State of California
2011 Statewide Medical and Health Exercise

Exercise Guidebook
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I  What’s New for 2011

**New Approach for the Exercise Guidebook** – The 2011 Exercise Guidebook has been revised with a new approach. Information in the guidebook is applicable to both the tabletop and the functional exercises. Section III contains the information specific to this year’s exercise; Section IV is generic to planning and conducting the annual Statewide Medical and Health Exercise. In addition, the exercise materials have, whenever possible, been developed without the inclusion of acronyms. The exceptions are the identification of State agencies.

**Target Capability Added** – This year the target capability of Emergency Operations Center Management has been added.

**Exercise Objectives** – In addition to exercise objectives for the eleven disciplines, two additional sections were added for the Regional Emergency Operations Centers and the Joint Emergency Operations Center.

**Expanded Joint Commission Standards** – The applicable standards for The Joint Commission chapters of Environment of Care and Life Safety have been added.

**Exercise Documents** – Homeland Security Exercise and Evaluation Program exercise document templates are included to aid in the customization of the exercise. These documents are available on the statewide exercise program website [http://www.californiamedicalhealthexercise.com](http://www.californiamedicalhealthexercise.com). They include:

- Tabletop Exercise Situation Manual
- Functional/Full Scale Exercise Plan
- Exercise Evaluation Guides
- Master Scenario of Events List
- Controller/Evaluator Handbook
- After Action Report/Improvement Plan

**Scenario-Specific Patient Profiles** – Designed specifically for this year’s scenario, new patient profiles will aid health care organizations and emergency medical services providers who wish to test medical surge through an influx of patients.
II Statewide Medical and Health Exercise Program

This exercise guidebook has been developed by the California Department of Public Health (CDPH) and California Emergency Medical Services Authority (EMSA), in collaboration with the California Emergency Management Agency (Cal EMA), California Hospital Association (CHA), California Primary Care Association (CPCA), California Association of Health Facilities (CAHF), representatives from local health departments, health care, public safety and emergency management disciplines.

A. Homeland Security Exercise and Evaluation Program

The annual Statewide Medical and Health Exercise Program is a multi-phased approach designed to assist participants in developing, strengthening and testing their plans, policies and procedures relative to statewide medical and health emergency preparedness, response, recovery and mitigation. The Statewide Medical and Health Functional Exercise is conducted annually on the third Thursday in November.

This building block approach (see chart below), consistent with the Homeland Security Exercise and Evaluation Program\(^1\), ensures successful progression of exercise design, complexity, and execution, allowing for the appropriate training and preparation to take place in the organizations and jurisdictions carrying out the exercise. Using this approach, each organization can ensure the exercise scope and scale are tailored to their specific needs.

\(^1\) [https://hseep.dhs.gov/](https://hseep.dhs.gov/)
Because each organization/jurisdiction will differ regarding capabilities, the building block approach provides enough flexibility to allow for significant learning opportunities that complement, build on, and directly lead into one another effectively. Additionally, each organization or jurisdiction should plan and conduct exercises based on their identified needs and prior After Action Report/Improvement Plans.

The exercise guidebook includes exercise objectives and discipline-specific exercise objectives with reference to applicable elements of performance from The Joint Commission Chapters on Emergency Management, Environment of Care and Life Safety as well as compliance elements for the National Incident Management System. Utilizing the Homeland Security Exercise and Evaluation Program guidelines, this exercise guidebook refers to accompanying exercise documents including:

- Tabletop Exercise Situation Manual
- Functional/Full Scale Exercise Plan
- Exercise Evaluation Guides
- Master Scenario Events List
- Controller/Evaluator Handbook
- After Action Report/Improvement Plan
- Participant Feedback Form
- Patient Profiles

Partners in emergency preparedness and response, from health care entities to public safety and coordinating agencies, use exercises to identify strengths, test emergency response plans and identify gaps in overall response. These exercises may include discussion based exercises (e.g., seminars, workshops, tabletop exercises) and operations based exercises (e.g., functional and full scale exercises) that incorporate actual response actions in a simulation. The exercise guidebook provides a common statewide framework for the development of an organization or jurisdiction-specific exercise program. For many partners, exercises are necessary to fulfill either grant or regulatory body compliance.

**B. Exercise Program**

**Phase I: Multi-Media Training**

The Multi-Media Training developed in 2010 is being used again in 2011. The training focuses on resource requesting and provides strategic knowledge to health care providers and local government partners on how
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to request and utilize resources available in California during an emergency or disaster.

It is recommended that the training be taken before the other phases as it provides information that applies to each of the subsequent phases.

The training consists of three modules, an instructor guide, and training materials that are available online at [http://www.californiamedicalhealthexercise.com](http://www.californiamedicalhealthexercise.com). The training can be taken either individually as a self-study course or in an instructor-led classroom setting. The three modules are as follows:

**Module I – Disaster Preparedness and Response:** provides an overview of the Standardized Emergency Management System and its application to all levels of emergency response.

**Module II – Medical and Health Coordination:** focuses on the roles and responsibilities of health care facilities, local health departments, Medical and Health Operational Area Coordinator/Program, Regional Disaster Medical Health Coordinator/Specialist program, and State agencies during an emergency response.

**Module III – Requesting Medical and Health Resources:** discusses the procedures for medical and health resource(s) requesting.

**Phase II: Organizational Self Assessment**

The web-based Organizational Self Assessment is developed according to the Homeland Security Target Capabilities identified for this exercise: Communications, Intelligence/Information Sharing and Dissemination, Medical Surge and Emergency Operations Center Management. Questions are categorized according to these capabilities and are customized to specific disciplines with a role in the response. Disciplines include: hospitals, community care clinics, local health and environmental health departments, long term care facilities, local emergency medical services agencies, emergency medical services providers, law enforcement, fire service, medical examiner/coroner, emergency management agencies and community-based organizations.

Exercise planners are encouraged to distribute the Organizational Self Assessment(s) in advance of and in preparation for both the Phase III Tabletop Exercise and Phase IV Functional Exercise.
The self assessment tool can be used to promote and engage response partners in preparing for a disruption to the public water system and encourage participation in both the tabletop and functional exercises. Response partners should be provided with instructions to complete the section specific to their discipline. The results of the self assessment can be used to facilitate discussion during the tabletop exercise and as an opportunity to share strengths and close gaps by working collaboratively with response partners.

**Phase III: Tabletop Exercise**

Exercise planners will work with operational area authorities to plan, conduct and facilitate the tabletop exercise. In the scenario, opportunities are afforded to customize the exercise to each organization/jurisdiction and its current capacity and capabilities to respond to an unplanned event. Response partners should be encouraged to share both gaps and successes in event-specific planning that can improve the overall organizational/jurisdictional response. The issues included in the organizational self assessment will also be used in the scenario and in discussions during the tabletop exercise. Exercise planners should include the current capabilities and weaknesses, ensuring that the overall exercise is used to strengthen response and recovery operations. Some, but not all, of the discipline-specific exercise objectives listed in the appendix will be addressed in the tabletop exercise; further events may be added to the scenario to address additional objectives.

In the (tabletop exercise) Situation Manual, updates are followed by a series of questions to stimulate discussion and identify issues. Exercise planners and facilitators should determine in advance which questions to pose to participants. Additional questions should be added based on the strengths and weakness of the operational area and based on the specific exercise scenario chosen. Small group discussion can be used to stimulate identification of issues and solutions, with results of group discussions subsequently reported out to the larger group.

To conduct the tabletop exercise, exercise planners should identify an exercise facilitator, a staff person to document the exercise, and sufficient evaluators based on the number of participating organizations or jurisdictions. If additional response partners are included, remember to add or customize the exercise materials accordingly.
Phase IV: Statewide Medical and Health Functional Exercise

The purpose of the functional exercise is to execute specific plans and procedures discussed in the tabletop. The functional exercise simulates the reality of operations in a functional area by presenting complex and realistic problems that require rapid and effective responses by trained personnel in a highly stressful environment.

Some organizations and jurisdictions may choose to conduct a full-scale exercise that tests many facets of emergency response and recovery, including the movement of personnel and equipment.

Operational area exercise planners will plan, conduct and facilitate their jurisdiction’s operational area exercise, while individual participants plan and conduct their own exercises.

Based on the scenario included in this guidebook, operational areas will need to customize the exercise to their organization/jurisdiction and current capacity and capabilities to respond to an unplanned event.

Issues identified in the organizational self assessment and the tabletop exercise will be reintroduced in the functional exercise. For example, if the organizational self assessment raises the issue of the treatment and movement of patients to non-specialty receiving hospitals (e.g., trauma, pediatrics, and burns), this issue should be discussed in terms of the current capacity of the operational area in the tabletop exercise, and then tested in the functional exercise.

