



2016
STATEWIDE MEDICAL AND HEALTH EXERCISE

CONTROLLER/EVALUATOR HANDBOOK

FUNCTIONAL EXERCISE

PREFACE

The 2016 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 Controller and Evaluator (C/E) Handbook 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
- California Hospital Association (CHA)
- California Primary Care Association (CPCA)
- Emergency Medical Services Administrators Association of California (EMSAAC)
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Orange County Health Care Agency
- Regional Disaster Medical Health Coordination/Specialist Program
- Riverside County Emergency Management Department
- San Joaquin County Emergency Medical Services (EMS) Agency
- San Mateo EMS Agency
- Sharp HealthCare
- Sutter County Public Health
- Watsonville Community Hospital

This C/E Handbook follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP).

The C/E Handbook enables C/Es to understand their roles and responsibilities in exercise execution and evaluation. Expert control and evaluation are the cornerstones of a successful exercise. The information in this document is current as of the date of publication, November 17, 2016, and is subject to change, as dictated by the Shasta County Health and Human Services agency.

ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the *California Statewide Medical and Health Exercise (SWMHE) Controller and Evaluator (C/E) Handbook*.
 2. Reproduction of this document, in whole or in part, without prior approval from Shasta County HHS Public Health is prohibited.
 3. The C/E Handbook describes the roles and responsibilities of exercise controllers and evaluators, and the procedures they should follow. Because the C/E Handbook contains information about the scenario and about exercise administration, it is distributed to only those individuals specifically designated as controllers or evaluators; it should not be provided to exercise players. The C/E Handbook may supplement the Exercise Plan (ExPlan) or be a standalone document.
 4. For more information about the exercise, please consult the following points of contact (POCs):
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EXERCISE OVERVIEW

Exercise Name	2016 California Statewide Medical and Health Exercise (SWMHE) – Functional Exercise (FE)
Exercise Date	Thursday, November 17, 2016
Scope	This is a FE planned for Shasta County Health and Human Services Agency to take place at November 17th at 2650 Breslaur Way. The 2016 SWMHE Program is a progressive exercise program in a series of training exercises tied to a set of common program priorities. This year’s exercise is a multiphase program designed to be conducted between May and November 2016, culminating in the FE on November 17, 2016. After Action Meeting (AAM) will be conducted within 60 days of the FE.
Mission Area(s)	Response and Recovery
Capabilities	<ul style="list-style-type: none"> • Community/Healthcare System Preparedness (PHEP, HPP) • Emergency Operations Coordination (PHEP, HPP) • Medical Surge (PHEP, HPP) • Emergency Public Information and Warning (PHEP) • Fatality Management (PHEP, HPP) • Information Sharing (PHEP, HPP) • Responder Safety and Health (HPP) • Volunteer Management (HPP)
Objectives	<ol style="list-style-type: none"> 1. Activate the Department Operations Center (DOC) within 60 minutes of Mass Casualty Incident (MCI) notification per activation guidelines found in the emergency operations plan (EOP). 2. Activate and support public health emergency operations. 3. Implement the resource request process for mutual aid resources through existing agreements to support an MCI 4. Issue incident-specific guidelines to healthcare agencies and the public as information becomes available and is verified. 5. Procedures are in place to assess resource requirements for mental/behavioral health support and to provide such support during medical surge incidents to staff, patients, and families.

Threat or Hazard

Mass Casualty Incident (MCI)

Scenario

Train Derailment

Sponsor

The 2016 SWMHE FE is sponsored by CDPH and EMSA in collaboration with response partners representing local health departments, public safety and healthcare facilities across California.



GENERAL INFORMATION

EXERCISE OBJECTIVES & CAPABILITIES

The following exercise objectives in Table 1 describe expected outcomes for the exercise. The objectives are linked to PHEP/HPP Core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Table 1: Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
1. Test the activation process for a Mass Casualty Incident per activation guidelines found in the Emergency Operations Plan (EOP).	Emergency Operations Coordination Information Sharing
2. Test activating and supporting Public Health emergency Operations.	Medical Surge Emergency Operations Coordination Information Sharing
3. Test the resource request process for mutual aid resources through existing agreements to support an MCI.	Medical Surge Emergency Operations Coordination Responder Safety and Health Volunteer Management
4. Test issuing incident-specific guidelines to healthcare agencies and the public as information becomes available and is verified.	Community Preparedness Emergency Operations Coordination Emergency Public Information and Warning Medical Surge
5. Test procedures to assess resource requirements for mental/behavioral health support and to provide such support during medical surge incidents to staff, patients and families.	Medical Surge Community/Healthcare Preparedness

PARTICIPANT ROLES AND RESPONSIBILITIES

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

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.

- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

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 FE 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 FE.
- There are no "hidden agendas" or trick questions.
- All players receive information at the same time.

EXERCISE LOGISTICS

SAFETY

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase “**real-world emergency.**” The following procedures should be used in case of a real emergency during the exercise:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
 - A controller aware of a real emergency will initiate the “**real-world emergency**” broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any.

REGISTRATION/CHECK-IN

All participants should check in prior to the exercise and receive instructions on facility characteristics.

POST-EXERCISE AND EVALUATION ACTIVITIES

DEBRIEFINGS

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

EVALUATION

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the AAR.

After Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and point of contact (POC).

IMPROVEMENT PLANNING

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After Action Meeting

The After Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

EXERCISE RULES

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement “**This is an exercise.**”
- Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

PLAYER INSTRUCTIONS

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts.
- Sign in when you arrive.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask a controller.

- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement **"This is an exercise."** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

SIMULATION GUIDELINES

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

CONTROLLER INFORMATION AND GUIDANCE

EXERCISE CONTROL OVERVIEW

Exercise control maintains exercise scope, pace, and integrity during exercise conduct. The control structure in a well-developed exercise ensures that exercise play assesses objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise.

EXERCISE CONTROL DOCUMENTATION

Incident Simulation

Because the exercise is of limited duration and scope, certain details will be simulated. Venue controllers are responsible for providing players with the physical description of what would fully occur at the incident sites and surrounding areas.

Scenario Tools

The MSEL outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as information expected to emanate from simulated organizations (i.e., nonparticipating organizations or individuals who usually would respond to the situation). The MSEL consists of the following two parts:

- **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: scenario time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

EXERCISE CONTROL STRUCTURE

Control of the exercise is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with other controllers at other exercise venues.

CONTROLLER INSTRUCTIONS

Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects, safety and security plans, and controller instructions.

- Attend required briefings.
- Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
- Be at the appropriate location at least 15 minutes before the exercise starts.
- Obtain, locate and test necessary communications equipment.

During the Exercise

- Avoid personal conversations with exercise players.
- Receive and record exercise information from players that would be directed to nonparticipating organizations.
- Observe and record exercise artificialities that interfere with exercise realism. If an exercise artificiality interferes with exercise play, report it to the Exercise Director.
- Begin and end all exercise communications with the statement, “**This is an exercise.**”
- Do not prompt players regarding what a specific response should be to do, clarify information but do not provide coaching.
- Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through their own resources.

After the Exercise

- Distribute copies of Participant Feedback Forms and pertinent documentation.
 - All controllers are expected to conduct a Hot Wash at their venue and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hot Wash, do not discuss specific issues or problems with exercise players.
 - At exercise termination, summarize your notes from the exercise and Hot Wash, and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Exercise Director.
-

EVALUATOR INFORMATION AND GUIDANCE

EXERCISE EVALUATION OVERVIEW

Exercise evaluation assesses an organization's capabilities to accomplish a mission, function, or objective. Evaluation provides an opportunity to assess performance of critical tasks to capability target levels. Evaluation is accomplished by the following means:

- Observing the event and collecting supporting data;
- Analyzing collected data to identify strengths and areas for improvement; and
- Reporting exercise outcomes in the AAR.

EVALUATION DOCUMENTATION

Evaluator Package

The evaluator package contains this C/E Handbook, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Exercise Evaluation Guides

EEGs provide a consistent tool to guide exercise observation and data collection. EEGs are aligned to exercise objectives and capabilities and list the relevant capability targets and critical tasks. Data collected in EEGs by each evaluator will be used to develop the analysis of capabilities in the AAR.

Each evaluator is provided with an EEG for each capability that he/she is assigned to evaluate. Evaluators should complete all assigned EEGs and submit them to the Lead Evaluator at the conclusion of the exercise. The Lead Evaluator and Senior Controller compile all evaluator submissions into the first working draft of the AAR.

After Action Report/Improvement Plan

The main focus of the AAR is the analysis of capabilities. The AAR includes a rating of how exercise participants performed for each capability exercised, as well as strengths and areas for improvement.

