



State of New Hampshire

Basics of Exercise Design and Administration

**Department of Health and Human Services, Health Facilities
Administration**

DHHS Health Facilities Licensing & Certification Units with support from the
Emergency Services Unit
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Introduction

The *Basics of Exercise Design and Administration* (BEDA) document was first issued on October 26, 2017 through a joint effort of the State of New Hampshire's (NH) Department of Health and Human Services (DHHS), Office of the Commissioner, Emergency Services Unit (OCOM ESU) and the DHHS Health Facilities Licensing and Certification Units (HFLCUs). The document has guided a variety of local health care facilities' administrators with exercising and evaluating their facility's emergency management program as required by DHHS HFLCUs.

In early 2018, the State of New Hampshire established a health care coalition referred to as the Granite State Health Care Coalition (GSHCC) to serve as a statewide network of representatives from public and private health and safety organizations that help communities prepare and train for, respond to and recover from major/catastrophic incidents that may impact New Hampshire. In association with the DHHS HFLCUs, the GSHCC provides guidance and technical assistance on Federal and State health care requirements.

The 2018 iteration to the BEDA reflects the feedback and lessons learned of the NH health care facility community who have conducted exercises using the document. Future updates will be on a biennial basis, or as otherwise needed.

The BEDA is a resource for helping you work through the requirements for exercising your health care facility's emergency management program, especially the Emergency Operations Plan (EOP), Continuity of Operations Plan (COOP), and Recovery Plan, as directed by various State and Federal accrediting and licensing agencies and/or federal cooperative grant requirements for example, the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP), and the federal Centers for Medicare and Medicaid Services (CMS).

This document does not replace guidance provided by the federal Department of Homeland Security's (DHS) Homeland Security Exercise and Evaluation Program (HSEEP). Rather various elements of the HSEEP guidance have been streamlined for inclusion within this document. For more information on HSEEP click the link [https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13 .pdf](https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13.pdf) Using HSEEP supports the National Preparedness System by providing a consistent approach to exercises and measuring progress toward building, sustaining, and delivering core capabilities.



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Federal and State Rules

Federal – Centers for Medicare and Medicaid Services

Annually, facilities are required to conduct a tabletop exercise and participate in full-scale community-based exercise...Facilities can instead fulfill this part of their requirements by either:

- *Conducting an individual facility-based exercise, documenting an emergency that required them to fully activate their emergency plan, or by*
- *Conducting a smaller community-based exercise with other nearby facilities.*

An actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the facility for engaging in the required exercises for one year following the actual event; and facility's must be able to demonstrate this through written documentation.

Facilities should also document the lessons learned following their tabletop and full-scale exercises and real-life emergencies and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program...The AAR, at a minimum should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvements.

State – DHHS/HFLCU

He-P 805.26 Emergency Preparedness

(d) The facility shall conduct and document with a detailed log, including personnel signatures, 2 drills a year at least one of which shall rehearse mass casualty response for the facility with emergency services, disaster receiving stations, or both.

He-P 814.24 (Community Residences) and He-P 804 (Assisted Living Facilities)

(d) [same as written above in (d) 805.26 plus]:

- (1) Drills and exercises shall be monitored by at least one designated evaluator who has knowledge of the facility's plan and who is not involved in the exercise;*
- (2) Drills and exercises shall evaluate program plans, procedures, training, and capabilities to identify opportunities for improvement;*
- (3) The facility shall conduct a debriefing session not more than 72 hours after the conclusion of the drill or exercise. The debriefing shall include all key individuals, including observers, administration, clinical staff, and appropriate support staff; and*
- (4) Exercises and actual events shall be critiqued to identify areas for improvement. The critique shall identify deficiencies and opportunities for improvement based upon monitoring activities and*

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observations during the exercise. Opportunities for improvement identified in critiques shall be incorporated in the facility's improvement plan.

Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the facility for engaging in the required exercises for one year following the actual event; and facility's must be able to demonstrate this through written documentation.

CMS Rule & NH DHHS/HFLCU

How to Use this Document

The *Basics of Exercise Design and Administration* document is broken down into the following three phases listed below.

Phase I: Getting Started: In addition to facility-specific exercises, health facilities are encouraged to plan exercises with their local emergency management agency and other whole community stakeholders. This section describes the importance and organization of an exercise team, key concepts and terms for understanding exercises.

Phase II: Design, Develop, and Exercise Play: This section addresses exercise design and follows an acceptable guideline for development. It also touches upon exercise documentation, logistics, setup, play, and wrap-up activities. The information developed in this section can be used in the *Player Discussion-Based Exercise Handout Trifold* and the *Player Operations-Based Exercise Handout Trifold* found in Appendix A and B respectively.

Phase III: Exercise Evaluation and Improvement Tracking: In this section, exercise evaluation, improvement planning and tracking are explained in detail. Evaluation helps the exercise planning team determine if core capabilities and exercise objectives were accomplished during the exercise. The information captured during the exercise is finalized and presented in an After Action Report (AAR). Improvements to the capabilities and planned corrective actions are expressed in an Improvement Plan (IP). *Completion of the AAR/IP does not indicate a health facility owner has met all regulatory emergency preparedness requirements.*

Each phase contains suggestions and tools you can use with your exercise planning team. Depending upon your needs, you may want to adapt other health facilities or community partner organizations' materials or create your own exercise documents. Most importantly, keep all exercise forms simple and filed together so that exercise planners can easily use and update them.

Whole Community Stakeholders:

- All levels of government
- Volunteer organizations
- Community groups
- Nonprofit organizations
- Faith-based groups
- Groups working with individuals with disabilities and others with access and functional needs

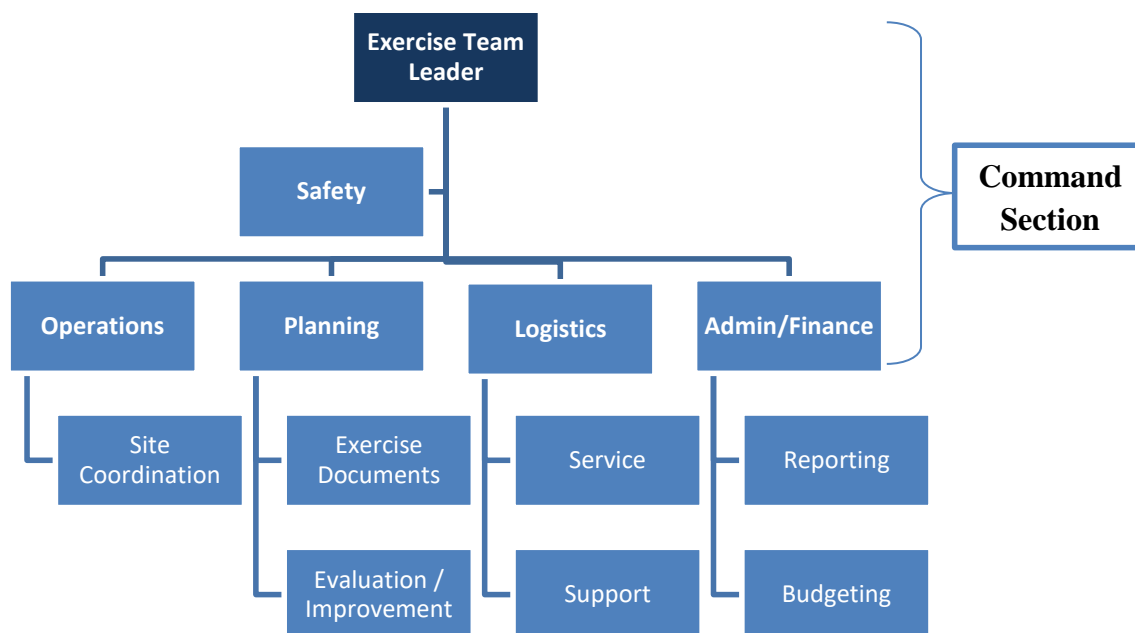
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Phase I: Getting Started

Exercise Planning Committee

- A group of people responsible for the overall development and monitoring of exercise planning, operations, reporting, and tracking.
- The committee, team, group – whatever label you wish, can be most effective if it follows an organizational structure that clearly defines roles and responsibilities.
- Engage senior and appointed officials and whole community stakeholders.
- Some exercise planners may use the Incident Command Structure (ICS) because it can expand or contract to reflect the personnel, resources, size, and type of an exercise. **Depending upon resources, the same personnel can be used to do multiple roles/tasks.** Figure 1 below shows a sample ICS structure for planning an exercise.

