[INSERT YEAR]

STATEWIDE MEDICAL AND HEALTH EXERCISE

SITUATION MANUAL

[Active Shooter/Terrorist Scenario]



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

* California Association of Health Facilities (CAHF)
* California Department of Public Health (CDPH)
* California Emergency Medical Services Authority (EMSA)
* California Governor’s Office of Emergency Services (Cal OES)
* California Hospital Association (CHA)
* California Primary Care Association (CPCA)
* El Dorado County Health & Human Services Agency
* Kaiser Permanente
* Los Angeles County Department of Public Health
* Nevada County Public Health Department
* Orange County Health Care Agency
* Providence Health & Services
* Regional Disaster Medical Health Coordinator/Specialist Program
* Riverside County Emergency Management Department
* San Joaquin County Emergency Medical Services (EMS) Agency
* San Mateo County EMS Agency
* Sharp HealthCare
* Sutter Medical Center Sacramento

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.]*

# MODULE 1: PRE-INCIDENT INFORMATION

## SCENARIO PART I

*[September]*

* There were a series of Twitter posts referencing the “coming judgment upon the American people in **(A).”**
* All were posted between [September 22] and [September 23], and were quickly deleted.
* The Joint Terrorism Task Force associated with the Federal Bureau of Investigation (FBI) Field Office near **(A)** received some intelligence near the end of [September] suggesting that there are preparations to conduct a Paris-style attack in early [October] somewhere near **(A).**
* This intelligence led to the arrest of a 23-year-old male suspect, who was found with both ammunitions and explosives in his apartment, as well as a police scanner app on his phone.

*[October]*

* On [October 17], a 24-year-old male opens fire at a local community clinic. The shooter has a semi-automatic rifle and manages to mortally wound two people and critically injure five others before law enforcement appears on-scene. The shooter commits suicide before being apprehended. The victims are taken to **(D).** It is later determined by the FBI that this may have been an intelligence-gathering mission, meant to determine the response times and protocols for a potential future attack.
* On [October 28], a homeless man informs law enforcement that he saw a group of people in white vans meeting under a freeway overpass for the past few nights.

*[November]*

* [Optional pre-incident EOC/DOC activation:] In the investigations made by the FBI and law enforcement, there was some indication of a potential attack or incident occurring on [insert date of exercise]. Law enforcement has coordinated with local emergency management and county agencies to activate Emergency Operations Centers / Department Operations Centers and place first responders on high alert.
* [Add any additional details relevant to your jurisdiction/agency/facility’s exercise]

**Instructions**

1. You have **20-30 minutes** to consider the questions in this module.
2. **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.
3. Elect a spokesperson for your group to discuss the group’s findings after each module.
4. 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.**
5. Make decisions using the information provided and your best judgment of how to proceed.

## SCENARIO PART I 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.]**

**Public Health Questions:**

1. After reviewing the pre-incident information, consider what actions your local law enforcement or emergency management agency might have taken in [September] and [October]. Would public health have participated in the response to the [October] incident at all? Does anyone in public health participate in or coordinate with the Joint Terrorism Task Force? How would this have affected any of your operations?
2. Does your facility/agency offer active shooter and/or explosive incident training? Does your facility/agency have any plans for this type of incident?
3. Is your facility/agency aware of any strategies currently in place to prevent and respond to violent extremism? What about workplace violence? Who is responsible for this and what agencies/organizations are involved?
4. How can your facility/agency better integrate these programs or resources prior to a potential event? Who is or should be in charge of leading these activities? What other staff should be involved?
5. What are the anticipated increases in need for services, staff, and volunteers? What preparations can be made prior to an incident for the demand for services, staff, and volunteers that might be experienced? Consider two scenarios: an event that occurs off-site and on-site.
6. If there was indication of a potential attack on [November 16, 2017], would your Department Operations Center (DOC) be activated? At what level? What would the priorities and objectives be in the DOC on the morning of [November 16, 2017]?
7. What policies and procedures are in place at your facility/agency to coordinate with local authorities on the collection and protection of information and evidence during the investigation of a potential terrorist event?
8. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Hospital Questions:**

1. After reviewing the pre-incident information, consider what actions your local law enforcement or emergency management agency might have taken in [September] and [October]. After the incident in [October] at the community clinic, would your facility/agency have increased security? If so, what specific measures would have or should be taken? How would you improve partnerships with local law enforcement?
2. Does your facility offer active shooter and/or explosive incident training? What are your staff trained to do in response? What plans would be activated?
3. Is your facility aware of any strategies currently in place to prevent and respond to violent extremism? What about workplace violence? Who is responsible for this and what agencies/organizations are involved?
4. How can your facility better integrate these programs or resources prior to a potential event? Who is or should be in charge of leading these activities? What other staff should be involved?
5. What types of public information or staff training would be released at this point in time, when there is a potential security threat? (e.g., “See Something, Say Something” campaign.) Who would need to approve this messaging?
6. Prior to an incident, what preparations can be made to handle an increased demand for services, staff, and volunteers that might be experienced in an active shooter and/or complex terrorist-driven incident? Consider two scenarios: an event that occurs off-site and on-site.
7. Did your department re-examine any of its current internal and external notification policies in light of recent events, such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered for your facility?
8. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Community Clinic Questions:**

1. How does your facility determine high versus low priority security concerns? What actions would your facility take if you were put on “high alert” as a potential target of an attack?
2. What training gaps exist in terms of current evacuation, lockdown, and shelter in place procedures? How should these gaps be resolved? Who would be responsible for leading resolution of the gaps?
3. How would your facility’s employees be notified of this incident? Who makes these notifications? Are emergency notification systems available (e.g., public address systems, social media)? What are they and what is their functionality? Are they accessible from more than one place within your facility?
4. If an incident occurs at or near your facility, does your clinic have the capability to provide immediate just-in-time training to staff in areas such as triage, personal protective equipment use, etc.?
5. Has your facility coordinated with public safety agencies to identify how law enforcement and emergency services will respond to a threat near or inside your facility? What was or should be considered in this process (e.g., facility vulnerabilities, entry points, populations served, etc.)?
6. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Long-Term Care Facility Questions:**

1. How does your facility determine high versus low priority security concerns? What actions would your facility take if you were put on “high alert” as a potential target of an attack?
2. What training gaps exist in terms of current evacuation, lockdown, and shelter in place procedures? How should these gaps be resolved? Who would be responsible for leading resolution of the gaps?
3. How would your facility’s employees be notified of this incident? Who makes these notifications? Are emergency notification systems available (e.g., public address systems, social media)? What are they and what is their functionality? Are they accessible from more than one place within your facility?
4. Has your facility coordinated with public safety agencies to identify how law enforcement and emergency services will respond to a threat near or inside your facility? What was or should be considered in this process (e.g., facility vulnerabilities, entry points, populations served, etc.)?
5. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**EMS Agency Questions:**

