

# Family Reunification Center (FRC) Functional Exercise

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## Controller/Evaluator Handbook Thursday, July 23, 2026

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.

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# EXERCISE OVERVIEW

<b>Exercise Name</b>	Family Reunification Center (FRC) Functional Exercise
<b>Exercise Date</b>	Thursday, July 23, 2026
<b>Scope</b>	<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>
<b>Focus Area(s)</b>	Response
<b>Capabilities</b>	<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>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Improve the user experience of the FRC application through additional hands-on training.</li> <li>• 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.</li> <li>• Develop and/or implement processes to ensure the FRC application is utilized during an activation of the FIC/FRC plan.</li> <li>• Engage stakeholders to ensure that everyone understands their role in disaster response and reunification efforts.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Each participating hospital will activate their respective FIC/FRC plan within 15-minutes of notification.</li> <li>• Each participating hospital will identify an area in-or-near their facility to use for family reunification within 15-minutes of plan activation.</li> <li>• Each participating hospital to clearly define roles and responsibilities of staff assigned to FIC/FRC area during the incident.</li> <li>• 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.</li> </ul>
<b>Threat/Hazard</b>	Reunification following a disaster

<b>Scenario</b>	<p>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.</p>
<b>Sponsor</b>	<p>Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program</p>
<b>Participating Organizations</b>	<ul style="list-style-type: none"> <li>• Los Angeles County EMS Agency</li> <li>• ReddiNet, a service of HASC</li> <li>• HPP Hospitals</li> <li>• Los Angeles County Office of Emergency Management</li> <li>• Los Angeles County Department of Mental Health</li> </ul>
<b>Point of Contact</b>	<p>Darren Verrette  Disaster Program Manager  Los Angeles County Emergency Medical Services Agency  10430 Slusher Drive  Santa Fe Springs, CA 90670</p>

# 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 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.

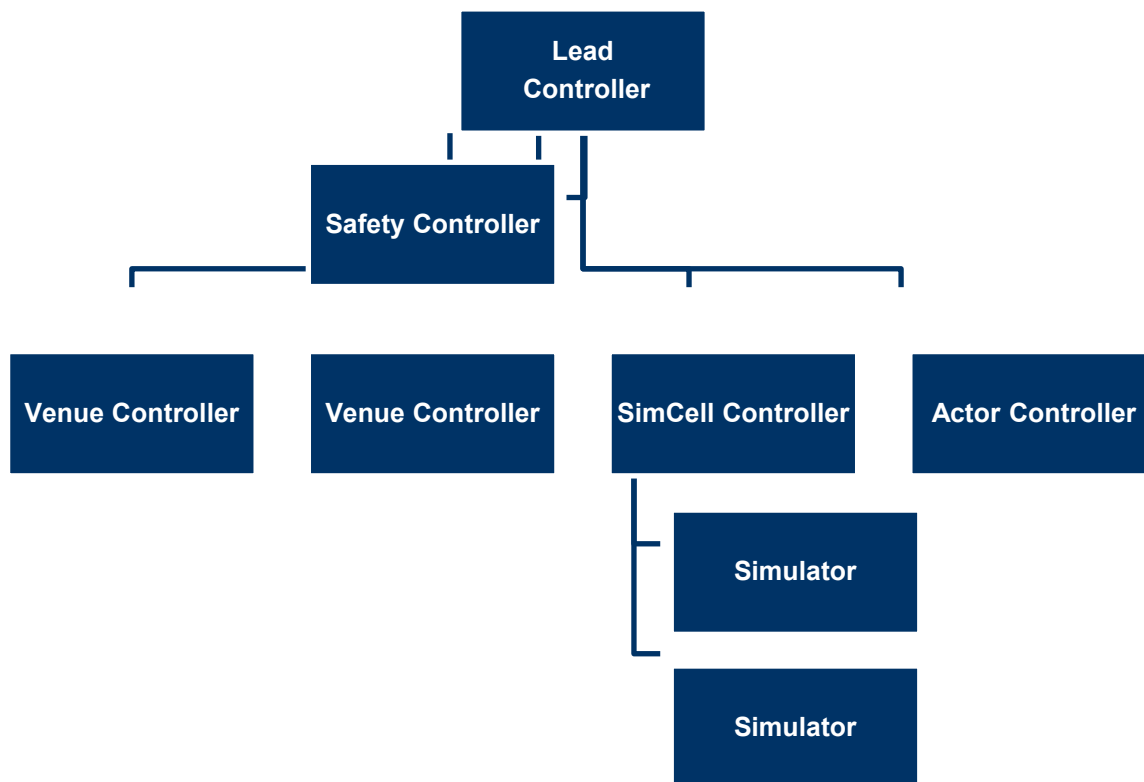


Figure 1. Sample Exercise Control Structure [edit as needed or delete if not applicable]

## 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 Hospital Exercise Controller). **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 [Hospital Exercise 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 Hospital Exercise Controller.
- 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 Hospital Exercise Controller.
- 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 Hospital Exercise Controller.