Figure 1: Sample ICS Use in Exercise Planning



Command Section: The Command Section coordinates all exercise planning activities. The Exercise Leader assigns exercises activities and responsibilities, provides guidance, establishes timelines, and monitors the development process with four section leaders.

Operations Section: The Operations Leader provides Subject Matter Expertise (SME) for scenario development and evaluation. When conducting an operations-based exercise, a Master Scenario Events List (MSEL) would be developed by this section.

Planning Section: The Planning Leader compiles and develops all exercise documents. This includes collecting and reviewing policies, plans, and procedures that will be assessed during the exercise; and plan exercise evaluation. Simulated actions are also developed in this section.

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Logistics Section: The Logistics Leader provides services (e.g., security, signage, transportation, food, water, etc.) and supplies (e.g., communications, general supplies, purchasing, recruitment of management of actors, etc.)

Admin/Finance Section: The Admin/Finance Leader provides financial management and administrative support (e.g., registration, scheduling, cost management, etc.).

Exercise Key Terms and Definitions

Often when we start something new there are usually new concepts and words to learn before the comfort level sets in. So true is it with exercising emergency plans and procedures.

Key Mission Areas of Emergency Management: Prevention, Protection, Mitigation, Response, and Recovery.

Key Core Capabilities: A core capability is an activity that addresses the greatest risk to the nation. Health care facilities can use capabilities to identify gaps in an emergency management program. Exercises focus on assessing performance against core capability-based objectives. See the Federal Emergency Management Agency’s (FEMA) Core Capability Development Sheets to build or sustain capabilities and close identified gaps. The Sheets are available at <https://www.fema.gov/core-capability-development-sheets>

Core Capabilities	Prevention	Protection	Mitigation	Response	Recovery	Core Capabilities	Prevention	Protection	Mitigation	Response	Recovery
Planning	●	●	●	●	●	Critical Transportation				●	
Public Information and Warning	●	●	●	●	●	Environmental Response/Health and Safety				●	
Operational Coordination	●	●	●	●	●	Fatality Management Services				●	
Intelligence and Information Sharing	●	●				Fire Management and Suppression				●	
Interdiction and Disruption	●	●				Logistics and Supply Chain Management				●	
Screening, Search, and Detection	●	●				Mass Care Services				●	
Forensics and Attribution	●					Mass Search and Rescue Operations				●	
Access Control and Identity Verification		●				On-scene Security, Protection, and Law Enforcement				●	
Cybersecurity		●				Operational Communications				●	
Physical Protective Measures		●				Public Health, Healthcare, and Emergency Medical Services				●	
Risk Management for Protection Programs and Activities		●				Situational Assessment				●	
Supply Chain Integrity and Security		●				Infrastructure Systems				●	●
Community Resilience			●			Economic Recovery					●
Long-term Vulnerability Reduction			●			Health and Social Services					●
Risk and Disaster Resilience Assessment			●			Housing					●
Threats and Hazards Identification			●			Natural and Cultural Resources					●

Schematic courtesy of FEMA/Anthony Clato – November 17, 2016

Key Critical Tasks: A distinct element required to perform a capability. Tasks may be resulting from standard operating procedures, protocols, or discipline-specific standards.

Key Performance Threshold: The regular collection of data to assess whether the correct tasks are being performed and desired results are being achieved. The data might be expressed as completed, partially completed, not applicable, or other quantity.

Capabilities

FEMA Core Capabilities

Exercise planners find grouping plans/policies/procedures into core capabilities for ease of evaluating. The Core Capabilities and associated Mission Areas schematic to the right are referenced in many national preparedness efforts, including the National Planning Frameworks. Some capabilities fall into only one Mission Area, while some others apply to several Mission Areas. See Figure 2 below for a brief description of each core capability.

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Figure 2: Core Capability Descriptions

All Mission Areas

Planning

- Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and /or tactical-level approaches to meet defined objectives.

All Mission Areas

Public Information and Warning

- Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.

All Mission Areas

Operational Coordination

- Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Prevention

Forensics and Attribution

- Conduct forensic analysis and attribute terrorist acts (including the means and methods of terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter-options.

Prevention and Protection

Intelligence and Information Sharing

- Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by local, state, tribal, territorial, federal, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among government or private sector entities, as appropriate.

Prevention and Protection

Interdiction and Disruption

- Delay, divert, intercept, halt, apprehend, or secure threats and/or hazards.

Prevention and Protection

Screening, Search, and Detection

- Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures. This may include the use of systematic examinations and assessments, bio surveillance, sensor technologies, or physical investigation and intelligence.

Protection

Access Control and Identity Verification

- Apply and support necessary physical, technological, and cyber measures to control admittance to critical locations and systems.

Protection

Cybersecurity

- Protect (and if needed, restore) electronic communications systems, information, and services from damage, unauthorized use, and exploitation.

Protection

Physical Protective Measures

- Implement and maintain risk-informed countermeasures, and policies protecting people, borders, structures, materials, products, and systems associated with key operational activities and critical infrastructure sectors.

Protection

Risk Management for Protection Program and Activities

- Identify, assess, and prioritize risks to inform Protection activities, countermeasures, and investments.

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Protection

Supply Chain Integrity and Security

- Strengthen the security and resilience of the supply chain.

Mitigation

Community Resilience

- Enable the recognition, understanding, communication of, and planning for risk and empower individuals and communities to make informed risk management decisions necessary to adapt to, withstand, and quickly recover from future incidents.

Mitigation

Long-Term Vulnerability Reduction

- Build and sustain resilient systems, communities, and critical infrastructure and key resources lifelines so as to reduce their vulnerability to natural, technological, and human-caused threats and hazards by lessening the likelihood, severity, and duration of the adverse consequences.

Mitigation

Risk and Disaster Resilience Assessment

- Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity's risk and increase their resilience.

Mitigation

Threats and Hazards Identification

- Identify the threats and hazards that occur in the geographic area; determine the frequency and magnitude; and incorporate this into analysis and planning processes so as to clearly understand the needs of a community or entity.

Response

Critical Transportation

- Provide transportation (including infrastructure access and accessible transportation services) for response priority objectives, including the evacuation of people and animals, and the delivery of vital response personnel, equipment, and services into the affected areas.

Response

Environmental Response/Health and Safety

- Conduct appropriate measures to ensure the protection of the health and safety of the public and workers, as well as the environment, from all-hazards in support of responder operations and the affected communities.

