

[INSERT YEAR]

STATEWIDE MEDICAL AND HEALTH EXERCISE

MASTER SCENARIO EVENTS LIST

[Flood Scenario]

FUNCTIONAL EXERCISE



# PREFACE

The [Insert year] California Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). This Master Scenario Events List (MSEL) was produced with input, advice, and assistance from the SWMHE Planning Team, comprised of representatives from:

* California Ambulatory Surgery Association (CASA)
* California Association of Health Facilities (CAHF)
* California Department of Public Health (CDPH)
* California Emergency Medical Services Authority (EMSA)
* California Hospital Association (CHA)
* California Governor’s Office of Emergency Services (Cal OES)
* California Primary Care Association (CPCA)
* County of Riverside Emergency Management Department
* DaVita Dialysis
* Inland Counties Emergency Management Agency
* Kaiser Permanente
* Los Angeles County Healthcare Agency
* Mariposa County
* Napa County Emergency Medical Services Agency
* Sacramento County Emergency Medical Services Agency
* San Joaquin County Emergency Medical Services Agency
* Sharp HealthCare
* Sutter Medical Center

This MSEL follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). This MSEL is a guidance document that can and should be modified by participating entities with the particulars of their exercise. It is a complementary document to other documents developed for this exercise, including the Exercise Plan. It is tangible evidence of [Jurisdiction/Organization/Facility]’s commitment to ensure public safety through collaborative partnerships that will prepare them to respond to any emergency. This MSEL provides staff with all the necessary injects and scenario updates to lead and conduct a full exercise. **Only controllers and evaluators should view the MSEL.** All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives.

## [CUSTOMIZING THE MSEL]

[This document serves as a template guidance document. This MSEL, and particularly the schedule and inject specifications, should be modified to reflect the unique characteristics of your region and participants. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. These sections contain instructions, examples, or placeholders to facilitate completion of this document. These should be removed or modified as appropriate prior to finalizing this document. Additional detail regarding the SWMHE, to include several other supporting documents, are available for planners at [https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe\_current.aspx](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx" \o "Statewide Medical and Health Exercise Website)].

# ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the *California Statewide Medical and Health Exercise (SWMHE) Program Master Scenario Events List (MSEL).*
2. The information gathered in this MSEL is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from [Jurisdiction/Organization/Facility] is prohibited.
3. For more information about the exercise, please consult the following points of contact (POCs):

**Jurisdictional Exercise Point of Contact:**

Name

Title, Agency

Street Address

City, State, Zip

Email

Telephone

**Exercise Support Team Point of Contact**

Name

Title, Agency

Street Address

City, State, Zip

Email

Telephone



MASTER SCENARIO EVENTS LIST

*[How To Use This Document: The scenario for this exercise is objective-driven; it was developed in order to fully test the suggested exercise objectives and core capabilities. If participating agencies decide to add or subtract from the suggested list of objectives, they are advised to review the scenario to confirm that the new objectives will be fully tested. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. Additional resources are available for planners at* [*https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe\_current.aspx*](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx)*]*

## PRE-INCIDENT INFORMATION

***[One Month Pre Exercise]***

* Your region has had an unusually wet season, with a record amount of rainfall. Extended rainfall has saturated the soil and caused runoff directly into streams and rivers, causing small area floods. Wet weather is expected to continue, and a slow-moving low-pressure storm system continues to produce heavy rainfall. Local street flooding has been continuous throughout the past month.
* The persistent rainfall has caused a **[levee, dam, aqueduct, river, etc.]** in your area to exceed the normal water elevation, and has been compromised. Officials have concerns that a failure could occur during future storms and this could result in a flash-flood scenario.
* Consider information regarding sand bag quantities, use, filling locations, delivery of sand bags, muscle walls, plastic sheeting, etc.