Planning for event-specific response, such as consistency in risk communication messages, may be tested to include input on plan development with the water authority and other subject matter experts.

C. Target Capabilities

The exercise program is designed to allow planning and response partners within each operational area to tailor their level of exercise participation and determine local impact from the threat scenario. The exercise is designed to test the following U.S. Department of Homeland Security Target Capabilities:

- Communications
- Intelligence/Information Sharing and Dissemination
- Medical Surge
- Emergency Operations Center Management
D. Exercise Objectives

Exercise design objectives focus on improving understanding of a response concept, evaluating emergency response procedures, identifying areas for improvement and achieving a collaborative attitude. Exercise planners are expected to tailor these objectives to their specific exercise needs and capabilities or develop additional objectives, as necessary. Objectives for the tabletop exercise can be found in the Situation Manual while those for the functional exercise can be found in the Exercise Plan.

To provide further guidance, the exercise design workgroup developed discipline/agency specific exercise objectives, which are located in Appendix A.

E. Exercise Scenario

Disruption of the public water system may come from a variety of sources. Disruption may come from power failures that interrupt the distribution or treatment systems, contamination from ground water or through the introduction of toxic substances, or a natural disaster that compromises the infrastructure. Exercise planners for the organization/jurisdiction should work with local water systems to identify a cause of the water disruption or a threat that will provide the opportunities to test the plans and procedures and meet the objectives identified for the exercise.

The scenario will be introduced as a threat to the State’s water system, with events occurring prior to November 17 to heighten concerns. There are three types of public notifications issued by a water system or regulatory agency in water emergencies: “Boil Water”, “Do Not Drink”, and “Do Not Use” based on the type of emergency and impact on drinking water supplies. Organizations/jurisdictions can simulate a water disruption and utilize one of the three notices.

A “Boil Water” notice is when there is concern regarding biological contamination that can be remedied by either boiling or treating with a disinfecting agent.

A “Do Not Drink Water” notice is issued due to the presence of a known contaminant when there is no identified risk due to inhalation, skin irritation or flammability. This notice may also be issued for bacterial contamination when boiling or disinfection is not available or practical. An alternate source of drinking water is needed. In this case the water is not to be used...
in food preparation however it can be used for bathing, washing clothes or dishes and other domestic uses.

A “Do Not Use” notice is issued when there is contamination by a toxic chemical or the contaminant has not yet been identified. This is the most restrictive notice. Disinfecting the water in this case will not correct the problem. Alternate sources of drinking and domestic water are needed.

**Base Scenario**

Homeland Security officials in California have issued warnings to local health departments and water systems concerning a threat to disrupt water facilities throughout the state. Through Intelligence Fusion Centers, law enforcement agencies and the Terrorism Liaison Officer network, information is disseminated that the intelligence has included the following threats: sabotage or disruption of the water treatment systems, contamination of the water distribution systems and/or contamination of local reservoirs.

It is mid-November in California and the annual flu season has begun to take hold across the State. In addition to recommending flu shots, health professionals are recommending the use of over-the-counter medicines to control symptoms along with getting plenty of rest and drinking plenty of fluids. Healthcare facilities have seen a significant surge in patients.

Across the State, continued threats and incidents of vandalism at storage reservoirs and suspicious activities around water treatment facilities have heightened concerns about the safety of the public water system.

**Scenario Options for Customization:**

Exercise planners should work with water systems, the local health department and participating organizations to determine the cause of the water disruption for the exercise, inserting this into the scenario and the Master Scenario Events List. Options not used may be deleted.

**Option 1.** This option is for communities that are located in hilly areas where the local water system has higher elevation storage reservoirs to provide pressure as well as system storage.

This option uses the introduction of Ricin into the water system as an act of terrorism. Ricin is a protein that is extracted from the castor bean. Ricin may cause allergic reactions, and is toxic, though the severity depends on the route of exposure. Ricin is poisonous if inhaled, injected or ingested,
acting as a toxin by the inhibition of protein synthesis. If Ricin is suspected or detected in the water system, a “Do Not Use” notice would be issued.

On November 16, a break-in has been discovered at the storage reservoir that serves the pressure zone serving the community. The locks on the hatch directly leading into the reservoir have been cut and several containers were left that had a slight residue. The local Hazmat Team was called, and chemical field tests were inconclusive. Two firefighters displayed symptoms of respiratory distress and have been transported to a local hospital. The water system has just issued a “Do Not Use” notice. Local law enforcement is notified who in turn contact the Joint Terrorism Task Force.

**Option 2.** This option is for communities that are in a valley where the water system does not rely on higher elevation storage reservoirs to provide the pressure, rather water pressure is provided by a network of pumps throughout the system. These systems are usually supplied by numerous well sources. The introduction of a contaminant into the water distribution system can be accomplished through a cross connection to the system (i.e. tapping into a fire hydrant). Discovery of this activity would lead to a “Do Not Use” notice being issued.

On November 16, the local water system contacts law enforcement after finding a truck illegally connected to one of its fire hydrants with a pump found to be positioned to pump into the hydrant. This hydrant is just around the corner from a municipal water source. The water system has sampled the water, but results will not be available for 6 to 12 hours. As a precaution, the water system has issued a “Do Not Use” notice.

**Option 3.** This option is for a water system with a central water treatment plant that serves the entire city.

On November 16, a water treatment facility was broken into during the night when the plant is unmanned and under automatic operation. During this break-in the alarms were disabled. The terrorist tampered with the caustic soda metering pump and caused an excessive amount to enter the distribution system.

An excessive amount of Sodium Hydroxide entering the distribution system would result in the water system issuing a “Do Not Use” notice.
Major Events

- In several major cities in the State, reports of vandalism at reservoirs and attempted tampering with fire hydrants has been reported by the media. In Central California, workers at a water treatment plant noted tampering with perimeter fencing and gates in the past week. They reported the vandalism to local law enforcement.

- In the Bay Area, a hospital physician has contacted the poison control center; a patient with severe oral and esophageal burns has been admitted. Emergency medical services responders found a large glass container labeled UN 1824 at the patient’s home. The poison center identifies the label as liquid Sodium Hydroxide. The information is relayed to the local health officer.

- At a community center in Southern California, maintenance staff noted small white pellets on a basement floor where chemicals used to treat the indoor pool are stored. Housekeeping staff were called and water was used to clean the site. Several staff members complained of severe eye irritation, coughing and burning of the throat. The area was secured while the maintenance supervisor called 911 for assistance.

- Local and national media are reporting on the warning issued by State authorities concerning the threat to the water system. Local media are also reporting on the 911 call from the community center. Parents of children at the community center are calling the center, law enforcement and the 911 dispatch center for information and advice.

- In several areas of the State, tampering with fire hydrants and the threat of water contamination has led to concern among citizens about the safety of the water supply. 211 information centers, poison control centers, water authorities and the local health department are all experiencing a dramatic rise in calls for advice.

- Water authorities overseeing the treatment plant that experienced the break-in have issued a Do Not Use notice for all areas serviced by the plant. Neighboring jurisdictions have issued a “Do Not Drink” notice until the water system can be tested.

- Several community organizations in the jurisdiction impacted by the “Do Not Use” notice have informed their clients of the inability to provide services until the water issue is resolved. These services include meal deliveries to the elderly, in-home support services, after school programs and food banks.

- Media representatives are contacting public safety agencies regarding the impact of water contamination on the community. They raise issues
related to safety of the water in parks, public restrooms, fire hydrants and sprinkler systems.

- As the day progresses, persons with symptoms of respiratory distress and gastrointestinal illness\(^2\) as well as those who are afraid to drink or touch the water begin to show up at hospitals, clinics and private medical providers requesting evaluation and treatment.

- In communities with notices to restrict or avoid drinking or using water, hospitals, clinics and long term care facilities are impacted by the water outage. Service delivery is altered, and there is growing concern about the ability to keep hospitals open without water service.

F. **State Players**

The California Department of Public Health and the California Emergency Medical Services Authority will activate and staff the Joint Emergency Operations Center to support exercise play, including messaging and resource requesting. In addition, the California Emergency Management Agency is anticipated to participate in the exercise through the activation of Regional Emergency Operations Centers and the State Operations Center.

This section provides a brief overview of the process of planning, conducting, and evaluating exercises, and comes directly from the Homeland Security Exercise and Evaluation Program. It is not intended to act as a substitute for formal exercise training and education, but is to provide a common framework of exercise program management to exercise planners.

Successfully conducting an exercise involves considerable coordination among participating organizations and officials. The Homeland Security Exercise and Evaluation Program methodology divides individual exercises into the following overarching phases: foundation, design and development, conduct, evaluation, and improvement planning.

