2018 VENTURA COUNTY STATEWIDE

MEDICAL AND HEALTH EXERCISE

EXERCISE PLAN



# PREFACE

The 2018 SWMHE is sponsored by the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) in collaboration with Ventura County Emergency Medical Services Agency (VCEMSA), Ventura County Emergency Preparedness Office (VCEPO), and Ventura County Health Care Coalition (VCHCC). This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the SWMHE Planning Workgroup, comprised of representatives from:

* California Department of Public Health
* California Emergency Medical Services Authority
* Ventura County Health Care Agency
* Ventura County Public Health
* Ventura County Emergency Medical Services Agency
* Ventura County Emergency Preparedness Office
* Ventura County Health Care Coalition
* Ventura County Animal Services
* Ventura County Medical Examiners Office
* VCPH Communicable Disease Office
* VCPH Laboratory
* Adventist Health Simi Valley
* Assisted Home Health and Hospice
* Community Memorial Health System
* Oxnard Manor Healthcare
* Shoreline Care Center
* University Village Thousand Oaks
* Ventura Post Acute

The ExPlan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The ExPlan gives participating organizations the information necessary to take part in an operations-based full-scale exercise (FSE). See Appendix I 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.

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# EXERCISE OVERVIEW

| **Exercise Name** | 2018 Ventura County SWMHE |
| --- | --- |
| **Exercise Date** | November 15, 2018 – RESCHEDULED January 31, 2019 |
| **Scope** | This Full-Scale Exercise (FSE), planned for the Ventura County Health Care Coalition partners, will take place on ~~November 15, 2018~~ January 31, 2019 within the VC operational area. An After-Action Meeting (AAM) will be conducted on ~~December 14, 2018~~ February 21, 2019. The rescheduled dates were implemented due to multiple, real-world incidents and activations occurring within the operational area during the month of November 2018. This FSE is being conducted to evaluate existing plans, policies, and procedures in a no-fault environment. The pre-written Schedule of Events and EEG will manage the flow of the exercise by providing injects via Controllers. Players will respond to defined injects within established time frames. Exercise play will include “boots on the ground” components and discussion by exercise participants. This FSE has been designed by Emergency Preparedness Office personnel and Stakeholder Liaisons. |
| **Capabilities** | HPP Capability 1. Foundation for Health Care and Medical ReadinessHPP Capability 2. Health Care and Medical Response CoordinationHPP Capability 3. Continuity of Health Care Services DeliveryHPP Capability 4. Medical Surge PHEP Capability 3. Emergency Operations Coordination PHEP Capability 6. Information Sharing PHEP Capability 10. Medical Surge  |
| **Objectives** | 1. Participants will fill out a CMR within CalREDIE Provider Portal and submit during exercise play.
2. Hospitals will complete an immediate bed availability survey within 30 minutes of receiving the request via ReddiNet.
3. Within two hours of incident onset, the VCHCC partners will identify staffing in accordance with internal succession plan, considering a 10% reduction in staffing due to illness.
4. Participants will respond to the incident with at least 3 strategies for non-pharmaceutical interventions during exercise play.
5. Participants will confirm receipt of the CAHAN alert within 30 minutes.
6. 75% of PIOs participating in the exercise will join the JIC conference call during exercise play.
7. All specimens received in the laboratory will be reported out the same day.
 |

| **Scenario** | Emerging Infectious Disease – Leptospirosis |
| --- | --- |
| **Sponsor** | The 2018 SWMHE is sponsored by the California Department of Public Health and Emergency Medical Services Authority in collaboration with Ventura County Emergency Medical Services Agency, Ventura County Emergency Preparedness Office, and Ventura County Health Care Coalition. |
| **Participating Organizations** | See Appendix H  |

# GENERAL INFORMATION

## EXERCISE OBJECTIVES & CAPABILITIES

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*The objectives in Table 1 evaluate the community-based response. The objectives in Table 2 are optional and should only be added if you would like to include additional, internal evaluations of site specific plans, policies, procedures and response.*

The exercise objectives in Table 1 describe expected outcomes for all participating sites. The objectives are linked to Health Care Preparedness and Response capabilities, which are elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided and selected by the Exercise Design Team.