Response

Fatality Management Services

- Provide fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

Response

Fire Management and Suppression

- Provide structural, wildland, and specialized firefighting capabilities to manage and suppress fires of all types, kinds, and complexities while protecting the lives, property, and the environment in the affected area.

Response

Infrastructure Systems

- Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community.

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Response

Logistics and Supply Chain Management

- Deliver essential commodities, equipment, and services in support of impacted communities and survivors, to include emergency power and fuel support, as well as the coordination of access to community staples. Synchronize logistics capabilities and enable the restoration of impacted supply chains.

Response

Mass Care Services

- Provide life-sustaining and human services to the affected population, to include hydration, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.

Response

Mass Search and Rescue Operations

- Deliver traditional and atypical search and rescue capabilities, including personnel, services, animals, and assets to survivors in need, with the goal of saving the greatest number of endangered lives in the shortest time possible.

Response

On-Scene Security, Protection, and Law Enforcement

- Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within affected areas and also for response personnel engaged in lifesaving and life-sustaining operations.

Response

Operational Communications

- Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

Response

Public Health, Healthcare, and Emergency Medical Services

- Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.

Response

Situational Assessment

- Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.

Recovery

Economic Recovery

- Return economic and business activities (including food and agriculture) to a healthy state and develop new business and employment opportunities that result in an economically viable community.

Recovery

Health and Social Services

- Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.

Recovery

Housing

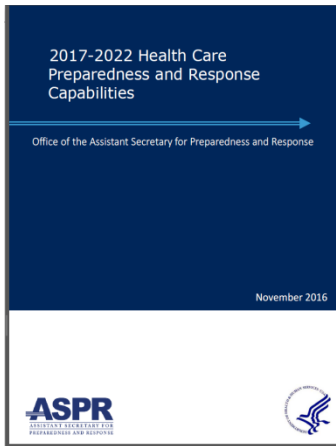
- Implement housing solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience.

Recovery

Natural and Cultural Resources

- Protect natural and cultural resources and historic properties through appropriate planning, mitigation, response, and recovery actions to preserve, conserve, rehabilitate, and restore them consistent with post-disaster community priorities and best practices and in compliance with applicable environmental and historic preservation laws and executive orders.

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Health Care Preparedness and Response Capabilities

Another set of capabilities to consider was developed especially for health care. The *2017-2022 Health Care Preparedness and Response Capabilities* document, available at <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf> outlines the high-level objectives that the nation's health care delivery system, including Health Care Coalitions (HCCs) and individual health care organizations, should undertake to prepare for, respond to, and recover from emergencies.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) streamlined the eight original HPP capabilities in the 2012 version into four capabilities as listed here with its associated goal.

Capability 1 Foundation for Health Care and Medical Readiness

Goal: The community's health care organizations and other stakeholders—coordinated through a sustained HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2 Health Care and Medical Response Coordination

Goal: Health care organizations, the HCC, their jurisdiction(s), and the State's Emergency Support Function (ESF) #8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3 Continuity of Health Care Service Delivery

Goal: Health care organizations, with support from the HCC and State's ESF#8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or, ideally, improved operations.

Capability 4 Medical Surge

Goal: Health care organizations—including hospitals, emergency medical services (EMS), and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the State's ESF #8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

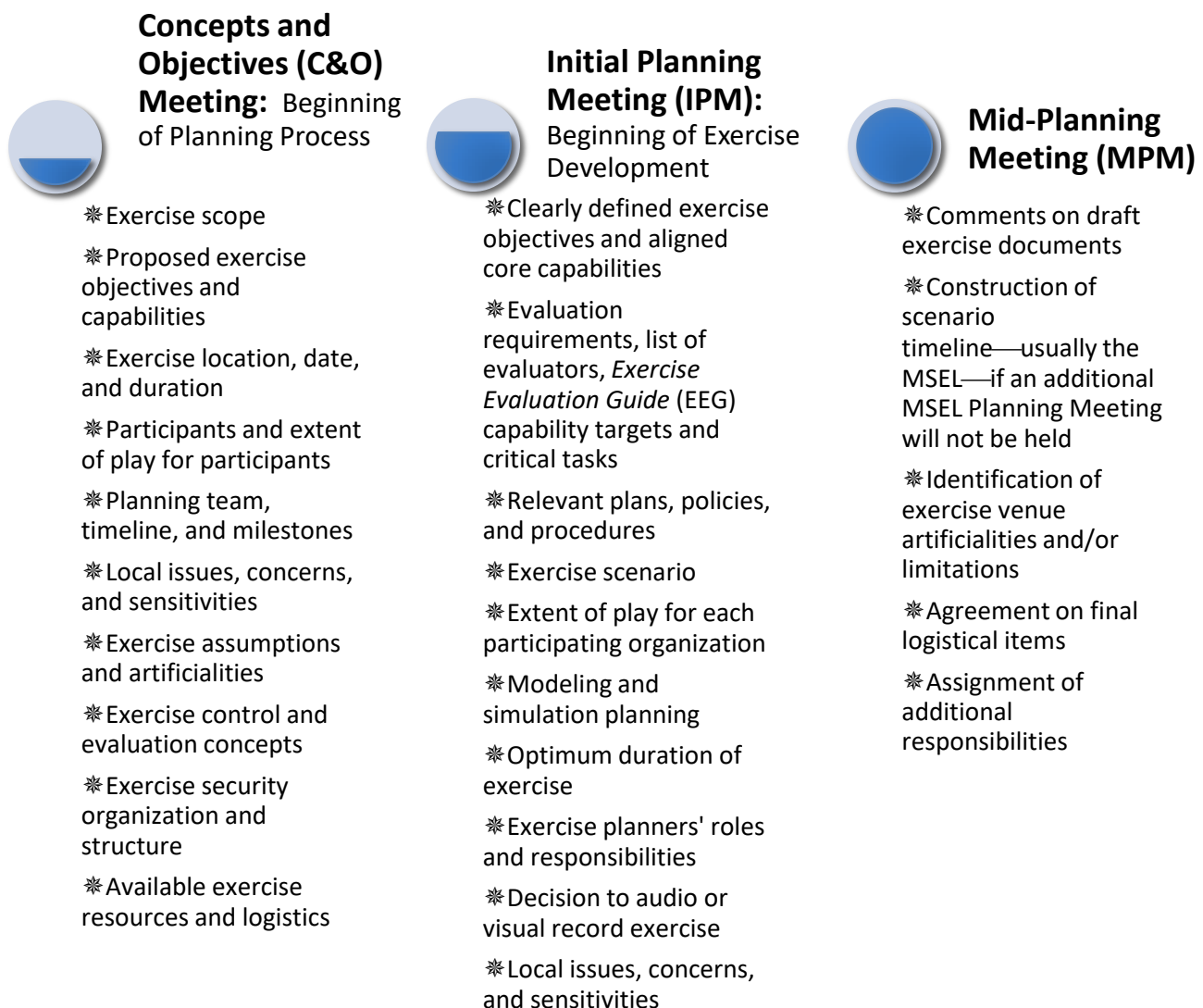
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Exercise Planning Meetings

The exercise planning team members decide the type and number of planning activities needed to successfully plan a given exercise, based on its scope and complexity. Figure 3 below lists the type of planning meeting and associated activities. As with any meeting conducted, team members should take into consideration attendees who may require assistance or special accommodations. Information on planning accessible meetings is available at

https://www.americanbar.org/content/dam/aba/administrative/mental_physical_disability/Accessible_Meetings_Toolkit.authcheckdam.pdf

Figure 3: Types of Exercise Planning Meetings



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Master Scenario Events List (MSEL) Meeting*

- * Is the event key (i.e., is it directly related to meeting an exercise objective)?
- * What is the desired critical task? Who will demonstrate the critical task?
- * What will stimulate behavior (e.g., course of play, phone call, actor, video)?
- * Who originates the stimulant? Who receives it and how?
- * Should a contingency entry be developed for injection into the exercise in case the players fail to demonstrate the critical task?