A. Foundation

Establishing a foundation for a successful exercise involves the following steps: establishing a base of support, developing an exercise planning team, establishing a timeline with milestones and scheduling planning conferences. Project management skills are essential during the foundation phase of the exercise process.

1. Base of Support

Before organizations or jurisdictions conduct an exercise, the appropriate senior officials and executives should be briefed to gain their support. Establishing this base of support indicates that the exercise purpose and objectives are concurrent with strategic and organizational goals and objectives. Additionally, senior officials often have the ability to garner participation from potential exercise players and planning team members.

Exercise program managers should identify as wide a range of stakeholders as possible, and seek to create a database cataloging stakeholder points of contact. This database lists each point of contact’s contact information, areas of expertise, and prior exercise experience.

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3 https://hseep.dhs.gov/support/VolumeII.pdf
In order to engage stakeholders and secure their buy-in for exercise activities, exercise program managers should develop a stakeholder communications plan. This plan contains clearly defined communications objectives (e.g., to coordinate exercise efforts, to solicit feedback) and details timeframes and methods for regular communication. An entity’s Federal and/or State reporting obligations can also be addressed as part of an effective communications plan.

2. Exercise Planning Team

The exercise planning team is responsible for the successful execution of all aspects of an exercise, including exercise planning, conduct, and evaluation. The planning team determines exercise objectives; tailors the scenario to the entity’s needs; and develops documents used in exercise simulation, control, and evaluation. While each exercise has its own planning team, personnel may carry over from one exercise to the next, and entities may find it advantageous to include team members with previous exercise planning experience.

The exercise planning team should seek to incorporate representatives from each major participating entity, but should be kept to a manageable size. The membership of an exercise planning team can be modified to fit the type or scope of an exercise. For example, a full scale exercise may require more logistical coordination—and therefore more operational personnel on the planning team—than a discussion-based exercise.

An exercise planning team leader manages the exercise planning team. The team can most effectively be structured using Incident Command System principles, as stated in the National Incident Management System. The team’s project management principles should reflect the National Incident Management System, with clearly defined roles and responsibilities and a manageable span of control.

Planning team members also help develop and distribute pre-exercise materials and conduct exercise briefings and training sessions. Due to this high level of involvement, planning team members are ideal selections for facilitator, controller, and/or evaluator positions during the exercise. However, the advanced
scenario and events knowledge gained by exercise planning team members renders them ineligible to participate in the exercise as players. Planning team members are therefore asked to be “trusted agents” who should not release scenario-related information to players prior to an exercise.

3. **Exercise Planning Timelines**

Exercise planning timelines establish target timeframes for attaining significant, exercise-related milestones, such as planning conferences, training, exercise conduct, after-action reporting, and improvement planning. These timelines should be consistent with the scheduling component of the entity’s Multi-Year Training and Exercise Plan.

Timelines will vary based on exercise scope and complexity. For example, exercise planners generally employ longer timelines for tabletop exercises than for workshops and seminars, and even longer timelines for complex or multi-jurisdictional full-scale exercises. Timelines also may vary based on the entity’s experience in conducting exercises, available resources, and exercise planning team size.

4. **Exercise Planning Conferences**

This section describes the types of planning conferences most useful in exercise design and development. Exercise scope, type, and complexity determine the number of meetings necessary to successfully carry out the planning process. The exercise planning team leader and exercise planning team members decide the number of meetings needed to successfully plan a given exercise. In preparation for the first planning conference, the exercise program manager should provide the exercise planning team leader with information on the exercise program, its objectives, and its flexibilities and limitations.

Providing advance information to planning team members significantly enhances the efficiency of a planning conference. Materials may be provided to team members in a read-ahead packet that typically includes, but is not limited to, proposed agenda items; relevant background information (e.g., rationale for conducting the exercise); and expected conference outcomes.
Ideally delivered a week in advance of the planning conference, a read-ahead packet provides literature on the relevancy and importance of the conference, and allows for better informed attendees.

Planning conference details for both discussion-based and operations-based exercises are described below:

a. **Concept and Objectives Meeting**

A Concept and Objectives Meeting is the formal beginning of the planning process. It is held to identify the type, scope, objectives, and purpose of the exercise. For less complex exercises and for entities with limited resources, the Concept and Objectives Meeting can be conducted in conjunction with the Initial Planning Conference; however, when exercise scope dictates, the Concept and Objectives Meeting is held first. For example, the Concept and Objectives Meeting is held before the Initial Planning Conference for large-scale exercises, complex full-scale exercises, or any high-profile exercise that necessitates a high level of support from executives or authorities.

Representatives from the sponsoring organization/jurisdiction, representatives from potentially participating organizations, the exercise planning team leader, and senior officials typically attend the Concept and Objectives Meeting. This helps planners identify the capabilities and tasks that are going to be validated, design objectives based on those capabilities and tasks, and exercise planning team members.

b. **Initial Planning Conference**

The Initial Planning Conference marks the beginning of the exercise development phase. Unless a separate Concept and Objectives Meeting is conducted, the Initial Planning Conference is typically the first official step in the planning process. Its purpose is to determine exercise scope by gathering: input from the exercise planning team; design requirements and conditions (e.g., assumptions and artificialities); objectives; extent of play; and scenario variables (e.g., time, location, and hazard selection). The
Initial Planning Conference is also used to develop exercise documentation by obtaining the planning team's input on exercise location, schedule, duration, and other relevant details.

During the Initial Planning Conference, exercise planning team members are assigned responsibility for activities associated with designing and developing exercise documents—such as the Master Scenario Events List and the Situation Manual, which are described later in this volume—and logistics, such as scene management and personnel. In addition to conducting the conference, the exercise planning team gathers appropriate photographs and audio recordings to enhance the realism and informational value of the final document(s) and/or multimedia presentation(s) presented during the exercise.

c. Mid-term Planning Conference

Used for operations-based exercises approximately three months out, the Mid-term Planning Conference resolves logistical and organizational issues that arise during planning such as staffing, scenario and timeline development, scheduling, logistics, administrative requirements, and draft document review. It may be held separately or in conjunction with a Master Scenario Events List Conference.

Mid-term Planning Conferences are typically used in more complex; operations-based exercises such as functional exercises and full scale exercises. Mid-term Planning Conferences provide additional opportunities to settle logistical and organizational issues that may arise during planning.

The conference is a working session to discuss exercise organization and staffing concepts, scenario and timeline development, scheduling, logistics, and administrative requirements. It is also a session to review draft documentation (e.g., scenario, Exercise Plan, Controller/Evaluator Handbook, Master Scenario Events List). At the conclusion of the conference, selected planners should conduct a walkthrough of the proposed exercise site.
d. Master Scenario Events List Conference

This conference focuses on developing the Master Scenario Events List: a chronological list that supplements the exercise scenario with event synopses; expected participant responses; capabilities, tasks, and objectives to be addressed; and responsible personnel. It includes specific scenario events (or injects) that prompt players to implement the plans, policies, and procedures that require testing during the exercise, as identified in the capabilities-based planning process. It also records the methods that will be used to provide the injects (e.g., phone call, facsimile, radio call, e-mail). If not held separately, Master Scenario Events List conferences are incorporated into the Mid-term Planning Conference and Final Planning Conference.

e. Final Planning Conference

The Final Planning Conference is the final forum for reviewing exercise processes and procedures. Prior to the Final Planning Conference, the exercise planning team receives final drafts of all exercise materials. No major changes to the design or scope of the exercise, or its supporting documentation, should take place at the Final Planning Conference. This ensures that all logistical requirements have been met, all outstanding issues have been identified and resolved, and all exercise products are ready for printing.

B. Design and Development

The design and development process builds on exercise foundation and focuses on identifying objectives, designing the scenario, creating documentation, coordinating logistics, planning exercise conduct, and selecting a focus for evaluation and improvement planning.

1. Capabilities, Tasks, and Objectives

Exercise capabilities, tasks and objectives are the cornerstone of design and development. The exercise planning team must consider all of the capabilities being evaluated. Each capability has
specific tasks associated with it that should be performed and validated during the exercise. These capabilities and tasks, derived from the Target Capabilities List and Universal Task List, should be used to formulate exercise objectives that reflect the exercising entity’s specific needs, environment, plans, and procedures. Exercise Evaluation Guides, described in further under Exercise Documentation, contain these capabilities and critical tasks, which can be used to build objectives specific to the exercising entity.

Well-defined objectives provide a framework for scenario development, guide individual organizations’ objective development, inform exercise evaluation criteria, and synchronize various agencies’ efforts towards common goals to prevent duplication of effort and focus support on exercise priorities. The validation of capabilities is often accomplished by exercising and evaluating the plans or procedures that relate to the performance of the identified capabilities and tasks.

