Phase III: Tabletop Exercise Guidebook
Table of Contents

I Overview of 2010 Statewide Medical and Health Exercise 3

II 2010 Exercise Objectives 5
   A. Discipline-Specific Objectives 5
   B. The Joint Commission: Emergency Management 15
   C. National Incident Management Objectives for Health Care 19
   D. Local Hospital Preparedness Program Entity Operational Objectives 20

III Conducting the Tabletop Exercise 21
   • Customizing the Exercise to your Jurisdiction
   • Exercise Participants
   • Exercise Artificialities
   • Exercise Messaging

IV Exercise Scenario 23

V Conclusion and Next Steps 28

VI Exercise Evaluation 29

VII Acronym Glossary 32

Attachment A: Exercise Evaluation Guides (EEGs)

   EEG: Intelligence / Information Sharing and Dissemination

   EEG: Communications

   EEG: Medical Surge
The scenario for the 2010 Statewide Medical and Health Exercise is an Improvised Explosive Device (IED). The exercise is designed to allow planning and response partners within each Operational Area (OA) to tailor their level of exercise play and determine local impact from the threat scenario. The exercise is designed to test the following Homeland Security Target Capabilities:

1. Communications
2. Intelligence/Information Sharing and Dissemination
3. Medical Surge

The 2010 Statewide Medical and Health Exercise Program is comprised of the following four phases:

**Phase I: Multi-Media Training**

This training focuses on resource requesting and providing strategic knowledge to health care providers and local government partners on how to request and utilize the resources available in California.

**Phase II: Organizational Self Assessment**

Using the three target capabilities, a web-based assessment tool has been developed to assist in identifying organizational resources, strengths, barriers, and needed improvement in requesting resources during a medical surge. The assessment allows for response partners to evaluate their level of planning and response for the identified scenario: an IED. In preparation for Phases III and IV, participants are strongly encouraged to complete the organizational self assessment to identify any gaps or strengths that can be shared with response partners during the exercises.

**Phase III: Tabletop Exercise**

Using the IED scenario, local health departments (LHDs) and local Hospital Preparedness Program (HPP) entities will facilitate a tabletop exercise for partner agencies and organizations. The tabletop exercise will focus on an increased threat of an IED event; the functional exercise will focus on the event occurring within one or more jurisdictions. The scenario will exercise the target capabilities as they relate to the response to an IED event. Objectives for the tabletop exercise include:

- Test the ability of the emergency response partners within the Operational Area to share critical information in both planning for and responding to an Improvised Explosive Device (IED);
- Determine the technology and plans for ensuring ongoing communications during an IED event; and,
- Identify the capacity and capability to respond to a mass-casualty event with forensic implications and need for sharing of critical resources, including personnel and equipment, to respond to an event with blast, trauma, burn and pediatric injuries.

LHDs and HPP entities may develop additional objectives for their jurisdictions.

**Phase IV - Statewide Medical & Health Functional Exercise**

The Statewide Medical and Health Functional Exercise, scheduled to be conducted on November 18, 2010, will build on the lessons of the Multi-Media Training, Organizational Self Assessment, and Tabletop Exercise. The IED exercise scenario will test the target capabilities previously noted.

The 2010 Statewide Medical and Health Exercise Guidebook (the Guidebook) includes discipline-specific exercise objectives with reference to applicable elements of performance for The Joint Commission (TJC) Chapter on Emergency Management as well as compliance elements for the National Incident Management System (NIMS). For health care providers and LHDs, the operational capabilities for drills and exercises outlined in the Local HPP Entity 2009-2010 Work Plan will also be reference. Following the guidelines within the Homeland Security Exercise and Evaluation Program (HSEEP), the Guidebook will include Exercise Evaluation Guides (EEGs) based on the identified target capabilities.

This exercise has been developed by the California Department of Public Health (CDPH) in collaboration with the California Emergency Medical Services Authority (EMSA), the California Hospital Association (CHA), the California Primary Care Association (CPCA), the California Association of Health Facilities (CAHF), the California Emergency Management Agency (Cal EMA) and representatives from LHDs and the health care, public safety and emergency management disciplines.
The following objectives have been identified for Phase III, Tabletop Exercise and Phase IV, the 2010 Statewide Medical and Health Functional Exercise. Objectives are sectioned by response discipline and categorized under the applicable Target Capability (as identified on page 3).

A. Objectives by Discipline

1. Acute Care Facility/Hospital

   Target Capability: Communications
   A. Assess the facility's ability to communicate with response partners including law enforcement, other health care entities, local health department, fire service, Emergency Medical Services (EMS) providers, Local EMS Agency (LEMSA), community organizations and emergency management agencies.
   B. Test the technology available for gathering intelligence and sharing information with external response partners, such as law enforcement and emergency management authorities.
   C. Test the ability of the facility to maintain situational communications when use of two-way devices is suspended.