Final Planning Meeting

- * Conduct a comprehensive, final review and approve all remaining draft exercise documents (e.g., SitMan, MSEL, C/E Handbook, EEGs) and presentation materials
- * Resolve any open exercise planning issues and identify last-minute concerns
- * Review all exercise logistical activities (e.g., schedule, registration, attire, other accommodations/assistance issues)

*The MSEL Meeting focuses on developing a chronological list that supplements the exercise scenario with event synopses (or *injects*, see page 20), responsible personnel, expected participant responses, objectives and core capability targets to be addressed. MSEL entries are tied to the EEG critical tasks to ensure the critical tasks and core capabilities can be demonstrated during the exercise.

Exercise Planning Timelines

Exercise Planning Meetings	Exercise Types	Timing Prior to Exercise
Concepts and Objectives	All	1 Month prior to, or concurrently with IPM
Initial Planning	Discussion-Based	3 – 6 Months
	Operations-Based	6 Months – 1 Year
Mid-Planning	Operations-Based	3 Months
Master Scenario Events List	Operations-Based	1 Week prior to, or concurrently with MPM
Final Planning	All	2 – 4 Weeks

Phase II: Design and Development

Now that you have a basic understanding of why we do exercises and how to get started, the next nine steps will help you focus on designing and developing your exercise. The following **Steps** include checklists to start the exercise design process.

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Step 1. Hazards and Threats

Check off the various hazards and threats in your community or health facility. What risks are you most likely to face? Use the following checklist table as a starting point. **Note:** Your EMD will have conducted a community hazard analysis for city/town emergency planning. That is the best resource.

Natural		Human-Made		Technological	
<input type="checkbox"/>	Earthquake	<input type="checkbox"/>	Active Shooter	<input type="checkbox"/>	Electrical System
<input type="checkbox"/>	Flood	<input type="checkbox"/>	Bomb Threat	<input type="checkbox"/>	Internet/Computer Hack
<input type="checkbox"/>	Hurricane/Tropical Storm	<input type="checkbox"/>	Hazardous Material Spill	<input type="checkbox"/>	Gas Leak
<input type="checkbox"/>	Ice and/or Snow Storm	<input type="checkbox"/>	Mass Casualty	<input type="checkbox"/>	Radiological Release
<input type="checkbox"/>	Strong Winds/Tornado	<input type="checkbox"/>	Violent Intruder/Worker	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

- **Natural Hazard:** Select a natural disaster that is common where your facility is located such as, flooding, hurricane, high winds, ice storm, etc.
- **Human-Made Hazard/Threat:** This could be an active shooter, bomb threat, accidental spill of a hazardous chemical, etc.
- **Technological Hazard/Threat:** We rely heavily on our computer, phone, internet, and electrical and gas systems to work. What would you do if the technology suddenly stopped working?

What secondary effects from the hazard/threat selected above are likely to impact your organization?

<input type="checkbox"/>	Communication System Breakdown	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Transportation Blockages	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Partial or Full Evacuation	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Business Interruption	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Step 2. Areas of Possible Hazards/Threats

What areas of the health facility and/or community will be exercised?

<input type="checkbox"/>	Inside of the facility	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Area outside of the facility	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Facility Wards or Units	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Facility Business Area	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Parking Area	<input type="checkbox"/>	Other:

Step 3. Plans, Procedures, Personnel, Maps, and Other

Mark the status of your health facility emergency program in these and other areas to identify those most in need of exercising.

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Area or Item	New	Updated	Last Exercised	N/A
Facility EOP				
Continuity of Operations Plan (COOP)				
Standard Operating Procedure specify:				
Resource List specify:				
Maps, Displays specify:				
Notification Procedures				
Reporting Procedures				
Mutual Aid Agreements				
Volunteer Staff				
Facility Incident Command Center				
Warning Systems				
Utility Emergency Preparedness				
Damage Assessment Procedure				
Other:				

Step 4. Testing Capabilities

What emergency management or health care capabilities are most in need to review? Which ones haven't been exercised recently? Where have difficulties occurred in the past? Consider the following:

Planning	Critical Transportation	Foundation for Health Care and Medical Readiness
Public Information and Warning	Environmental Response/Health and Safety	Health Care and Medical Response Coordination
Operational Coordination	Fatality Management	Continuity of Health Care Service Delivery
Intelligence and Information Sharing	Operational Communication	Medical Surge
Access Control and Identification Verification	Situational Assessment	
Cybersecurity	Other:	

Step 5. Creating SMART Objectives

The exercise planning team selects one or more exercise capabilities on which to focus on in the exercise. These capabilities drive the development of the objectives, which are distinct outcomes that an organization wishes to achieve during an exercise. Select a reasonable number of Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) exercise objectives to facilitate effective scenario design, exercise conduct, and evaluation. Figure 4 below depicts guidelines for development SMART objectives.

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Figure 4: SMART Objectives

SMART Guidelines for Exercise Objectives	
Specific	It addresses the five Ws – who, what, when, where, why, and sometimes how. The objective specifies what needs to be done with a timeline for completion.
Measurable	A numeric or descriptive measure that defines quantity, quality, cost, etc., that is observable.
Attainable / Achievable	Completed within the control, influence, and resources of exercise play and participant actions.
Relevant	Relates to the Mission of the exercise and links to the goals or strategy of the agency.
Time-Bound	A specified and reasonable timeframe in accordance with exercise play.

SMART Objective for Discussion-Based Exercise Example

The Zone F Emergency Management Directors will assess the adequacy of their Public Communications Plans for alerting and notifying people with hearing disabilities and those with English as a Second Language (ESL) of an incident requiring the timely evacuation of the towns in Zone F.

Examples of Key Verbs: analyze, assess, determine, discuss, examine, identify, review, and validate.

Who? → Zone F Emergency Management Directors

What? → Assess their Public Communications Plans

Under What Conditions? → Incident requiring evacuation

To What Standard? → Regarding alert and notification of people with hearing disabilities and those with ESL

SMART Objective for Operations-Based Exercise Example

Within 15 minutes of notification from the EOC Director, the Public Information Officer will create public service announcements (PSAs) in English, French, and Spanish that include the location and hours of operation of five general population shelters within the county.

Examples of Key Verbs: activate, create, demonstrate, deploy, and verify.

Who? → Public Information Officer

What? → Create PSAs that include the location and hours of operation of five general population shelters within the county

Under What Conditions? → Within 15 minutes of notification from EOC Director

To What Standard? → English, French, and Spanish

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Step 6. Identify Exercise Partners

Consider the context of the plan/procedure(s) you will be exercising. All agencies/organizations that have a part in your plan/procedures should have a part in the exercise planning or exercise. Document your attempts to confirm exercise stakeholder participation. If the purpose of the exercise is to develop a plan, consider all who will be potentially included when the plan is completed. Be inclusive rather than exclusive; consider a wider range of stakeholders from the Federal, State, local, private and nonprofit sectors, and the general public in order to foster better coordination and working relationships, see Figure 5.