1. After reviewing the pre-incident information, consider what actions your local law enforcement or emergency management agency might have taken in [September] and [October]. Would Emergency Medical Services have participated in the response to the [October] incident at all? Does anyone in your agency participate in or coordinate with the Joint Terrorism Task Force? How would this have affected any of your operations?
2. At this juncture, what other agencies (e.g., local, region, state, federal) do you coordinate with to gain information? What types of intelligence would be shared with you? What types of intelligence should you report to them?
3. What protocols or procedures do you have for passing information to other agencies/facilities when reporting a potential security threat? Are there specific security protocols for relaying sensitive or secure information via communication channels?
4. What policies, plans, and procedures would be activated/updated at this point? Would day-to-day activities be altered or changed based upon this information?
5. What types of training, programs, or campaigns does your agency offer to employees specific to potential threats? (e.g., “See Something, Say Something”; Terrorism Liaison Officer.) What are staff trained to do in response?
6. What role would your agency play in coordinating with the Medical and Health Operational Area Program regarding the information above?
7. Prior to an incident, what can be done to prepare for the increased demand for services, staff, and volunteers that might be experienced in an active shooter and/or complex terrorist-driven incident?
8. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Ambulance Services Questions:**

1. Would your organization have access to the provided information (i.e., would you receive notification of the details of the incidents described above)? If so, how would your organization receive this type of information? What agencies (e.g., local, region, state, federal) would you coordinate with? What information would you provide?
2. What types of training, programs, or campaigns does your organization offer to employees specific to potential threats? (e.g., “See Something, Say Something”; Terrorism Liaison Officer.) What are your staff trained to do in response if there is an incident occurring at a receiving hospital when they arrive?
3. Based on the information provided, what actions, if any, would you take that might alter your organization’s day-to-day activities (e.g., personnel uniforms and badges, supplies and equipment inventory, staffing, building and vehicle access, etc.)? What policies/plans/procedures, if any, should be activated at this point?
4. What role would your organization play in collaborating with the Medical Health Operational Area Coordinator program given the information in this module? How would your organization collaborate with local law enforcement and receiving hospitals on increased security measures?
5. Prior to an incident, what can be done to prepare for the increased demand for services, transport vehicles, staff, and volunteers that might be experienced in an active shooter and/or complex terrorist-driven incident?
6. Did your organization re-examine any of its current internal and external notification plans or policies in light of recent events, such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered for your organization?
7. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Office of Emergency Management Questions:**

1. After reviewing the pre-incident information, consider what actions your agency might have taken in [September] and [October]. How would day-to-day operations change? How would your agency coordinate with the Federal Bureau of Investigation (FBI) and/or law enforcement to increase security, if necessary? What system does your agency have in place to ensure it is notified of an incident like the shooting at the local community clinic?
2. At this juncture, what other agencies (e.g., local, region, state, federal) do you coordinate with to gain information? What types of intelligence would be shared with you? What types of intelligence should you report to them?
3. How long would it take for your agency to activate and staff an Emergency Operations Center (EOC)? What are the triggers to activate the EOC? What positions will you activate in this scenario?
4. What types of information could your Public Information Officer release at this point in time, when there is a potential security threat? (e.g., “See Something, Say Something” campaign.)
5. Did your agency re-examine any of its current plans or policies in light of recent events, such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered?
6. If there was indication of a potential attack on [November 16, 2017], would your EOC be activated? At what level? What would the priorities and objectives be in the EOC on the morning of [November 16, 2017]?
7. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Coroner/Medical Examiner Questions:**

1. What established protocols does your facility/agency have for coordination with local law enforcement and other first responders at the scene of a terrorist/explosive incident?
2. What types of training does your facility/agency offer to employees to prepare for an active shooter and/or workplace violence? What are your staff trained to do in response? What plans would be activated?
3. Prior to an incident, what can be done to prepare for the increased demand for services, staff, and volunteers that might be experienced in an active shooter and/or complex terrorist-driven incident?
4. Does your facility/agency have capacity for temporary storage of victims of a mass fatality incident? If so, how many? What capabilities do you have to process a surge of victims quickly and efficiently?
5. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Fire Department Questions:**

1. At this juncture, what other agencies (e.g., local, region, state, federal) do you coordinate with to gain information? What types of intelligence would be shared with you? What types of intelligence should you report to them?
2. Based on the information provided, what, if any, actions would you take that might alter your day-to-day activities [e.g., personnel (uniforms, badges), supply/equipment inventory, staffing, building access, etc.]?
3. What types of training, programs or campaigns does your department offer to employees specific to potential threats? (e.g., “See Something, Say Something”; Terrorism Liaison Officer.)
4. What role would your department play in coordinating with the Medical and Health Operational Area Program (MHOAC) regarding the information above?
5. Did your department re-examine any of its current plans or policies in light of recent events such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered?
6. If there was indication of a potential attack on [November 16, 2017], would your Department Operations Center (DOC) be activated? At what level? What would the priorities and objectives be in the DOC on the morning of [November 16, 2017]?
7. What behavioral health resources are available to your staff? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Law Enforcement Questions:**

1. After reviewing the pre-incident information, consider what actions your agency might have taken in [September] and [October]. How would your agency coordinate with the Federal Bureau of Investigation to increase security, if necessary? What types of intelligence would be shared with you? What types of intelligence should you report to them?
2. At this juncture, what other agencies (e.g., local, region, state, federal) do you coordinate with to gain information? What types of intelligence would be shared with you? What types of intelligence should you report to them?
3. What does the term “intelligence credibility” mean to you and your agency? How does your agency determine high versus low priority security concerns? What actions would your agency take if you were put on “high alert” knowing a potential target site of an attack?
4. What types of training does your agency offer to employees for active shooter and/or explosive incidents? What are staff trained to do in response? What plans would be activated? Does your organization practice Force Protection (e.g., law enforcement coverage provided while entering a warm zone)?
5. Did your agency re-examine any of its current plans or policies in light of recent events, such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered?
6. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

**Behavioral Health Questions:**

1. After reviewing the pre-incident information, consider what actions your facility/agency might have taken in [September] and [October]. What role would your facility/agency play in providing referral services to affected individuals? What role would your facility/agency play in providing behavioral health expertise to other responding, local agencies?
2. Did your facility/agency re-examine any of its current plans or policies in light of recent events, such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered?
3. Is your facility/agency aware of any strategies currently in place in your area to provide behavioral health support to those that are at risk of becoming involved in violent extremism? Who is responsible for this?
4. What types of public service announcements could you release at this point in time, when there is a potential security threat?
5. If someone you knew was involved in an active shooter, explosive incident, or terrorist incident, what employee assistance programs would you have access to?