   Target Capability: Intelligence/Information Sharing and Dissemination
   D. Test the plans and technology for gathering intelligence and sharing information with staff, patients and visitors.
   E. Develop Incident Action Plans within the incident management structure of the facility; coordinate with other on-scene response agencies, including law enforcement and external support agencies as available.
   F. Activate information management plans and develop public information messages in coordination with local authorities (Joint Information System) law enforcement and health care providers in a rapid and timely manner for internal and external (e.g., media, community) dissemination.
   G. Communicate facility needs to outside sources (e.g., vendors, suppliers, LEMS, 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. In accordance with the Standardized Emergency Management System (SEMS), resource requests that cannot be obtained through normal mechanisms should be channeled to the Medical Health Operational Area Coordinator or the OA Emergency Operations Center (EOC) per local procedure.
H. Provide situational status and projected impact on service provision with response partners, other health care providers, law enforcement and local authorities, per OA standard.

I. Identify the Terrorism Liaison Officer (TLO) representing health care in the jurisdiction.

**Target Capability: Medical Surge**

J. Activate the Emergency Operations Plan and applicable hazard specific plans, (e.g., bomb threat/suspicious package, perimeter lockdown) where indicated.

K. Assess the need to expand the hospital incident management team structure in response to size, scope and impact of the event on clinical and non-clinical operations.

L. Activate and test facility surge plans to expand capacity and manage a large influx of patients in response to an explosive event, including trauma, burns and pediatric patients (including non-specialty care receiving facilities).

M. Test the ability to move patients across the continuum of care, including government-authorized alternate care sites and long term care facilities.

N. Activate and test plans to respond to a fatality surge, integrating with local resources from the Medical Examiner/Coroner coordinated through the OA Emergency Operations Center.

O. Expand and augment personnel resources, including the use of volunteers and community resources, in response to a prolonged event.

P. Prioritize, manage, and allocate resources, especially scarce resources such as burn and trauma supplies, during an explosive / trauma event.

Q. Test the ability of the facility to gather and maintain evidence in a forensic event, ensuring chain of custody consistent with jurisdictional policy.

R. Test the ability of the facility to lock down the building(s)/campus in response to a threat/suspicious device.

S. Assess bed surge capacity and participate in a statewide Hospital Available Beds for Emergencies and Disasters (HAvBED) drill.

2. **Local Health Departments**

   **Target Capability: Communications**
A. Assess the ability to communicate with response partners including health care partners, law enforcement, fire, medical examiner/coroner, community organizations and emergency management.

B. Test the plans and technology for gathering intelligence and sharing information with law enforcement and emergency management authorities.

C. Test the ability of the department to maintain situational communications when use of two-way devices is suspended.

D. Test the Disaster Health Volunteer (DHV) two-way communication alert systems from State to local level.

Target Capability: Intelligence/Information Sharing and Dissemination

E. Test the plans and technology for gathering intelligence and sharing information with employees.

F. Participate in Incident Action Planning coordinated through the OA Emergency Operations Center and/or the Department Operations Center.

G. Activate information management plans and develop public information messages in coordination with local authorities (Joint Information System) law enforcement and health care providers in a rapid and timely manner for internal and external (e.g., media, community) dissemination.

H. Provide situational status and projected impact on service provision with health care partners, first responders and local authorities.

I. Provide situational report to Regional Disaster Medical Health Coordinator according to California Disaster Health Operations Manual (CDHOM) protocol.

Target Capability: Medical Surge

J. Activate the Emergency Operations Plan and applicable hazard specific plans (e.g., bomb threat/suspicious package, perimeter lockdown), where indicated.

K. Assess the need to expand the incident management team structure in response to size, scope and impact of the event on clinical and non-clinical operations.

L. Activate internal personnel surge plans to deal with increased need to respond to public health, laboratory, hazardous materials and/or medical guidance issues.

M. Request activation of government-authorized alternate care sites as needed.
3. Community Care Clinic/Medical Clinic

Target Capability: Communications

A. Assess the facility’s ability to communicate with response partners including law enforcement, other health care entities, local health department, community organizations and emergency management agencies.

B. Demonstrate the ability to communicate needs to outside sources (e.g., vendors, suppliers, Emergency Medical Services (EMS) providers, city/Operational Area stockpiles, corporate health care system) for essential supplies, services, and equipment to ensure integrity of resource supply chain.

C. Test the ability of the clinic to maintain situational communications when use of two-way devices is suspended.

Target Capability: Intelligence/Information Sharing and Dissemination

D. Test the plans and technology for gathering intelligence and sharing information with external response partners including law enforcement and emergency management authorities.

E. Test the plans and technology for gathering intelligence and sharing information with employees and patients.

F. Develop Incident Action Plans within the incident management structure of the facility; coordinate with other health care, law enforcement and emergency management partners.