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

| Exercise Objective | Capability |
| --- | --- |
| Participants will fill out a CMR within CalREDIE Provider Portal and submit during exercise play. | Capability 1. Foundation for Health Care and Medical Readiness (HPP)  |
| Hospitals will complete an immediate bed availability survey within 30 minutes of receiving the request via ReddiNet. | Capability 2. Health Care and Medical Response Coordination (HPP)  |
| Within two hours of incident onset, the VCHCC partners will identify staffing in accordance with internal succession plan, considering a 10% reduction in staffing due to illness. | Capability 3. Continuity of Health Care Services Delivery (HPP)  |
| Participants will respond to the incident with at least 3 strategies for non-pharmaceutical interventions during exercise play. | Capability 4. Medical Surge (HPP)  |
| Participants will confirm receipt of the CAHAN alert within 30 minutes. | Capability 3. Emergency Operations Coordination (PHEP)  |
| 75% of PIOs participating in the exercise will join the JIC conference call during exercise play. | Capability 6. Information Sharing (PHEP)  |
| All specimens received in the laboratory will be reported out the same day. | Capability 10. Medical Surge (PHEP)  |

The exercise objectives in Table 2 describe internal, facility- or organization-based expected outcomes for [name of facility/organiztion site]. The objectives are linked to Accreditation Standards and Core Elements of the Centers for Medicare and Medicaid (CMS) Emergency Preparedness Rule. The objectives and aligned Standards/Elements are guided and selected by the Exercise Lead at each participating site.

The following web pages have example objectives by discipline type: <http://www.healthdisasteroc.org/ems/emergency_management/preparedness_training_and_exercise/2018_swmhe>

<https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx>

**Table 2: *Optional,* Internal Objectives and Associated Standards**

| Exercise Objective | Accreditation Standards*(TJC, DNV, CHAP, AAAHC, etc.)* | CMS EP Rule Core Element*(Emergency Plan, Communication Plan, Training and Testing, OR Policies and Procedures)* |
| --- | --- | --- |
| [Internal Objective 1] |  |  |
| [Internal Objective 2] |  |  |
| [Internal Objective 3] |  |  |

## PARTICIPANT ROLES & RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the FSE. Dependent on the size of the facility/organization, one individual may assume multiple roles. The below is a summary of the exercise roles. **The Exercise Lead at each site is responsible for printing each role sheet from** [**http://www.vchca.org/activities/fse**](http://www.vchca.org/activities/fse) **as these include a full listing of the responsibilities for each role.**

* **Exercise Lead****.** The Exercise Lead manages the facility/organization’s participation in the SWMHE throughout all phases of the exercise – planning, execution (i.e. day of the exercise), and after-action. The Exercise Lead maintains the Site Handbook and ensures all requirements of participation are submitted to the SWMHE Design Team. The Exercise Lead will oversee all other roles to ensure they have fulfilled their responsibilities and will assume the role of Support Staff if none are available.
* **Safety Officer.** The Safety Officer monitors exercise activities and advises the Exercise Lead on all matters relating to incident health and safety of all exercise participants. The Safety Officer has emergency authority to stop and/or prevent unsafe acts during incident operations.
* **Controller.** The Controller manages FSE play by directing the pace of the exercise, providing key data to players, and prompting/initiating certain player actions in accordance with instructions provided in the Schedule of Events & Exercise Evaluation Guide (EEG) to ensure FSE continuity. In addition, they issue FSE material to players as required, monitor the FSE timeline, and supervise the safety of all FSE participants. The Controller facilitates the Hot Wash and assists the Exercise Lead with compiling the Site Feedback Form and the AAR/IP.
* **Evaluator.** The Evaluator provides feedback on a designated functional area of the FSE. The Evaluator observes and documents performance against established capability targets and critical tasks, in accordance with the Schedule of Events & Exercise Evaluation Guide (EEG). The Evaluator provides and collects Player Feedback Forms and assists the Exercise Lead with compiling the Site Feedback Form and the AAR/IP.
* **Players.** Players are personnel who have an active role in discussing or performing their response roles and actions during the FSE; they discuss or initiate actions in response to injects.
* **CAHAN.** At minimum, one Player is required to be a CAHAN participant.
* **Infection Control.** The Infection Control (IC) Personnel is asked to participate in this year’s exercise due to the applicability of their responsibilities within emerging infectious disease events. The IC Personnel ensures their site is registered for a CalREDIE account.
* **Public Inforamtion Officer (PIO).** The PIO at each site should follow internal procedures regarding public relations and participates in Joint Information Center (JIC) activities.
* **Media Personnel****.** Some media personnel may be present, pending approval by the Site PIO.
* **Observers.** Observers visit or view selected segments of the FSE. Observers do not play in the FSE, nor do they perform any control or evaluation functions. Observers view the FSE from a designated observation area and must remain within the observation area during the FSE.
* **Actors.** Actors simulate specific roles during FSE play, typically victims or other bystanders.
* **Support Staff.** The FSE support staff includes individuals who perform administrative and logistical support tasks during the FSE (e.g., registration, catering).

