[INSERT YEAR] STATEWIDE MEDICAL AND HEALTH EXERCISE

# SITUATION MANUAL

# INFECTIOUS DISEASE SCENARIO

# TABLETOP EXERCISEPREFACE



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 Situation Manual (SitMan) was produced with input, advice, and assistance from the SWMHE Planning Workgroup, comprised of representatives from:

* Alpine County
* 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
* Nevada County Public Health
* Orange County Health Care Agency
* Sacramento County Emergency Medical Services Agency
* San Joaquin County Emergency Medical Services Agency
* Sharp HealthCare
* Sutter Medical Center

This SitMan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). This SitMan provides exercise participants with all the necessary tools for their roles in the Tabletop Exercise (TTX). See [Appendix C] for a listing of agency/event acronyms. 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 SITUATION MANUAL]

[Throughout the SitMan, there are opportunities for customization by jurisdiction/organization/facility planners. This document serves as a template guidance document. This SitMan, and particularly the objectives, schedule and selected questions, 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 customization. These should be removed or modified as appropriate prior to finalizing this document. Exercise planners can insert their customized language and then remove the highlight and brackets. After customizing the document, be sure to update the Table of Contents by right clicking on it and selecting “update field”.]

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# EXERCISE OVERVIEW

|  |  |
| --- | --- |
| **Exercise Name** | [Insert Year] California Statewide Medical and Health Exercise (SWMHE) – Tabletop Exercise (TTX) |
| **Exercise Date** | [Insert Jurisdiction/Organization/Facility’s Exercise Date] |
| **Scope** | This is a TTX planned for [Jurisdiction/Organization/Facility] to take place at [insert exercise date and time] at [insert exercise location]. The [Insert year] SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. This year’s exercise is a multiphase program culminating with the Functional Exercise (FE) on [insert date of play]. |
| **Mission Area(s)** | [Insert mission area(s)] |
| **Capabilities** | [Based on the capabilities selected for your exercise, whether you are using Public Health Emergency Preparedness (PHEP), Health Care Preparedness and Response Capabilities[[2]](#footnote-3), or National Core Capabilities (or a combination), please list them here. These should be selected based on your objectives and requirements for the exercise.]   * [Public Health, Healthcare, and Emergency Medical Services (Core)] * [Operational Communications (Core)] * [Planning (Core)] * [Public Information and Warning (Core)] * [Mass Care Services (Core)] * [Foundation for Health Care and Medical Readiness (Health Care Preparedness and Response Capabilities)] * [Health Care and Medical Response Coordination (Health Care Preparedness and Response Capabilities)] * [Information Sharing (PHEP)] * [Emergency Public Information and Warning (PHEP)] * [Community Recovery (PHEP)] |
| **Objectives** | [For sample objectives, please refer to the Objectives template documents for Ambulance, Behavioral Health, Community Clinics, Coroner/Medical Examiner, Emergency Medical Services (EMS) Agencies, Fire, Hospitals, Law Enforcement, Long Term Care Facilities, Offices of Emergency Management, and Public Health.]   * [insert the objectives selected by the Jurisdiction/Organization/Facility] |
| **Threat or Hazard** | [Insert threat or hazard] |
| **Scenario** | [Insert scenario] |
| **Sponsor** | The [Insert year] SWMHE is sponsored by the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) in collaboration with response partners representing local health departments, public safety and healthcare facilities across California. |
| **Participating Organizations** | [Insert participating organizations here and in the appendices] |

# GENERAL INFORMATION

## EXERCISE OBJECTIVES AND CAPABILITIES

The exercise objectives in Table 1 describe expected outcomes for the Tabletop Exercise (TTX). The objectives are linked to [Public Health Emergency Program (PHEP) / Health Care Preparedness and Response / National Core] capabilities, which are elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided and selected by the Exercise Planning Team.