G. Activate information management plans and develop public information messages in coordination with local authorities (Joint Information System) law enforcement and health care providers in a rapid and timely manner for internal and external (e.g., media, community) dissemination.

H. Provide situational status and projected impact on service provision reports to local authorities.

Target Capability: Medical Surge

I. Activate the Emergency Operations Plan and hazard specific plan, where indicated.

J. Assess the need for and activate expansion of the incident management team structure due to size, scope and impact of the event on clinical and non-clinical operations.

K. Assess the ability of the clinic to expand patient 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.

L. Assess the ability to prioritize, manage and allocate resources, especially scarce resources in the response to an explosive event.
M. Test the ability of providers to gather and maintain evidence in a forensic event, ensuring chain of custody consistent with jurisdictional policy.

N. Determine ability to assist other clinics and health care providers in the OA with personnel and equipment resources.

O. Test the ability of the facility to lock down the building(s)/campus in response to a threat / suspicious device.

4. Long Term Care Facilities

**Target Capability: Communications**

A. Assess the facility’s ability to communicate with response partners including law enforcement, local health departments, other health care entities, community organizations and emergency management agencies.

B. Test the ability of the facility to maintain situational communications when use of two-way devices is suspended.

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

C. Test the plans and technology for gathering intelligence and sharing information with external response partners, law enforcement and emergency management authorities.

D. Test the plans and technology for gathering intelligence and sharing information with employees, patients and visitors.

E. Develop Incident Action Plans within the incident management structure of the facility and in coordination with law enforcement and emergency management partners.

F. Activate information management plans and develop public information messages in coordination with local authorities (Joint Information System) law enforcement and health care providers in a rapid and timely manner for internal and external (e.g., media, community) dissemination.

G. Provide situational status and projected impact on service provision with local authorities.

**Target Capability: Medical Surge**

H. Activate the Emergency Operations Plan and hazard specific plan, as applicable.

I. Assess the need to expand the incident management team structure due to size, scope and impact of the event on clinical and non-clinical operations.
J. Test the ability to move patients across the continuum of care including government-authorized alternate care sites and homes.

K. Test the ability to increase the level of patient care when movement to hospitals is delayed.

L. Test the ability of the facility to lockdown the building(s)/campus in response to a threat / suspicious device.

5. Law Enforcement

Target Capability: Communications

A. Test the ability to communicate with response partners including health care partners, EMS Providers, fire department, Medical Examiner / Coroner and emergency management agencies.

B. Test the communication links to the law enforcement mutual aid coordinator for the Operational Area.

C. Test the ability of the department to maintain situational communications when use of two-way devices is suspended.

Target Capability: Intelligence/Information Sharing and Dissemination

D. Test the plans and technology for gathering intelligence and sharing information with external response partners including health care partners, other first responders and emergency management authorities.

E. Test the plans and technology for gathering intelligence and sharing information with employees.

F. Develop Incident Action Plans within the incident management structure of the agency/department and in coordination with response partners and emergency management authorities.

G. Provide situational status and projected impact on service provision with local authorities.

6. Emergency Medical Services Providers/Ambulance Providers

Target Capability: Communications

A. Assess the provider’s ability to communicate with response partners including law enforcement, other EMS Providers, health care entities and emergency management agencies.

B. Establish communications with the Operational Area medical and health point of contact for guidance and protocols on response activities, including alterations in patient receiving sites.
C. Test the ability of the providers to maintain situational communications when use of two-way devices is suspended.

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

D. Test the plans and technology for gathering intelligence and sharing information with external response partners including law enforcement, health care entities and emergency management authorities.

E. Test the plans and technology for gathering intelligence and sharing information with employees.

F. Participate in the development of Incident Action Plans within the incident management structure; coordinate with law enforcement, other EMS and health care partners and emergency management partners.

G. Determine the ability to share resource capability and resource needs with the medical health point of contact.

H. Provide situational status and projected impact on service provision with local authorities.

**Target Capability: Medical Surge**

I. Activate the Emergency Operations Plan and hazard specific response plan where applicable.

J. Assess the ability to respond to multiple or mass casualties and mass fatalities from an explosive event.

K. Determine the ability to provide personnel and equipment to staff and support government-authorized alternate care sites.

L. Prioritize, manage, and allocate resources, especially scarce resources, such as burn and trauma supplies, during an explosive / trauma event.

M. Test the ability of providers to gather and maintain evidence in a forensic event, ensuring chain of custody consistent with jurisdictional policy.

N. Test the ability of the provider to protect resources (transportation, equipment) in response to a threat/suspicious device.

