

2023 Statewide Medical and Health Exercise

Situation Manual

Chemical Fire with Burn and Pediatric Surge Scenario

Tabletop Exercise



# Preface

The 2023 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:

* Association of Bay Area Health Officials (ABAHO)
* California Ambulatory Surgery Association (CASA)
* California Association of Health Facilities (CAHF)
* California Conference of Local Health Officers (CCLHO)
* 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
* End Stage Renal Disease (ESRD) Network 17
* Inland Counties Emergency Management Agency
* Kaiser Permanente
* Los Angeles County Emergency Medical Services Agency
* Mariposa County Health and Human Services Agency
* Mendocino County Public Health Emergency Preparedness
* Napa County Emergency Medical Services Agency
* Regional Disaster Medical Health Coordinator Program
* Sacramento County Emergency Medical Services Agency
* San Diego County Public Health Preparedness Response
* San Joaquin County Emergency Medical Services Agency
* Satellite Healthcare Dialysis
* Sharp HealthCare

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”.]

# Table of Contents[[1]](#footnote-2)

[Preface 2](#_Toc121927252)

[[Customizing the Situation Manual] 3](#_Toc121927253)

[Table of Contents 4](#_Toc121927254)

[Exercise Overview 5](#_Toc121927255)

[General Information 9](#_Toc121927256)

[Exercise Objectives and Capabilities 9](#_Toc121927257)

[Participant Roles and Responsibilities 10](#_Toc121927258)

[Exercise Structure 11](#_Toc121927259)

[Exercise Assumptions and Artificialities 11](#_Toc121927260)

[Exercise Rules 12](#_Toc121927261)

[Tabletop Exercise Tools 13](#_Toc121927262)

[[Scenario Instructions] 13](#_Toc121927263)

[Scenario Information 14](#_Toc121927264)

[Pre-Incident Information 14](#_Toc121927265)

[Exercise Information 15](#_Toc121927266)

[**[Add any additional details relevant to your jurisdiction/agency/facility’s exercise] Key Issues** 15](#_Toc121927267)

[Discussion Questions 16](#_Toc121927268)

[Conclusion of Discussion-Based Tabletop Exercise 18](#_Toc121927269)

[Planning for the Functional Exercise 19](#_Toc121927270)

[Exercise Levels 19](#_Toc121927271)

[Exercise Times/Duration 19](#_Toc121927272)

[Scenario Development 19](#_Toc121927273)

[Participation 20](#_Toc121927274)

[Testing of Plans & Procedures 20](#_Toc121927275)

[Role of State Agencies 20](#_Toc121927276)

[Appendix A: Exercise Schedule 21](#_Toc121927277)

[Appendix B: Acronyms 22](#_Toc121927278)

# Exercise Overview

| **Exercise Name** | 2023 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. |
| **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)] * [Situational Assessment (Core)] * [Operational Coordination (Core)] * [Public Information and Warning (Core)] * [Mass Care Services (Core)] * [Health Care and Medical Response Coordination (Health Care Preparedness and Response Capabilities)] * [Continuity of Health Care Service Delivery (Health Care Preparedness and Response Capabilities)] * [Information Sharing (PHEP)] * [Emergency Operations Coordination (PHEP)] * [Emergency Public Information and Warning (PHEP)] * [Responder Safety and Health (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.] |
| **Scenario** | It is a light spring day, with light winds blowing northwest to southeast. People are out and about in 74-degree weather. In the middle of town is a transportation depot with both bus and railroad access. There are multiple activities occurring in the downtown area.  At 9:18 am, a collision occurs between a truck and [another vehicle (choose vehicle type)]. The truck is carrying multiple chemical containers without hazard labels. There are approximately [XX] people on the [another vehicle]. The chemical container has caught fire; low hanging plumes of smoke are visible. An unknown white powder can be seen spilling from one of the containers and out of one side of the truck. Law Enforcement, Emergency Medical Services, and Fire resources are dispatched to the scene. The Emergency Departments in the area receive limited information during the first notification.  When first responders arrive, they observe a secondary collision at the incident scene. A commercial bus has been pushed into a school bus by the force of the chemical truck collision. There are [XX] individuals on the commercial bus and another [XX] on the school bus.  These two collisions have left multiple casualties and likely some fatalities. There are adult and pediatric casualties with burn and/or traumatic injuries. Some individuals are walking around and have started to complain about [Insert Symptoms]. The [medical examiner and/or coroner] is also summoned to the scene.  The Fire Department and Hazard Materials Teams have begun hazard categorization and identification. There remains a fire burning near where the vehicles collided. All passengers have been removed to a safe zone and gross decontamination has been set up.  As the scene is stabilized, initial casualty counts are established. There are [XX] casualties including fatalities from the vehicles. The secondary bus collision includes [XX] patients (adult and pediatric), there are critical to walking wounded awaiting treatment, and transportation. Initial counts includes [XX] immediate, [XX] delayed, and [xx] minor. The initial fatality count is [XX]. This includes approximately [XX] burn patients. Additionally, there are walking wounded and smoke inhalation patients that self-transport to nearby Emergency Departments and need decontamination as it is still an unknown exposure at this early stage.  \*\*\*The chemical in the container is identified as acetone and the white powder is paint hardener/solidifier (Sodium Polyacrylate/Sodium Potassium Alumina Silicate) [customize chemicals per jurisdiction].  **Note: Depending on the chemical will justify concluding or continuing decontamination efforts at local facilities.** |
| **Sponsor** | The 2023 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 on the [Statewide Medical and Health Exercise website](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx).