# MODULE 2: DAY OF THE INCIDENT

## SCENARIO PART II

**[INSERT TIME] – First Incident**

* A local event, \_\_\_\_X\_\_\_\_, is being held at (**B**). Many people begin to arrive for the event, slated to begin in 45 minutes.
* A white van drives up to the area, with a logo for “Class 21 Catering.” A security guard approaches the van to redirect him. The van surges forward, striking and fatally wounding the security guard. It continues to accelerate, launching into the crowd of bystanders before hitting the wall of a building. Witnesses describe seeing a man in his early 20’s jump out of the driver’s seat and running [east] alongside the main thoroughfare.
* Local law enforcement arrive on-scene within six minutes and immediately begin cordoning off the area, setting up a perimeter, interviewing witnesses, and conducting a search for the driver.
* Initial estimates: \_\_\_X\_\_\_\_ Injuries \_\_\_\_\_X\_\_\_\_\_Fatalities \_\_\_\_\_X\_\_\_\_\_Psychological Impact[[5]](#footnote-6)

**[100 MINUTES POST INCIDENT #1] – Second Incident**

* A male and a female in their 20’s enter a local school, **(C),** following one of the parents into the building. They walk into the main entrance posing as concerned parents looking for a lost child. Shortly after, the two suspects pull automatic weapons from a black backpack and begin firing on staff and students in the hallways.
* The school’s security cameras capture the entire incident. While a few classrooms are able to lockdown in time, the shooters are able to enter several other classrooms, fatally wounding additional students and staff.
* Local law enforcement arrive on scene within seven minutes and establish Incident Command. They are unable to find the shooters on campus. After review of security camera footage, it is believed they escaped into the residential neighborhood behind the school. The **(E)** [long-term care / assisted living] facility is located directly behind the school and is put on lockdown by local law enforcement. A perimeter is established, and a search for the suspects begins. The school is located near the county line, and neighboring jurisdictional authorities are involved in the search.
* Initial estimates: \_\_\_X\_\_\_\_ Injuries, \_\_\_\_\_X\_\_\_\_\_ Fatalities\_\_\_\_\_X\_\_\_\_\_Psychological Impact

**[20 MINUTES POST INCIDENT #2] – Traffic Incident**

* A black van heading [south] on a local freeway collides with a cargo truck in the left lane, causing a multi-car pileup. Several witnesses observed the driver of the black van exiting and running away from the vehicle. Traffic comes to a standstill.

**[30 MINUTES POST TRAFFIC INCIDENT] – Third Incident**

* A small white van drives up to the loading dock of local healthcare facility, (**D**). This is the same healthcare facility that received many of the victims from the first and second incidents. The van sports a false logo for “MedReady Linen Services” and the driver is dressed in a nondescript brown uniform (as witnesses later report).
* Shortly after, an explosion rocks the entire right side of (**D)** where the loading dock was located. Multiple wings are affected, and some areas of the building collapse. There are staff and [patients/residents] trapped underneath the rubble. Others flee from the main entrance on the other side of the facility.
* Initial estimates: \_\_\_X\_\_\_\_ Injuries, \_\_\_\_\_X\_\_\_\_\_Fatalities\_\_\_\_\_X\_\_\_\_\_Psychological Impact

**Instructions**

1. You have 30-45 minutes to consider the questions in this module.
2. **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.
3. Elect a spokesperson for your group to discuss the group’s findings after each module.
4. 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.**
5. Make decisions using the information provided and your best judgment of how to proceed.

## SCENARIO PART II 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 in this section.** 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.]**

**Public Health Questions:**

1. If the public health agency was affected, or the incidents involved a public health threat, how could your agency prepare your health officer / senior leadership to respond to media inquiries? How would you activate and coordinate with the Joint Information Center (JIC)? What talking points or information could you contribute to the JIC? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents[[6]](#footnote-7)?

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

1. How will status updates and situation reports be provided? Who will they be provided to? How often will they be provided? How will your agency support and interface with the Medical and Health Operational Area Coordinator?
2. One of the critical elements of an Incident Action Plan is the establishment of objectives. Please analyze the situation and develop objectives for what the Department Operations Center should accomplish over this operational period.
3. How would your agency support and track resource requests and assist in the request, delivery, and tracking of mutual aid as these incidents escalate? How can your agency leverage your valuable community partnerships to execute a more seamless overall response effort?
4. During the search for potential suspects, some facilities may be put under lockdown or instructed to shelter in place. What are your facility’s lockdown procedures? What are your facility’s shelter in place procedures?

**Hospital Questions:**

1. In past incidents, such as Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. How might a lack of adequate ambulance transport affect the timeline in which patients arrive at your facility? What about patients that self-transport?
2. One of the critical elements of an Incident Action Plan is the establishment of objectives. Please analyze the situation and develop objectives for what the Hospital Command Center (HCC) should accomplish over this operational period.
3. What communication strategies (e.g., page, email, etc.) will be utilized **internally** to share information between the HCC and the Triage and Treatment areas of the hospital? What gaps exist in these communication channels, as determined through prior incidents or exercises?
4. What communications strategies (e.g., bed tracking software, Situation Reports) will be utilized **externally** to share information between the HCC and the local operational area’s Emergency Operations Center or other local agencies’ Department Operations Centers? How will your hospital share information about hospital status and capabilities?
5. How will patients be tracked throughout the continuum of care for the length of the response period? What measures can staff take to ensure patients are tracked accurately while maintaining regulatory and confidentiality requirements?
6. At what point in the scenario above would your facility’s mass casualty incident and/or medical surge plans be activated? What gaps exist in these plans if there is more than one incident occurring?
7. The use of a secondary device is common practice among terrorists operating in various parts of the world. These devices are aimed at injuring first responders and/or healthcare workers treating victims of the first attack. What types of security measures would have been taken, considering potential secondary devices?
8. If your facility/organization’s resources to respond are overwhelmed, what resource requests and/or mutual aid could you rely on in response to additional incidents?
9. In this type of scenario, your facility’s senior leadership may be asked to appear in front of the media, either in private interviews or in joint press conferences. How can you prepare your senior leadership to respond to media inquiries? How would you coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?[[7]](#footnote-8)