Following completion of the draft AAR, elected and appointed officials confirm observations identified in the AAR and determine which areas for improvement require further action. As part of the improvement planning process, elected and appointed officials identify corrective actions to bring areas for improvement to resolution and determine the appropriate organization with responsibility for those actions. Corrective actions are consolidated in the Improvement Plan (IP), which is included as an appendix to the AAR.

EVALUATOR INSTRUCTIONS

General

- Avoid personal conversations with players.
- Do not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Before the Exercise

- Review appropriate plans, procedures, and protocols.
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility to ensure that you have a thorough understanding of the capabilities, capability targets and critical tasks you are assigned to evaluate.
- Report to the exercise check-in location at the time designated in the exercise schedule and meet with the exercise staff.
- Obtain or locate necessary communications equipment and test it to ensure that you can communicate with other evaluators and the Exercise Director.

During the Exercise

- Wear evaluator identification items (e.g., badge, vest).
- Stay in proximity to players that have the authority to make decisions.
- Use EEGs to document performance relative to exercise objectives, capabilities, capability targets and critical tasks.
- Focus on critical tasks as specified in the EEGs.
- Your primary duty is to document performance of capabilities. After the exercise, performance information will be used to determine whether the exercise capability targets were effectively met and to identify strengths and areas for improvement.

After the Exercise

- Participate in the Hot Wash and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.
- Complete and submit all EEGs and other documentation to the Lead Evaluator at the end of the exercise.

Using Exercise Evaluation Guides

Terminology

EEGs are structured to capture information specifically related to the evaluation requirements developed by the Exercise Planning Team. The following evaluation requirements are documented in each EEG:

- **Objectives** – The objectives necessary to achieve a specific mission areas tested.
- **Tasks** – The distinct elements required to perform a capability; they describe *how* the capabilities will be met. Tasks generally include the activities, resources and responsibilities required to fulfill capabilities. Tasks are based on operational plans, policies and procedures to be reviewed during the discussion-based exercise.
- **Rating** – A rating should be provided for each objective as well as the overarching capability. Rating definitions are provided on the following page.
- **Observation Notes and Explanation of Rating** – This is narrative of the evaluator’s analysis of the action. This response will help form the analysis section of the AAR.
- **Recommendations** – This provides the evaluator’s recommendation for resolving identified issues. This response will help form the recommendations section of the AAR.

Documenting Observations

For each EEG, evaluators provide a rating, observation notes, an explanation of the rating and a final capability rating. In order to efficiently complete these sections of the EEG, evaluators should focus their observations on the capabilities and tasks listed in the EEG.

Observation notes should include *if* and *how* quantitative or qualitative goals were met. For example, an objective might state, “*Within 4 hours of the incident...*” Notes on that objective should include the actual time required for exercise players to complete the tasks. Additionally, observations should include:

- How the task was or was not met;
- Pertinent decisions made and information gathered to make them;
- Requests made and how they were handled;
- Resources utilized;
- Plans, policies, procedures, or legislative authorities used or implemented; and
- Any other factors which contributed to the results.

Evaluators should also note if an obvious cause or underlying reason resulted in players not meeting a capability or task. However, the evaluators should not include recommendations in the EEGs. As part of the after action and improvement planning processes, elected and appointed officials will review and confirm observations documented in the AAR and determine areas for improvement requiring further action.

Note: Observation notes for discussion based exercises will focus on *discussion* of the how tasks would be completed rather than actual actions taken.

Assigning Ratings

Based on their observations, evaluators assign a rating for each capability listed on the EEG. Evaluators then consider all ratings for the capability and assign an overall capability rating. The rating scale includes four ratings:

- Performed without Challenge (P)
- Performed with Some Challenges (S)
- Performed with Major Challenges (M)
- Unable to be Performed (U)

Definitions for each of these ratings are included in the EEG.

Placement and Monitoring

Evaluators should position themselves so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area.



