

## EXERCISE PROGRAM CHECKLIST

This checklist is designed to assist hospitals in development, implementation and evaluation of exercises. Individual exercises are part of an Exercise and Evaluation Cycle under the hospital's Emergency Management Program to test and validate plans and capabilities to identify gaps and areas for improvement. Hospitals participate in a range of exercises including Discussion-Based such as tabletops, and Operations-Based such as drills, functional and full-scale exercises. These exercises may be isolated within the hospital, or part of a larger healthcare coalition or even statewide exercise such as the California Statewide Medical Health Exercise. For larger exercises many of the development and planning steps may be already done by the Operational Area or State. It is the intent of this document to provide an overview, guidance and resources for hospitals which allows a more coordinated effort and can be tailored to the facility based on the Homeland Security Exercise and Evaluation Program (HSEEP) guiding principles. For complete HSEEP guidance and templates see: <https://www.fema.gov/hseep> and Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule at: <http://www.cms.gov>.

1. Pre Exercise Design and Development	In Progress	Completed
A. Review past training, exercises, and real events for type, objectives, exercise partners, corrective actions and identified areas for improvement.		
B. Review future community training and exercises for possible participation and collaboration to meet facility projected exercise and training needs, and reduce duplicative efforts.		
C. Review hospital and community Hazard Vulnerability Analysis (HVA), industry reports, and local fusion center reports for potential needs.		
D. Examine facility Exercise and Evaluation Plan to ensure consistency of exercise development with overall Emergency Management Program strategy.		
2. Regulatory, Hospital Preparedness Program, Occupational Safety, and Accreditation Requirements	In Progress	Completed
A. Centers for Medicare and Medicaid Services (CMS) <ul style="list-style-type: none"> <li>i. §482.15 (d) The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do the following:               <ul style="list-style-type: none"> <li>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility based exercise.</li> </ul> </li> <li>ii. §482.15 (d) 2 (iv)(ii) Conduct an additional exercise that may include, but is not limited to the following:               <ul style="list-style-type: none"> <li>§482.15 (A) A second full-scale exercise that is community-based or individual, facility-based.</li> </ul> </li> <li>iii. §482.15 (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</li> <li>iv. (iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.</li> </ul>		

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<p><b>B. The Joint Commission (TJC)</b></p> <ul style="list-style-type: none"> <li>i. EM.03.01.03 A 4. For each site of the hospital with a defined role in its community response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. (Tabletop sessions are acceptable in meeting the community portion of this exercise).</li> <li>ii. EM.03.01.03 A 1. As an emergency response exercise, the hospital activates its EOP twice a year. Note 1: For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients. (Tabletop sessions, though useful, cannot serve for this portion of the exercise). Note 2: For each site of the hospital that offers emergency services, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital. (Tabletop sessions are acceptable in meeting the community portion of this exercise).</li> <li>iii. EM.03.01.03 A 13. Based on all monitoring activities and observations, including relevant input from all levels of staff affected, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process. The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.</li> </ul>		
<p><b>C. National Fire Protection Association (NFPA)</b></p> <ul style="list-style-type: none"> <li>i. 99 12.5.3.3.8.1 The facility shall test its EOP at least twice annually, either through functional or full-scale exercises or actual events.</li> <li>ii. 99 12.5.3.3.8.2 Exercises shall be based on the HVA priorities and be as realistic as feasible.</li> <li>iii. 99 12.5.3.3.8.3 For Emergency Management Category 1 only, an influx of volunteer or simulated patients shall be tested annually, either through a functional or full-scale exercise or an actual event.</li> <li>iv. 101 A.12.5.3.3.8 Experiences show the importance of drills to rehearse the implementation of all elements of a specific response, including the entity's role in the community, space management, staff management, and patient management activities.</li> <li>v. 101 B.12.1.1.7 Test and Evaluate the EOP in Response to a Drill or Actual Event.</li> <li>vi. 9 12.5.3.3.8.4 Annual table top, functional, or full-scale exercises shall include the following: (1) Community integration (2) Assessment of sustainability.</li> <li>vii. 99 12.5.3.3.8.5 For Emergency Management Category 1 only, if so required by the community designation to receive infectious patients, the facility shall conduct at least one exercise a year that includes a surge of infectious patients.</li> <li>viii. 99 12.5.3.3.8.6 The identified exercises shall be conducted in- dependently or in combination.</li> <li>ix. 99 12.5.3.3.9.5 Exercises and actual events shall be critiqued to identify areas for improvement.</li> <li>x. 99 12.5.3.3.9.6 The critiques required by 12.5.3.3.9.5 shall identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise.</li> </ul>		