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

**Community Clinic Questions:**

1. During the incident, some facilities may be put under lockdown or instructed to shelter-in-place. Would your facility activate lockdown or shelter-in-place procedures if notification is received of an active shooter incident nearby? What additional security steps would staff take? What are your facility’s lockdown procedures? What are your facility’s shelter-in-place procedures?
2. Given the scenario above, does your facility have the supplies necessary to be under lockdown for multiple days if necessary? If not, what resources would you need? How would you request or obtain these resources?
3. If the decision was made to evacuate, how will your facility evacuate your patients and staff? How would your facility notify staff and patients of an evacuation order? What special considerations need to be taken in the event of a rapid evacuation? What obstacles do you foresee with this? How might those be resolved?
4. How would your facility relay/obtain information from law enforcement agencies to staff, patients, family of patients, and volunteers regarding the current status of the situation? How would your facility maintain overall situational awareness with other agencies? How could the clinic work through the Medical and Health Operational Area Coordinator program to achieve this?
5. Would your facility accept patients if surrounding healthcare facilities reached capacity? How would you relay available bed capacity? Who would you relay this information to?
6. Does your facility have a medical surge plan? When and how is it activated? Have staff been trained in medical surge operations?
7. Are your staff trained in the Incident Command System (ICS)? Does your facility have a Command Center? What would the ICS structure look like at your facility for this type of incident?
8. In this type of scenario, your facility’s senior leadership may be asked to appear in front of the media, either in private interviews or in joint press conferences. How can you prepare your senior leadership to respond to media inquiries? How would you coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?[[8]](#footnote-9)

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

**Long-Term Care Facility Questions:**

1. Does your facility have an Emergency Operations Plan (EOP)? How and when is it activated? At what point in the scenario above would staff activate and implement the EOP?
2. During the incident, some facilities may be put under lockdown or instructed to shelter in place. Would your facility activate lockdown or shelter in place procedures if notification is received of an active shooter incident nearby? What additional security steps would staff take? What are your facility’s lockdown procedures? What are your facility’s shelter in place procedures?
3. Given the scenario above, does your facility have the supplies necessary to be under lockdown for multiple days if necessary? If not, what resources would you need? How would you request or obtain these resources?
4. If the decision was made to evacuate, how will your facility evacuate your residents and staff? How would your facility notify residents and staff of an evacuation order? What special considerations need to be taken in the event of a rapid evacuation? What obstacles do you foresee with this? How might those be resolved?
5. How would your facility relay/obtain information from law enforcement agencies to staff, patients/residents, family of patients/residents, and volunteers regarding the current status of the situation? How would your facility maintain overall situational awareness with other agencies? How could the facility work through the Medical and Health Operational Area Coordinator program to achieve this?
6. Would your facility accept patients if surrounding healthcare facilities reached capacity? How would your relay available bed capacity? Who would you relay this information to?

**EMS Agency Questions:**

1. Would your agency develop a Joint Information Center (JIC) based on the incidents outlined in the scenario? If so, how would your agency contribute situational information to the JIC? How would you communicate and share information with the JIC? What talking points or information could you contribute to the JIC? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?[[9]](#footnote-10)

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

1. Would these incidents trigger an activation of your Department Operations Center (DOC)? If so, at what level (e.g., Emergency Medical Services (EMS) Command Center, Health DOC, and/or County Emergency Operations Center [EOC])? What would your Incident Command System (ICS) structure look like for this response effort? What would your Incident Action Plan objectives look like for the first operational period?
2. Would the first two incidents overwhelm the EMS System, including your 911 medical call response? What resources and/or mutual aid agreements could you rely on to assist in these and other potential incidents?
3. In past incidents such as Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. This can be a result of an inadequate quantity of resources or communication failures in dispatch. Do you anticipate similar challenges in your jurisdiction? How might resource requesting be handled effectively through the MHOAC program?
4. What protocols are put in place to make sure that resource needs are continually reassessed during the incident? Who is responsible for making sure this takes place? How is this communicated from the field to the EMS Agency and up to the MHOAC program?
5. How would you initiate patient tracking from the different incidents? What partners would you work with for patient tracking / patient movement?

**Ambulance Services Questions:**

1. Would these incidents trigger an activation of a Department Command Center (DOC)? If so, at what level (e.g., Emergency Medical Services (EMS) Command Center, Health DOC, and/or County Emergency Operations Center)? How would your organization be integrated into the Incident Command System structure for these incidents?
2. Would your agency’s resources be overwhelmed in response to these incidents? If so, what resource requests and/or mutual aid could you rely on in response to these and additional incidents? How would you coordinate with the EMS Agency and the Medical and Health Operational Area Coordinator (MHOAC) program?
3. In past incidents, such as Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. This can be a result of an inadequate quantity of resources or communication failures in dispatch. How would you flex your resources accordingly to meet this greater demand? How would you work with the EMS Agency and the MHOAC program to prioritize resource requests through your corporate chain versus through the MHOAC program?
4. The use of a secondary device is common practice among terrorists operating in various parts of the world. These devices are aimed at injuring first responders and/or healthcare workers treating victims of the first attack. What types of security measures would have been taken at this point in the scenario, considering potential secondary devices? Does your organization practice Force Protection (e.g., law enforcement coverage provided while entering a warm zone)?
5. One of the critical elements of an Incident Action Plan is the establishment of objectives. Please analyze the situation and develop objectives for what your agency should accomplish over this operational period.
6. How would you initiate patient tracking from the different incidents? What partners would you work with for patient tracking / patient movement?
7. In this type of scenario, some first responders may be asked to participate in an interview or a press conference with the media. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the EMS Agency and/or MHOAC? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?[[10]](#footnote-11)

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

**Office of Emergency Management Questions:**

1. What procedures are in place at your agency to ensure that once the Emergency Operations Center (EOC) is activated, the Planning and Intelligence Section will be able to make an initial situational assessment?
2. In the incidents noted above, it is especially important that notifications are made swiftly and repeatedly to key decision-makers, senior officials, executive boards, and department heads. How would your agency ensure that notifications are made quickly and efficiently? Who notifies who? Would any briefings be scheduled for senior leadership? Would a policy group be convened?
3. How would Planning and Intelligence put together a common operating picture to support the EOC’s objectives? What would those objectives be for the first operational period?
4. In past incidents, such as Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. This can be a result of an inadequate quantity of resources or communication failures in loaning, requesting, and tracking these resources. Do you anticipate similar challenges in your jurisdiction? How might these be handled effectively?
5. In this type of scenario, many elected officials will be asked to appear in front of the media, either in private interviews or in joint press conferences. How can your agency’s Public Information Officer prepare your elected officials / senior leadership to respond to media inquiries? How would your agency coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?[[11]](#footnote-12)

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

1. If residents/staff/patients at affected facilities need to be relocated, what Emergency Operations Plan processes/procedures are in place to establish a temporary housing and emergency shelter plan if a shelter request is made?