APPENDIX A: EXERCISE SCHEDULE

Time	Activity
Wednesday, November 9, 2016	
10:00 am to 12:00 pm	Controller and Evaluator Briefing HPP / Exercise Planning Meeting
Thursday, November 17, 2016	
Prior to Exercise	Public Health Initial Threat Assessment Meeting (ITAM)
8:00 am	Communication Checks
9:00 am	Start Ex CAHAN Alert
9:30 am	Public Health DOC Planning Meeting
11:00 am	SITREP and Resource Request Submission to State
1:00 pm	End Ex CAHAN Alert
Immediately after the exercise	Internal Hot Wash at Various Sites
3:00 pm	HPP Conference Call Hot Wash
Tuesday, December 13, 2016	
10:00 am to 12:00 pm	HPP Medical Health Exercise After Action Conference



APPENDIX B: EXERCISE PARTICIPANTS

Organization
Hill Country Health and Wellness
Mayers Memorial Hospital District
Medical Home Care Professionals
Mercy Medical Center Redding
Mountain Valleys Health Centers
Patients' Hospital of Redding
Redding Fire Department & SCHMRT
Shasta Community Health Center
Shasta County Health and Human Services Agency – Public Health Branch
Shasta Regional Medical Center
Shingletown Medical Center
Sierra-Sacramento Valley EMS Agency

APPENDIX C: COMMUNICATIONS PLAN

Jurisdictions, organizations, and facilities with established communications plans should use those pre-existing plans. For entities and organizations without an established communications plan, the plan below may be utilized instead.

All spoken and written communications will start and end with the statement [“THIS IS AN EXERCISE.”]

PLAYER COMMUNICATIONS

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

CONTROLLER COMMUNICATIONS

The principal method of information transfer for controllers during the exercise is face-to-face interaction. The controller communications network allows the Exercise Director or Senior Controller to make and announce universal changes in exercise documentation, such as changes to the MSEL.

The primary means of communication between the SimCell, controllers, and Players is landline telephone. A list of key telephone numbers will be available before the exercise starts.

COMMUNICATIONS CHECK

Before the exercise the Controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

PLAYER BRIEFING

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

APPENDIX D: EXERCISE SCENARIO

A train is travelling through Shasta County with an estimated 100 cars of mixed freight (including hoppers and tank wagons). At a level crossing near a busy intersection, dozens of vehicles on either side of the tracks wait for the train to pass including two school buses carrying their maximum capacity of 60 K-8 children each. The grade crossing signal malfunctions, causing the gate to open early. While most vehicle drivers understand there has been a malfunction and that the train is still approaching, one impatient driver of a large van attempts to move across the tracks before the train comes through. The movement happens too quickly for the engineer to slow the train significantly.

At 0800 local time, the train strikes the van, instantly killing the driver and setting off a chain reaction that begins with a 23-car derailment. Multiple tank cars jump the tracks and strike idling vehicles on the road, including the two school buses. Several of the tank cars carrying chlorine overturn.

First responders arrive on the scene within minutes. Based on the size of the event and estimated numbers of casualties, the crash is declared a Mass Casualty Incident (MCI) and various agencies, including but not limited to law, fire, EMS, and healthcare facilities, are notified based upon local MCI policies and procedures. MCI triage standard operating procedures (SOP) are immediately implemented (e.g. START/Jump START) with victims at the site.

The fire department weighs the possibility of an evacuation or shelter-in-place order due to initial concerns regarding a potential breach of the train cars carrying chlorine. There is discussion that the evacuation area might be as large as a one-mile radius from the train derailment site. The fire department also confirms that there is no risk of contamination to victims. The area being considered for evacuation/shelter-in-place includes many businesses, healthcare facilities (skilled nursing facilities, long-term care facilities), and residences. Law enforcement closes surrounding roads to through traffic. The underlying motivation of the driver who crossed the tracks has not been ascertained so the area is being treated as a possible crime scene.

