how many patients need transport, how many and what type of transport is needed (BLS, ALS, CCT, etc.), ambulance staging area location (emergency department ramp, parking lot, other), and the name and telephone number of the point of contact at the evacuating facility.

If SimCell is unable to meet transport needs and additional resources are needed to support patient transportation, then the evacuating facility is to contact the MAC. The MAC will need to know how many remaining patients need evacuation, how many and what type of transport is needed (BLS, ALS, CCT, etc.), ambulance staging area location (emergency department ramp, parking lot, other), and the name and telephone number of the point of contact at the evacuating facility. Facilities will be notified of assigned transport resources.

**Patient Allocation: Hospitals**

Before the exercise, all hospitals will choose patients from the victim list based on the Patient Allocation Table below.

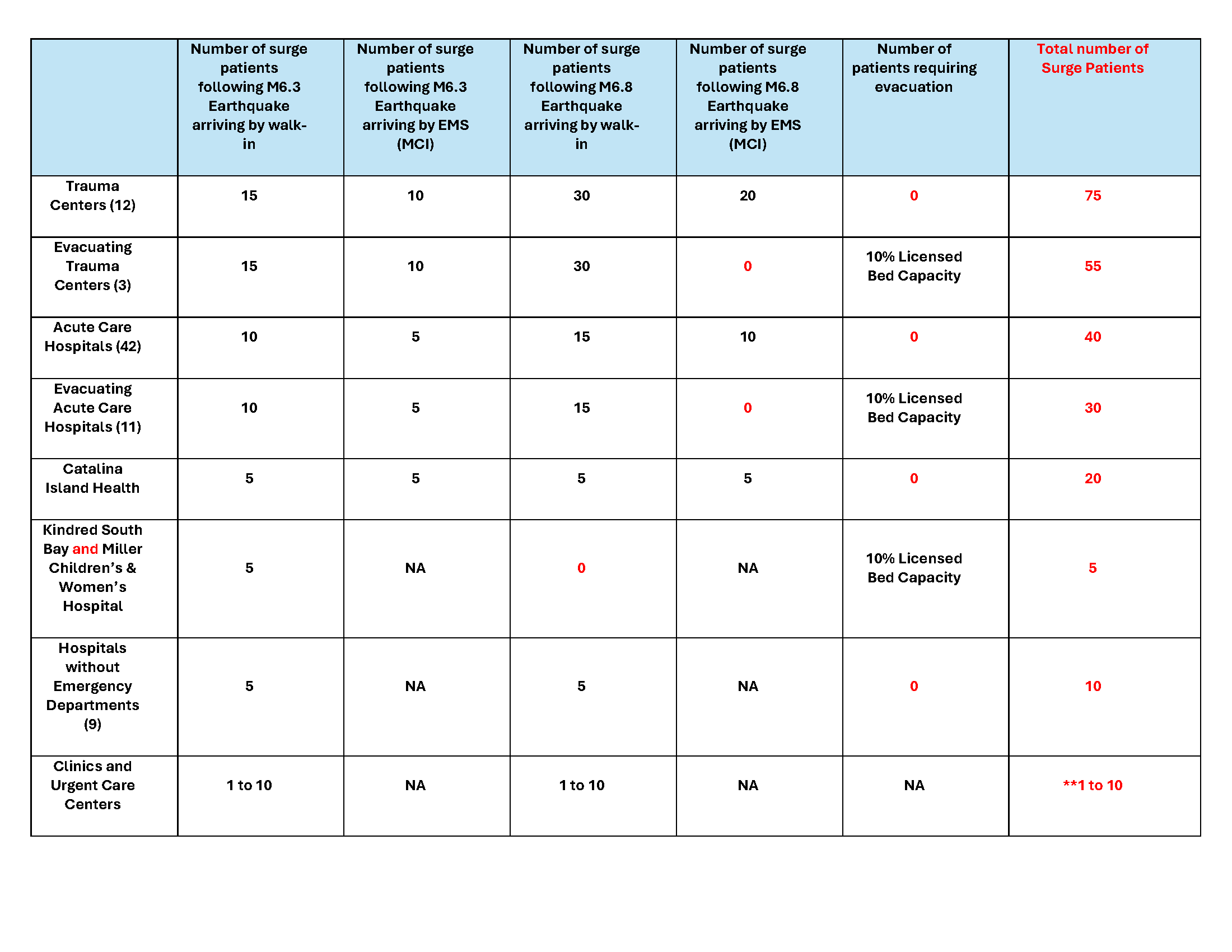
Hospitals must select the appropriate percentage of patients that meet admission criteria as indicated in the Patient Distribution Plan above.