**[Please insert the objectives that are most relevant and applicable to your agency/organization in Table 1. According to Federal Emergency Management Agency’s (FEMA) Emergency Management Institute and general Homeland Security Exercise and Evaluation Program (HSEEP) guidelines, ten or fewer objectives are recommended for an exercise.[[3]](#footnote-4)]**

The objectives listed below are those tailored for this exercise. A set of example objectives tailored for different participating agencies and organizations (Ambulance, Behavioral Health, Community Clinics, Coroner/Medical Examiner, Emergency Medical Services [EMS] Agencies, Fire, Hospitals, Law Enforcement, Long Term Care Facilities, Offices of Emergency Management, and Public Health) is available at <http://www.californiamedicalhealthexercise.com>.

**Table 1. Exercise Objectives and Associated Capabilities**

| Exercise Objective | Capability |
| --- | --- |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |
| [Insert Jurisdiction/Organization/Facility’s selected objectives] | [Insert Jurisdiction/Organization/Facility’s selected capabilities] |

## PARTICIPANT ROLES & RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants, and their respective roles and responsibilities, are as follows:

* **Players.** Players are personnel who have an active role in discussing their regular roles and responsibilities during the exercise. Players discuss actions in response to the simulated emergency.
* **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
* **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts during the exercise.
* **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.
* **Controllers.** Controllers may be used in a Tabletop Exercise (TTX) to plan and manage exercise play, set up and operate the site of the discussion, and possibly take the roles of individuals and agencies not participating in the TTX. Controllers direct the pace of exercise play, issue exercise materials to players as required, monitor the exercise timeline, and may prompt or initiate certain player discussions, potentially as described in the Master Scenario Events List (MSEL)[[4]](#footnote-5) in order to ensure exercise continuity.

## EXERCISE STRUCTURE

[The exercise follows the more common approach of discussion-based exercise design by dividing the participants into discipline-specific groups. Question sets have been developed with this structure in mind and are categorized by discipline. Exercise facilitators and planners are expected to carefully review the questions and tailor them to the experience and requirements of their exercise participants.]

The exercise has [insert number of modules] modules. Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions of issues. After group discussions, participants may engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group’s actions, based on the scenario presented.

[Exercise facilitators and planners are encouraged to utilize the Tabletop Exercise (TTX) as an opportunity to identify objectives to test during the Functional Exercise. As such, there is a section titled “Planning for the Functional Exercise” within this document.]

## EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions and/or artificialities apply to the exercise:

* [The exercise is conducted in a no fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.]
* [The exercise scenario is plausible, and events occur as they are presented.]
* [Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.]
* [Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.]
* [Decisions are not precedent setting and may not reflect your organization’s final position.]
* [Some time lapses may be artificially used to achieve the exercise objectives.]
* [Impacts are seen across the spectrum of the response community.]
* [Participants should use existing plans, policies, and procedures. If during the course of the Tabletop Exercise (TTX) there is a disagreement with existing plans, policies, and procedures, this should be noted, and relevant stakeholders should assess the need to change documents after the TTX.]
* [There are no “hidden agendas” or trick questions.]
* [All players receive information at the same time.]
* [Players do not need to call someone outside of the room during the exercise. If a player would normally contact an individual or department that is not represented at the TTX, they should tell the group what information they need, and who they would contact. This action should be noted.]
* [Include any additional assumptions/artificialities to be used in the exercise.]

## 

## EXERCISE RULES

This is intended to be a safe, open environment. The problems and challenges are real and there is no “textbook” solution. The following exercise ground rules have been developed to ensure that the goals and objectives are met in a reasonable amount of time and the Tabletop Exercise (TTX) runs smoothly:

* [This exercise will be held in an open, low stress, no fault environment. Varying viewpoints, even disagreements, are expected.]
* [Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.]
* [Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.]
* [Issue identification is not as valuable as suggestions and recommended actions that could improve mission area efforts. Problem solving efforts should be the focus.]
* [Keep the exercise’s objectives in mind throughout the exercise.]
* [Treat the scenario incidents as real events and play your appropriate role.]
* [Participate openly and focus discussions on appropriate topics – asking questions, sharing thoughts, and offering forward looking, problem solving suggestions are strongly encouraged, as these will enhance the exercise experience.]
* [Keep your comments focused and consider time constraints].
* [Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources.]
* [Participate in discussions on the issues and procedures flowing from each move presented.]
* [Include any additional rules to be used in the exercise.]