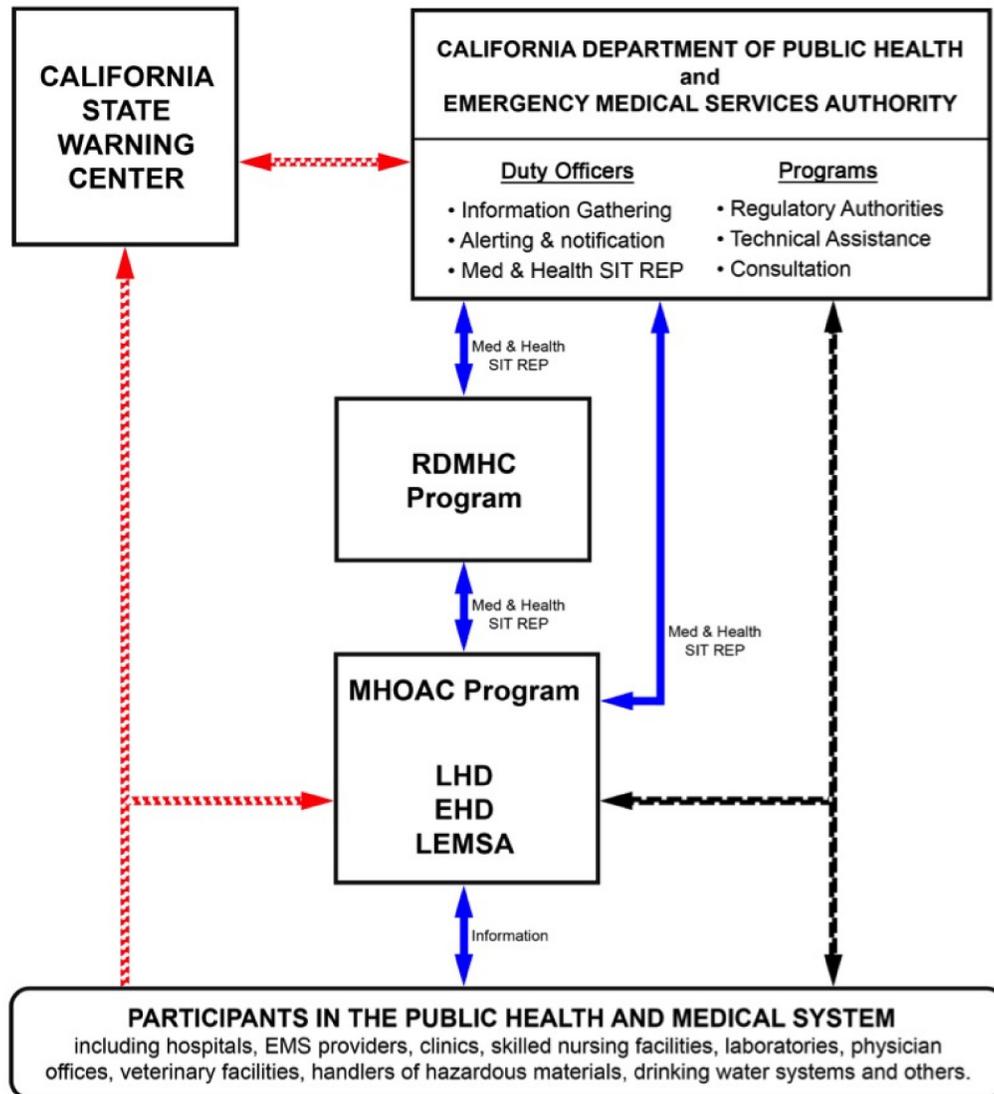
APPENDIX E:

UN ID 1017 – CHLORINE BRIEFING

- Chlorine is a toxic gas that irritates the respiratory system. Because it is heavier than air, it tends to accumulate at the bottom of poorly ventilated spaces. Chlorine gas is a strong oxidizer, which may react with flammable materials.
- Coughing and vomiting may occur at 30 ppm and lung damage at 60 ppm. About 1000 ppm can be fatal after a few deep breaths of the gas.
- Breathing lower concentrations can aggravate the respiratory system, and exposure to the gas can irritate the eyes.
- The toxicity of chlorine comes from its oxidizing power.
- When chlorine is inhaled at concentrations above 30 ppm, it begins to react with water and cells, which change it into hydrochloric acid (HCl) and hypochlorous acid (HClO).
- When used at specified levels for water disinfection, the reaction of chlorine with water is not a major concern for human health.