**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 and 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 (simulation cell). 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

[Exercise facilitators and planners are expected to carefully review the draft discussion questions in this document and tailor them to the experience and requirements of their exercise participants.]

The TTX contains scenario information and a list of discussion questions. After the scenario updates are presented, 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 also 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.]
* [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 the [Statewide Medical and Health Exercise website.](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_exercises_home.aspx) 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 presented on the following pages is intended as a “95% solution”, with local planners customizing the scenario 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 size of the emergency. Each jurisdiction/agency/organization is encouraged to examine likely threats and hazards in their area and adjust the numbers, locations, and details accordingly.]

# Scenario Information

## Pre-Incident Information

***[Day of Incident]***

* [Insert weather for the scenario]
* [Available resources for the exercise]
* [Other notional information for the exercise]

Key IssuesThe issues below are suggested examples. [Insert key issues here that relate to your local exercise.]

1. Personnel and scene safety (hazardous materials, appropriate PPE, location of responding resources and ICP, routing and staging of EMS)
2. Ability to evaluate the medical system capacity, including for pediatric and burn, and distribute patients accordingly
3. Internal and external communication between key response partners

## Exercise Information

### [Week of Exercise]

[Insert any conditions that would allow evaluation of specific elements of the response plan, such as resource constraints, road conditions, etc.]

### [Day before Exercise]

* **[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**

### [Day of Exercise]

* [weather conditions]
* [available resources]
* [Add any additional details relevant to your jurisdiction/agency/facility’s exercise]

**[Add any additional details relevant to your jurisdiction/agency/facility’s exercise]**Key Issues

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

1. Personnel and scene safety
2. Available resources for surge of both burn and pediatric patients
3. Available resources to facilitate transfer of patients from both the scene and receiving facilities near the incident scene
4. Ability to establish shared situational awareness and a common operating picture

# Discussion Questions

Instructions

**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.

1. Elect a spokesperson for your group to discuss the group’s findings after each module.
2. 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.**
3. Make decisions using the information provided and your best judgment of how to proceed. End Instructions.

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**. **[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 potential chemical burn and pediatric surge issues?
2. If so, does that plan address appropriate training and equipment, referral and transfer to tertiary centers, and ability to hold and stabilize patients when necessary?
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, WebEOC, etc.)? If these systems exist, how are they tested?
8. How will you communicate your situation status to your staff and with external agencies?
9. 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 others with access and functional needs (e.g., non-English speaking, seniors, homeless, and homebound)? How do you utilize local media, social media and other resources?
10. How are you utilizing local emergency medical services, ambulance providers, law enforcement and other emergency management resources to aid your efforts?
11. How do you plan for, and respond to, possible chemical contamination in your facility?
12. How do you plan for and respond to staffing needs when staff are unable to access your facility?
13. Do you have MOU’s or other agreements with other agencies to share resources in a disaster?

[Additional Discussion Questions to Consider]

1. How do you track your staff who may be evacuated from their homes or sheltering-in-place?
2. How do you notify the family of patients your facility is evacuating or sheltering in place?
3. Do healthcare providers have a policy or plan for requesting an 1135 waiver?
4. How does your facility shelter in place for a hazardous materials incident?
5. Do you have continuity plans in place with key vendors to provide services/deliveries when access to the facility is limited?

## Conclusion of Discussion-Based Tabletop Exercise

[There is a Participant Feedback Form available on the [SWMHE Post Exercise Templates webpage](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_post-exercise_templates.aspx), which the exercise facilitator may use to gather and record comments on the exercise and issues presented.

# Planning for the Function 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](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_exercises_home.aspx), 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

* As part of the SWMHE, the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) plan to activate their EOC in support of local jurisdictions in their iterations of the SWMHE. For additional information, please contact the SWMHE unit at [CAstatewideexercise@cdph.ca.gov](mailto:CAstatewideexercise@cdph.ca.gov). 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.]

### Table 1: Exercise Schedule

[Month, Day, Year]

| **Time** | **Activity** |
| --- | --- |
| [0000] | Registration |
| [0000] | Welcome and Opening Remarks |
| [0000] | [Module 1: Pre-Incident Information – 20 Minutes]  [Briefing, Plenary Discussion, and Report Out] |
| [0000] | [Break] |
| [0000] | [Module 2: Day of the Incident - 60 Minutes]  [Briefing, Plenary Discussion, and Report Out] |
| [0000] | [Lunch] |
| [0000] | [Module 3: Incident Update & Recovery - 20 Minutes]  [Briefing, Plenary Discussion, and Report Out] |
| [0000] | [Break] |
| [0000] | [Hot Wash] |
| [0000] | [Closing Comments] |

# Appendix B: Acronyms

| **Acronym** | **Meaning** |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AFN | Access and Functional Needs |
| ASPR | Administration for Strategic Preparedness and Response |
| 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 Administration for Strategic 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 and coordinated through the exercise director. [↑](#footnote-ref-5)
5. . Homeland Security Exercise and Evaluation Program (HSEEP): hseep.preptoolkit.org [↑](#footnote-ref-6)