**Coroner/Medical Examiner Questions:**

1. Did your agency re-examine any of its current plans or policies in light of recent events, such as San Bernardino, Paris, Brussels, Berlin, and Orlando? If so, what best practices and lessons learned were identified that should be considered?
2. How would your agency deal with simultaneous mass fatality incidents at multiple sites within your jurisdiction? If your agency’s resources to respond to the first and second incidents are overwhelmed, how would your agency coordinate with the Regional Coroner Mutual Aid Coordinator?
3. What criteria need to be considered when identifying appropriate temporary storage locations for human remains on-scene?
4. What Personal Protective Equipment need to be obtained and utilized for Coroner/Medical Examiner staff to don prior to extraction of remains from the scene of one of these incidents? Consider the possibility of a hazardous materials component to one or more of the attacks.
5. In past incidents, such as Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. This can be a result of an inadequate quantity of necessary transportation resources such as mobile morgues or communication failures in loaning, requesting, and tracking these resources. Do you anticipate similar challenges in your jurisdiction? How might these be handled effectively?
6. Asymmetric attacks at several locations can exhaust response resources and create issues declaring a scene ‘secure’ owing to the dynamic nature of the attacks. Incidents, such as those with various casualties, can take days to process. Is your agency prepared to handle an extended response? How? What plans would be activated?

**Fire Department Questions:**

1. Would these incidents trigger an activation of your Department Operations Center (DOC)? If so, at what level (e.g., Fire DOC and/or County Emergency Operations Center [EOC])? What would the Incident Command System structure look like for these incidents? What agencies would be represented in a Unified Command structure?
2. One of the critical elements of an Incident Action Plan is the establishment of objectives. Please analyze the situation and develop objectives for what the department should accomplish over this operational period.
3. What communication strategies (e.g., radio, email, etc.) will be utilized **internally** to share information between those in the field and the DOC and/or EOC? What gaps exist in these communication channels, as determined through prior incidents or exercises?
4. What communications strategies (e.g., Situation Reports, radio, telephone, email) will be utilized **externally** to share information between the DOC or Unified Command and the local operational area’s EOC or other local agencies’ DOCs? How will your department share information about current status and capabilities?
5. In past incidents, such as Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. This can be a result of an inadequate quantity of resources or communication failures in loaning, requesting, and tracking these resources. How would you flex your resources accordingly to meet this greater demand? How would you work with the Emergency Medical Services Agency and the Medical and Health Operational Area Coordinator (MHOAC) Program in prioritizing resource requesting?
6. The use of a secondary device is common practice among terrorists operating in various parts of the world. These devices are aimed at injuring first responders and/or healthcare workers treating victims of the first attack. What types of security measures would have been taken at this point in the scenario, considering potential secondary devices? Does your organization practice Force Protection (e.g., law enforcement coverage provided while entering a warm zone)?
7. Would your jurisdiction activate a Joint Information Center (JIC) based on these incidents? If so, how would your department contribute situational information to the JIC and the County EOC? How would you communicate and share information with the MHOAC program?
8. Asymmetric attacks at several locations can exhaust response resources and create issues declaring a scene ‘secure’ owing to the dynamic nature of the attacks. When would a scene be declared “secure”? Incidents such as these can last days if a suspect is not immediately apprehended. Is your department prepared to handle an extended response? How?
9. How would your department initiate patient tracking from the different incidents? What partners would you work with for patient tracking / patient movement? Does your department have a Patient Movement Plan? How is it activated/initiated?

**Law Enforcement Questions:**

1. In this type of scenario, many elected officials will be asked to appear in front of the media, either in private interviews or in joint press conferences. How can your agency’s Public Information Officer prepare your elected officials / senior leadership to respond to media inquiries? How would your agency coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?[[12]](#footnote-13)

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>
* Berlin Christmas Market Crash – Suspect Released Press Conference: <https://www.youtube.com/watch?v=0lLVUPOwezE>

1. If your agency’s resources to respond to the first and second incidents are overwhelmed, what resource requests and/or mutual aid could you rely on in response to additional incidents?
2. How would your agency work with the Federal Bureau of Investigation (FBI) in coordinating overall response efforts? What roles and responsibilities would be delegated between the FBI and local law enforcement?
3. What would the Incident Command System structure look like for these incidents? What agencies would be represented in the Unified Command structure?
4. The use of a secondary device is common practice among terrorists operating in various parts of the world. These devices are aimed at injuring first responders and/or healthcare workers treating victims of the first attack. What types of security measures would have been taken at this point in the scenario, considering potential secondary devices?
5. Asymmetric attacks at several locations can exhaust response resources and create issues declaring a scene ‘secure’ owing to the dynamic nature of the attacks. When would a scene be declared “secure”? Incidents such as these can last days if a suspect is not immediately apprehended. Is your department prepared to handle an extended response? How?
6. At a mass fatality scene, what established protocols does your agency have for coordinating with fatality management partners, such as the Coroner and/or Medical Examiner? Have these protocols been revisited in light of recent events, such as Paris and San Bernardino?

**Behavioral Health Questions:**

1. Does your facility/agency have a Command Center? Would these incidents trigger an activation of your Command Center and/or Department Operations Center (DOC)? If so, who is responsible for making this decision? What would the Incident Command System structure look like for these incidents?
2. How would your facility/agency notify internal staff of these incidents? Does your facility/agency have backup communication methods to reach staff? What is your facility/agency’s Communications Plan?
3. One of the critical elements of an Incident Action Plan is the establishment of objectives. Please analyze the situation and develop objectives for what the facility/agency should accomplish over this operational period.
4. How would your facility/agency estimate and/or calculate the potential behavioral health impact of these events? How would this information influence your operational objectives? Would you share this information with other responding partner agencies?
5. If your facility/agency’s resources to respond to the first and second incidents are overwhelmed, how can you expand your available staff pool? What partner agencies within your health care coalition can you contact? What pre-existing contracts with behavioral health providers within the community and in neighboring communities do you have in order to bolster the number of available mental health staff?
6. The use of a secondary device is common practice among terrorists operating in various parts of the world. These devices are aimed at injuring those treating victims of the first attack, which can include behavioral health professionals assisting victims and victims’ families. Is your facility/agency staff trained to report suspicious behavior they witness?
7. In interacting with survivors from the three incidents, your facility/agency staff may encounter information that could be pertinent to the investigation being conducted by Federal Bureau of Investigations and/or local law enforcement. Is your facility/agency staff trained on reporting procedures?
8. The second incident took place in a school. How would your facility/agency work with the school district to provide behavioral health services to a larger population, especially one with many minors, and potentially many individuals with access and functional needs?