***[One Week Before Exercise]***

* During an intense and sudden rainstorm, flash flooding occurred on a **[Main Local Highway].** Two vehicles were caught in the storm waters. One vehicle, a truck, was pushed off the road and the driver was rescued by local authorities. The other vehicle was pushed off the road and unfortunately was struck with debris and the driver was unable to exit the car and drowned.
* The **[Local Health Department]** and news stations are reminding the public with “Turn Around, Don’t Drown” messages.
* Flooding of a local recreation area has caused the mass relocation of a homeless camp. **[Your jurisdiction]** has had to establish a shelter for this newly displaced population.
* Local media is reporting widely on the storms headed to your area, and there are concerns that there may be additional flooding in the area.
* **[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**

## EXERCISE INFORMATION

**[Week of Exercise]**

* The National Weather Service issues a [**Flood Watch]** for **[Your jurisdiction].** The forecast calls for additional heavy rainfall, perhaps as much as 2-6 inches during the next 72 hours.
* The primary road used to access your facility is flooded and impassable.
* **[Your facility, organization]** has been contacted by the media to discuss the impact the road closure is having on your ability to provide services.

**[Day before Exercise]**

* As the storm continues, the National Weather Service issues a **[Flash Flood Warning]** for **[Your jurisdiction].** It is estimated that flash flooding may occur within 12 hours.
* Areas around the **[Agency, Facility]** are experiencing minor flooding, including the parking lot and garage.
* The **[local authority]** has issued a voluntary evacuation for **[insert County, City, Agency, Facility]** and as a result, **[Your facility, organization]** is beginning to experience staffing problems. Road closures have affected the ability of some staff to report to work. Other staff are asking to return home.
* Many local schools and child care facilities are closing early today. Your **[Agency, Facility]** is experiencing staffing problems.
* Delivery drivers are unable to access your facility and you are not receiving critical shipments. Facilities on generator power may need extra fuel but delivery may not be plausible.
* **[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**

**[Day of Exercise]**

* The **[local authority]** has issued a **[mandatory evacuation]** for **[insert County, City, Agency, Facility]**.
* Floodwaters reach your facility and cause significant damage on the first floor and supply storage areas.
* Large parts of **[insert County, City]** are without power, and some areas are without water.
* In some areas, residents have to be rescued from flooded homes and vehicles.
* Roadways remain flooded and impassable.
* Police officers have established a perimeter around heavily damaged areas, including your organization, and are not allowing anyone to enter for safety reasons.
* **[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**

## ADDITIONAL NOTES

All Controllers and Evaluators are to note actual times and significant events on these MSELs and turn them into [Lead Evaluator] at the conclusion of the exercise.