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<ul style="list-style-type: none"> <li>xi. 99 12.5.3.3.9.7 Opportunities for improvement identified in critiques shall be incorporated in the facility’s improvement plan.</li> <li>xii. 99 12.5.3.3.9.8 Improvements made to the emergency management program shall be evaluated in subsequent exercises.</li> <li>xiii. 101 A.4.8.2.1 (17) Post-event (including drill) critique/evaluation, as addressed in 5.14 of NFPA 1600, Standard on Disaster/Emergency Management and Business Continuity Programs.</li> </ul>		
<p>D. Title 22</p> <ul style="list-style-type: none"> <li>i. §70307 (d) The disaster plan shall be rehearsed at least twice a year. The actual evacuation of patients to safe areas during the drill is optional.</li> <li>ii. §70307 (d) There shall be a written report and evaluation of all drills.</li> </ul>		
<p>E. Hospital Preparedness Program Grant</p> <ul style="list-style-type: none"> <li>i. HPP Capability 1, Objective 9: Plan, conduct and evaluate exercises (should be aligned with federal standards and facility accreditation requirements) and should integrate children and behavioral health impacts and population.</li> <li>ii. HPP Capability 3, Objective 6: Plan, conduct and evaluate Coalition Surge Test Exercise.</li> </ul>		
<b>2. Design and Development</b>	<b>In Progress</b>	<b>Completed</b>
<p>Exercises can be Discussion-Based which include tabletop exercises, workshops or seminars that focus on introducing and solving problems, and strategic, policy-oriented issues; or Operations-Based which include functional or full-scale exercises which help validate plans, policies, agreements, and procedures, clarify roles and responsibilities and identify gaps.</p>		
<p>A. Identify Planning Team</p>		

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<p>B. Concept and Objectives Meeting</p> <ul style="list-style-type: none"> <li>i. Identify Exercise Scope (Exercise type, participation level, duration, location, and parameters)</li> <li>ii. Discuss Proposed Exercise Objectives and Align with Core Capabilities (Objectives must be specific, measurable, achievable, relevant and time-bound) <ul style="list-style-type: none"> <li><i>Potential Exercise Objectives may come from:</i> <ul style="list-style-type: none"> <li>• Previous Improvement Plans</li> <li>• Hazard Vulnerability Analysis</li> <li>• Changes in populations served</li> <li>• New or revised policies and procedures, new equipment</li> <li>• Results of evaluations</li> </ul> </li> <li><i>Additional resources for identifying Exercise Objectives can be obtained from:</i> <ul style="list-style-type: none"> <li>• Identifying appropriate Capability from the Core Capability List such as Medical Surge or Emergency Operations Center/Hospital Command Center Management and incorporate into the Objectives</li> <li>• Incorporating identified Accreditation Requirements and Standards (e.g., The Joint Commission, National Integrated Accreditation for Healthcare Organizations, or Healthcare Facilities Accreditation Program)</li> <li>• Incorporating Joint Commission 6 Critical Elements</li> <li>• Incorporate Centers for Medicare and Medicaid Services (CMS) requirements</li> <li>• Incorporating Exercise Related National Incident Management System (NIMS) Healthcare Objectives</li> </ul> </li> </ul> </li> <li>iii. Proposed Exercise Location, Date, and Duration</li> <li>iv. Identify Participants and Anticipated Extent of Play(In addition to hospital personnel and partners, these may also include all levels of government, volunteer organizations, community groups, private entities, nonprofit organizations, faith-based groups, and groups working with individuals with disabilities or access and functional needs)</li> <li>v. Exercise Control and Evaluation Concepts</li> <li>vi. Exercise Security Organization and Structure</li> <li>vii. Available Exercise Resources</li> <li>viii. Exercise Logistics</li> <li>ix. Exercise Planning Timeline and Milestones</li> </ul>		
<p>C. Initial Planning Meeting</p> <ul style="list-style-type: none"> <li>i. Clearly Define Objectives and Aligned Core Capabilities</li> <li>ii. Evaluation Requirements including Exercise Evaluation Guides (EEG) Clearly articulate what will be evaluated and which capability targets and critical tasks are being addressed. EEGs help collect relevant observations, align objectives and document critical tasks.</li> <li>iii. Identify Relevant Plans, Policies and Procedures to be Tested in the Exercise</li> <li>iv. Exercise Scenario (This helps reinforce that exercises are objective-based, not scenario based)</li> <li>v. Logistical Support (e.g., locations, parking, supplies and equipment for Discussion-Based, and exercise site, transportation, moulage, supplies and equipment for Operations-Based)</li> </ul>		