# MODULE 3: INCIDENT UPDATE & RECOVERY

## SCENARIO PART III

**[FOUR HOURS POST INCIDENT #1]**

* Law enforcement locate the male and female suspects hiding in an abandoned warehouse across county lines. A shootout ensues, mortally wounding one police officer and injuring three others. Both shooters are apprehended, alive but wounded. They are sent to another local hospital, **(F),** for treatment.
* The [school] served a large population of students with access and functional needs, and individuals with intellectual disabilities. These students require particular attention and consideration in response efforts. All incident site responses need to incorporate whole community planning.
* Local press outlets obtain the security camera footage from the [school], and are depicting graphic video footage of the mass casualties from the active shooter incident at **(C)**.
* The traffic incident that occurred was deemed unrelated to the other incidents.
* The driver from the first incident is apprehended by local law enforcement, after receiving an anonymous tip of a person matching his description hiding out in a local park.
* An international terrorist organization claims credit for the attack, posting on social media congratulations to their “esteemed warriors in **(A).”**
* All incident sites are flooded with bystanders and family members looking for their loved ones. Many of the event attendees at **(B)** are tourists who are not native English-speakers. Their family members require interpretive services. They are anxious for information.
* The explosion at the hospital has now, in total, XXX injuries and XXX fatalities. Search and Rescue teams are still working to extract victims from the rubble. There are many family members flooding local hotlines asking for information about loved ones who either worked or were treated at the hospital. There are requests for more Search and Rescue teams to be brought in.
* The hotlines established by the county are flooded with phone calls from members of the public seeking information, resources, or just someone to talk to about the incidents.
* There are questions about whether or not schools will be closed over the next few days.
* Staff at **(F)**, in the Command and Operations Centers, and first responders in the area are deeply affected by the events. Some are showing signs of exhaustion, while others are quiet and isolated. Some are showing signs of stress. There is a need for additional mental and behavioral support. Some staff/responders had family members or friends involved in the incidents.
* There are concerns about those with pre-existing disorders, acute syndromes, or behavioral health conditions, with a potential worsening due to the trauma of these events.
* Conversely, medical personnel, law enforcement, and first responders from other healthcare facilities and jurisdictions have flooded the area with offers of volunteering and donations. It is unclear who is managing volunteers and donations.
* [Add any additional details relevant to your jurisdiction/agency/facility’s exercise]
* Totals: \_\_\_X\_\_\_\_ Injuries, \_\_\_\_\_X\_\_\_\_\_ Fatalities\_\_\_\_\_X\_\_\_\_\_Psychological Impact

**Instructions**

1. You have 20-30 minutes to consider the questions in this module.
2. **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.
3. Elect a spokesperson for your group to discuss the group’s findings after each module.
4. 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.**
5. Make decisions using the information provided and your best judgment of how to proceed.

## SCENARIO PART III QUESTIONS

Based on the information provided, 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 in this section.** 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.]**

**Public Health Questions:**

1. Do your local Medical Reserve Corps and/or health care coalition have behavioral health experts or teams that can be utilized in a similar incident? What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages? How will you share information to the public on these resources?
2. As a group, identify local networks, private sector, and nonprofit or faith-based partners who could be of use to reach vulnerable populations and those with access and functional needs. How would they be incorporated into briefings, situational updates, public information strategies, etc.?
3. Consider that you may have limited staff and resources in the coming days and weeks. How would your agency prioritize essential public health functions to continue to provide? Would your Continuity of Operations Plan be activated? If so, how and when?
4. What information can the Joint Information Center develop and release to counteract the media coverage of the incident at the school?
5. What agency is responsible for donations and volunteer management in a scenario of this size and scale? Is there a role for public health to contribute volunteers, such as those in the Medical Reserve Corp(s)?

**Hospital Questions:**

1. How would your facility coordinate with law enforcement and state/federal partners to assist in evidence collection and protection? What about interviewing of patients?
2. If your facility received the suspects as patients, what additional security measures would you put in place?
3. Would your facility set up a Family Information Center? Would your facility play a role in working with a Family Assistance Center if one were set up by the county? If so, what role would your facility play? Would the hospital anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?
4. Does your health care coalition have behavioral health experts or teams that can be utilized if your facility needed additional resources? How would you request these resources?
5. Who is responsible for updating the Incident Action Plan each operational period? What would your objectives be for the next operational period?
6. Consider that you may have limited staff and resources in the coming days and weeks. How would your facility prioritize essential functions to continue to provide quality care to your patients? Would your Continuity of Operations Plan be activated? If so, how and when?

**Community Clinic Questions:**

1. Would your clinic play a role in working with a Family Assistance Center if one were set up by the county? If so, what role would your clinic play? Would you anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?
2. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
3. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
4. What steps will be taken to ensure that your organization’s staff feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
5. What are your clinic’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
6. How would your clinic demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your facility coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?

**Long-Term Care Facility Questions:**

1. If an incident occurred at or near your facility, would your facility play a role in working with a Family Assistance Center if one were set up by the county? If so, what role would your facility play? Would you anticipate fielding inquiries from concerned individuals seeking out their friends, family, and/or loved ones?
2. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients/residents, family of patients/residents, and volunteers?
3. If your facility was evacuated during any part of the response, who makes the decision for staff and residents to return to the facility? Who coordinates their return? What transportation resources does your facility have in order to transport patients/residents and staff if the resources you usually rely on are tied up in response efforts?
4. What steps will be taken to ensure that your organization’s staff and volunteers feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
5. What are your facility’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of current patients/residents?

**EMS Agency Questions:**

1. How would your agency continue to receive and vet information in order to provide situational awareness during the incidents? What jurisdictional partners would you work with (e.g., Joint Information Center, Emergency Medical Services system partners, Medical and Health Operational Area Coordinator program)?
2. What agency positions are responsible for compiling information and completing assessments and/or situational reports related to the incident? If the incident is prolonged, how often are these required for local, regional, state and/or federal partners?
3. What types of broader, community-based behavioral support services will be available to your employees in the days, weeks, and even months following these incidents?
4. Would your agency play a role in working with the Family Assistance Center if one were activated? If so, what role would your agency play? Would you anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?
5. What are your agency’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident?

**Ambulance Services Questions:**

1. How would your staff on-scene coordinate with law enforcement and state/federal partners to assist in evidence collection and protection? What are your staff instructed to do if law enforcement want to interview a patient?
2. How would your agency continue to receive and vet information in order to provide situational awareness during the incidents? What jurisdictional partners would you work with (e.g., Joint Information System, Emergency Medical Services system partners, Medical and Health Operational Area Coordinator program)?
3. What types of broader, community-based behavioral support services will be available to your employees in the days, weeks, and even months following these incidents?
4. Would your agency play a role in working with a Family Assistance Center if one were set up by the county? If so, what role would your agency play? Would you anticipate fielding inquiries from concerned individuals on-scene seeking out their friends, family and/or loved ones?
5. What are your agency’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident?