7. **Local EMS Agency (LEMSA)**

**Target Capability: Communications**

A. Assess the LEMSA’s ability to communicate with response partners including local health departments, Emergency Medical Services (EMS) providers, health care entities, law enforcement, community organizations and emergency management.
B. Establish communications for EMS system management of response activities.

C. Test the Disaster Health Volunteer (DHV) two-way communication alert systems from the State to the local level.

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

D. Test the plans and technology for gathering intelligence and sharing information with external response partners including health care partners and emergency management authorities.

E. Test the plans and technology for gathering intelligence and sharing information with staff.

F. Participate in the development of Incident Action Plans within the incident management structure; coordinate with other health care and emergency management partners.

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

H. Provide situational status and projected impact on service provision with local authorities.

I. Provide situational report to Regional Disaster Medical Health Coordinator according to CDHOM protocol.

**Target Capability: Medical Surge**

J. Activate the Emergency Operations Plan and hazard specific response plan (e.g., bomb threat/suspicious package) where applicable.

K. Test the ability to manage transportation of increased numbers of pre-hospital transports to health care facilities, first aid sites, and government authorized alternate sites of care.

L. Assess the ability to sustain, maximize, and augment Emergency Medical Services staffing during a surge event.

M. Determine the ability to provide personnel and equipment to staff and support government-authorized alternate care sites.

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8. **Medical Examiner/Coroner**

**Target Capability: Communications**

A. Assess the ability to communicate with response partners including local health departments, health care entities, Emergency Medical Services (EMS) providers, law enforcement, and emergency management as well as private sector mortuary services.
B. Establish communications with the Operational Area medical and health point of contact and OA law enforcement mutual aid coordinator.

C. Test the ability of the response staff to maintain situational communications when use of two-way devices is suspended.

Target Capability: Intelligence/Information Sharing and Dissemination

D. Test the plans and technology for gathering intelligence and sharing information with external response partners including law enforcement, health care and emergency management authorities.

E. Test the plans and technology for gathering intelligence and sharing information with staff.

F. Develop Incident Action Plans within the incident management structure; coordinate with law enforcement, health care and emergency management partners.

G. Provide situational status and projected impact on service provision with local authorities.

Additional Objectives

H. Activate the Emergency Operations Plan and hazard specific response plan (e.g., bomb threat/suspicious package) where indicated.

I. Activate the mass fatality plan to respond to a surge in fatalities from an explosive event.

9. Community Based Organizations

Target Capability: Communications

A. Assess 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.

B. Test the ability of the agency to maintain situational communications when use of two-way devices is suspended.

Target Capability: Intelligence/Information Sharing and Dissemination

C. Test the plans and technology for gathering intelligence and sharing information with external response partners including law enforcement and emergency management authorities.

D. Test the plans and technology for gathering intelligence and sharing information with staff and clients.
E. Provide situational status and projected impact on service provision with local authorities.

Additional Objectives

F. Activate the Emergency Operations Plan and hazard specific response plan where applicable.

G. Identify those services provided by the organization which can be postponed, consolidated or reassigned to partner organizations due to resources shortages or interruptions in service (including organization and volunteer personnel).

H. Test the ability of the facility to lockdown the building(s)/campus in response to a threat/suspicious device.

10. Emergency Management

Target Capability: Communications

A. Test the plans and technology for gathering intelligence and sharing information with external response partners, such as local health departments and emergency management authorities.

B. Initiate Joint Information System plans and procedures and technology for development and dissemination of coordinated messages to the media and public.

C. Test the ability of the agency to maintain situational communications when use of two-way devices is suspended.

Target Capability: Intelligence/Information Sharing and Dissemination

D. Assess the need to expand the incident management structure based on situation assessment, projected impact and anticipated length of activation.

E. Initiate ongoing incident action planning with response partners, utilizing situational assessment and projected impact.

F. Activate information gathering for entry into Response Information Management System (RIMS) and information sharing with Regional Emergency Operations Center (REOC).

Additional Objectives

G. Activate the Emergency Operations Plan and hazard specific response plans (e.g., bomb threat/suspicious package) where applicable.

H. Assist in the procurement and allocation of scarce resources in compliance with the Standardized Emergency Management System.
I. Activate government-authorized alternate care sites according to the policy and plans of the OA.

J. Activate mutual aid systems and resource requesting to support government authorities alternate care sites within the OA.

K. Test the ability of the agency to lockdown the building(s)/campus in response to a threat/suspicious device.

L. Track and record all costs and expenditures related to the event, and project ongoing costs for the next 48, 72 and 96 hours.

11. Fire Service

Target Capability: Communications
A. Assess the ability to communicate with response partners including health care partners, EMS Providers, law enforcement, Medical Examiner/Coroner and emergency management agencies.

B. Test the communication links to the fire service mutual aid coordinator for the Operational Area.

C. Test the ability of the department to maintain situational communications when use of two-way devices is suspended.

Target Capability: Intelligence/Information Sharing and Dissemination
D. Test the plans and technology for gathering intelligence and sharing information with external response partners including health care partners, other first responders and emergency management authorities.