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<p>D. Midterm Planning Meeting</p> <ul style="list-style-type: none"> <li>i. Fully Reviewed Situation Manual or Exercise Plan (Depending on Discussion or Operations-based exercise)</li> <li>ii. Draft Facilitator Guide of Controller/Evaluator Handbook</li> <li>iii. Master Scenario Events List (Minimums include designated scenario time, event synopsis, controller inject delivery, intended play, expected response, objective, and notes section)</li> </ul>		
<p>E. Final Planning Meeting</p> <ul style="list-style-type: none"> <li>i. Finalize Exercise Documents. Situation Manual for Discussion-Based or Exercise Plan for Operations-Based, Master Scenario Events List (MSEL), and evaluations tools such as HSEEP Exercise Evaluation Guides.</li> <li>ii. Finalize Personnel. Exercise participants, observers, evaluators and support staff.</li> <li>iii. Finalize Logistical Support. Confirm location and set-up, supplies, food/water needs.</li> </ul>		
<b>3. Conducting an Exercise</b>	<b>In Progress</b>	<b>Completed</b>
<p>A. Discussion-Based Exercises</p> <ul style="list-style-type: none"> <li>i. Site Set-Up</li> <li>ii. Participant Check-in and Registration</li> <li>iii. Exercise Briefing (schedule, objectives)</li> <li>iv. Exercise Play – Facilitated Discussion</li> <li>v. Exercise Debriefing</li> </ul>		
<p>B. Operations-Based Exercises</p> <ul style="list-style-type: none"> <li>i. Exercise Site Set-Up</li> <li>ii. Participant Check-In and Registration (sign-in sheets, badges, etc.)</li> <li>iii. Exercise Briefing (schedule, objectives, venues and areas of play, safety concerns)</li> <li>iv. Exercise Play</li> <li>v. Implement Hospital Incident Command System (HICS)</li> <li>vi. Utilize Incident Response Guides (IRGs)</li> <li>vii. Exercise Debriefing (hotwash and debriefings).</li> </ul>		
<b>4. Exercise Evaluation and After Action Reporting</b>	<b>In Progress</b>	<b>Completed</b>
<p>A. Evaluation Methodology and Planning</p>		
<p>B. Data Collection</p>		
<p>C. Exercise Evaluation Guides (EEGs)</p>		
<p>D. Data Analysis</p>		
<p>E. Developing an After Action Report</p>		
<b>5. Improvement Planning</b>	<b>In Progress</b>	<b>Complete</b>
<p>A. After Action Meeting</p> <ul style="list-style-type: none"> <li>i. After Action Report and Improvement Plan</li> <li>ii. Identify Improvements to be implemented</li> <li>iii. Track Implementation</li> </ul>		

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