Figure 5: Whole Community Involvement

Health Care Agency/Organization/Business		Community Agency/Organization/Business	
<ul style="list-style-type: none"> Behavioral health services and organizations 	<ul style="list-style-type: none"> Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers) 	<ul style="list-style-type: none"> Child care providers (e.g., daycare centers) 	<ul style="list-style-type: none"> Emergency management organizations
<ul style="list-style-type: none"> Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded End-Stage Renal Disease (ESRD) networks 	<ul style="list-style-type: none"> Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers) 	<ul style="list-style-type: none"> Faith-based organizations (FBOs) 	<ul style="list-style-type: none"> Community Emergency Response Teams (CERT) and Medical Reserve Corps (MRC)
<ul style="list-style-type: none"> Home health agencies, including home and community-based services 	<ul style="list-style-type: none"> Skilled nursing, nursing, and long-term care facilities 	<ul style="list-style-type: none"> Infrastructure companies (e.g., utility and communication companies) 	<ul style="list-style-type: none"> EMS (including inter-facility and other non-EMS patient transport systems)
<ul style="list-style-type: none"> Hospitals (e.g., acute care hospitals, trauma centers, burn centers, children's hospitals, rehabilitation hospitals) 	<ul style="list-style-type: none"> Social work services 	<ul style="list-style-type: none"> Cities and counties 	<ul style="list-style-type: none"> Local public safety agencies (e.g., law enforcement and fire services)
<ul style="list-style-type: none"> Local chapters of health care professional organizations (e.g., medical societies, professional societies, hospital associations) 	<ul style="list-style-type: none"> Outpatient health care delivery (e.g., ambulatory care, clinics, community health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, stand-alone surgery centers) 	<ul style="list-style-type: none"> Schools and universities, including academic medical centers 	<ul style="list-style-type: none"> Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
<ul style="list-style-type: none"> Medical equipment and supply manufacturers and distributors 	<ul style="list-style-type: none"> Primary care providers, including pediatric and women's health care providers 	<ul style="list-style-type: none"> Public health agencies 	

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Step 7. Exercise Types and Products

There are seven types of exercises defined in the HSEEP that are categorized as either a discussion-based exercise or an operations-based exercise. Each of these categories has specific documents or products that ensure an accurate account of the exercise is preserved. In turn, these products help drive development of future exercises.



Discussion-Based Exercises

□ Seminar

- Orient participants to, or provide overview of, authorities, strategies, plans, policies, procedures, protocols, response resources, concepts, and ideas
- A good starting point for developing or making changes to plans and procedures
- Informal discussion led by a seminar leader
- Helpful when attempting to assess or gain awareness of the capabilities of other agencies operations

□ Workshop

- Increased participant interaction with relevant stakeholders
- Focus on a specific issue or development of a product such as standard operation procedures (SOPs), emergency operations plans, continuity of operations plans, or mutual aid agreements

□ Table Top Exercise (TTX)

- Designed to stimulate discussion of various issues regarding a hypothetical, simulated emergency
- Used to enhance general awareness, validate plans and procedures, rehearse concepts, and/or assess the types of systems needed to guide mission areas
- TTXs can be basic or complex. Basic TTX (such as a Facilitated Discussion) have players apply their knowledge and skills to a list of problems presented by the facilitator; problems are discussed as a group; and resolution is reached and documented for later analysis
- During a complex TTX, players receive pre-scripted messages that alter the original scenario. A facilitator introduces problems one at a time; players discuss issues raised by each problem, reference established authorities, plans, and procedures for guidance. Player decisions are incorporated as the scenario continues to unfold. Effective facilitation is critical.

□ Game

- A simulation of operations, often involving two or more teams
- Usually a competitive environment using rules, data, and procedures
- Depicts an actual or hypothetical situation
- Explore the consequences of player decisions and actions
- Useful for validating plans and procedures or evaluating resource requirements



Operations-Based Exercises

Drill

- A coordinated, supervised activity employed to test a single specific function or capability in a single agency or organizations
- Provides training on new equipment, validates procedures, or practice and maintain skills
- Used to determine if plans can be executed as designed, more training needed, or reinforce best practices

Functional Exercise (FE)

- Validate and evaluate capabilities, multiple functions, or interdependent groups of functions
- Focus on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions
- Events projected through an exercise scenario with event updates that drive activity at the management level
- Conducted in a realistic, real-time environment; however, movement of personnel and equipment is usually simulated

Full-Scale Exercise (FSE)

- Largest, most complex and resource-intensive type of exercise
- Mobilizes multiple agencies, organizations, and jurisdictions
- Tests major portions of operations plans under field conditions
- Simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel


Exercise Products

- Discussion-based exercises:
 - Situation Manual
- Operations-based exercises:
 - Exercise Plan
 - Master Scenario Events List (MSEL)
 - Simulation Cell
 - Player Handout
 - Controller/Evaluator Plan, including Exercise Evaluation Guides
- All Exercises:
 - After Action Report
 - Improvement Plan

Basics of Exercise Design and Administration


Step 8. Exercise Purpose, Scope, Scenario, Key Terms and Definitions


<u>Purpose</u>	<u>Scope</u>
The purpose of the <i>[insert exercise type or name and exercise type]</i> Exercise is to evaluate player actions against <i>[insert: response, recovery, or continuity of operations]</i> plan(s) and capabilities for a <i>[insert the hazard/threat/vulnerability]</i> emergency <i>[or disaster response]</i> .	The <i>[insert exercise type or name and exercise type]</i> Exercise will be conducted <i>[insert date, time and place]</i> . Exercise play is limited to <i>[describe or list intended participants]</i> .
<u>Scenario</u>	
<i>[Enter a brief synopsis of the scenario here.] For example:</i> On July 22, 2017 at 0800 hours, the health care facility's main entrance was struck by a pickup truck carrying explosives. The driver of the truck was killed in the explosion. Eight staff members and six patients were suffering from massive injuries....	


 **Injects:** Injects are introduced by the exercise Controller at specific times during an Operations-Based exercise, see examples below. Injects make up the items in the MSEL.

Inject #1, Time: 0805 Identify the name and title of the person in charge during the emergency and one alternate, should that person be unable to serve in that capacity.

Inject #2, Time: 0900 What are the other threats from this event that could impact the facility, beyond the explosion?

 **Assumptions and Artificialities:** Earnest effort has been made to create a plausible and realistic scenario to exercise and validate identified objectives. Participating entities will identify all agencies and individuals simulated during the exercise. Exercise operations will occur at predesignated sites and facilities to maximize exercise control. *[Insert additional assumptions/artificialities as needed.]*

 **Communication:** Players will use *[communication systems and/or radio frequencies provided by the exercise planning team; routine agency systems to communicate]* during the exercise. Players will communicate and coordinate only with participating entities or the Simulation Cell (SimCell). **All exercise transmissions must BEGIN and END with the statement “This is an exercise!”** *[Insert Simulation Cell contact numbers & other information if applicable]*

 **Simulation Cell (SimCell):** During a Function or Full-Scale Operations-Based exercise, a SimCell is used to generate injects for, receive player responses for, and provide information in place of nonparticipating organizations that would likely participate actively if exercise events were real.

 **Exercise Participants:** Groups of participants involved in an exercise are as follows:

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Players: These people have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise.

Controllers: Member(s) of the Exercise Planning Team who set up and operates the exercise site, plan and manage exercise play, and direct the pace of exercise play.

Simulators: Control staff personnel that are located in the SimCell who role-play nonparticipating organizations or individuals.