## EXERCISE ASSUMPTIONS & ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. FSE 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 FSE and, as such, are assumed to be present before the FSE starts. The following assumptions and/or artificialities apply to the FSE:

* The FSE is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The FSE scenario is plausible, and events occur as they are presented.
* FSE 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 FSE play with real-world emergencies.
Real-world emergencies take priority.
* Decisions are not precedent setting and may not reflect your organization’s final position.
* Time lapses may be inserted to achieve the FSE 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 FSE there is disagreement with existing plans, policies, and procedures, this should be noted, and relevant stakeholders should assess the need to change documents after the FSE.
* There are no “hidden agendas” or trick questions.
* All players receive information at the same time.
* If a player would normally contact an individual or department that is not represented at the FSE, they should tell the Evaluator what information they need and who they would contact. This action should be noted.
* Include any additional assumptions / artificialities to be used in the FSE.

## FuLL-SCALE EXERCISE resources

In addition to this document, several other documents and resources have been developed by The Ventura County SWMHE Design Team to aid exercise participants in the compliation of their Site Handbook and design of internal exercise activities. These resources are available for download at [**http://www.vchca.org/activities/fse**](http://www.vchca.org/activities/fse)

* Leptospirosis & Communicable Disease
* Requirements of Participation
* Roles
* Intent to Participate
* Tabletop Exercise (TTX)
* Day of Exercise
* Control & Evaluation
* After Action
* Web-Based Trainings

# EXERCISE LOGISTICS

[Each participating site should ensure that site specific logistics are included in this section.]

## Safety

FSE participant safety takes priority over FSE events (see Appendix E: Safety Checklist) The following general requirements apply to the FSE:

* A Safety Officer is responsible for participant safety; any safety concerns must be immediately reported to the Safety Officer. The Safety Officer and Exercise Lead will determine if a real-world emergency warrants a pause in FSE play and when FSE play can be resumed.
* For an emergency that requires assistance, use the phrase **“THIS IS NOT AN EXERCISE.”**
The following procedures should be used in case of a real emergency during the FSE:
* 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 **“THIS IS NOT AN EXERCISE”** broadcast and provide the Controller, and Exercise Lead with the location of the emergency and resources needed, if any. The Controller will notify the Exercise Design Team as soon as possible (see Appendix C).

**Fire Safety**

Standard fire and safety regulations relevant to the [participant site] will be followed during the FSE. [Insert any site-specific guidelines/protocols]

**Weapons Policy**

All participants will follow the relevant weapons policy for the exercising organization or FSE venue.

##

## Site Access

**Security**

Follow your facility/organization security policies, procedures, and protocols. Players should advise their site’s Safety Office and Controller of any unauthorized persons.

**Media/Observer Coordination**

Sites with media personnel and/or observers attending the event should coordinate with the Public Information Officer (PIO). Media/Observers are escorted to designated areas and accompanied by the PIO at all times. FSE participants should be advised of media and/or observer presence.

**Exercise Identification**

Exercise staff may be identified by badges, hats, and/or vests that clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 2 describes these identification items.

**Table 2: Exercise Identification**

| **GROUP** | **BADGE / VEST** |
| --- | --- |
| [Exercise Lead] |  |
| [Safety Officer] |  |
| [Controllers] |  |
| [Evaluators] |  |
| [Actors/Victim Volunteers] |  |
| [Support Staff] |  |
| [Observers] |  |
| [Media Personnel] |  |
| [Players, Uniformed] |  |
| [Players, Civilian Clothes] |  |
| [Players, PIO] |  |
| [Players, Infection Control] |  |

## REGISTRATION/CHECK-IN

All participants at all sites should check in prior to the FSE and receive instructions on facility characteristics. A sample sign-in sheet may be found in Appendix B

## CLEANUP & RESTORATION

After the FSE, all participating personnel will begin cleanup operations to restore the area to pre-FSE conditions.

# POST-EXERCISE & EVALUATION ACTIVITIES

For a full-scale exercise (FSE) schedule, including the time and location of all post-FSE meetings, please see Appendix A.

## Debriefings

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

### Hot Wash

At the conclusion of FSE play, Controllers at each respective site should 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. Participants should attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

### Controller & Evaluator Debriefing

Controllers and Evaluators should debrief with the Exercise Lead immediately after the hot wash. The Site Feedback form should be compiled during this debrief.