APPENDIX F: COMMUNICATION & INFORMATION MANAGEMENT

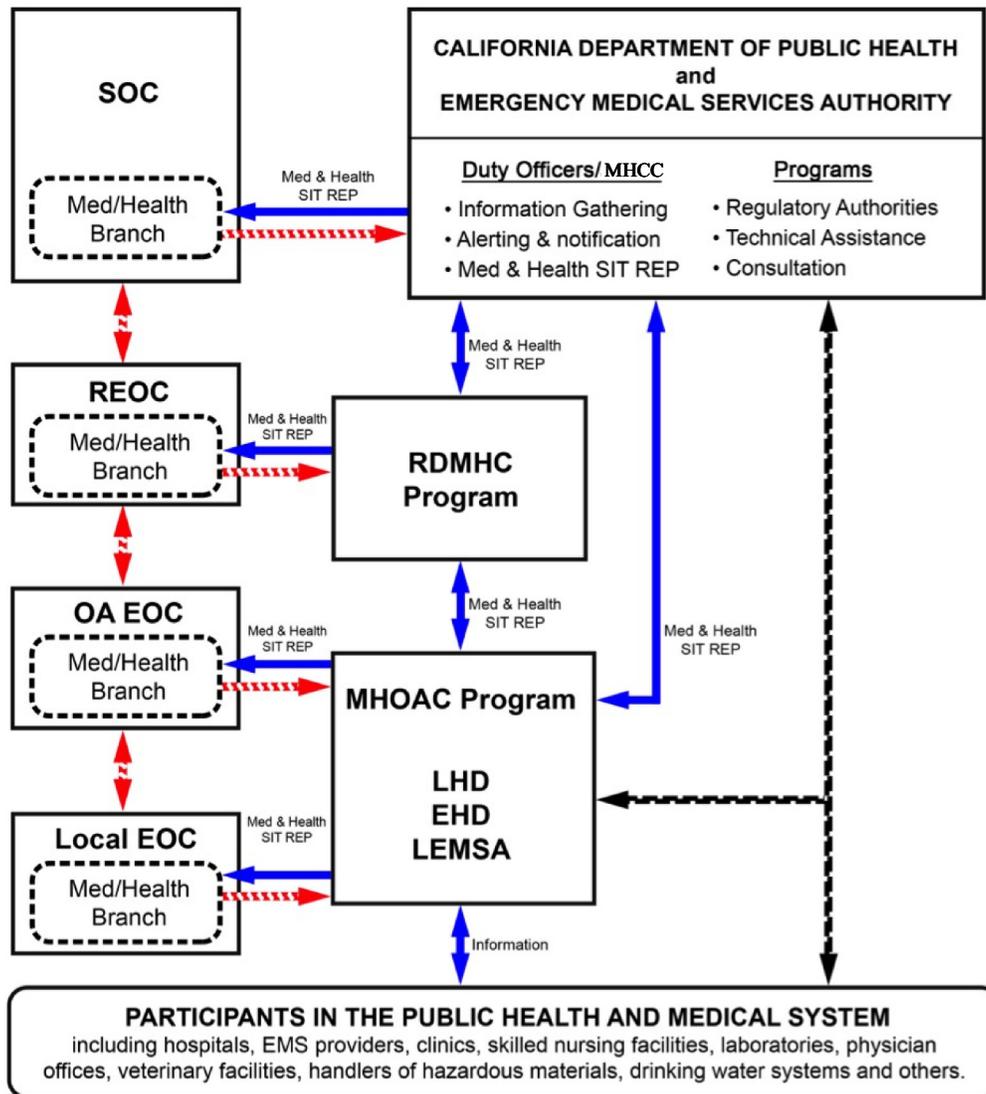
- Information flow in compliance with regulatory, statutory and program requirements.
- Information flow including notification and medical and health situation reporting.
- Direct notification between entities and the CaIOES State Warning Center in compliance with statutory and regulatory requirements (e.g., Hazmat spills and releases).



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- Information flow in compliance with regulatory, statutory and program requirements.
- Notification and health & medical situation reporting.
- Emergency management incident reporting, inclusive of medical & health situation reporting.





NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION – FIELD TO STATE ¹		
SEMS ² LEVEL	ENTITY	INITIAL NOTIFICATION
Field	Field-Level Participants in the Public Health and Medical System, e.g., Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories	Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD EHD LEMSA ³	Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. Notify the Medical Health Operational Area Coordinator Program (MHOAC) Program. Local Health Department (LHD)/Environmental Health Departments (EHDs): Notify the CDPH Duty Officer Program (either directly or via the MHOAC Program) or Medical and Health Coordination Center (MHCC) if activated.
OA	MHOAC Program	Notify the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program in affected region. Notify the local emergency management agency in accordance with local policies and procedures. Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC/S Program).
Region	RDMHC Program	Notify the CDPH and/or EMSA Duty Officer Programs. Notify the local emergency management agency in accordance with local policies and procedures. Notify the MHOAC Program(s) in unaffected Operational Areas (OA) within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.

¹ From FEMA's Emergency Management Institute Exercise Design Guidelines, in "Unit 4: Exercise Design Steps."