| INJECT # | Inject Time/ Actual Time | Public Health Preparedness Capability\* | Objective (PH and Hospital Objectives example) | TJC and CMS (health-care entities) | Send From/ Assigned Staff | Send To | Description | Expected Action | Notes/ Observations |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | [0700] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | Player, Controller, Evaluator (C/E) Check In | All participants check in before 0745 briefing. All players receive appropriate materials. |  |
|  | [0745] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | Player Briefing | Players receive exercise and safety briefing. |  |
|  | [0800] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | Start Ex | Exercise participants will initiate play. |  |
|  | [0800-1200] | [N/A] | [N/A] | [N/A] | [Lead Controller] | [All Controllers] | Exercise Control staff will stay at their assigned locations, performing assigned duties throughout the duration of the exercise unless otherwise instructed by the Senior Controller or Exercise Director. | All Exercise Control staff will perform duties at assigned locations to include communicating status of area by radio to the Senior Controller, ensuring all exercise actions run smoothly, handing out information, and communicating with observers. |  |
|  | [0805] | [Emergency Operations Coordination  Health Care and Medical Response and Recovery Coordination] | [PH: 1, 2, 3, 4, 5  Hospital: 1, 2, 5, 7] | [TJC EM.02.02.01 A1. A13, A14  EM.02.02.02 A 3 and A4  EM.03.01.03 A 1. EM.03.01.03 A 7  CMS §482.15 (a) 4  §482.15 (c) 7  §482.15 (d)] | [Simulation Cell Medical and Health Operational Area Coordinator (MHOAC)] | [All participants - Liaison Officer or equivalent] | Your facility is in the affected flood area and you have been notified of infrastructure damage in your community by the local Emergency Medical Services (EMS) Agency or Office of Emergency Services (OES). The Medical Health Operational Area Coordinator (MHOAC) is requesting a report from your facility. | Facility staff notified of possible incident via internal notification system. Emergency Operations Plan and related plans and policies for flood and utility failure have been activated.  Emergency Operations Center (EOC) Command Staff notified that EOC is activated. The Incident Commander assigns ICS roles. |  |
|  | [0815] | [Emergency Operations Coordination] | [PH: 1, 2, 3, 4, 5  Hospital: 1, 2, 5 and 7] |  | [EOC Command Staff] | [EOC Staff] | The [EOC Manager] is asking staff to evaluate the need to make contact with response partners such as the MHOAC. | Notify community partners in accordance with local policies and procedures (e.g., consider other healthcare partners) of the flooding event and activation of the EOC.  Establish communications with MHOAC. |  |
|  | [0830] | [Emergency Operations Coordination] | [Hospital: 3] | [NFPA 99 12.2.3.3 and 99 12.5.3.3.6.1] | [Planning Chief (Or equivalent)] | [Command Staff] | [Incident Commander] and [Planning Chief] hold initial briefing and Planning Meeting, and request components of the Incident Action Plan (IAP). | Incident Commander will complete FEMA 201 Incident Briefing, Planning Chief will complete FEMA 202 Incident Objectives, Each Chief, and Branch activated will complete FEMA 204s Assignment List, Safety Officer will complete FEMA 215A Incident Action Plan Safety Analysis. |  |
|  | [0900] | [Emergency Public Information and Warning] | [PH: 6  Hospital: 4, 5] | [CMS §482.15 (a) 4] | [Simcell as local media] | [All facilities Clinic, Dialysis, Hospital, Long Term Care- PIO/ Administration] | A member of your senior leadership is receiving media requests for an interview. They want to know if the Joint Information Center (JIC) has been activated, if there will be a press conference, and what to tell the press. | If the county JIC has not yet been activated, efforts should be made to coordinate the JIC, and representatives deployed, or a conference call scheduled as soon as possible.   A schedule for a potential press conference should be established.  Prepare a media release to inform the community about the flood impact  Update Internet, Intranet, and social media to disseminate information about facility status and alteration in services.  Monitor media outlets for updates on the incident and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and the Incident Commander.  Develop a message to patients and a message to staff about the situation with the flood. |  |
|  | [0910] | [Health Care and Medical Response and Recovery Coordination] | [PH: 3, 4  Hospital: 4] | [CMS §482.15 (b) 2] | [Simcell as Human Resources] | [All Facilities Incident Commander] | Your [Facilities/Human Resources] staff are reporting that some personnel are missing or not answering their phones. They are worried about being able to staff the next shift adequately. | [Logistics Section Labor Pool] will activate, if applicable, any backup staff notification protocols that may not have been used yet. |  |