### Player Feedback

Feedback allows the participants to comment candidly on FSE activities. At the conclusion of FSE play, Evaluators should provide Players with a Player Feedback Form and allow them a small amount of time to complete the feedback form just prior to the Hot Wash. The Evaluator should collect all Player Feedback Forms at the conclusion of the Hot Wash.

### Site Feedback

Exercise Leads should collaborate with their Controller and Evaluator to complete the Site Feedback Form. This form should be brought by the representative attending the After-Action Meeting to assist them with partication in group discussions.

## Evaluation

**Move from MSEL**

A Master Scenario Events List (MSEL) provides a timeline and location for all expected exercise events and injects (actions that push the scenario forward). In an effort to reduce paper waste, create efficiencies, and assist sites who have only one personnel serving both roles – of Control and Evaluation – the VC Design Team has elected to combine the MSEL with the exercise evaluation; this document will be referred to as the Schedule of Events & Exercise Evaluation Guide (EEG).

### Schedule of Events & EEG

The fusion of documents will still include the following components typically seen in a MSEL:

* Chronological listing that supplements exercise scenario
* Scenario time
* Event synopses
* All injects
* Expected participant responses
* Objectives and core capabilities with the addition of accreditation standards and CMS emergency preparedness rule core elements

Schedule of Events & EEG assist evaluators in collecting relevant FSE observations. EEGs document FSE objectives and aligned PHEP/HPP capabilities, tasks, accreditation standards, and CMS Emergency Preparedness Rule Core Elements. It is important that all evaluators have a copy of the Scehdule of Events & EEG. The EEG keeps evaluators on track during exercise play by providing them with information on what they should expect to see demonstrated by the players. The EEGs, coupled with all Feedback Forms and Hot Wash notes, are used to evaluate the FSE and compile the After-Action Report (AAR).

## 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 part of a continuous corrective action program.

### After-Action Meeting

The After-Action Meeting (AAM) is held among decision- and policy-makers from the exercising organizations to debrief the FSE and review/refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss/validate the observations and corrective actions in the draft AAR/IP.

### After-Action Report

The AAR summarizes key information related to evaluation. It primarily focuses on the analysis of capabilities, including performance, strengths, and areas for improvement. The AAR also includes basic exercise information, such as: exercise name, type, 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 Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion.

# PARTICIPANT INFORMATION & GUIDANCE

## EXERCISE RULES

The following general rules govern FSE play:

* Real-world emergency actions take priority over FSE actions.
* FSE players will comply with real-world emergency procedures, unless otherwise directed by Safety Officer and/or Exercise Lead.
* All communications (including written, radio, telephone, and e-mail) during the FSE will begin and end with the statement **“This is an exercise.”**
* [Insert your organization/facility’s specific rules here.]

## PLAYER INSTRUCTIONS

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

### Before the Exercise

* Review appropriate organizational plans, procedures, and FSE support documents.
* Be at the appropriate site at least 30 minutes before the FSE starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* If you gain knowledge of the scenario before the FSE, notify a Controller so that appropriate actions can be taken to ensure a valid evaluation.
* [Insert your organization/facility’s specific tasks here.]

### During the Exercise

* Respond to FSE events and information as if the emergency were real, unless otherwise directed by an FSE Controller.
* Controllers will only give you 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 do not understand the scope of the FSE or are uncertain about an organization’s participation in an FSE, ask a Controller.
* Parts of the scenario may seem implausible. Every effort has been made to balance realism with safety, and to create an effective learning and evaluation environment.
* All FSE 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 FSE play for a real-world emergency.
* Speak when you take an action. This procedure will ensure that the Evaluator is 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. The ICS 214 form may be used by players to log activities if the site is compliant with ICS.
* [Insert your organization/facility’s specific tasks here.]

###

### After the Exercise

* Participate in the Hot Wash with the Controller and Evaluator.
* Complete the Player Feedback Form, which allows you to comment candidly on emergency response activities. Provide the completed form to the Evaluator.
* Provide any notes/materials generated from the FSE to your Controller or Evaluator for review and inclusion in the AAR.
* All participating personnel will begin cleanup operations to restore the area to pre-FSE conditions.
* [Insert your organization/facility’s specific tasks here.]

## SIMULATION GUIDELINES

The FSE 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 the Controller.