Exercise planners should create objectives that are simple, measurable, achievable, realistic, and task-oriented (SMART). The Federal Emergency Management Agency⁴, defines SMART objectives as:

- **Simple**: the objective is clearly written and simply phrased. It is brief and easy to understand.

- **Measurable**: the objective should set the level of performance, so that results are observable, and you can tell when the objective has been achieved. It does not necessitate a quantifiable standard, but completion of objective is easily demonstrated.

- **Achievable**: achieving it should be within the resources that the organization is able to commit to an exercise.

- **Realistic**: The objective should present a realistic expectation for the situation. Even though an objective might be achievable, it might not be realistic for the exercise.

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⁴Exercise Design Steps: [www.training.fema.gov/emiweb](http://www.training.fema.gov/emiweb)
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Task Oriented: The objective should focus on a behavior or procedure. With respect to exercise design, each objective should focus on an individual emergency function.

Exercise planners should limit the number of exercise objectives to enable timely exercise conduct, facilitate reasonable scenario design, and support successful completion of exercise goals. Capabilities, tasks, and objectives are initially prepared during a Concept and Objectives Meeting or Initial Planning Conference. For a discussion-based exercise, they typically focus on strategic, policy-oriented issues; whereas for an operations-based exercise, they typically focus on tactical issues.

2. Scenario

A scenario is an outline or a model of the simulated sequence of events for the exercise. It can be written as a narrative or depicted by an event timeline. For a discussion-based exercise, a scenario provides the backdrop that drives participant discussion, and it is contained in a Situation Manual. For an operations-based exercise, a scenario provides background information on the incident catalyst(s) of the exercise—the overall scenario is provided in the Controller/Evaluator Handbook and specific scenario events are contained in the Master Scenario Events List.

Exercise planners should select and develop scenarios that enable an exercise to meet its capabilities, tasks, and objectives. There are a number of factors that should be taken into consideration when developing a scenario, including level of realism, type of threat/hazard, site selection, weather variables, and optimal date and time for exercise conduct. All scenarios should be realistic, plausible, and challenging; however, designers must ensure the scenario is not so complicated that it overwhelms players. Scenario development should also take into account the capabilities and tasks that an exercise seeks to validate.

3. Exercise Documentation

The list below briefly describes the various types of documents associated with most exercises. These documents must be customized to each organization/jurisdiction’s specific exercise.
• A *Situation Manual* is a participant handbook for discussion-based exercises, particularly tabletop exercises. It provides background information on exercise scope, schedule, and objectives. It also presents the scenario narrative that will drive participant discussions during the exercise.

• The *Exercise Plan*, typically used for operations-based exercises, provides a synopsis of the exercise and is published and distributed to players and observers prior to the start of the exercise. The Exercise Plan includes the exercise objectives and scope, safety procedures, and logistical considerations such as an exercise schedule. The Exercise Plan does not contain detailed scenario information.

• The *Controller/Evaluator Handbook* supplements the Exercise Plan for operations-based exercises, containing more detailed information about the exercise scenario and describing exercise controllers' and evaluators' roles and responsibilities. Because the Controller/Evaluator Handbook contains information on the scenario and exercise administration, it is distributed only to those individuals specifically designated as controllers or evaluators.

• The *Master Scenario Events List* is a chronological timeline of expected actions and scripted events (i.e., injects) to be inserted into operations-based exercise play by controllers in order to generate or prompt player activity. It ensures necessary events happen so that all exercise objectives are met.

• *Exercise Evaluation Guides* help evaluators collect and interpret relevant exercise observations. Exercise Evaluation Guides provide evaluators with information on what tasks they should expect to see accomplished during an exercise, space to record observations, and questions to address after the exercise as a first step in the analysis process. In order to assist entities in exercise evaluation, standardized Exercise Evaluation Guides have been created that reflect capabilities-based planning tools, such as the Target Capabilities List and the Universal Task List. The Exercise Evaluation Guides are not meant as report cards. Rather, they are intended to guide an evaluator's observations so that the evaluator focuses on capabilities and tasks relevant to exercise objectives to support development of the After Action Report/Improvement Plan.
• An After Action Report/Improvement Plan is the final product of an exercise. The After Action Report/Improvement Plan has two components: an After Action Report, which captures observations and recommendations based on the exercise objectives as associated with the capabilities and tasks and an Improvement Plan, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The lead evaluator and the exercise planning team draft the After Action Report and submit it to conference participants prior to an After Action Conference. The draft After Action Report is distributed to conference participants for review no more than 30 days after exercise conduct. The final After Action Report/Improvement Plan is an outcome of the After Action Conference and should be disseminated to participants no more than 60 days after exercise conduct.

4. Logistics
Logistical details are important (but often overlooked) aspects of an exercise. They can make the difference between a smooth, seamless exercise and one that is confusing and ineffective. Discussion-based exercises require attention to logistical details, such as the availability of appropriately sized and comfortable meeting and briefing rooms, food and refreshments, audiovisual equipment, facilitation and note-taking supplies, badges and table tents, registration assistance, and direction signs. Operations-based exercises require badge/role identification, access to restrooms, food and water, on-site communications, arrangement of videotaping, props, site security, adherence to the weapons check policy, and observation of safety precautions.

C. Exercise Conduct
After design and development activities are complete, the exercise takes place. Prominent steps in exercise conduct include setup; briefings; management of facilitators, controllers, evaluators, players, and actors; and wrap-up activities.

1. Setup
The exercise planning team should arrange and begin event setup as many days prior to the event as necessary, depending on the scope of the simulated environment. Setup entails arranging
briefing rooms and testing audio/visual equipment, placing props and effects, marking the appropriate areas and their perimeters, and checking for potential safety issues. On the day of the exercise, planning team members should arrive several hours before the scheduled start to handle any remaining logistical or administrative items pertaining to setup and to arrange for registration.

For a discussion-based exercise, room layout is particularly important. When setting up an operations-based exercise, planners must consider the assembly area, response route, response operations area, parking, registration, observer/media accommodations, and a possible Simulation Cell facility. Restrooms and water must be available to all participants, observers, and actors. All individuals permitted at the exercise site must wear some form of identification. Perimeter security and site safety during setup and conduct are essential.

2. Personnel

In both discussion-based and operations-based exercises, facilitators and controllers guide exercise play. During a discussion-based exercise, the facilitator is responsible for ensuring that participant discussions remain focused on the exercise objectives and making sure all issues and objectives are explored as thoroughly as possible within the available time. In an operations-based exercise, controllers plan and manage exercise play, set up and operate the exercise incident site, give key data to players, and may prompt or initiate certain player actions. All controllers are accountable to one senior controller.

a. Players

Players have an active role in responding to an incident by either discussing (in a discussion-based exercise) or performing (in an operations-based exercise) their regular roles and responsibilities.

b. Controllers

Controllers are exercise participants who plan and manage exercise play, set up and operate the exercise site, and act in the roles of individuals and agencies not actually playing
in the exercise (Simulation Cells). Controllers give key data to players and may prompt or initiate certain player actions—as listed in the Master Scenario Events List—to ensure exercise continuity. Controllers are the only participants who should provide information or direction to players. All controllers are accountable to a senior controller. A controller may also serve as an evaluator.

c. Evaluators

Evaluators are selected from participating entities to evaluate and comment on designated functional areas of the exercise. Evaluators are chosen based on their expertise in the functional areas they evaluate. Evaluators have a passive role in the exercise and should only record the actions/decisions of players; they should not interfere with exercise flow. Evaluators use Exercise Evaluation Guides to record observations and notes.

d. Actors

Actors are volunteer exercise players who simulate specific roles during exercise play. An actor also may serve as an evaluator or, if directed by a controller, as a simulator acting on behalf of an organization or jurisdiction not playing in an exercise. Individuals acting as simulators are usually placed in a Simulation Cell to inject messages via telephone, facsimile, or e-mail.

e. Observers

Observers view all or selected portions of exercise play. Observers do not participate in exercise play or in exercise control functions.

f. Simulators

Simulators, generally controllers, perform the roles of individuals, organizations or jurisdiction that are not actually participating in the exercise in order to drive realistic exercise play. They may also insert messages into the
exercise via telephone, radio, fax or 2-way communication device.

Note: All written and verbal exercise messages inserted into exercise play should begin and end with “this is an exercise.” All exercise documentation should be watermarked with “exercise use only.”