Evaluators: These are subject matter experts who are familiar with the functional area(s) of the exercise. They assess and document participants' performance against established emergency plans/policies/procedures and exercise evaluation criteria set forth by the Exercise Planning Team.

Observers: These people visit or view selected segments or the entire exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions.

Step 9. Exercise Logistics

The difference between a well-executed exercise and exercises that flop and/or are unsafe is organization and logistics. You and the exercise team have identified the hazard(s), selected the plan(s), type and product(s), and the scenario for the exercise. By now the team may or may not have selected a venue. Here are a few other details to consider:

Venue: A facility that is appropriate for the exercise scope and attendance.

Audio/Visual Requirements: These should be considered during the design phase including who is providing tech support.

Supplies, Food, and Refreshments: It is always best to assume that participants will not bring necessary supplies with them such as, pen, paper, copies of plans and procedures, etc. These minor details can make and break exercises. Depending upon how long the exercise is, the number of players, and what time of the day the exercise is occurring, it is good practice to plan to have water available. Other food and refreshments are dependent upon your exercise budget.

Parking, Transportation, and Designated Areas: It may be necessary to use signage to designate specific parking areas for attendees or VIPs. If required, law enforcement personnel should be made available to help direct vehicles to proper parking areas.

Registration and Table/Breakout Identification: All participants register upon arrival, for identification and security reasons. During operations-based exercises, it may be necessary to designate participant ID/registration for multiple exercise locations.

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Actors: Volunteer actors provide added realism and prompt players to provide simulated victim care. Prior to the exercise, actors should receive waiver forms for signature and instructions regarding the exercise and logistics.

Phase III: Exercise Evaluation and Improvement Tracking

Collecting Exercise Performance Data

Evaluation is the cornerstone of exercises. It documents strengths and areas for improvement in an organization's preparedness program. Here are three important exercise evaluation procedures to conduct.

1. Hot Washes:

- a. Held immediately following the end of operations-based exercises or if desired by the exercise planning team leader with discussion-based exercises.
- b. Enables evaluators to identify successes and areas for improvement as well as issues, concerns, or proposed improvements and the players' level of satisfaction with the exercise while the events remain fresh in players' minds.

2. Debriefs:


- a. This is a formal meeting for exercise planners, facilitators, and evaluators to review observations and discuss the exercise.
- b. Usually held following the hot wash, the information gathered at this meeting assists the evaluator(s) with developing their evaluation summary.


3. Participant Feedback Forms:


- a. Provides exercise players and observers the opportunity to provide evaluators with their documented insights into decisions made and actions taken during the exercise.
- b. Allows for constructive criticism about the design, control, or logistics of the exercise.
- c. All players and observers should have the Form before the exercise officially starts and completed either during the Hot Wash or before everyone leaves. Sample Participant Feedback Forms are provided in Appendix A.


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Key Terms and Definitions Used In Exercise Evaluation and Tracking

 **After Action Report (AAR):** The AAR summarized key exercise-related evaluation information, including the exercise overview and analysis of objectives and capabilities. The AAR is usually developed in conjunction with an Improvement Plan (IP). The lead evaluator and exercise planning team draft the AAR.

 **After Action Conference (AAC):** The AAC is a forum for key stakeholders and jurisdiction officials to hear the results of the exercise evaluation analysis, validate findings and recommendations in the draft AAR, and complete the IP. Inform participants when, where, and what time the AAC will be conducted.

 **Improvement Plan (IP):** The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. It is created by key stakeholders from the exercise type specific agencies and jurisdictions during the After Action Conference.

 **Improvement Tracking:** Dedicate someone to track participating agencies IP corrective actions that are relevant to your facility’s emergency plans. Participant organizations are responsible for developing implementation processes and timelines, and keeping senior leadership informed. Develop a plan for how frequently activities should be recorded and shared between organizations. Each corrective action should be tracked to completion.

Components of the AAR

Figure 6 below outlines the components of the AAR. Information for these areas should come from work done in Phase II and data collected described in the section **Collecting Exercise Performance Data**. Content in *italics* is for clarification purposes only.

Figure 6: Components of the AAR

Exercise Name, Start and End Date, Duration, Location, & Type of Exercise	Exercise Point of Contact (<i>e.g., exercise director or exercise sponsor</i>)
Mission Area(s)	Strengths (<i>What went well during the exercise</i>)
Core Capabilities & Objectives	Areas for Improvement (<i>What did not go well during the exercise</i>)
Threat or Hazard	Reference (<i>list any relevant plans/policies/procedures/regulations/laws/etc.</i>)
Scenario	Analysis (<i>provide a root cause or summary of why the capability was partially or not fully achieved</i>)
Sponsor & Grant Program (if used)	Appendix A: Improvement Plan
Total Number of Participants and Participating Level (<i>local, State, Federal, Non-Governmental, etc.</i>)	Appendix B: Exercise Participants

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Key Term and Evaluator Questions



Root-Cause Analysis: Identifying what issues emerge and discovering the root cause of those issues.

Questions for Evaluators to Consider: Analyzing events in this sequence will help evaluators determine the underlying cause of issues, and inform your facility's corrective actions to remedy the issue.

1. Were capabilities met? If not met, what factors contributed to this result?
2. Did discussion or activities suggest the critical tasks were executed to meet the capabilities? If not, what was the impact or consequences?
3. Do current plans, policies, and procedures support critical tasks and capabilities? Were participants familiar with these documents?

AAR for Actual Events

Always complete an AAR/IP document for exercises and actual emergency events!

Contact DHHS Health Facilities Licensing Unit to determine the extent that the actual emergency event meets the rules' requirements.

Sample AAR Capability Analysis

Sample AAR Source: Health Care Association of New Jersey (HCANJ). *Black Diamond Tabletop Exercise* conducted January 13, 2011

Capability 1: Communications

Activity 1.1: In response to the notification of an incident, provide and receive communications to local, county, State and Federal emergency management partners.

Observation 1.1: Area of Improvement – Many long term care facilities have pre-established relationships with their local or county Office of Emergency Management (OEM) partners, however, this fact did not appear consistent across all public health regions of the state..

Reference: None document.

Analysis: Any means by which additional emergency management partnerships can be strengthened and developed prior to an emergency event, will surely prove positive during an emergency. Local and county OEM points of contact can be augmented by introducing long term facilities to the function, role, and mission of New Jersey's Medical Coordination Centers (MCCs).

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Recommendations: NCANJ should provide all members with a listing of the most current points of contact for local and county OEMS. Additionally, contact information related to New Jersey’s MCCs across each of the five public health regions of the state should also be disseminated, validated and updated.

Improvement Plan Components

The following content and table headings can be used for Appendix A: Improvement Plan of your AAR document.

This IP has been developed specifically for *[insert name of your health care facility]* as a result of the *[insert name of exercise or type of exercise]* conducted on *[insert date of exercise]*.

Capability	Issue/Area for Improvement	Corrective Actions	Primary Responsible Organization	Organization Point of Contact	Start Date	Completion Date
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Key Term and Leadership Questions



Corrective Actions: Concrete, actionable steps that are intended to resolve the capability gaps and shortcomings identified in exercises or real-world events. In some instances, you may have more than one corrective action associated with a capability and its recommendation(s).

Questions for Senior Leadership to Consider: When developing corrective actions, the following questions can guide senior leadership to confirm that the issues identified by evaluators are valid and require resolution.