E. Test the plans and technology for gathering intelligence and sharing information with employees.

F. Develop Incident Action Plans within the incident management structure of the department and in coordination with response partners and emergency management authorities.

G. Provide situational status and projected impact on service provision with local authorities.

B. The Joint Commission Chapter on Emergency Management

Elements of performance under The Joint Commission Chapter on Emergency Management may be demonstrated during either the tabletop or functional exercise, dependent on level of exercise play. A partial list of EM Standards is listed below. Hospital planners should
review the entire Emergency Management Chapter for opportunities to demonstrate additional performance elements.

Standard EM 02.02.01
As part of its Emergency Operations Plan, the organization/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 healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command structures.
EP9: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command centers.
EP10: How the hospital will communicate with other healthcare organization 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.

Standard 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 healthcare organization within the community if necessary.

   EP5: How the hospital will share resources and assets with other healthcare organizations 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.

Standard 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 healthcare facility during an emergency.

Standard EM.02.02.11
As part of its Emergency Operations Plan, the organization/hospital prepared 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 serves 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.
Standard EM.03.01.03

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

Elements of Performance for EM.03.01.03

EP1: As an emergency response exercise, the hospital activated its Emergency Operations Plan 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 it 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 healthcare organizations.

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.
C. NIMS Implementation Objectives for Health Care

In 2008, the Incident Management Systems Division of the Department of Homeland Security grouped the implementation objectives for healthcare organizations into five sections.

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

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

**Preparedness: Planning**

Element 4: Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.

**Preparedness: Training and Exercises**

Element 7: Promote NIMS concepts and principles into all organization related training and exercises; demonstrate the use of NIMS principles and Incident Command System (ICS) management structure in training and exercise.

**Communications and Information Management**

Element 9: Apply common and consistent terminology as promoted in NIMS, 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.

**Command and Management**

Element 11: Manage all emergency incidents, exercises and preplanned (recurring or special events) in accordance with ICS organizational structures, doctrine and procedures as outlined in NIMS.

Element 12: ICS implementation must include the consistent application of Incident 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 (JIC) during an incident or event.
Element 14: Ensure that public information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

NIMS Implementation Objectives for Non-Health care Organizations

For non-health care or hospital participants in the exercise, the compliance elements for NIMS can be found at the web site http://www.fema.gov/emergency/nims/ImplementationGuidanceStakeholders.shtm.

D. Local Hospital Preparedness Program Operational Objectives

The following operational capabilities for the health care surge component of the work plan have been identified:

- Interoperable Communications
  - Target Capability: Communications
- Disaster Health Care Volunteers of California / Medical Reserve Corps
  - Target Capability: Medical Surge
- Partnerships / Coalitions MOUs
  - Target Capabilities: Intelligence / Information Sharing and Dissemination; Medical Surge
- Facility Management
  - Target Capability: Medical Surge
- Medical Evacuation / Shelter in Place
- Available Hospital Bed Tracking
  - Target Capability: Medical Surge

While these operational objectives can be demonstrated throughout the year, both the tabletop and functional exercises provide opportunities to first discuss then test individual objectives.
III Conducting the Tabletop Exercise

1. Customizing the Exercise to your Jurisdiction

Local health departments (LHD) and Local Hospital Preparedness Program (HPP) Entities will plan, conduct and facilitate the tabletop exercise. In the scenario, opportunities will be afforded to customize the exercise to the jurisdiction and its current capacity and capabilities to respond to a bomb threat / suspicious device and or an IED event. Response partners should be encouraged to share both gaps and successes in event-specific planning that can improve the overall jurisdictional response. The issues included in the organizational self assessment (Phase II) will also be used in the scenario and in discussions during the tabletop exercise. For example, the treatment and movement of patients to non-specialty receiving hospitals (trauma, pediatrics, and burns) should be discussed based on the current capacity of the Operational Area. Planning for event specific response, such as identification of suspicious devices, should be addressed to include input on plan development with law enforcement subject matter experts. LHDs and HPP entities 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 exercise objectives listed in Section II will be addressed in the tabletop exercise; further events may be added to the scenario to address additional objectives.

In the scenario, updates are followed by a series of questions to stimulate discussion and identify issues. Exercise planners should determine in advance which questions to pose to participants. Additional questions may be added based on the strengths and weakness of the OA. 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.

2. Exercise Participants

Effective emergency planning and response relies upon engaging all potential partners. Exercise planners are encouraged to include those health care and emergency response partners identified in the Organizational Self Assessments (Phase II). These include:

- Hospitals
- Local Health Departments
- Community Clinics
- Long Term Care Facilities
- Law Enforcement
- EMS Providers
- Local EMS Agency
- Medical Examiner/Coroner
- Community Based Organizations
- Emergency Management
- Fire Service
Within the OA, additional response partners (including multiple first response and public safety agencies) may be included in the exercise planning and conduct. Partners from the business community along with regional, State and Federal agencies may also be included in the exercise.