3. **Presentations and Briefings**

Presentations and briefings are important tools for delivering necessary exercise-related information to participants. A discussion-based exercise generally includes a multimedia presentation to present the scenario and accompany the Situation Manual. For an operations-based exercise, briefings and presentations are opportune times to distribute exercise documentation, provide necessary instructions and administrative information and answer any outstanding questions.

a. **Controller and Evaluator Briefing**

The Controller and Evaluator Briefing is generally conducted the day before an operations-based exercise. It begins with an exercise overview and then covers location and area, schedule of events, scenario, control concept, controller and evaluator responsibilities, and any miscellaneous information.

b. **Player Briefing**

Approximately 15 to 30 minutes before the start of the exercise, a controller conducts a briefing for all players to address individual roles and responsibilities, exercise parameters, safety, badges and any remaining logistical exercise concerns or questions. Following the exercise, controllers ensure that appropriate players attend the post-exercise hot wash in their respective functional area.

c. **Actor Briefing**

The actor briefing is generally conducted the morning of the exercise, prior to the victim actors taking their positions. The victim actor controller leads this briefing and includes the following information: exercise overview, safety, real
emergency procedures, symptomology, acting instructions and schedule. Identification badges and symptomology cards are distributed before or during this briefing. If moulage is to be applied to actors, it should be completed before the briefing. For the 2011 Statewide Medical and Health Exercise, profiles have been developed for use in patient simulation, either by actors or as patient charts or victim cards. Patient profiles are available on the exercise web site www.californiamedicalhealthexercise.com

d. Observer Briefing

An observer briefing informs exercise observers and VIPs about program background, scenario, schedule of events, observer limitations, and any other miscellaneous information. Often, observers will be unfamiliar with public safety procedures and will have questions about the activities they see. Designating someone, such as a public information officer, to answer questions prevents observers from asking questions of players, controllers, or evaluators. The observer briefing is generally conducted the day of an exercise.

4. Exercise Play

The exercise planning team leader normally serves as the senior controller of exercise play. This person is responsible for announcing the start of the exercise. No exercise activities should commence prior to this announcement. Play continues in the exercise environment as controlled by the exercise staff.

D. Evaluation

Evaluation is the cornerstone of exercises; it documents strengths and areas for improvement in an entity's preparedness. The analytical outputs of the evaluation phase feed improvement planning activities. Evaluation takes place using pre-developed Exercise Evaluation Guides, such as the standardized guides provided in the statewide medical and health exercise program.

The evaluation process for all exercises includes a formal exercise evaluation, integrated analysis, and drafting of an After Action Report/Improvement Plan.
1. **Hot Wash and Debrief**

Both hot washes (for exercise players) and debriefs (for facilitators, or controllers and evaluators) follow discussion and operations-based exercises.

A hot wash is conducted in each functional area by that functional area’s controller or evaluator immediately following an exercise, and it allows players the opportunity to provide immediate feedback. A hot wash enables controllers and evaluators to capture events while they remain fresh in players’ minds in order to ascertain players’ level of satisfaction with the exercise and identify any issues, concerns, or proposed improvements. The information gathered during a hot wash can be used during the After Action Report/Improvement Plan process, and exercise-specific suggestions can be used to improve future exercises. Hot washes also provide opportunities to distribute Participant Feedback Forms, which solicit suggestions and constructive criticism geared toward enhancing future exercises.

A debrief is a more formal forum for planners, facilitators, controllers, and evaluators to review and provide feedback on the exercise. It may be held immediately after or within a few days following the exercise. The exercise planning team leader facilitates discussion and allows each person an opportunity to provide an overview of the functional area observed. Discussions are recorded, and identified strengths and areas for improvement are analyzed for inclusion in the After Action Report/Improvement Plan.

2. **After Action Report/Improvement Plan**

An After Action Report/Improvement Plan is used to provide feedback to participating entities on their performance during the exercise. The After Action Report/Improvement Plan summarizes exercise events and analyzes performance of the tasks identified as important during the planning process. It also evaluates achievement of the selected exercise objectives and demonstration of the overall capabilities being validated. The Improvement Plan portion of the After Action Report/Improvement Plan includes corrective actions for improvement, along with timelines for their implementation and assignment to responsible parties.
To prepare the After Action Report/Improvement Plan, exercise evaluators analyze data collected from the hot wash, debrief, Participant Feedback Forms, Exercise Evaluation Guides, and other sources (e.g., plans, procedures) and compare actual results with the intended outcome. The level of detail in an After Action Report/Improvement Plan is based on the exercise type and scope. The conclusions are discussed and validated at an After Action Conference that occurs within several weeks after the exercise is conducted.

E. Improvement Planning

During improvement planning, corrective actions from the After Action Report/Improvement Plan—such as additional training, planning, and/or equipment acquisition—are assigned, with due dates, to responsible parties. They are then tracked to completion, ensuring that exercises result in tangible benefits to preparedness.

1. Improvement Plan

The Improvement Plan portion of an After Action Report/Improvement Plan converts lessons learned from the exercise into concrete, measurable steps that result in improved response capabilities. It specifically details the actions that the participating entity will take to address each recommendation presented in the draft After Action Report/Improvement Plan, who or what agency will be responsible for taking the action, and the timeline for completion.

2. Improvement Tracking and Planning

Once recommendations, corrective actions, responsibilities and due dates are clearly identified in the Improvement Plan, the exercising entity ensures that each corrective action is tracked to completion. Exercising entities review all exercise evaluation feedback and resulting Improvement Plans to assess progress on enhancing preparedness. This analysis and information is incorporated into the capabilities-based planning process because it may identify needs for additional equipment, training, exercises, coordination, plans, and/or procedures that can be validated through future exercises. Continual tracking and implementation should be part of a corrective action program within each participating entity. A corrective action program ensures Improvement Plans are living,
breathing documents that are continually monitored and implemented, and that they are part of the larger cycle of improving preparedness.
IV Resources

Agency for Toxic Substance and Disease Registry: www.atsdr.cdc.gov

California Department of Public Health; Statewide Medical and Health Exercise Program: http://www.californiamedicalhealthexercise.com

California Hospital Association; Emergency Preparedness: www.calhospitalprepare.org


Center for HICS Education and Training; Hospital Incident Command System: www.hicscenter.org

Lessons Learned Information System: https://www.llis.dhs.gov

NIMS Integration Center: http://www.fema.gov/emergency/nims

## Acronyms and Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAHF</td>
<td>California Association of Health Facilities</td>
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<tr>
<td>Cal EMA</td>
<td>California Emergency Management Agency. Lead agency for coordinating emergency activities related to fire and rescue, management, search and rescue, law enforcement, and public information.</td>
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<tr>
<td>CDPH</td>
<td>California Department of Public Health. A State agency that works closely with health care professionals, county governments and health plans to provide a health care safety net for California’s low-income residents and persons with disabilities.</td>
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<td>CHA</td>
<td>California Hospital Association</td>
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<td>CPCA</td>
<td>California Primary Care Association</td>
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<tr>
<td>DOC</td>
<td>Department Operations Center. An emergency operations center (EOC) specifically set up by a single department or agency which focuses on internal agency incident management response.</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center. The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities takes place.</td>
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<td>ICS</td>
<td>Incident Command System. A standardized on-scene emergency management specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.</td>
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<tr>
<td>JIS</td>
<td>Joint Information System. Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations.</td>
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<tr>
<td>LEMSA</td>
<td>Local Emergency Medical Services Agency. The agency, department, or office having primary responsibility for administration of emergency medical services in a county.</td>
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<tr>
<td>LHD</td>
<td>Local health department. The agency, department, or office having primary responsibility for administration of public health services in a county.</td>
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<td>MHOAC/P</td>
<td>Medical Health Operational Area Coordinator/Program. A functional designation within the Operational Area normally fulfilled by the county health officer and local EMS agency administrator (or designee), responsible for the development of a medical and health disaster plan and coordination of situational information and mutual aid during emergencies.</td>
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<tr>
<td><strong>Acronym</strong></td>
<td><strong>Definition</strong></td>
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<tr>
<td><strong>NIMS</strong></td>
<td>National Incident Management System. Provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and non-government organizations to work seamlessly to prevent, protect against, respond to, recover from and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.</td>
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<tr>
<td><strong>OA</strong></td>
<td>Operational Area. An intermediate level of the State’s emergency organization, consisting of a county and all other political subdivisions within the geographical boundaries of the county.</td>
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| **Public Water System** | A system for the provision of water for human consumption through pipes or other constructed conveyances that has 15 or more service connections or regularly serves at least 25 individuals daily at least 60 days out of the year. A public water system includes the following:  
   (1) Any collection, treatment, storage, and distribution facilities under control of the operator of the system which are used primarily in connection with the system.  
   (2) Any collection or pretreatment storage facilities not under the control of the operator that are used primarily in connection with the system.  
   (3) Any water system that treats water on behalf of one or more public water systems for the purpose of rendering it safe for human consumption |
APPENDIX A
Objectives by Discipline/Agency

The following exercise objectives have been identified for the 2011 Tabletop and Functional Exercises. Objectives for thirteen pre-identified disciplines and/or agencies are further organized under their respective Federal Target Capability. Exercise planners may develop additional objectives.