# APPENDIX A: EXERCISE SCHEDULE

| **TIME** | **PERSONNEL** | **ACTIVITY** | **LOCATION** |
| --- | --- | --- | --- |
| **Pre-Exercise Activities** |
| Prior to 10:00 am | All | * Sign-in & receive instructions
 | [Your Site] |
| All  | * Briefing
 | [Your Site] |
| All | * All participants in starting positions
 | [Your Site] |
| **Full-Scale Exercise Activities** |
| 10:00 am | All | * **StartEx**
 | Emailed from SWMHE@ventura.org |
| Controller | * Follow Schedule of Events and provide injects to players
 | [Your Site] |
| CAHAN Participant | * Monitor email for CAHAN alerts and disseminate alert to all FSE participants
 | Email |
| Evaluator | * Follow Schedule of Events & Exercise Evaluation Guide (EEG)to record observations
 | [Your Site] |
| 12:00 pm | All | * **EndEx**
 | Emailed from SWMHE@ventura.org |
| Immediately following the FSE*(duration: 30 mins)* | All | * Distribute Player Feedback Forms
* Conduct Site Hot Wash
* Collect Player Feedback Forms
 | [Your Site] |
| Immediately following the Hot Wash | Exercise Lead, Controller & Evaluator | * Debrief
* Compile Site Feedback Form
* Finalize EEG
 | [Your Site] |
| By 5:00 pm | Evaluator | * Submit EEG to SWMHE@ventura.org
 | Email |
| **Post-Exercise Activities** |
| February 21st 9:30 am - 12 pm | Organization Representative(s) | * After-Action Meeting
 | VCOEConference & Educational Services Center |
| Within 90 days of the exercise | Exercise Lead & Controller/Evaluator | * Compile site-based AAR/IP
 | [Your Site] |

# APPENDIX B: SAMPLE SIGN-IN SHEET

A modifiable version of this sign-in sheet is available for download on the exercise webpage: <http://www.vchca.org/activities/fse>



# APPENDIX C: COMMUNICATIONS

All spoken and written communications will start and end with the statement

“THIS IS AN EXERCISE.”

## PUBLIC AFFAIRS

The sponsor organization and participating sites are responsible for coordinating and disseminating public information before the FSE. Each venue should follow internal procedures.

## COMMUNICATIONS CHECK

Before the FSE, the Controllers will conduct a communications check with all interfacing communications nodes (i.e. SitRep URL, CalREDIE system, etc.) to ensure redundancy and uninterrupted flow of control information.

## Internal (site) Communications

**FSE communications do not interfere with real-world emergency communications.** Sites should use any pre-existing communications modes such as: telephone, email, text, radio, etc.

## External communications

During exercise play, each site will communicate with external partners via the following modes: CAHAN, SitRep, CalREDIE, and Email.

## COMMUNICATIONS DIRECTORY

| **PARTICIPATING AGENCY** | **NUMBER/EMAIL** | **WEBSITE** |
| --- | --- | --- |
| Design Team (during ex play) | (805) 981-5301SWMHE@ventura.org | <http://www.vchca.org/activities/fse> |
| Communicable Disease Program | (805) 981-5201VCPH-ID@ventura.org  | <http://vchca.org/for-health-care-providers-cmr-tb-forms>  |
| CalREDIE Help Desk | (866) 866-1428CalREDIEHelp@cdph.ca.gov  | <http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CalREDIE.aspx>  |

# APPENDIX D: RESPONSE FORMS

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Visit <http://www.vchca.org/emergency-response> for the following emergency response forms:

* VCHCC Situation Status Guidance
* URL to SitRep
* Resource Request forms and procedures

Access to the CalREDIE Provider Portal has been linked from the 2018 exercise webpage: <http://www.vchca.org/activities/fse>

# APPENDIX E: SAFETY CHECKLIST

## Site Control/scene safety

* All participants must check in before the FSE begins.
* Media/Observers are escorted to designated areas and accompanied by the PIO at all times.
* Exercise in Progress signs should be posted.
* All existing fire hydrants on the site are accessible.

## Participant Safety

* All participants should be made aware that there is a Safety Officer on scene.
* All participants should use the phrase **“THIS IS NOT A DRILL”** if an emergency arises that requires assistance.
* All participants should notify emergency services and the Controller if they observe another participant who is seriously ill or injured.
* All participants should advise the Controller or Evaluator of any unauthorized persons.
* All participants should be informed of exercise identification items.