The Medical and Health Operational Area Coordinator (MHOAC) should be an active participant in the tabletop exercise. Issues of resource requesting and information sharing will be raised, with the MHOAC providing subject matter expertise. Mutual aid coordinators for non-health care response disciplines (law enforcement and fire services) can also play a key role in understanding the process to access needed resources. Local and OA emergency management officials will provide key information in the role of field level support and coordination. Experts with knowledge on the scenario and impact should be included; these may be representatives from trauma centers (blast injury impact) and law enforcement (bomb threat or device response, evidence collection).

To conduct the tabletop exercise, LHDs and Local HPP Entities should identify a lead controller/facilitator, a staff person to document the exercise, and sufficient evaluators based on the number of participating agencies or departments.

3. Exercise Assumptions and Artificialities

The scenario for both the tabletop and functional exercises discusses the planning, response and recovery from an IED. Some jurisdictions or OAs may determine that the probability and impact from this event is low based on the overall or individual entity’s hazard vulnerability analysis. Individuals participants may choose to conduct the exercise as receiving direct impact from the IED or as a provider of support or mutual aid to the affected jurisdiction.

In addition, issues may be inserted into the sequence of events to stimulate discussion and/or sharing of plans and resources. For example, hospitals who have not addressed issues of facility lockdown may wish to expand this as a discussion point in the scenario.

4. Exercise Messaging

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.”
### Section 1: Introduction

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<th>Time:</th>
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<tbody>
<tr>
<td>Exercise Controller</td>
</tr>
<tr>
<td>1. Welcome participants. Introduce self, facilitators, documenter and evaluators. Introduction of participants is at the discretion of the Controller; participating agencies should be identified with individual participants introduced as time allows.</td>
</tr>
<tr>
<td>2. Review agenda for the exercise. Briefly review overall tabletop exercise objectives (see page 3) and direct participants to refer to discipline specific objectives (pages 5 – 15). Review materials distributed to participants.</td>
</tr>
<tr>
<td>3. Address housekeeping issues: location of exits, restroom and other facilities; cell phone and PDA etiquette; break times; question and answer periods.</td>
</tr>
<tr>
<td>5. Remind participants that this is a learning opportunity; the scenario is written to encourage collaboration and artificialities should be accepted.</td>
</tr>
</tbody>
</table>

| Note: column may be used to allot time for each segment |

### Section 2: Intelligence / Information Sharing and Dissemination

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<tr>
<th>Time:</th>
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<tbody>
<tr>
<td>Exercise Controller:</td>
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<tr>
<td>The scenario being utilized today focuses on the planning for and response to an Improvised Explosive Device. Issues will be presented centered on the 3 Target Capabilities of Intelligence / Information Sharing and Dissemination, Communications and Medical Surge. Questions will be posed to determine the level of preparedness and planning, identifying both strengths and areas for improvement.</td>
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**EXERCISE BEGINS**

State health care agencies have tasked the LHDs and Local HPP Entities to bring response partners together to identify the current capabilities to respond to a mass casualty event that occurs due to an explosive incident.

Over the past month, federal and State authorities have been addressing the increased threat of domestic terrorism in California. Information has been intercepted that
identifies public safety and emergency response partners as potential targets. The threat is purported to be an explosive event, though there is no threat of chemical, biological or nuclear agents. There is a broad category of potential targets that include health care, law enforcement, fire and EMS responders, and support systems such as emergency management and community organizations.

**QUESTIONS:**
1. How would your agency / organization be made aware of this threat?
2. What procedures are in place to receive threat assessment information in this jurisdiction?
3. How do you assess the safety and security risks to your agency / organization?
4. What are the potential high risk targets in your area? Is your agency / organization a high risk target?
5. How would your agency / organization be impacted by this threat?

The Exercise Controller may invite local law enforcement, emergency management or a Terrorism Liaison Officer representing the Intelligence Fusion Center to review the mechanisms and procedures by which this information would be disseminated from the State to the response partners. Information on high risk targets in the Operational Area and how these are determined may also be discussed.

Provide opportunity for discussion of Improvised Explosive Devices (IED). Utilize subject matter experts (Explosive Ordinance Disposal / Bomb Squad) to discuss types of IEDs, impacts, perimeter control, etc.

State authorities are advising health care and emergency response partners to review their safety and security plans and their hazard specific response to a bomb threat / suspicious device.