² Standardized Emergency Management System

³ Local Emergency Medical Services Authority



SEMS LEVEL	ENTITY	INITIAL NOTIFICATION
State	CDPH and EMSA Duty Officer Programs	<p>Notify State agencies in accordance with policies and procedures.</p> <p>Notify the RDMHC/S Programs in other Mutual Aid Regions if assistance is required or anticipated.</p>
	Cal OES⁴ State Warning Center	<p>Notify State agencies, including Cal OES, in accordance with policies and procedures.</p>

⁴ California Governor’s Office of Emergency Services



NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION STATE TO FIELD		
SEMS LEVEL	ENTITY	INITIAL NOTIFICATION
State	Cal OES State Warning Center	Notify the CDPH and EMSA Duty Officer Programs.
	CDPH and EMSA Duty Officer Programs	<p>Notify State agencies in accordance with policies and procedures.</p> <p>Notify the RDMHC/S Program in accordance with policies and procedures: request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to the MHOAC Program if acknowledgement of notification is not received from the RDMHC/S Program within 15 minutes. Notify the RDMHC Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA.</p> <p>Notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.</p>
Region	RDMHC Program	<p>Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policies and procedures.</p> <p>Notify emergency management agencies in accordance with policies and procedures, including the Cal OES Regional Duty Officer (or REOC⁵ if activated).</p>
OA	MHOAC Program	Notify local agencies (LHD, EHD, LEMSA, emergency management) in accordance with local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD EHD LEMSA	Notify appropriate field-level entities in accordance with local policies and procedures.

⁵ Regional Emergency Operation Center



MEDICAL AND HEALTH SITUATION REPORT UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION		
SEMS LEVEL	ENTITY	ACTIVITY
Field	Field-Level Participants in the Public Health and Medical System, e.g., Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories	Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD, EHD, LEMSA	Provide situational information to the MHOAC Program in accordance with local policies and procedures.
OA	MHOAC Program	Within two hours of incident recognition, prepare and submit initial Medical and Health Situation Report to: (1) RDMHC/S Program; (2) CDPH and/or EMSA Duty Officer Programs (or MHCC if activated); and (3) emergency management agency for the OA (or OA EOC ⁶ if activated) in accordance with local policies and procedures. Under pressing circumstances, the initial Situation Report may be verbally delivered. Update as agreed or pursuant to change in status but no less than once per operational period.
Region	RDMHC Program	Confirm that the MHOAC Program submitted the Medical and Health Situation Report to CDPH and/or EMSA Duty Officer Programs and the emergency management agency for the OA (or OA EOC if activated) in accordance with policies and procedures. Confirm that the Cal OES Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report in accordance with policies and procedures.
State	CDPH and EMSA Duty Officer Programs (or MHCC if activated)	Share information with State agencies in accordance with policies and procedures. Incorporate relevant information from Medical and Health Situation Reports into the statewide Public Health and Medical Daily Situation Report and share with Cal OES, California Health and Human Services (CHHS) Agency, RDMHC/S Programs, MHOAC Programs and other stakeholders at least once per operational period.

⁶ Emergency Operation Center



The designation of Public Health and Medical Incident Level 1, 2, or 3 describes the need for resources. It is also important to assess and report the operational status of the Public Health and Medical System within the OA. Public Health and Medical System Status is assessed using a color-coded system that describes conditions along a continuum from normal daily operations to major disaster. This system is general modeled after the system developed to assess and report Health Care Surge Level described in CDPH's Standards and Guidelines for Healthcare Surge During Emergencies.

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	Condition
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.

APPENDIX G: ACRONYMS

AAM	After Action Meeting
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
C/E	Controller and Evaluator
CAHF	California Association of Health Facilities
Cal OES	California Governor's Office of Emergency Services
CDPH	California Department of Public Health
CPCA	California Primary Care Association
CHHS	California Health and Human Services Agency
EEG	Exercise Evaluation Guide
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
ExPlan	Exercise Plan
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MCI	Mass Casualty Incident
MHCC	Medical and Health Coordination Center
MHOAC	Medical and Health Operational Area Coordinator Program
MSEL	Master Scenario Events List
OA	Operational Area
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
RDMHC/S	Regional Disaster Medical Health Coordinator/Specialist
REOC	Regional Emergency Operation Center
SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SWMHE	Statewide Medical and Health Exercise
VIP	Very Important Person