|  | [1000] | [Emergency Operations Coordination  Information Sharing] | [PH: 1, 2, 5  Hospital Objectives 5] | [TJC  EM.02.02.01] | [Simcell as CDPH] | [County EOC] | A Situation Report is being requested by the Regional Disaster Medical Health Specialist (RDMHS). | The MHOAC should consolidate and disseminate the information collected from the Operational Area (OA) healthcare coalition partners on the Emergency Operations Manual (EOM) Situation Report. |  |
|  | [1055] | [Emergency Public Information and Warning] | [PH: 5, 6] |  | [EOC Director, or Simcell if not participating] | [EOC PIO] | The [EOC Director] has requested a press release. They request the press release include details, priorities and initiatives for the response. The press conference will be held at 1400 hours this afternoon. | Verify who will speak at the press conference, how long they will be speaking, and whether they will be taking questions from the media.  Develop detailed press briefing that will reduce fears and rumors in the community. |  |
|  | [1105] | [Emergency Operations Coordination  Continuity of Healthcare Service Delivery] | [Hospital: 8] | [CMS §482.15 (a) 3] | [Simcell as executive leadership of a facility] | [Simcell facility Incident Commander.] | Executive leadership of a facility has asked whether or not Continuity of Operations Plans (COOP) or Business Continuity Plan (BCP) have been activated. | Refer to the COOP/BCP to determine if and when activation is needed, and assign staff to begin planning for recovery.  Include recovery plans and forecasts into the Incident Action Plan (IAP). |  |
|  | [1115] |  | [Hospital: 5, 9] | [CMS §482.15 (a) 4, §482.15 (c)  TJC EM.02.02.01., EM.02.02.02 A 3 and 4,  EM.02.02.09 EM.03.01.03 A 7] | [All facilities – Liaison Officer (or equivalent)] | [MHOAC] | Many of our staff for the next shift are having transportation issues reaching the facility due to flooding and road closures. Can you help with these transportation issues? | Develop Resource Request for the MHOAC to coordinate with response partners such as law enforcement and Public Works to address facility transportation issues. |  |
|  | [1125] | [Continuity of Health Care Service Delivery  Health Care and Medical Response and Recovery Coordination] | [PH: 4, 5  Hospital: 4, 11] | [CMS §482.15 (b) 1] | [Facility Management Staff] | [Command Center] | Flood water is coming into the facility. | Implement COOP/BCP Plan. |  |
|  | [1140] | [Health Care and Medical Response and Recovery Coordination] | [PH: 3, 4  Hospital Objective 1, 5] | [CMS  §482.15 (a) 4, §482.15 (b)  §482.15 (c) 3  §482.15 (d)(e)  TJC EM.02.02.01., EM.02.02.02 A 3 and 4, and A 14  EM.02.02.09  EM.03.01.03 A 7] |  | [All Participants] | All participants to report if they are on normal or alternate source/emergency power. Use (insert form of redundant communication system) to report Yes or No. | All participants will utilize redundant communication system to report power status. |  |
|  | [1150] | [Health Care and Medical Response and Recovery Coordination] | [PH: 3, 4  Hospital: 10] |  | [Simcell as staff notification at all participant locations] | [Command Center] | Multiple staff are reporting that their own homes are flooded. | Coordinate with administration and leadership to facilitate access to and promote availability of mental and behavioral health services for community members. |  |
|  | [1200] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | End of Exercise (EndEx) | At the direction of the Exercise Director, all Exercise activities will conclude. |  |
|  | [1200-1230] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | A Hot Wash (short exercise debrief focusing on main strengths and weaknesses within teams or sections) will be conducted for all exercise players. Senior Evaluator shall collect all participant feedback forms. | Controllers will ensure direction is provided. Hot Wash will capture brief, high-level feedback on the exercise and player performance. |  |
|  | [1230-1330] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [Controllers and Evaluators] | C/E Debriefing | A C/E Debrief will be conducted for all exercise Controllers and Evaluators to capture observations and feedback. |  |
|  | [1330] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | Adjourn | Collect all feedback, paperwork, and any equipment that must be returned. Adjourn and thank you. |  |
|  | [After the Exercise] | [N/A] | [N/A] | [N/A] | [Exercise Director] | [All Players] | Schedule an organization-wide/facility-wide player debrief | Conduct a Player Debrief with exercise players in a more formal setting to collect more detailed observations and feedback for the After Action Report. |  |

**\*Public Health Preparedness Capabilities:**

<https://www.cdc.gov/phpr/readiness/capabilities.htm>

**\*\*IAP Form Descriptions:**

Hospital Incident Command System Action Plan Forms:

<http://hicscenter.org/SitePages/HICS%20Forms.aspx>

FEMA Emergency Management Institute Action Plan Forms:

<https://training.fema.gov/icsresource/icsforms.aspx>

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