**QUESTIONS:**
1. Does your agency/organization have a plan to respond to a bomb threat? Does the plan include gathering of
information, procedures for notifying law enforcement and internal procedures for searching for a suspicious device? Has staff been trained in search procedures? Is there a checklist available for staff to use if a bomb threat phone call is received? Have these been reviewed by subject matter experts?

2. Does your agency/organization have plans to augment on-site security personnel? Is there a mechanism to request additional security personnel for your agency / organization?

3. Has your agency/organization worked with local law enforcement in developing bomb threat / suspicious package incident response? Has local law enforcement reviewed the plan? Have response specific plans been shared with other agencies / organizations?

4. How will pre-hospital services be impacted if there is a security emergency (ex.: lockdown) at a hospital or health care receiving facility?

5. What is the local policy for notifying emergency management officials?

6. Have pre-hospital services (EMS providers and fire service) made plans to ensure on-scene security from secondary devices?

7. Is there information available to response partners on “target hardening”? (see Attachment B)

8. How can agencies/organizations work together to plan for this type of event?

**Exercise Controller should identify gaps in planning as identified in the previous discussion. Sharing of plans and procedures should be facilitated.**

**Time:**

**Exercise Controller:**

Intelligence shows this to be a domestic threat, utilizing multiple small devices targeted at large gatherings such as shopping malls, community centers and sporting events.

**Consider having subject matter experts provide overview of casualty types associated with blast injuries. Provide overview of**
capacity of system to address large numbers of casualties due to blast injuries (trauma centers, receiving hospitals for burn and pediatric care for those non-specialty receiving centers).

Section 3: Medical Surge

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<thead>
<tr>
<th>Time:</th>
<th>Questions:</th>
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<tbody>
<tr>
<td></td>
<td>1. What is the capability and capacity to respond to a mass casualty incident in our OA? Is there capacity to respond to hundreds of casualties and fatalities?</td>
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<tr>
<td></td>
<td>2. What are the EMS resources? How can these be expanded? Is there capability to expand patient receiving sites beyond hospitals?</td>
</tr>
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<td></td>
<td>3. What role will community clinics and long term care facilities provide in support of emergency services and hospitals?</td>
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<tr>
<td></td>
<td>4. How will the need for evidence collection alter pre-hospital and hospital care? Has staff been trained in evidence collection? Is there an agency/organization policy that directs evidence collection?</td>
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<tr>
<td></td>
<td>5. How will lockdown or perimeter control of hospitals and other receiving sites impact patient movement?</td>
</tr>
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<td></td>
<td>6. How will patients be tracked?</td>
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<tr>
<td></td>
<td>7. How will additional supplies, equipment and personnel be accessed? Who is the point of contact to access mutual aid when resources in the OA are overwhelmed?</td>
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The MHOAC along with mutual aid coordinators representing law enforcement and fire services may provide jurisdictional specific direction on resource requesting, including process and technology. The local Disaster Health Volunteer (DHV) Administrator may also be invited to provide an overview of the system including the current policy and procedure for activation.

Section 4: Communications

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<th>Exercise Controller:</th>
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<tr>
<td></td>
<td>In the event of a bomb threat or identification of a suspicious device, communications may be impacted. In some cases, use of two-way devices /radios, cell phones</td>
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</table>
and PDAs may be suspended.

**Questions:**
1. Does your agency/organization have a plan to ensure ongoing communications if current technology is suspended?
2. What are the redundancies for ensuring communications during this event?
3. How will information be shared for utilization in the Joint Information Center (JIC)?

*Consider breaking into discipline specific groups to identify communication issues and identify alternate plans / technologies. Report out solutions and review with all participants to discuss alternatives and feasibility. Engage subject matter experts (EOD, Bomb Squad) to discuss when communications should be suspended.*

### Section 5: Continued Planning

**Exercise Controller:**

Despite today's planning and the progress made, continued threats exist. Intelligence received states that the threat refers to the upcoming holiday season as a prime opportunity to target large gatherings. All participants here today are encouraged to continue their planning efforts in the development of a jurisdiction wide response to a bomb threat, identification of a suspicious device or actual IED event.

Exercise Concludes
V Conclusion and Next Steps

The Exercise Controller and Facilitators should engage participants in reviewing the strengths and gaps identified during the exercise in planning for an IED, focusing on the target capabilities and exercise objectives. The Exercise Evaluation Guides should be used in evaluating participating agencies level of preparedness and planning. When possible, resolution of issues can be facilitated through development of planning partnerships and opportunities identified during the exercise.

