

Family Reunification Center (FRC) Functional Exercise

Exercise Plan (ExPlan) Thursday, July 23, 2026

Welcome to the Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program, Family Reunification Center Exercise.

Supported by the U.S Department of Health & Human Services, Office of the Administration for Strategic Preparedness and Response (ASPR), Hospital Preparedness Program (HPP), and in coordination with ReddiNet a service of the Hospital Association of Southern California (HASC).

The Los Angeles County EMS Agency previously recognized the need for family reunification following a mass casualty incident. Working with community partners and other stakeholders, the EMS Agency contributed to the development of the County's Family Assistance Center plan and the Family Information Center (FIC) guide. The FIC guide was developed to assist hospitals in creating their facility specific FIC plan.

Subsequently, ReddiNet developed the internet-based Family Reunification Center (FRC) application to support family reunification efforts following a disaster by facilitating information sharing with hospitals and the EMS Agency.

The main goal of the family reunification center exercise is to facilitate hospital preparedness in reuniting patients with family members separated due to a large-scale multi-casualty incident (MCI) or other incident resulting in an influx of patients and seekers to the emergency department. The exercise will test the effectiveness of the family reunification center application, family reunification center plans, and identify areas for improvement.

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CUSTOMIZING THIS DOCUMENT

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

EXERCISE OVERVIEW

Exercise Name	Family Reunification Center (FRC) Functional Exercise
Exercise Date	Thursday, July 23, 2026
Scope	<p>The FRC exercise is a functional exercise for Hospital Preparedness Program (HPP) fund recipients.</p> <p>Exercise activities will be conducted at HPP hospitals and will involve each facility identifying a safe and secure location to use as their reunification area.</p> <p>There will be no actual movement of patients. The exercise will last three hours to ensure all tasks are completed.</p> <p>Play will take place in the live ReddiNet and FRC systems.</p>
Focus Area(s)	Response
Capabilities	<p>Capability 1. Foundation for Health Care and Medical Readiness</p> <p>Capability 2. Health Care and Medical Response Coordination</p> <p>Capability 3. Continuity of Health Care Service Delivery</p> <p>Capability 4. Medical Surge</p>
Goals	<ul style="list-style-type: none"> • Improve the user experience of the FRC application through additional hands-on training. • Activation of FIC/FRC plans, to include identifying areas in or near the facility to use for family reunification, and to clearly define roles and responsibilities for staff assigned to that area. • Develop and/or implement processes to ensure the FRC application is utilized during an activation of the FIC/FRC plan. • Engage stakeholders to ensure that everyone understands their role in disaster response and reunification efforts.
Objectives	<ul style="list-style-type: none"> • Each participating hospital will activate their respective FIC/FRC plan within 15-minutes of notification. • Each participating hospital will identify an area in-or-near their facility to use for family reunification within 15-minutes of plan activation. • Each participating hospital to clearly define roles and responsibilities of staff assigned to FIC/FRC area during the incident. • Each participating hospital to develop and/or implement processes to ensure the FRC application is utilized during the activation of their respective FIC/FRC plan for conducting reunification efforts.
Threat/Hazard	Reunification following a disaster

Scenario	A large-scale multi-casualty incident (MCI) has occurred at a Summer Olympic event near your hospital, and multiple athletes have been transported to hospital emergency departments throughout the county. Your emergency department has received six (6) patients by ambulances including one (1) athlete. The other five (5) patients were spectators. You have a total of six (6) patients from the incident in your emergency department. The athlete that arrived at your emergency department by ambulance is either unresponsive or can only recall his first name, last name, and age. The patient has no identification or cell phone and cannot recall family contact information. The patient is otherwise stable in the delayed category.
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program
Participating Organizations	<ul style="list-style-type: none"> • Los Angeles County EMS Agency • ReddiNet, a service of HASC • HPP Hospitals • Los Angeles County Office of Emergency Management • Los Angeles County Department of Mental Health
Point of Contact	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10430 Slusher Drive Santa Fe Springs, CA 90670

GENERAL INFORMATION

Exercise Objectives and Capabilities

The main objective of the family reunification center exercise is to facilitate hospital preparedness in reuniting patients with family members separated due to a large-scale multi-casualty incident (MCI) or other incident resulting in an influx of patients and seekers to the emergency department. The exercise aims to test the effectiveness of the family reunification center application, family reunification center plans, and identify areas for improvement. The Core Capabilities are from the Office of the Assistant Secretary of Preparedness and Response, 2017-2022 Health Care Preparedness and Response Capabilities guide.