## TABLETOP EXERCISE TOOLS

[In addition to this document, several tools have been developed by the California Department of Public Health (CDPH) to aid healthcare entities and their partners in the development of their exercise. Other tools available on <http://www.californiamedicalhealthexercise.com> include:]

* [Save the Date Invitation Template]
* [Scenario Summary]
* [Exercise Evaluation Guide (EEG) Template]
* [After Action Report (AAR) Template]
* [Feedback Forms]
* [Waiver Forms (e.g., photography)]
* [Assessments]
* [Tabletop Exercise (TTX) Slide Deck Template]
* [Facilitator Guide]
* [Incident Planning Guide]
* [Objectives]
* [Certificate of Participation Template]
* [Player Handout]
* [Additional Resources]

## [SCENARIO INSTRUCTIONS]

[The scenario modules presented on the following pages are intended as a “95% solution”, with local planners customizing the scenario modules to their objectives and the unique hazards of their environment. Local exercise planners are not required to use the scenario suggested here. If using these scenario modules, exercise planners should use the customizable features of the scenario to indicate the facilities affected and the number of fatalities and injuries. Optional components are included in Appendix D, such as the addition of a hazardous chemical component and an interruption in software systems. Each jurisdiction/agency/organization is encouraged to examine likely threats and hazards in their area and adjust the numbers, locations, and details accordingly.]

**[Customizing the Scenario: Determine the locations and scale of each incident by filling in the following:]**

| [Instructions] | [Fill In] |
| --- | --- |
| 1. [Your city and/or jurisdiction] |  |
| 1. [The location of the first incident   (Recommendation: a public venue or space where a crowd may gather, e.g. farmers market, public square, religious gathering place)] |  |
| 1. [The location of the second incident   (Recommendation: a local K – 12 school)] |  |
| 1. [The location of the third incident   (Recommendation: a local healthcare facility, e.g., a hospital or clinic)] |  |
| 1. [A public health or healthcare facility   (Recommendation: a local long term care or assisted living facility, ideally near the location selected for (C) above)] |  |
| 1. [A local hospital (not used previously) that would potentially receive patients from earlier incidents] |  |

***[\*Note*** *– you may use your own facility as the location of one of the incidents. This determination should be based on the objectives chosen for your exercise (for example, lockdown and/or patient evacuation versus patient movement/receipt, medical surge, etc.)*

*\_\_\_\_\_\_X\_\_\_\_\_\_\_\_ indicates an area for exercise planners to insert a name, number, or supporting detail that would further customize the narrative for your local jurisdiction.]*

# SCENARIO INFORMATION

## SCENARIO PART I

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

* Several reports surface detailing a large number of cases of an influenza-like illness (ILI) in South America. The first reports come from Guyana, and within a week there are reports from Suriname and Brazil. It is unclear, at this time, whether the symptoms are indicative of a novel influenza strain, part of a particularly bad flu season, or something else.
* A 29-year-old female and her 33-year-old boyfriend present to **[a local walk-in clinic]** in **[your jurisdiction]**. Both patients report flu-like symptoms, including headaches, body aches, and fevers of over 101°F persisting for three days. The male reports a mild dry cough and shortness of breath. The couple is discharged the same day.
* In Brazil, the first fatality is reported of a 47-year old female who was admitted to the hospital with the symptoms, including high fever, headache, and pneumonia.
* The 33-year old male presents to **[a local emergency department (ED)]** two days after his visit to the walk-in clinic, reporting a worsening of symptoms, particularly his cough and shortness of breath. An x-ray is done revealing pneumonia. He is hospitalized overnight.

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

* More cases of the ILI are reported across South and Central America. Health officials have ruled out influenza and are beginning to test specimens for a variety of illnesses, including the SARS-associated coronavirus (SARS), and the Middle East Respiratory Syndrome coronavirus (MERS-CoV). However, the specimens are instead identified as a novel virus.
* Brazilian health officials release a statement warning the public about the illness and reminding them to wash their hands frequently and cover their mouth and nose when they sneeze or cough.
* Multiple fatalities are reported across Brazil, Guyana, and Suriname.
* The local U.S. media are reporting widely on the “pandemic” sweeping South America, and there are concerns that the public in **[your jurisdiction]** may have concerns. **[Local Health Department]** begins crafting public messaging.
* The U.S. Department of State releases travel alerts for those traveling to and from Brazil, Guyana, and Suriname.
* In **[your jurisdiction],** hospitals and health clinics are reporting an uptick in the number of patients presenting with influenza-like illness (ILI). Long Term Care Facilities also are experience an increase in residents with ILI.
* **[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**

**Key Issues**

1. An increasing number of cases of a potentially novel influenza-like illness.
2. Internal and external communication between key response partners.