1. What changes need to be made to policies, plans and procedures to improve performance?
2. What changes need to be made to organizational structures to improve performance?
3. What changes need to be made to management processes to improve performance?
4. What changes to equipment or resources are needed to improve performance?
5. What training is needed to improve performance?
6. What are the lessons learned for approaching similar problems in the future?

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Sample Improvement Plan Entry

Sample AAR Source: HCANJ. *Black Diamond Tabletop Exercise* conducted January 13, 2011

Capability	Recommendation	Corrective Action	Primary Responsible Agency	Agency Point of Contact (POC)	Start Date	Completion Date
Communications	Promote increased pre-event relationships with OEM/MCCs via email and web based modalities.	Distribute and maintain webpage listing of local / county OEM and regional MCC contacts	HCANJ and individual member facilities	HCAN	2/1/11	6/30/11

Appendix A: Participant Feedback Forms

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Sample

Participant Feedback Form

(**Note:** If your facility already has a participant feedback form that you like to use, feel free to do so. You can also modify this sample form to suit your preferences.)

Thank you for participating in this [insert exercise name or type of exercise]. Your observations, comments, and input are greatly appreciated, and provide invaluable insight that will better prepare our community and the nation against threats and hazards. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. Please keep comments concise, specific, and constructive.

Part 1: General Information

Please enter your responses in the form field.

Participant Information	
Name:	
Agency/Organization Affiliation:	
Position Title:	
Years of Experience in Present Position:	
Location during Exercise:	

Please circle the appropriate selection.

Number of Exercises Previously Participated in:	0	1 – 5	6 – 10	11 – 15	16+
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Please circle the appropriate selection.

Exercise Role:	Player	Facilitator / Controller	Observer	Evaluator
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Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with **1 indicating strong disagreement, 2 indicating disagreement, 3 indicating neutral, 4 indicating agree, and 5 indicating strong agreement.**

Assessment Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pre-exercise briefings were informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to deal with capabilities and hazards addressed.	1	2	3	4	5

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Part III: Participant Feedback

1. I observed the following **strengths** during this exercise: (Please select the corresponding capability and applicable element related to the strength. Indicate the element selected by circling “Y” for “YES” and “N” for “NO”).

Strengths	Core Capability	Element	Y	N
		Planning	Y	N
		Organization	Y	N
		Equipment	Y	N
		Training	Y	N
		Exercise	Y	N
		Planning	Y	N
		Organization	Y	N
		Equipment	Y	N
		Training	Y	N
		Exercise	Y	N
		Planning	Y	N
		Organization	Y	N
		Equipment	Y	N
		Training	Y	N
		Exercise	Y	N

2. I observed the following **areas of improvement** during this exercise: (Please select the corresponding capability and applicable element related to the strength. Indicate the element selected by circling “Y” for “YES” and “N” for “NO”).

Areas for Improvement	Core Capability	Element	Y	N
		Planning	Y	N
		Organization	Y	N
		Equipment	Y	N
		Training	Y	N
		Exercise	Y	N
		Planning	Y	N
		Organization	Y	N
		Equipment	Y	N
		Training	Y	N
		Exercise	Y	N
		Planning	Y	N

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Areas for Improvement	Core Capability	Element	Y	N
		Organization	Y	N
		Equipment	Y	N
		Training	Y	N
		Exercise	Y	N

3. What specific **training opportunities** helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable. Indicate whether the training course was completed prior to the exercise by circling “Y” for “YES” and “N” for “NO”).

Training Course	Completed Prior to Exercise (Y / N)?	
	Y	N
	Y	N
	Y	N
	Y	N
	Y	N

4. Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.
5. Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

Sample

Exercise Quality Rating Form

The purpose of this form is to obtain participants feedback on the exercise. The purpose of this exercise is to test the readiness and quality of our [insert name of plan or procedures]. It is the only time we are given an opportunity to learn from our experiences.

Please complete the questions as complete as possible. You may return them to: [insert name(s)]

1. What parts of the exercise seemed to work well in your opinion?

2. What parts of the exercise didn't seem to work well in your opinion?

3. What information did you need that was not available to you?

4. How could the process be improved?

Appendix B: Sample – Communitywide Emergency Preparedness Drill Player Information

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[insert City/Town] Community Nursing Facilities Communitywide Emergency Preparedness Drill Overview and Objectives

Goal:

The goal of this drill is to test the facility's ability to coordinate appropriate resident placement and transport in an emergency situation and to test the facilities ability to successfully evacuate or accept a surge of residents utilizing established procedures within each of the respected facilities.

Scope:

This will be a simulated evacuation/surge of 100% of residents (approximately 500 residents), with **no actual residents being relocated between facilities.**

During the drill, facilities that are simulating **evacuation** will:

activate their command center,

review their patient census,

use existing plans, mechanisms, and protocols to locate appropriate resident placement and transportation.

To make it as real as possible and keep HIPAA in mind, **resident identifier to be used will consist of their first name and last name initial only.**

Other facilities that are simulating **surge** will likely be contacted to accept residents and will collaborate to identify available beds and resident transportation options. **THERE WILL BE NO MOVEMENT OF ACTUAL RESIDENTS.** These surge facilities should be prepared to activate their command center, review their patient census, and use existing plans, mechanisms, and protocols to access clinically trained staff that are able to judge appropriateness of resident placements. A *Surge Facility Tracking Sheet* is attached for your use. Please fill in the appropriate information when/if called on this day.

Reminder to start and end all outside calls with:

"We are having an "Emergency Preparedness Drill"

Timing:

Drill will occur on [*insert day and date*] from [*insert exercise start time*] to [*insert exercise end time*].

Duration:

Drill was last approximately [*insert number of minutes, hours, or days*]. Facilities should allow time after the drill for debriefing and to identify potential improvements.

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Scenario:

Tanker truck overturns on [*insert name of road, street, highway*]. Potential for hazardous gases to be emitted that would cause respiratory problems for the elderly population. All nursing homes within a 2-mile radius need to evacuate as a precautionary measure.

Objectives:

1. **Incident Command:** Demonstrate the ability to implement incident command structure (ICS) (hospital-based or standard) to effectively respond to evacuation and/or medical surge.
2. **Patient Destination Planning:** Demonstrate the ability to utilize facility plans to efficiently locate receiving facilities appropriate for each resident's level of ability.
3. **Resident Tracking/Accountability:** Demonstrate the ability to track residents and health information from current area of care to the receiving facility or other destination.
4. **Resource Management:** Demonstrate the ability to recognize the current and future resources needs and request, mobilize, and manage assets and resources.
5. **Communications:** Demonstrate the ability to notify and communicate with the appropriate agencies, organizations and personnel to effectively respond to and manage incident.
6. **Medical Surge:** Demonstrate the ability to manage an influx of patients of at least 10% of current capacity.

List of Participating Nursing Home Facilities

[*insert list here*]

Post-Exercise Review of Results

Participants will have the ability to provide feedback via electronic survey following the exercise. Evaluators will be located at each evacuating facility and surge/receiving facilities within the [*insert region, cities, or towns*].

Any facilities contacted outside of the [*insert region, cities, or towns*] will be contacted via email to collect any information (**Surge Facility Tracking Sheet**) regarding accepted patients to corroborate the information from the evacuation end.

Appendix C: Sample – Player Handout – Operations-Based Exercise Trifold Template

EXERCISE SAFETY

A safety controller responsible for participant safety can be identified by his/her [specify: badge, hat, vest].

EXERCISE PARTICIPANT IDENTIFICATION

Participants can be recognized by a [badge, hat, vest] color-coded by exercise function.