**Patient Allocation: Clinics and Urgent Care Centers**

Participating clinics and urgent care facilities have the option to choose the number of self-transport (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 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 Clinic Victim list and select the 1 to 10 patients of their choice from the minor injury category.

**See Patient Allocation Table below**

**

*Table 2: Patient Allocation Table. \*\*Clinics and Urgent Care Centers have the option of receiving up to 10 walk-in patients with minor injuries. These patients are in addition to the 10% patient surge.*

**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:

1. How many staffed beds (includes both vacant and occupied beds) were available at the beginning of the exercise, prior to receiving patients?
2. How many staffed beds were available after increasing surge capacity?
3. How many surge patients that arrived in your emergency department were admitted for inpatient care?
4. How many in-network (“sister hospital”) patient transfers from evacuating hospitals did your facility accept?
5. How many non-network patient transfers from evacuating hospitals did your facility accept?
6. Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)
7. FOR EVACUATING HOSPITALS ONLY: How many evacuated patients did your “sister” (in-network) hospital accept?
8. FOR EVACUATING HOSPITALS ONLY: How many patients needing transfer due to evacuation were not placed or transferred?

## 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:

* An actual Hospital evacuation would most likely result in the facility being placed on Internal Disaster. To not disrupt routine operations taking place during the exercise, evacuating facilities will not be placed on internal disaster. It will be assumed that evacuating facilities are on Internal Disaster.
* **Evacuating** facilities will respond to the Service Level Poll as either “**Red**” *(Limited Services)* or “**Black**” *(No Services)* for the exercise.
* **Non-Evacuating** facilities will respond to the Service Level Poll as either “**Green**” *(Normal Operations)*, “**Yellow**” *(Under Control)*, or “**Orange**” *(Modified Services)*.
* 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% licensed bed capacity of Ronald Reagan UCLA (RR UCLA) is a larger number compared to the 10% licensed bed capacity of Emanate Foothill Presbyterian (FHP) Hospital. Sending 30 surge patients to RR UCLA is less than their 10% surge capacity, while sending 30 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 3. 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 align 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 policymakers 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 4. 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 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** |
| --- | --- | --- | --- |
| TBD | All Provider Agencies | TBD | TBD |
| [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 20, 2025 | 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 7:30 a.m., a M6.3 earthquake occurred on a section of the Palos Verdes fault.

The entire Los Angeles region experienced shaking, with stronger tremors felt in Long Beach, Terminal Island, San Pedro, Carson, Lomita, Torrance, and Redondo Beach.

No reports of any significant damage occurring to any hospital in the County. All facilities remain operational.

All Emergency Departments in the County are receiving an influx of patients by walk-in and EMS runs due to an MCI. Victims sustained mild to moderate injuries. Very few require admission.

Several hours later at 9:30 a.m., a M6.8 earthquake occurred along the Newport-Inglewood fault.

Once again, the entire Los Angeles region experienced shaking, with particularly intense shaking in the Long Beach and South Bay areas of Los Angeles County.

Consequently, facilities are receiving patients by walk-in and EMS runs due to an MCI resulting in a second and larger patient surge into emergency departments.

Also, received reports that facilities in the Long Beach and South Bay areas require evacuation (partial or complete) due to structural and/or other infrastructure damage.

## 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 |
| USGS | United States Geological Survey |
| ARES | Amateur Radio Emergency Services |
|  |  |
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|  |  |
|  |  |