## SCENARIO CONTINUED

**[Week of Exercise]**

* A 41-year old man presents to **[local ED]** with a fever of 104°F, headache, and body aches. Considering the reports from South and Central America, the physician conducts an extensive travel history review with the patient. It is revealed that the patient just returned from a business trip to Brazil five days earlier. The man also reports that he volunteered at his child’s elementary school one day earlier, where he served a pancake breakfast to third-graders at the local school. He also recently visited his elderly mother at a nursing home.
* Later that day, an 8-year old girl is brought to **[a local hospital]** with a fever of 101°F and a mild cough. It is confirmed that the child is a student who was present at the pancake breakfast the male patient attended the day before.

**[Week of Exercise]**

* Four additional third graders are brought to **[local clinic, urgent care, or hospital]** reporting similar symptoms. One third grader, a 7-year old boy, was hospitalized at the ED with pneumonia. He is placed in a bed next to an 82-year old man with a hip replacement, from a local skilled nursing facility.
* The 41-year old man’s elderly mother along with two others from her nursing home (one, a dialysis patient) are now being treated at **[insert a local hospital]** for similar symptoms.
* Multiple staff members are reporting in sick at local clinics, hospitals, long term care, health departments, and other agencies across **[local jurisdiction]**.

**[Day before Exercise]**

* The 8-year old girl that presented at **[a local hospital]** on November 13 died. The media report on the fatality. Worried parents of other students at the elementary school where the pancake breakfast occurred are calling in to the local health department, and some are bringing their children to local healthcare facilities, even if they are not showing symptoms.
* The 41-year old man’s elderly mother also died, and the other two patients from her nursing home are in critical condition.
* In addition, there are multiple **[insert County, City, Agency, Facility]** employees reporting similar symptoms, and one employee died from illness. Multiple staff members are impacted.
* **[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**

**[Day of Exercise]**

* The County has established a health screening station at the elementary school to assist in evaluating students, faculty, or family members who may have contracted the illness. Behavioral health staff were asked to be present at the screening station to provide mental and emotional support to impacted individuals.
* A joint press conference is held at the elementary school’s health screening station to update the public and media on recent developments related to spread of the ILI, such as reported fatalities and guidance for staying healthy. Representatives from multiple agencies, including public health, mental health, and the healthcare sector, are participating in the press conference.

**Key Issues**

The issues below are suggested examples. Insert key issues here that relate to your local exercise.

1. Diminished ability to staff your organization due to illness.
2. Messaging at a Press Conference.

**Instructions**

1. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
2. Elect a spokesperson for your group to discuss the group’s findings after each module.
3. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
4. Make decisions using the information provided and your best judgment of how to proceed.

## SCENARIO QUESTIONS

Based on the information provided, exercise partners are directed to participate in a discussion concerning the key issues raised above. Identify any additional requirements, critical issues, decisions, key participants or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that exercise partners may wish to address as the discussion progresses. **These questions are not a definitive list of concerns to be addressed, nor is there a requirement to address every question**. Questions aimed at a variety of organizations and facilities are included below. **[Exercise planners are responsible for selecting, deleting, or adding the questions that are most relevant for their jurisdiction/organization/facility.]**