Exercise Director/Facilitator	White
Exercise Evaluator	Red
Exercise Controller	Blue
Exercise Safety Controller	Green
Simulators/Actor Victims	Black
Exercise Observer/VIP	Orange
Media	Purple

WEAPONS POLICY

[DELETE IF NOT APPLICABLE]

Weapons safety will follow the exercise safety policy. The following weapons will **NOT** be introduced into designated exercise play area(s) regardless of normal scope of functional duties:

- Loaded firearms, knives, or explosive devices
- Less-than-lethal weapons, tools, or devices
- Any object capable of causing bodily harm

ACTUAL EMERGENCIES

Real-world emergencies and participant safety take priority over exercise conduct. In a real-world emergency, notify the nearest controller and state, “**This is a real-world emergency.**” Cease all exercise play immediately, and comply with exercise control staff instructions.

ACCIDENTS AND INJURIES

All players have a basic responsibility to act as safety officers. Immediately report safety concerns, unsafe acts or conditions, injuries, and accidents to the nearest controller.

EXERCISE SCHEDULE

[Exercise Date(s)] (If exercise duration exceeds one day, detail each day's schedule separately)

Player Registration:	[0800–0830]
Player Briefing:	[0830]
Start of Exercise (StartEx):	[0900]
Lunch:	[1200–1300]
End of Exercise (EndEx):	[1600]
Hot Wash:	[1615]

EXERCISE SITE MAP

[Insert Site Map Here]

QUESTIONS AND MEDIA RELATIONS

Direct questions regarding exercise play to the venue controller. Media contact should be directed to the nearest controller, who will contact the Public Information Officer (PIO).

The PIO for this exercise is:
[insert name]

COMMUNICATIONS

Players will use [communication systems and/or radio frequencies provided by the exercise planning team; routine agency systems to communicate] during the exercise. Players will communicate and coordinate only with participating entities or the Simulation Cell (SimCell). All exercise transmissions must begin and end with the statement “**This is an exercise.**”

[Insert Simulation Cell contact numbers & other information if applicable]

ASSUMPTIONS AND ARTIFICIALITIES

Earnest effort has been made to create a plausible and realistic scenario to exercise and validate identified objectives.

Participating entities will identify all agencies and individuals simulated during the exercise.

Exercise operations will occur at predesignated sites and facilities to maximize exercise control.

[Insert additional assumptions/artificialities as needed.]

[Exercise Name]
[Exercise Type (Acronym)]

Player Information Handout

[Insert Picture Here if desired]

[Exercise Date(s)]

The [Exercise Name] Exercise Director is:

[Name]
[Agency]
[City, State ZIP]
[xxx-xxx-xxxx (office)]
[xxx-xxx-xxxx (preferred contact during exercise conduct)]
[e-mail]

PURPOSE, SCOPE, AND SCENARIO

PURPOSE

The [Exercise Name] [Exercise Type (Acronym)] was designed to test and evaluate [...].

SCOPE

The [Exercise Name] [Exercise Type (Acronym)] will be conducted at [site location(s)] on [exercise date(s)] in response to a simulated [incident type]. [Exercise Name] is scheduled for [play duration] or until the Exercise Director and the Senior Controller have determined that the exercise objectives have been fully addressed.

SCENARIO

[This section should briefly summarize the exercise scenario or situation initially presented to exercise players during the player briefing.]

[Exercise Name] will be conducted in a no-fault learning environment and will evaluate existing plans, policies, and procedures as if players were responding to a real-world emergency. The exercise should not be viewed as a test or inspection of individual performance.

CORE CAPABILITIES AND EXERCISE OBJECTIVES

The Exercise Planning Team has selected the [insert name of] core capabilities on which to focus the exercise. These capabilities form the basis of exercise evaluation. The following objectives have been created to exercise the selected capabilities:

(List exercise objectives. Example provided below.)

- 1. Communications.** Assess the ability to establish and maintain a multidisciplinary, multijurisdictional communications network during a response to a terrorist incident.

GENERAL INFORMATION

EXERCISE DOCUMENTATION

Any documents generated by players during exercise play must be submitted to a controller or evaluator as part of the overall exercise documentation (e.g., disaster management system entries, e-mail messages, notes, exercise response and/or mitigation activity logs).

PARTICIPANT FEEDBACK FORMS

Please complete the participant feedback form distributed at the end of the exercise, and return it to a controller or evaluator.

For Limited Distribution Only

**Appendix D: Sample – Player Handout – Discussions-Based Exercise Trifold
Template**

EXERCISE SCHEDULE

[Exercise Date(s)] (If exercise duration exceeds one day, detail each day's schedule separately)

Player Registration:	[0800–0830]
Player Briefing:	[0830]
Start of Exercise (StartEx):	[0900]
Lunch:	[1200–1300]
End of Exercise (EndEx):	[1600]
Hot Wash:	[1615]

GENERAL INFORMATION

EXERCISE DOCUMENTATION

Any documents generated by players during exercise play must be submitted to a **controller** or **evaluator** as part of the overall exercise documentation (e.g., disaster management system entries, e-mail messages, notes, activity logs).

PARTICIPANT FEEDBACK FORMS

Please complete the participant feedback form distributed at the end of the exercise, and return it to a **controller** or **evaluator**.

EXERCISE SAFETY

ACTUAL EMERGENCIES

Real-world emergencies and participant safety take priority over exercise conduct. In a real-world emergency, notify the nearest **controller** and state, “**This is a real-world emergency.**” Cease all exercise play immediately, and comply with exercise control staff instructions.

ACCIDENTS AND INJURIES

All players have a basic responsibility to act as safety officers. Immediately report safety concerns, unsafe acts or conditions, injuries, and accidents to the nearest **controller**.

The [insert type or name of] Exercise will be conducted in a no-fault learning environment and will evaluate existing plans, policies, and procedures as if players were responding to a real-world emergency. The exercise should not be viewed as a test or inspection of individual performance.

[Replace this text with Exercise Name]
Player Information Handout

[Replace this text with Date, Time and Location Of Exercise]

The Exercise Director is:

[Name]
[Agency]
[City, State ZIP]
[xxx-xxx-xxxx (office)]
[xxx-xxx-xxxx (preferred contact during exercise conduct)]
[e-mail]

For Limited Distribution Only

PURPOSE, SCOPE, AND SCENARIO

PURPOSE

The purpose of the [insert type or name of] Exercise is to evaluate player actions against current response plans and capabilities for a [insert type of emergency or disaster response].

SCOPE

The Exercise Name] [Exercise Type (Acronym)] Exercise play is limited to [describe intended participants].

SCENARIO

[Enter a brief synopsis of the scenario here]

QUESTIONS

Direct questions regarding exercise play to the nearest [describe controller or official contact].

TARGET CAPABILITIES AND EXERCISE OBJECTIVES

1. [List target capabilities addressed associated objectives]
- 2.
- 3.
- 4.

ASSUMPTIONS AND ARTIFICIALITIES

Earnest effort has been made to create a plausible and realistic scenario to exercise and validate identified objectives.

Exercise communication and coordination is limited to participating exercise organizations [insert such as: local emergency managers, Red Cross, etc.].

Because the exercise is of limited duration and scope, certain details will need to be simulated. This simulation may require players to use their best judgment in response to requests for additional information.

COMMUNICATIONS

[Describe specific communications methods, and issues related to communications]

All exercise transmissions must begin and end with the statement **“This is an exercise.”**

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