Exercise Objective	Core Capability
Activate the FIC/FRC plan within 15 minutes of notification.	Capability 2. Health Care and Medical Response Coordination
Identify an area in-or-near the facility to use for family reunification within 15 minutes of plan activation.	Capability 2. Health Care and Medical Response Coordination
Clearly define roles and responsibilities of staff assigned to the FIC/FRC area during the incident.	Capability 2. Health Care and Medical Response Coordination
Develop and/or implement processes to ensure the FRC application is utilized during the activation of the FIC/FRC plan for conducting reunification efforts.	Capability 2. Health Care and Medical Response Coordination.

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

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

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Each participating hospital will assign a Hospital Exercise Controller to participate in the Family Reunification Center Exercise Briefing scheduled for April 14, 2026. The Hospital Exercise Controller is the Lead Controller at the hospital and is responsible for planning, managing exercise play, set up, and operating the exercise at their respective facility. Lead Controllers direct the pace of the exercise in accordance with the Master Scenario Event List (MSEL) developed by the EMS Agency. Other venue Controllers can be appointed to assist. The Controller provides key injects to players and in addition may prompt or initiate certain player actions to ensure

continuity of exercise. They also issue exercise materials to players as required, monitor the exercise timeline, and if manageable supervise the safety of all exercise participants. If it is not manageable, the Lead Controller should consider appointing an exercise Safety Controller to supervise the safety of participants. Controllers are not players in the exercise. The Lead Controller are to read the EEG and the Controller Evaluator Handbook prior to the exercise.

- **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 Lead Controller.
- **Evaluators.** Each participating hospital will assign at least one person to the Evaluator position. Evaluators evaluate and provide feedback on a designated functional area of the exercise (e.g. ReddiNet end-user, FRC end-user, etc.). A Controller can also be tasked with an Evaluator assignment if manageable. It is recommended to assign the position of Evaluator to someone else in the facility who is not a player. It is also recommended that the Evaluator participate in the Family Reunification Center Exercise Briefing scheduled for April 14, 2026. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs) developed by the EMS Agency. Evaluators are to read the EEG and the Controller Evaluator Handbook prior to the exercise.
- **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 include individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

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:

- 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 Lead Controller 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 and Lead Controller with the location of the emergency and resources needed, if any. The Lead Controller will notify the Exercise Director at the EMS Agency 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.

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 at each participating hospital 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. The information gathered during a hotwash contributes to the hospital's AAR/IP and any exercise suggestions can improve future exercises.

Participant Feedback Forms

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

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

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

Players Instructions

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

Before the Exercise

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

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by a Lead 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 hospital with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

APPENDIX A: COMMUNICATIONS PLAN

Controller Directory

Name	Agency	Location	Phone	Email
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]

Simulation Cell Directory

Name	Simulating Agency	Phone	Email
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]

Evaluator Directory

Name	Agency	Location	Phone	Email
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]

APPENDIX B: EXERCISE PARTICIPANTS

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

APPENDIX C: EXERCISE SCHEDULE

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

Day 1: Thursday, July 23, 2026	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]
08:00	All	Exercise starts	
11:00	All	Exercise ends	
Immediately Following the Exercise	All	Facility “Hotwash” / Complete Participant Feedback Forms	[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 large-scale multi-casualty incident (MCI) has occurred at a Summer Olympic event near your hospital, and multiple athletes have been transported to hospital emergency departments throughout the county. Your emergency department has received six (6) patients by ambulances including one (1) athlete. The other five (5) patients were spectators. You have a total of six (6) patients from the incident in your emergency department. The athlete that arrived at your emergency department by ambulance is either unresponsive or can only recall his first name, last name, and age. The patient has no identification or cell phone and cannot recall family contact information. The patient is otherwise stable in the delayed category.

Major Events

[Venue Name]

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

[Venue Name]

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

[Venue Name]

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

APPENDIX F: ACRONYMS

Acronym	Term
ASPR	Office of the Administration for Strategic Preparedness and Response
LAC DHS	Los Angeles County Department of Health Services
U.S. DHS	United States Department of Homeland Security
EMO	Emergency Management Officer
EMS Agency	Los Angeles County Emergency Medical Services Agency
ExPlan	Exercise Plan
FAC	Family Assistance Center
FIC	Family Information Center
FRC	Family Reunification Center
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
OEM	Los Angeles County Office of Emergency Management
SME	Subject Matter Expert
SOW	Scope of Work