1. Does your organization have an emergency preparedness plan to address incidents like this?
2. If so, does that plan address potential staff and supply shortages, including appropriate Personal Protective Equipment (PPE)?
3. What resources such as action planning procedures and forms are used to document and guide the response and recovery process?
4. What is your process for receiving and disseminating critical information (Situational Reports) internally and externally with government and non-government partners?
5. What is the process and format for submitting situation reports from the field or local level to the Medical and Health Operational Area Coordinator (MHOAC) Program?
6. How do you, at the field or local level, receive situation updates and other information from the Medical and Health Operational Area Coordinator (MHOAC)?
7. What redundant communication systems are in place for use in incidents like this? (e.g. CAHAN, ReddiNet, Web EOC, etc.) If these systems exist, how are they tested?
8. What information should be released to the public? How will that information be released? How will you communicate with and address the requirements of persons with disabilities and other access and functional needs (i.e. non-english speaking, seniors, homeless, and homebound)? How do you utilize local media, social media and other resources?
9. How are you utilizing local emergency medical services, ambulance providers, law enforcement and other emergency management resources to aid your efforts?
10. How do you plan for, and respond to, an influx of patients and worried well during a medical surge?
11. How do you plan for, respond to, an influx of deceased at your facility? Do you have a mass fatality plan that addresses this surge?

## CONCLUSION OF DISCUSSION-BASED TABLETOP EXERCISE

[There is a Participant Feedback Form available at <http://www.californiamedicalhealthexercise.com>, which the exercise facilitator may use to gather and record comments on the exercise and issues presented.]

# 

# PLANNING FOR THE FUNCTIONAL EXERCISE

Exercise facilitators and planners may use the following to launch or continue planning for [insert date of play] Functional Exercise (FE) objectives and activities.

[There are a series of webinars on the Statewide Medical and Health Exercise (SWMHE) website, <http://www.californiamedicalhealthexericse.com>, with helpful tools and tips for customizing your functional exercise, from objectives to scenarios to injects. Exercise planners may wish to use these webinars as a starting point to determine the types of questions to ask Tabletop Exercise participants in regards to the FE.]

Issues for discussion may include:

## EXERCISE LEVELS

* What level of exercise play do the organizations/agencies represented today anticipate for the [insert date of play] exercise? Examples include communications drills, functional and full scale exercises[[5]](#footnote-6); level of play may include use of simulated patients, movement of patients to healthcare facilities, perimeter lockdown, activation of the Joint Information Center, provision of mutual aid to affected areas, etc.
* Will your organization/agency activate its Command Center or Emergency Operation Center (EOC)?

## EXERCISE TIMES/DURATION

* Exercise play is being developed to include a message to begin the exercise. Participants may begin exercise play at their discretion, but are strongly encouraged to collaborate with local or Operational Area (OA) partners and exercise planners.
* Participants may estimate their hours of exercise play at this time.
* Exercise planners should lead a discussion on exercise start and end times.

## SCENARIO DEVELOPMENT

Exercise planners should work with participants, especially healthcare groups and public health authorities to customize the scenario for their organizations and agencies’ roles. The issues below may be used in support of the local scenario or, may be used in the development of a scenario customized for the organization/jurisdiction. Within your OA, individual participants should determine the level of medical surge that will be simulated during the exercise.

## PARTICIPATION

Review the various organizations/agencies in attendance today. In the event of the scenario chosen, are there additional organizations that will be impacted which are not in attendance today? Are there additional organizations/agencies or departments that will be impacted at your facility?

## TESTING OF PLANS & PROCEDURES

Are there any plans, policies or procedures, which individual departments or agencies would like to test? Examples include: intelligence credibility, medical surge, evacuation/shelter in place protocols, etc.

## ROLE OF STATE AGENCIES

* On [insert date of play] , California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) will activate their EOC. The California Governor’s Office of Emergency Services (Cal OES) is anticipated to participate by opening the State Operations Center (SOC) and Regional Emergency Operations Center (REOC) in support of local and regional exercise play. This will provide the opportunity for local participants to request additional resources, submit and receive situation status reports, respond to California Health Alert Network (CAHAN) (or other notification systems) messages and receive further direction.
* The exercise planner is encouraged to invite discussion on local and OA resource requesting and the projected level of requesting for [insert date of play].