1. **Acute Care Facility/Hospital**

   **Target Capability: Communications**
   
   a. Determine/evaluate the facility’s ability to communicate with response partners including water and utility authorities, law enforcement, other health care entities, local health department, fire service, emergency medical services providers, local emergency medical services agency, community organizations and emergency management agencies as appropriate to jurisdictional response.

   **Target Capability: Intelligence/Information Sharing and Dissemination**
   
   b. Review/test the adequacy of the information management plans and develop messages for patients, families, staff and the general public in coordination with local authorities (e.g., Joint Information System), law enforcement and health care providers in a rapid and timely manner for internal and external (e.g., media, community) dissemination.

   c. Discuss options to communicate facility needs to outside sources (e.g., vendors, suppliers, local emergency medical services agency, city/operational area medical health point of contact, corporate health care system) for essential supplies, services and equipment to ensure integrity of resource supply chain.

   d. Discuss/exercise the ability to provide situational status and projected impact on service provision with response partners, other health care providers, law enforcement and local authorities per operational area standard.

   **Target Capability: Medical Surge**

   e. Discuss/test the ability to sustain operations and provide patient care services in response to a disruption in the basic water service.
f. Discuss/test the capability to evacuate patients or respond to a surge in the number of patients related to a disruption in the public water supply to the facility.

**Target Capability: Emergency Operations Center Management**

g. Review/evaluate the ability to develop Incident Action Plans for response and recovery; share plans with Operational Area and Regional partners.

h. Review/test alert and notification procedures to and from the local Emergency Operations Center.

2. **Local Health and Environmental Health Departments**

**Target Capability: Communications**

a. Determine/evaluate the ability to communicate with response partners including health care, law enforcement, fire, medical examiner/coroner, water authorities, community organizations, emergency management and others as appropriate to jurisdictional response.

**Target Capability: Intelligence/Information Sharing and Dissemination**

b. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information with stakeholders.

c. Review/test risk communication plans to develop public information messages in coordination with local partners in a rapid and timely manner for internal and external (e.g., media, community) dissemination.

d. Discuss/test the ability to activate the Medical Health Operational Area Coordinator Program to provide situational reports to the Regional Disaster Medical Health Coordinator according to California Health and Medical Emergency Operations Manual protocol.

**Target Capability: Medical Surge**

e. Review/test public and environmental health surge plans to deal with increased demand in service and response needs.

f. Discuss/test the ability to activate the Medical Health Operational Area Coordinator Program to support resource requesting based on local policy and procedure.
Target Capability: Emergency Operations Center Management

g. Review/test the Emergency Operations Plan and applicable hazard specific plans.

h. Exercise the ability to activate, staff and operate the Emergency Operations Center/Department Operations Center in response to this event.

3. Community Care Clinic

Target Capability: Communications

a. Determine/evaluate the clinic’s ability to communicate with response partners including other health care entities, local health department, community organizations and emergency management agencies as appropriate to jurisdictional response.

b. Discuss/test the ability to communicate needs to outside sources (e.g., vendors, suppliers, emergency medical services providers, water authorities, law enforcement, city/operational area stockpiles, corporate health care system) for essential supplies, services and equipment to ensure integrity of resource supply chain.

Target Capability: Intelligence/Information Sharing and Dissemination

c. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally (with employees and patients) and externally (with response partners and authorities).

d. Review/test risk communication and information management plans and develop public information messages in coordination with local authorities (e.g., Joint Information System) emergency management and health care providers in a rapid and timely manner for internal (staff) and external (e.g., patients, media, and community) dissemination.

e. Discuss/exercise the ability to provide situational status and projected impact on service provision to local authorities.

Target Capability: Medical Surge

f. Determine/evaluate the ability of the clinic to expand capacity by utilizing non-traditional patient care areas within the facility (e.g., office space, conference rooms) for the triage and treatment of patients and/or acute care hospital transfers.
g. Determine/evaluate the ability to prioritize, manage and allocate resources, especially scarce resources in the response to an emergency event and determine ability to assist other clinics and health care providers in the operational area with personnel and equipment resources.

h. Discuss/test the capability to provide care when there is a disruption of the public water system.

**Target Capability: Emergency Operations Center Management**

i. Review/test the Emergency Operations Plan and hazard specific plans where indicated.

j. Discuss/exercise the ability to activate the command center and initiate incident action planning for event response and recovery.

### 4. Long Term Care Facilities

**Target Capability: Communications**

a. Determine/evaluate the facility’s ability to communicate with response partners including local health departments, other health care entities, community organizations, emergency management agencies, water and utility authorities as appropriate to jurisdictional response

**Target Capability: Intelligence/Information Sharing and Dissemination**

b. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information with external response partners, water and utility authorities, local health department and emergency management authorities.

c. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information as appropriate internally with employees, patients and visitors.

d. Review/test information management plans and develop public information messages in coordination with local authorities (via the Joint Information System), law enforcement and health care providers in a rapid and timely manner for internal and external (e.g., media, community) dissemination.
Target Capability: Medical Surge

e. Discuss/test the ability to sustain current operations or to move patients across the continuum of care including government-authorized alternate care sites and homes.

Target Capability: Emergency Operations Center Management

f. Discuss/exercise the ability to activate the Emergency Operations Plan, hazard specific plans and the Nursing Home Incident Command System where indicated.

g. Discuss/exercise the ability to activate the command center and initiate incident action planning for event response and recovery.

5. Law Enforcement

Target Capability: Communications

a. Review/test the ability to communicate with response partners including health care, emergency medical services providers, fire department, medical examiner/coroner, emergency management agencies and water and utility authorities as appropriate to jurisdictional response.

Target Capability: Intelligence/Information Sharing and Dissemination

b. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally (with employees and clients) and externally with response partners (including health care partners, other first responders and emergency management authorities).

Target Capability: Emergency Operation Center Management

c. Discuss/exercise the ability to activate the command center/Department Operations Center and initiate incident action planning for event response and recovery.

d. Discuss/exercise the ability to provide situational status and projected impact on service provision both vertically and horizontally and with local authorities.

e. Discuss/exercise the ability to activate staff and operate the Emergency Operations Plan and hazard specific plans where applicable.
6. Emergency Medical Services Providers/Ambulance Providers

Target Capability: Communications

a. Review/test the ability to establish and maintain communications with the operational area medical and health point of contact for guidance and protocols on response activities, including alterations in patient receiving sites.

b. Determine/evaluate the providers’ ability to communicate with receiving facilities by alternate methods.

Target Capability: Intelligence/Information Sharing and Dissemination

c. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally with employees.

d. Review/test the ability to share resource capability and resource needs with the medical and health point of contact.

Target Capability: Medical Surge

e. Discuss/test the ability to prioritize, manage, and allocate resources, especially scarce resources, in an emergency event, including modification to existing staffing levels and schedules.

Target Capability: Emergency Operations Center Management

f. Determine/evaluate the need for the provision of a liaison to the operational area Department Operations Center or Emergency Operations Center.

7. Local Emergency Medical Services Agency

Target Capability: Communications

a. Review/test the ability to communicate with response partners (i.e., local health departments, emergency medical services providers, health care entities, and emergency management).

b. Discuss/test the ability to activate the Medical Health Operational Area Coordinator Program to provide situational reports to the Regional Disaster Medical Health Coordinator according to California Health and Medical Emergency Operations Manual.
Target Capability: Intelligence/Information Sharing and Dissemination

c. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally (with employees and stakeholders) and externally with response partners (including health care and emergency management authorities).

d. Determine/evaluate the ability to gather information on available resources and provide situational information to the Medical Health Operational Area Coordinator.

Target Capability: Medical Surge

e. Discuss/test the ability to manage transportation of increased numbers of pre-hospital transports to health care facilities and government-authorized alternate care sites.

f. Discuss/evaluate the plans to utilize mutual aid agreements within the region to facilitate patient distribution.

g. Discuss/test the ability to activate the Medical Health Operational Area Coordinator Program to support resource requesting based on local policy and procedure.

Target Capability: Emergency Operations Center Management

h. Review/test the adequacy of plans and technology for activation and operation of the Department Operations Center or liaison with the Medical and Health Branch at the Emergency Operations Center.

8. Medical Examiner/Coroner

Target Capability: Communications

a. Review/test the ability to communicate with response partners including, local health departments, health care entities, emergency medical services providers, private sector mortuary services, law enforcement, emergency management and water and utility authorities as appropriate to jurisdictional response.