**Office of Emergency Management Questions:**

1. How would your Emergency Operations Center Public Information Officer engage with the local press to handle the use of graphic video footage from the school shooting?
2. Would a Family Assistance Center (FAC) be activated for these incidents? Does your agency have a list of pre-identified, updated potential FAC locations available for reference? What agencies and organizations would be asked to staff the FAC? Does your agency have relationships with agencies or organizations that can provide interpretive services if those are needed? How long would it take to activate and coordinate with these agencies and organizations? How would information on the FAC location be disseminated to the public?
3. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages? What agencies and organizations has your agency identified to staff these different services?
4. Consider that you may have limited staff and resources in the coming days and weeks. How would your agency prioritize essential functions? Would your Continuity of Operations Plan be activated? If so, how and when?

**Coroner/Medical Examiner Questions:**

1. How would your agency coordinate with law enforcement and state/federal partners to assist in evidence collection and protection?
2. What capabilities does your agency have to rapidly process the fatally wounded during and/or after a terrorist incident that has produced a mass casualty event? How would your agency coordinate with the local Family Assistance Center to rapidly process the identification of human remains by family members, friends, or close associates during a terrorist/explosive incident?
3. Consider that you may have limited staff and resources in the coming days and weeks. How would your agency prioritize essential functions? Would your Continuity of Operations Plan be activated? If so, how and when?
4. What does the demobilization process look like within your agency? Who within your agency is responsible for establishing demobilization objectives, priorities, and operational periods?

**Fire Department Questions:**

1. How would your department continue to receive and vet information in order to provide situational awareness during the incidents? What jurisdictional partners would you work with (e.g., Joint Information Center, Emergency Medical Services system partners, Medical and Health Operational Area Coordinator program)? How do you provide updates to follow-on units?
2. Would your department play a role in working with a Family Assistance Center if one were activated? If so, what role would your department play? Would you anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?
3. What types of broader, community-based mental and behavioral support services will be available to your employees in the days, weeks, and even months following these incidents?
4. Consider that you may have limited staff and resources in the coming days and weeks. How would your agency prioritize essential functions? Would your Continuity of Operations Plan be activated? If so, how and when? What are your department’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident?

**Law Enforcement Questions:**

1. How would your agency continue to receive and vet information in order to provide situational awareness during the incidents? What jurisdictional partners would you work with (e.g., Joint Information Center, Emergency Medical Services system partners, Medical and Health Operational Area Coordinator program)?
2. How would your agency coordinate with state/federal partners to assist in evidence collection and protection? How would that be handled across multiple responding agencies or jurisdictions?
3. In similar incidents in the past, the search for suspects often involved the crossing of jurisdictional lines. If the search for the suspects crossed into another neighboring jurisdiction, how would your agency facilitate information sharing between jurisdictions? Would you go through other agencies first? Who? How?
4. Would your agency play a role in working with a Family Assistance Center if one were activated? If so, what role would your agency play? Would you anticipate fielding inquiries from concerned individuals seeking out their friends, family, and/or loved ones?
5. What does the demobilization process look like within your agency? Who within your agency is responsible for establishing demobilization objectives, priorities, and operational periods?

**Behavioral Health Questions:**

1. How does your facility/agency track the behavioral health services, staff, and resources provided throughout an emergency response? What forms are utilized? How is information reported back up to the Command Center and to other partner agencies for updates?
2. How would your facility/agency coordinate with law enforcement and state/federal partners to assist with the interviewing of witnesses and/or staff?
3. What procedures does your facility/agency have in place to ensure that individual behavior health staff members are not overworked during a time when their services are being heavily relied upon?
4. Would a Family Assistance Center (FAC) be activated for these incidents? Who at your facility/agency would be responsible for staffing the FAC?
5. What types of behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages? Is your facility/agency responsible for assisting with any of these services in the long-term?
6. The graphic video footage from the school is likely to raise questions from the public that your facility/agency staff will encounter. Does your facility/agency know how to get in contact with the Public Information Officer (PIO) for the incident? Does your facility/agency have a way to disseminate information from the PIO to its staff members?

This information should be clearly documented and may be used in the development or customization of the local area exercise activities for the [November 16, 2017] Functional Exercise objectives and scenario. Focus should be on the [jurisdiction/organization/facility’s] specific needs and resources, including the dependency on partner organizations.

## 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[[13]](#footnote-14); 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: EXERCISE PARTICIPANTS

| NAME | ORGANIZATION |
| --- | --- |
| **Federal** | |
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# APPENDIX C: 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 |

# APPENDIX D: OPTIONAL SCENARIO ELEMENTS

In addition to the suggested scenario components in the modules above, below are a few optional, supplementary ideas for exercise planners to consider. These elements may help exercise planners further customize their objectives, scenarios, and discussion questions based on the anticipated roles and responsibilities of their agencies.

## ADDITIONAL SCENARIO ELEMENTS

* Hazardous materials component
* Altering the number of incident sites
* Workplace violence
* Hostage situations
* Bomb threats to healthcare and other infrastructure
* Software system interruption and/or cyber attack

## ADDITIONAL DISCUSSION QUESTIONS:

1. If there was a hazardous materials component to one or more of the incidents, how would your agency respond? How would your agency manage the need for additional resources? What obstacles do you foresee in this process, and how would those be resolved?
2. If your primary emergency management / patient tracking software service crashes (e.g., EMSystem, ReddiNet, WebEOC, etc.), what are your backup systems? Are staff aware of these secondary methods of cross-agency information sharing? Are there other document and information sharing repositories and programs that can be used as backups? (e.g., Homeland Security Information Network)
3. Does your facility/agency have a workplace violence program, such as a behavioral threat assessment team? How is it integrated into emergency plans, policies, and procedures?
4. Who should be contacted in the event of a cyber threat or attack? Does your facility/agency/organization have a Cyber Security Annex or is it included in the Emergency Operations Plan?
5. If data was stolen from your facility/agency/jurisdiction and a ransom demand was sent, how would your facility respond?
6. What are your facility/agency/jurisdiction’s procedures for a bomb threat? How might that interfere with your response efforts given the rest of the scenario?