# APPENDIX A: EXERCISE SCHEDULE

**[Note:** Jurisdictions/Organizations/Facilities should fill in and adjust the following timeline, breaks, etc.]

| **TIME** | **ACTIVITY** |
| --- | --- |
| **[Month Day, Year]** | |
| [0000] | Registration |
| [0000] | Welcome and Opening Remarks |
| [0000] | [Module 1: Pre-Incident Information – 30 Minutes]  [Briefing, Plenary Discussion, and Report Out] |
| [0000] | [Break] |
| [0000] | [Module 2: Day of the Incident - 30 Minutes]  [Briefing, Plenary Discussion, and Report Out] |
| [0000] | [Lunch] |
| [0000] | [Module 3: Incident Update & Recovery - 30 Minutes]  [Briefing, Plenary Discussion, and Report Out] |
| [0000] | [Break] |
| [0000] | [Hot Wash] |
| [0000] | [Closing Comments] |

# APPENDIX B: ACRONYMS

|  |  |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AFN | Access and Functional Needs |
| C/E | Controller/Evaluator |
| CAHAN | California Health Alert Network |
| CAHF | California Association of Health Facilities |
| Cal OES | California Governor's Office of Emergency Services |
| Cal OSHA | California Division of Occupational Safety and Health |
| CBO | Community Based Organizations |
| CCLHO | California Conference of Local Health Officers |
| CDPH | California Department of Public Health |
| CERT | Community Emergency Response Team |
| CHA | California Hospital Association |
| C/ME | Coroner/Medical Examiner |
| CPCA | California Primary Care Association |
| CHHS | California Health and Human Services Agency |
| DHS | Department of Homeland Security |
| DOC | Department Operations Center |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guides |
| EHD | Environmental Health Department |
| EMS | Emergency Medical Services |
| EMSA | Emergency Medical Services Authority |
| EMSAAC | Emergency Medical Services Administrators Association of California |
| EOC | Emergency Operation Center |
| EOM | California Public Health and Medical Emergency Operations Manual |
| EOP | Emergency Operations Plan |
| EPO | California Department of Public Health Emergency Preparedness Office |
| ETA | Estimated Time of Arrival |
| ExPlan | Exercise Plan |
| FAC/FIC | Family Assistance Center / Family Information Center |
| FBI | Federal Bureau of Investigation |
| FE | Functional Exercise |
| FEMA | Federal Emergency Management Agency |
| FOUO | For Official Use Only |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| IP | Improvement Plan |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| JRIC | Joint Regional Intelligence Center |
| JTTF | Joint Terrorism Task Force |
| LEMSA | Local Emergency Medical Services Authority |
| LHD | Local Health Department |
| MCI | Mass Casualty Incident |
| MHCC | Medical and Health Coordination Center |
| MHOAC | Medical/Health Operational Area Coordinator Program |
| MOU | Memorandum of Understanding |
| MRC | Medical Reserve Corps |
| MSEL | Master Scenario Events List |
| NGO | Non-governmental organization |
| NHICS | Nursing Home Incident Command System |
| NIMS | National Incident Management System |
| OA | Operational Area |
| OEM | Office of Emergency Management |
| OES | California Governor’s Office of Emergency Services |
| PHEP | Public Health Emergency Preparedness |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RDMHS | Regional Disaster Medical Health Specialist |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SimCell | Simulation Cell |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| SOC | State Operations Center |
| SWAT | Special Weapons and Tactics Team |
| SWMHE | Statewide Medical and Health Exercise |
| TLO | Terrorism Liaison Officer |
| TTX | Tabletop Exercise |
| UC | Unified Command |
| VIP | Very Important Person |

1. . After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on it and selecting “update field.” [↑](#footnote-ref-2)
2. . The Health Care Preparedness and Response Capabilities were released by the Assistant Secretary for Preparedness and Response (ASPR) in December of 2016. They replace the 2011 – 2016 Hospital Preparedness Program (HPP) capabilities. [↑](#footnote-ref-3)
3. . From FEMA’s Emergency Management Institute Exercise Design Guidelines, in “Unit 4: Exercise Design Steps.” [↑](#footnote-ref-4)
4. . MSELs are not typically used in TTXs, however they can be used for complex TTXs. MSELs are usually supported by a simulation cell. [↑](#footnote-ref-5)
5. . Homeland Security Exercise and Evaluation Program (HSEEP): hseep.preptoolkit.org [↑](#footnote-ref-6)