Target Capability: Intelligence/Information Sharing and Dissemination

b. Review/test the adequacy of plans and technology for gathering intelligence and sharing information internally with employees and stakeholders and with external response partners including law enforcement, health care and emergency management authorities.
c. Exercise the ability to provide situational status and projected impact on service provision with local authorities.

**Target Capability: Medical Surge**

d. Review/test the adequacy of the mass fatality plan to respond to a surge in fatalities from an emergency event.

9. **Community Based Organizations**

**Target Capability: Communications**

a. Discuss/test the organization’s ability to communicate with response partners including local health departments, health care entities, law enforcement, other community organizations and emergency management agencies as appropriate to jurisdictional response

**Target Capability: Intelligence/Information Sharing and Dissemination**

b. Review/test the adequacy of plans and technology for gathering intelligence and sharing information internally (with employees, clients and stakeholders) and externally with response partners (including water and utility authorities and emergency management authorities).

c. Discuss/exercise the ability to provide situational status and projected impact on service provision with local authorities.

10. **Emergency Management**

**Target Capability: Communications**

a. Review/test the adequacy of the plans and technology for gathering intelligence and sharing information internally (with employees and stakeholders) and externally with response partners (first responders, health care providers, local health departments and utility authorities).

b. Review/test Joint Information System plans, procedures and technology for development and dissemination of coordinated messages to the media and public.

**Target Capability: Intelligence/Information Sharing and Dissemination**

c. Review/evaluate the ability to provide ongoing incident action planning with response partners, utilizing situational assessment and projected impact.
d. Discuss/test the ability to gather information for entry into the Response Information Management System and information sharing with the operational area and regional Emergency Operations Center.

Target Capability: Critical Resource Logistics & Distribution

e. Discuss/exercise the ability to assist in the procurement and allocation of scarce resources in compliance with the Standardized Emergency Management System.

Target Capability: Emergency Operation Center Management

f. Discuss/test the ability to rapidly activate the Emergency Operations Center including notification, staffing, and deactivation.

g. Discuss/test the management, direction, control and coordination of response and recovery activation.

11. Fire Service

Target Capability: Communications

a. Determine/evaluate the ability to communicate with response partners including water and utility authorities, health care partners, emergency medical services providers, law enforcement, medical examiner/coroner and emergency management agencies.

Target Capability: Intelligence/Information Sharing and Dissemination

b. Review/test the adequacy of the plans and technology for gathering intelligence and sharing information internally (with employees and stakeholders) and externally with response partners (including health care partners, other first responders and emergency management authorities) and the community.

c. Discuss/exercise the ability to provide situational status and projected impact on service provision both vertically and horizontally and with local authorities.

Target Capability: Emergency Operation Center Management

d. Review/test the Emergency Operations Plan and hazard specific plans where applicable.
e. Discuss/exercise the ability to activate staff and operate the Command Center/Department Operations Center and discuss/test the ability to initiate incident action planning in event response.

12. **Regional Emergency Operations Center / Medical Health Branch**

**Target Capability: Communications**

a. Review/test the adequacy of the plans and technology for gathering intelligence and sharing information internally with employees and stakeholders and externally with response partners (first responders, health care providers, local health departments and utility authorities).

b. Review/test the adequacy of Joint Information System plans and procedures and technology for development and dissemination of coordinated messages to the media and public.

**Target Capability: Intelligence/Information Sharing and Dissemination**

c. Discuss/exercise the ability to provide ongoing incident action planning with response partners, utilizing situational assessment and projected impact.

d. Discuss/test the ability to gather information for entry into Response Information Management System and information sharing with the operational area, the Joint Emergency Operations Center and State Operations Center.

**Target Capability: Emergency Operations Center Management**

e. Discuss/exercise the ability to activate staff and operate the Emergency Operations Center including notification, adequate staffing, and deactivation.

f. Discuss/evaluate the management, direction, control and coordination of response and recovery activities.

g. Review/test statewide medical and health resource requesting procedures as developed by the California Department of Public Health, California Emergency Medical Services Authority and California Emergency Management Agency.

**Target Capability: Critical Resource Logistics and Distribution**

h. Discuss/exercise the ability to test the utilization of regional resource requesting procedures.
i. Discuss/test the ability to utilize the Response Information Management System for documentation and tracking of resource requests.

13. **Joint Emergency Operations Center: California Department of Public Health and the California Emergency Medical Services Authority**

   **Target Capability: Communications**

   a. Review/test the adequacy of the plans and technology for gathering intelligence and sharing information internally with employees and stakeholder and externally with response partners (first responders, health care providers, local health departments and utility authorities).

   b. Review/test Joint Information System plans and procedures and technology for development and dissemination of coordinated messages to the media and public.

   **Target Capability: Intelligence/Information Sharing and Dissemination**

   c. Discuss/exercise the ability to provide ongoing incident action planning with response partners, utilizing situational assessment and projected impact.

   d. Discuss/test the ability to gather information for entry into Response Information Management System and information sharing with other State departments, the Regional Emergency Operations Center and State Operations Center.

   e. Discuss/exercise the ability to provide situational status and projected impact with all stakeholders.

   **Target Capability: Emergency Operations Center Management**

   f. Review/test revised procedures for Joint Emergency Operations Center activation, notification, staffing, and deactivation.

   g. Discuss/test the management, direction, control, and coordination of response and recovery activities.

   f. Review/test the utilization of statewide medical and health resource requesting procedures as developed by the California Department of Public Health, California Emergency Medical Services Authority and California Emergency Management Agency.
Target Capability: Critical Resource Logistics and Distribution

h. Review/test the State and Federal resource requesting procedures.

i. Discuss/test the use of the Response Information Management System for documentation and tracking of resource requests.
APPENDIX B
The Joint Commission Standards

Elements of performance under The Joint Commission may be demonstrated during the tabletop and/or functional exercise, dependent on level of exercise participation. Hospital planners should review the recent publications from The Joint Commission to look for opportunities to demonstrate additional performance elements.

A. Emergency Management (EM)

A partial list of EM Standards as identified in The Joint Commission Chapter follows:

**EM 02.02.01**

As part of its Emergency Operations Plan, the health care facility/hospital prepared for how it will communicate during emergencies.

**Elements of Performance for EM.02.02.01**

The Emergency Operations Plan describes the following:

EP1 How staff will be notified that emergency response procedures have been initiated.

EP2 How the hospital will communicate information and instructions to its staff and Licensed Independent Practitioners during an emergency.

EP3 How the hospital will notify external authorities that emergency response measures have been initiated.

EP4 How the hospital will communicate with external authorities during an emergency.

EP5 How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternate care sites.

EP6 How the hospital will communicate with the community or the media during an emergency.

EP7 How the hospital will communicate with purveyors of essential supplies, services and equipment during an emergency.
EP8   How the hospital will communicate with other health care facilities in its contiguous geographic area regarding the essential elements of their respective command structures.

EP9   How the hospital will communicate with other health care facilities in its contiguous geographic area regarding the essential elements of their respective command centers.

EP10  How the hospital will communicate with other health care facilities in its contiguous geographic area regarding the resources and assets that can be shared in an emergency response.

EP14  The hospital establishes backup systems and technologies for the communication activities identified in EM 02.02.01, EPs 1-9.

**EM.02.02.03**

As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage resources and assets during an emergency.

**Elements of Performance for EM.02.02.03**

The Emergency Operations Plan describes the following:

EP2   How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.

EP3   How the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.

EP4   How the hospital will share resources and assets with other health care facilities within the community if necessary.

EP5   How the hospital will share resources and assets with other health care facilities outside the community, if necessary, in the event of a regional or prolonged disaster.

EP6   How the hospital will monitor quantities of its resources and assets during an emergency.

**EM.02.02.05**

As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage security and safety during an emergency.
Elements of Performance for EM.02.02.05

The Emergency Operations Plan describes the following:

EP1  The hospital's arrangements for internal security and safety.

EP2  The roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency.

EP7  How the hospital will control entrance into and out of the health care facility during an emergency.

EM.02.02.11

As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage patients during emergencies.

Elements of Performance for EM.02.02.11

The Emergency Operations Plan describes the following:

EP4  How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled or have serious chronic conditions or addictions.

EP7  How the hospital will manage mortuary services.

EM.03.01.03

The organization/hospital evaluates the effectiveness of its Emergency Operations Plan.

Elements of Performance for EM.03.01.03

The Emergency Operations Plan describes the following:

EP1  As an emergency response exercise, the hospital activated its EOP twice a year at each site included in the plan.

EP2  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.

EP3  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 escalating event in which the local community is unable to support the hospital.

EP4 For each site of the hospital with a defined role in its community’s response plan, at least one of the two exercises includes participation in the community-wide exercise.

EP5 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities and patients.