Phase IV of the 2010 Statewide Medical and Health Exercise is the functional exercise to be conducted on November 18. Participants should be directed to the exercise web page for exercise materials and updates. [http://www.californiamedicalhealthexercise.com](http://www.californiamedicalhealthexercise.com)

LHDs and Local HPP Entities will follow up with identified participants and disciplines for distribution of exercise materials and identification of level of exercise participation. An on-line survey tool will be used to gather this information; the web address will be listed on the exercise website above.
VI Exercise Evaluation

The 2010 Statewide Medical and Health Functional Exercise follows the principles of exercise design and execution as outlined in HSEEP. As previously discussed, the exercise has been designed based on three Target Capabilities:

- Communications
- Intelligence/Information Sharing and Dissemination
- Medical Surge

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

Using the Exercise Evaluation Guides

The purpose of HSEEP is to provide common exercise policy and program guidance that constitutes a national standard for exercises. EEGs assist in evaluation of the performance of the tasks, activities, and capabilities necessary exercise evaluation, improvement plans, and corrective actions, by providing evaluators with consistent standards and guidelines for observation, data collection, analysis, and report writing.

EEGs 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 stronger and more consistent After-Action Reports and Improvement Plans (AAR/IP). EEGs 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 AAR/IP.

The EEGs included in this guidebook can be customized with jurisdiction-specific tasks and performance measures that may be added to the list of Tasks and Performance Measures to be exercised.

**NOTE: THE EEGs CONTAINED IN THIS GUIDEBOOK ARE TO BE USED FOR BOTH THE TABLETOP AND FUNCTIONAL EXERCISE**

Evaluators should familiarize themselves with the EEG, including the list of activities and tasks. During an exercise, the EEG is intended as a viewing guide, pointing evaluators in the direction of specific actions to assist their evaluation focus and support root-cause analysis and AAR development. While observing, the evaluator will be expected to:

1. **Record the completion of tasks on the EEG**

   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 at what time a task was completed. The checked boxes and timekeeping functions of the EEG 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 EEG 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 EEGs contain an extensive list of activities and tasks designed to help guide evaluators' observations, it is necessary that evaluators also record supplemental notes during exercise play. Notes might include observations on areas of strength and areas needing improvement, 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**

To maximize lessons learned from the experience, the evaluation materials should be used to draft an exercise AAR. Much of the information provided in the EEG Analysis Sheets will directly feed into the AAR.

The following structure is used to complete the Analysis Sheet:

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

- **Capability Summary**: Include a detailed overview of the capability, drawn from the Target Capability List capability description, and a description of how the capability was performed during the exercise.
Activity 1.1: Identify the activity from the EEG that is being observed.

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.

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

Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task.

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 adequately, the root-causes contributing to the shortcoming must be identified.

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.”

1. Complete description of Recommendation #1
2. Complete description of Recommendation #2
3. Complete description of Recommendation #3

The EEGs may be found in Attachment A.
## VII Acronym Glossary

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CDHOM</td>
<td>California Disaster Health Operations Manual; provide guidance to local health departments (LHDs) on responding to disasters that require resources outside the response capability of the Operational Area (OA).</td>
</tr>
<tr>
<td>EEGs</td>
<td>Exercise Evaluation Guides</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>
</tr>
<tr>
<td>EOD</td>
<td>Explosive Ordinance Disposal. Refers to the highly specialized and trained unit within law enforcement responsible for the response to and disposition of explosives; commonly referred to as the Bomb Squad.</td>
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<tr>
<td>EOP</td>
<td>Emergency Operations Plan</td>
</tr>
<tr>
<td>HCC</td>
<td>Hospital Command Center. The site within the hospital or health care facility where overall emergency response and support activities are coordinated.</td>
</tr>
<tr>
<td>HPP</td>
<td>Hospital Preparedness Program</td>
</tr>
<tr>
<td>HSEEP</td>
<td>Homeland Security Exercise and Evaluation Program</td>
</tr>
<tr>
<td>IAP</td>
<td>Incident Action Plan</td>
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<tr>
<td>IED</td>
<td>Improvised Explosive Device. An improvised explosive device (IED) attack is the use of a &quot;homemade&quot; bomb and/or destructive device to destroy, incapacitate, harass, or distract. IEDs are used by criminals, vandals, terrorists, suicide bombers, and insurgents. Because they are improvised, IEDs can come in many forms, ranging from a small pipe bomb to a sophisticated device capable of causing massive damage and loss of life. Examples of IED attacks include: 1994 Oklahoma City Bombing, 2004 Madrid Train Bombing, 2005 London Train Bombings, 1996 Olympic Park Bombing. Source: <a href="http://www.dhs.gov/publications">www.dhs.gov/publications</a></td>
</tr>
</tbody>
</table>
| JIS     | 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.

**LEMSA** Local Emergency Medical Services Agency

**LHD** Local health department

**MHOAC/P** Medical Health Operational Area Coordinator / Program. A functional designation within the Operational Area normally fulfilled by the Local 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.

**NIMS** National Incident Management System

**OA** Operational Area. An intermediate level of the state emergency organization, consisting of a county and all other political subdivisions within the geographical boundaries of the county.

**TJC** The Joint Commission