# APPENDIX E: ADDITIONAL RESOURCES

* “Active Shooter Planning and Response: Learn How to Survive a Shooting Event in a Healthcare Setting.” Department of Homeland Security, Healthcare & Public Health Sector Coordinating Council and the International Association of Emergency Medical Services Chiefs. 2017. <http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/_documents/active-shooter.pdf>
* Braziel, Straub, et al. “Bringing Calm to Chaos – A critical incident review of the San Bernardino public safety response to the December 2, 2015 terrorist shooting incident at the Inland Regional Center.” Critical Response Initiative, 2016. <https://ric-zai-inc.com/Publications/cops-w0808-pub>
* “Family Information Center Planning Guide for Healthcare Entities.” Los Angeles County Emergency Medical Services Agency. 2013.

<http://dhs.lacounty.gov/wps/portal/dhs/ems/disastermedicalservices/fic>

* “First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents.” Department of Homeland Security, Office of Health Affairs, 2015. [https://www.dhs.gov/sites/default/files/publications/First Responder Guidance June 2015 FINAL 2.pdf](https://www.dhs.gov/sites/default/files/publications/First%20Responder%20Guidance%20June%202015%20FINAL%202.pdf)
* Hick, Hanfling, et al. “Health and Medical Response to Active Shooter and Bombing Events.” National Academy of Sciences Discussion Paper, 2016. <https://nam.edu/wp-content/uploads/2016/06/Health-and-Medical-Response-to-Active-Shooter-and-Bombing-Events.pdf>
* “Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans.” U.S. Department of Health and Human Services, Homeland Security, Justice, the Federal Bureau of Investigation, and the Federal Emergency Management Agency. 2014.
* “The Role of Public Health in Terrorism and Active Shooter Preparedness and Response.” National Association of County & City Health Officials. 2016. <http://nacchopreparedness.org/the-role-of-public-health-in-terrorism-and-active-shooter-preparedness-and-response/>

***Video Resources[[14]](#footnote-15)***

* “Three Days of Terror - Paris Attacks Special Report.” BBC Special Report. Available at <https://www.youtube.com/watch?v=BerGOnVrboc>
* ABC News. “Video Shows the Moment Truck Barreled into the Christmas Market in Berlin.” December 22, 2016. <https://www.youtube.com/watch?v=VOeO6Cw_n4M>
* Los Angeles County Sheriff’s Department. “Surviving an Active Shooter.” March, 2015. <https://www.youtube.com/watch?v=DFQ-oxhdFjE>
* ABC News. “Boston Marathon Explosions: Two Bombs Near Finish Line.” April 16, 2013. <https://www.youtube.com/watch?v=dupw2pH3oes>
* ABC News. “San Bernardino Shooting Suspects’ Violent Standoff with Police.” Dec 3, 2015. <https://www.youtube.com/watch?v=iJVrMo4ynzs>
* WFLA News Channel 8. “Orlando Officials Open Family Assistance Center for Victims.” June 15, 2016. <https://www.youtube.com/watch?v=vb5MFHEgso4>

# APPENDIX F: SAMPLE MESSAGE MAPS

Source: Kansas City Regional Association of Public Information Officers.

**ESF-15 Annex – Emergency Public Information**

**Message Map Templates**

**TOPIC:** Active Shooter Threat

**Stakeholder:** General Public

**Question:** What should I know about the threat?

| ***Key Message 1*** | ***Key Message 2*** | ***Key Message 3*** |
| --- | --- | --- |
| *Safety is the top priority.* | *Law enforcement is responding appropriately.* | *Actions you should take.* |

| ***Supporting Fact 1-1*** | ***Supporting Fact 2-1*** | ***Supporting Fact 3-1*** |
| --- | --- | --- |
| *Our first priority is safety  of the [students/public] at  [the location of the threat].* | *Authorities are investigating the rumor/threat.* | *Stay home;  don’t go to the scene.* |
| ***Supporting Fact 1-2*** | ***Supporting Fact 2-2*** | ***Supporting Fact 3-3*** |
| *We have systems in place for this kind of situation  (e.g., school resource officers, response plans).* | *Law enforcement officers are coordinating with the [school/business] to investigate.* | *Turn to reliable sources for additional information.  [Name some sources.]* |
| ***Supporting Fact 1-3*** | ***Supporting Fact 2-3*** | ***Supporting Fact 3-3*** |
| *We are providing support to the [school/business] as needed.* | *We will share more information as it becomes available.* | *Help stop the spread of unverified rumors.* |

**ESF-15 Annex – Emergency Public Information**

**Message Map Templates**

**TOPIC:** Active Shooter Incident

**Stakeholder:** General Public

**Question:** What should I know about the incident?

| ***Key Message 1*** | ***Key Message 2*** | ***Key Message 3*** |
| --- | --- | --- |
| *If you are not at the site,  please stay away.* | *Staging areas near the site.* | *Status of shooter/victims  (if known).* |

| ***Supporting Fact 1-1*** | ***Supporting Fact 2-1*** | ***Supporting Fact 3-1*** |
| --- | --- | --- |
| *The location is on lockdown.  You will not be allowed on site  to check on your loved ones/property.* | *Families concerned about their loved ones may gather at [nearby location].* | *If authorized, indicate whether  or not there are victims.  Avoid specifics, as the  situation is still fluid.* |
| ***Supporting Fact 1-2*** | ***Supporting Fact 2-2*** | ***Supporting Fact 3-3*** |
| *Law enforcement is responding.* | *Media may set up at [location].* | *If authorized, indicate whether shooter is still active/in custody.* |
| ***Supporting Fact 1-3*** | ***Supporting Fact 2-3*** | ***Supporting Fact 3-3*** |
| *The site is an active crime scene. We cannot provide details at this time but will do  so as soon as possible.* | *The staging locations are set up for your protection and safety. Please follow instructions.* | *More information will be released as it becomes available.* |

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. . We encourage local exercise planners to include estimates of the mental health impact of these events. This can be based on mental health triage systems, past incidents, or utilizing a basic algorithm, such as multiplying every fatality by an average number of family members. The objective is to begin planning for a large psychological impact. See the Scenario Summary document for more tips on estimating psychological impact. [↑](#footnote-ref-6)
6. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-7)
7. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-8)
8. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-9)
9. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-10)
10. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-11)
11. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-12)
12. . Sample message maps for an active shooter incident are provided in Appendix F. You may choose to have your TTX participants walk through the message maps to encourage further discussion. [↑](#footnote-ref-13)
13. . Homeland Security Exercise and Evaluation Program (HSEEP): hseep.preptoolkit.org [↑](#footnote-ref-14)
14. . Please note that these links may no longer be active once these documents are released or downloaded. We cannot guarantee the availability of these videos. If a link does not work, we recommend searching for similar clips online using the key terms found in the video titles. [↑](#footnote-ref-15)