EP6 The hospital designates an individual(s) whose sole responsibility during emergency exercises is to monitor performance and document opportunities for improvement.

EP7 During the emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials and other health care facilities.

EP8 During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment and transportation.

EP9 During emergency response exercises, the hospital monitors its management of the following: safety and security.

EP10 During emergency response exercises, the hospital monitors the following: staff roles and responsibilities.

EP14 The evaluation all emergency response exercises and all response to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

B. Environment of Care (EC)

A partial list of EC Standards as identified in The Joint Commission Chapter follows:

EC02.05.03

EP7 The hospital maps the distribution of its utility systems

EP9 The hospital has written procedures for responding to utility systems disruptions.
EP10 The hospital's procedures address shutting off the malfunctioning systems and notifying staff in affected area.

EP13 The hospital responds to utility system disruptions as described in its procedures.

C. Life Safety (LS)

A partial list of LS Standards as identified in The Joint Commission Chapter follows:

**LS.01.02.01**

The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.

**Elements of Performance for LS.01.02.01**

EP1 The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented (refer to NFPA 101-2000:9.6.1.8 and 9.7.6.1).

EP3 The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk.

EP6 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's ILSM policy.

EP10 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's ILSM policy.
The following is a partial list of references that long term care organizations may find useful to incorporate into their exercise planning.

1. The Emergency Operation Plan must provide for sources of emergency utilities and supplies, including gas, water, food, and essential medial supportive material. [CCR T22 subsection 72551 (b)(1), subsection 76563 (b)(1), subsection 76928 (b)(1), subsection 73549 (b)(1)]

2. Recommendations from the American Red Cross, the Federal Emergency Management Agency and the Center for Communicable Diseases state that individuals should plan to be self-sufficient for a minimum of 72 hours in the event of a widespread disaster. Health facilities' external disaster plans should include provisions to independently manage the essential health, safety, and personal needs of the individuals in their care during an emergency. These provisions include:
   a. Enough food and water for residents of the facility, and for the staff who will be required to stay and care for them. You also need to plan food and water for individuals you have agreed to shelter such as staff's family members or other facility or community members.
   b. Systems and supplies for the use of alternative water sources including the purification of water if potable water is lost, and a method to transport water from its source to the resident care areas [CFR subsection 483.70 (h)(1)].
APPENDIX D
National Incident Management System Implementation Objectives for Healthcare

In 2008, the Incident Management Systems Division of the federal Department of Homeland Security grouped the implementation objectives for health care facilities into sections:

- Adoption
- Preparedness: Planning
- Preparedness: Training and Exercises
- Communications and Information Management
- Command and Management

Within these sections, specific elements are identified to demonstrate compliance. For the Target Capabilities identified for this exercise, relevant NIMS elements within the sections are identified here:

1. **Preparedness: Planning**
   
   Element 4: Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and non-government organizations.

2. **Preparedness: Training and Exercises**
   
   Element 7: Promote National Incident Management System concepts and principles into all organization related training and exercises; demonstrate the use of National Incident Management System principles and Incident Command System management structure in training and exercise.

3. **Communications and Information Management**
   
   Element 9: Apply common and consistent terminology as promoted in the National Incident Management System, including the establishment of plain language communications standards.

   Element 10: Utilize systems, tools and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

4. **Command and Management**

   Element 11: Manage all emergency incidents, exercises and preplanned (recurring or special events) in accordance with Incident Command
System organizational structures, doctrine and procedures as outlined in the National Incident Management System.

Element 12: Incident Command System implementation must include the consistent application of Action Planning and common communications plans as appropriate.

Element 13: Adopt the principle of Public Information, facilitated by the use of the Joint Information System and Joint Information Center during an incident or event.
APPENDIX E
Exercise Evaluation and Improvement Planning

The 2011 Statewide Medical and Health Functional Exercise follows the principles of exercise design and execution as outlined in Homeland Security Exercise and Evaluation Program. As previously discussed, the exercise has been designed based on the Target Capabilities:

- Communications
- Intelligence/Information Sharing and Dissemination
- Medical Surge
- Emergency Operations Center Management

Each Target Capability is developed into an Exercise Evaluation Guide. Within each of the Target Capabilities are associated activities and tasks that gauge successful outcomes.

A. Using the Exercise Evaluation Guides

NOTE: THE Exercise Evaluation Guides ACCOMPANYING THE GUIDEBOOK ARE TO BE USED FOR BOTH THE TABLETOP EXERCISE AND FUNCTIONAL EXERCISE

The purpose of the Homeland Security Exercise and Evaluation Program is to provide common exercise policy and program guidance that constitutes a national standard for tabletop and/or functional exercises. Exercise Evaluation Guides assist in evaluation of the performance of the tasks, activities, and capabilities necessary exercise evaluation and improvement plans, and corrective actions, by providing evaluators with consistent standards and guidelines for observation, data collection, analysis, and report writing.

Exercise Evaluation Guides are the primary reference to ensure all jurisdictions/organizations evaluate exercises against the same measurable baseline. This method of evaluation helps to identify significant gaps in preparedness capabilities across the nation, and also serves as a tool to develop a stronger and more consistent After Action Report and Improvement Plan. Exercise Evaluation Guides provide exercise evaluators with a manageable tool with which they can collect data during an exercise, in a format allowing the easy transfer of information to the After Action Report/Improvement Plan.
The Exercise Evaluation Guides can be customized with organization/jurisdiction specific tasks and performance measures that may be added to the list of Tasks and Performance Measures to be exercised.

Please refer to the following website for more information on Homeland Security Exercise training, tools, and samples: https://hseep.dhs.gov/.

Evaluators should familiarize themselves with the Exercise Evaluation Guides, including the list of activities and tasks. During an exercise, each guide is intended as a viewing guide, pointing evaluators in the direction of specific actions in order to assist in their evaluation focus and to support root-cause analysis and after action report development. While observing, the Evaluator is expected to:

1. **Record the completion of tasks on the Exercise Evaluation Guide**

   For each task, Evaluators should check the box corresponding to the exercise participants' actions. Was the task "fully completed," "partially completed," "not completed," or "not applicable"? Most importantly, supplemental notes should be included to support the level of task completion identified. Each task line includes space to record the time at which a particular task was completed. The checked boxes and timekeeping functions of the Exercise Evaluation Guide format do not produce a report card or score sheet, but provides an objective record of task completion and support post-exercise analysis.

2. **Record the demonstration of Performance Measures on the Exercise Evaluation Guide itself**

   Performance measures are associated with many tasks and provide the Evaluator the ability to record quantitative, observable indicators of performance. Each performance measure is followed by a target indicator as well as a location to input the actual, observed figure. For example, the Medical Surge Target Capability lists Activity 3: Increase Bed Surge Capacity. The associated task is: maximize utilization of available beds. The Evaluator can record observations on the actions taken to maximize utilization of available beds.

3. **Record supplemental notes on exercise events and observations**

   While the Exercise Evaluation Guides contain an extensive list of activities and tasks designed to help guide Evaluators' observations, it is also necessary for evaluators to record
supplemental notes during exercise play. Notes might include observations on areas of strength and areas needing improvement area, times for completed actions and exercise events. Supplemental notes may also include initial analyses of root-causes for problems and recommendations for improvement.

4. Develop After Action Report/Improvement Plan

To maximize lessons learned from the experience, the evaluation materials should be used to draft an exercise After Action Report. Much of the information provided in the Exercise Evaluation Guide Analysis Sheets will directly feed into the After Action Report.

B. Completing the Analysis Sheet

The following structure is used to complete the Analysis Sheet:

**Capability 1**: Insert name of Target Capability (i.e., Communication, Intelligence and Information Sharing and Dissemination or Medical Surge.)

*For example*: Capability 1: Emergency Operations Center Management

**Activity 1.1**: Identify the activity from the Exercise Evaluation Guide that is being observed.

*For example*: Activity 1.3: Activate Command Center

**Observation 1.1**: First label as “Strength” or an “Area for Improvement.” A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the Evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Following this heading, insert a short, complete sentence that describes the general observation.

*For example*: Strength

**References**: List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations and Exercise Objective to which the observation relates.

Include the name of the task and the applicable plans, policies, procedures, laws, and/or regulations, and one to two sentences describing their relation to the task.

*For example*: References:
- St. Elsewhere Emergency Operations Plan
- Objective 2. Activate the Hospital Command Center

**Analysis:** Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the positive and/or negative consequence(s) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed successfully, the root causes contributing to the shortcoming must be identified.

*For example:* The Hospital Command Center was activated within fifteen minutes of notification from the local health department of a disruption in the public water system.

**Recommendations:** Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as strength, without corresponding recommendations, insert “none.”

*For example:* Recommendations: None