### Controller Responsibilities

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

Controller Responsibilities	
<b>Exercise Director</b>	<ul style="list-style-type: none"> <li>• Oversees all exercise functions</li> <li>• Oversees and remains in contact with Hospital Exercise Controllers</li> </ul>
<b>Hospital Exercise Controller</b>	

<b>Controller Responsibilities</b>
<ul style="list-style-type: none"> <li>• Monitors exercise progress</li> <li>• Coordinates decisions regarding deviations or significant changes to the scenario</li> <li>• Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time</li> <li>• Debriefs controllers and evaluators after the exercise</li> <li>• Oversees setup and takedown of the exercise</li> </ul>
<b>Safety Controller</b>
<ul style="list-style-type: none"> <li>• Monitors exercise safety during exercise setup, conduct, and cleanup</li> <li>• Receives any reports of safety concerns from other controllers or participants</li> </ul>
<b>Public Information Officer (PIO)</b>
<ul style="list-style-type: none"> <li>• Provides escort for observers</li> <li>• Provides narration and explanation during exercise events, as needed</li> <li>• Performs pre-exercise and post-exercise public affairs duties</li> <li>• May act as media briefer and escort at exercise site</li> <li>• Serves as safety officer for his or her site</li> </ul>
<b>Venue Controller</b>
<ul style="list-style-type: none"> <li>• Issues exercise materials to players</li> <li>• Monitors exercise timeline</li> <li>• Provides input to players (i.e., injects) as described in MSEL</li> <li>• Serves as safety officer for his or her site</li> </ul>
<b>Simulation Cell (SimCell) Controller</b>
<ul style="list-style-type: none"> <li>• Role plays as nonparticipating organizations or individuals</li> <li>• Monitors exercise timeline</li> <li>• Provides input to players (i.e., injects) as described in MSEL</li> </ul>

**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 Hospital Exercise 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 Hospital Exercise Controller.

### 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. At the conclusion of exercise play, a controller or evaluator at each participating hospital will lead a hotwash 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. 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
<b>County</b>
Medical Alert Center
[County Participant]
[County Participant]
<b>City</b>
[City Participant]
[City Participant]
[City Participant]
<b>[Jurisdiction A]</b>
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
<b>[Jurisdiction B]</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 24, 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]
08:00	All	<b>Exercise starts</b>	
11:00	All	<b>Exercise ends</b>	
Immediately Following the Exercise	All	<b>Venue Hotwashes/turn in all Participant Feedback Forms</b>	[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, and multiple patients have been transported to hospital emergency departments throughout the county. Your facility has received one (1) patient via ambulance. Five (5) additional patients have self-dispatched to your facility by private auto and walked-into the emergency department. You have a total of six (6) patients from the incident in your emergency department. The patient that arrived by ambulance is initially amnesic to the incident and is only able to provide first name, last name, and age. The patient is otherwise stable in the delayed category. The patient has no identification or cell phone and cannot recall family contact information. The other patients who self-dispatched are stable and require observation only.

### Major Events

#### Medical Alert Center (MAC)

- MAC will send a ReddiNet message to Start Exercise
- MAC will initiate an MCI titled “2025 FRC Exercise”

#### Hospital

- Input bed availability data into ReddiNet MCI module (*minimum quantities required are 2 Immediate, 2 Delayed, and 2 Minor*)

#### MAC

- Update patient destination / hospital assignment information
- Each facility will be assigned one ambulance with one patient

#### Hospital

- Hospital arrives ambulance and updates MCI victim list
- Update victim list using provided data:
  1. First name
  2. Last name
  3. Gender
  4. Age
  5. Triage tag number
- Add five (5) additional walk-in patients to the victim list (*for the first name use a fictional name and for the last name use your hospital code as the last name*)

#### MAC

- Sends ReddiNet message that a Family Assistance Center (FAC) has been activated

#### Hospital

- Activate Family Information Center (FIC) Plan

- FIC staff log into the Family Reunification Center system
- Activate FAC in FRC system and name the FAC your hospital name followed by “– FRC Exercise” (e.g. “ACME Hospital – FRC Exercise”)
- Associate FAC with MCI titled, “2025 FRC Exercise”
- Update the patient profile of the patient that arrived by ambulance using data from the facilitator that includes:
  5. DOB
  6. Eye color
  7. Hair color
  8. Height
  9. Weight
  10. Language
  11. Ethnicity
- Five (5) unrelated persons (designated seekers) each seeking a family member (missing person) involved in the incident arrived at your hospital. The missing persons (patients) are located at other facilities.
- Register each designated seeker into the FRC system from data provided by facilitator (seekers will have all demographic data – 11 data points above except Triage Tag #)
- Locate and reunite each designated seeker with the correct missing person (patient) in the FRC system
- Inform the seeking-person (family member) of the missing-persons location only
- Contact the facility with the missing person to confirm still there and verify it’s okay to disclose information.
- Leave FAC open (active) until 12:00 p.m. Do not deactivate FAC before 12:00 p.m.

**MAC**

- MAC sends ReddiNet message to End Exercise

**Hospital**

- End all exercise activity
- Complete internal hotwash / debrief with all players
- Complete participant feedback form

## 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
Darren Verrette	EMS Agency Exercise Director	Exercise Director	EMS Agency
[Name]	Lead Controller	Hospital Exercise 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
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