# APPENDIX F: CONTROLLER INFORMATION & GUIDANCE

## CONTROL OVERVIEW

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

## CONTROL DOCUMENTATION

**Controller Packet**

The Controller packet consists of: Scenario, Schedule of Events & EEG, ICS 214, paper patients, Hot Wash PowerPoint, and Site Feedback Form. Packets will be sent via email to the Controllers prior to the exercise. Controllers are responsible for printing the packet and bringing it with them to the FSE.

**Scenario Tools**

Schedule of Events & EEG outlines benchmarks and injects that drive exercise play and details realistic input to exercise players. The Schedule of Events & EEG consists of the following parts:

* **Timeline with Injects.** This is a list of key FSE events, including scheduled injects and expected player actions. The timeline is used to track FSE events relative to desired response activities. The Evaluator utilizes the “Observed Outcome” column to record comments.
	+ **Injects.** An individual FSE inject is a detailed description of each FSE event. Each inject includes the following pieces of information: inject number, time, objective, from, to, message/task, expected outcomes/action, observed outcome/comments & evaluation.
* **Exercise Objectives.** The Evaluator utilizes this section to record identified exercise criteria such as objectives, applicable capabilities, associated tasks, ratings, and observations/explanation of ratings.
	+ **Optional Internal Objectives.** Sites may elect to include additional, internal objectives if they so chose. If the site includes internal objectives, the Evaluator utilizes this section to record the same as noted in Exercise Objectives. The only variation being that applicable accreditation standards and CMS Emergency Preparedness Rule core elements are linked to the objective in lieu of capabilities.
* **Non-Pharmaceutical Interventions (NPI).** The Evaluator should work with the Infection Control Personnel and/or the Exercise Lead to complete this section as these questions might not be verbalized by Players during exercise play; NPI questions will evaluate the Emerging Infectious Disease mitigation strategies included in site plans, policies and procedures*.*

## CONTROLLER INSTRUCTIONS

**Before the Exercise**

* Watch required Controller web-based training.
* Review appropriate organizational plans, procedures, and FSE support documents.
* Review Controller Packet.
* Be at the appropriate site at least 30 minutes before the FSE starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* Attend briefing and provide necessary information to Players.
* [Insert your organization/facility’s specific tasks here.]

**During the Exercise**

* Wear controller identification items (e.g. badge).
* Avoid personal conversations with FSE players. If you have been given injects, deliver them to appropriate players at the time indicated in the Schedule of Events & EEG.
* **7Begin and end all FSE communications with the statement, “This is an exercise.”** This precaution is taken so that anyone who overhears the conversation will not mistake FSE play for a real-world emergency.
* Do not prompt players regarding what a specific response should be, unless that inject requires you to do so. Clarify information but do not provide coaching.
* When your inject is delivered, notify the Evaluator and note both the time that particular inject was delivered and the player actions.
* Ensure that all observers and media personnel stay out of the FSE activity area. If you need assistance, notify the Exercise Lead and/or PIO.
* Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through existing resources.
* Parts of the scenario may seem implausible. Recognize that the FSE has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made to balance realism with safety, and to create an effective learning and evaluation environment.
* [Insert your organization/facility’s specific tasks here.]

**After the Exercise**

* All controllers are expected to conduct a Hot Wash at their site and, in coordination with the Evaluator, take notes on findings identified by FSE players. Do not discuss specific issues or problems with FSE players before the Hot Wash.
* Collaborate with the Evaluator and Exercise Lead to compile the Site Feedback Form; Hot Wash notes and Player Feedback Forms should be utilized to assist in completing the Site Feedback Form.
* [Insert your organization/facility’s specific tasks here.]

# APPENDIX G: EVALUATOR INFORMATION AND GUIDANCE

## EVALUATION OVERVIEW

Exercise evaluation assesses performance and an organization’s ability to accomplish a mission, function, or objective. Evaluation is accomplished by the following means:

* Observing the exercise play and collecting supporting data in the EEG;
* Analyzing Player Feedback Forms to identify strengths and areas for improvement; and
* Reporting exercise outcomes in the After-Action Report (AAR).

## EVALUATION DOCUMENTATION

### Evaluator Packet

The Evaluator packet consists of: Scenario, Schedule of Events & EEG, Player Feedback Forms, and Site Feedback Form. Packets will be sent via email to the Evaluators prior to the exercise. Evaluators are responsible for printing the packet and bringing it with them to the FSE.

### Schedule of Events & Exercise Evaluation Guide (EEG)

The Schedule of Events & EEG provides a consistent tool to guide FSE observation and data collection. Data collected in the EEG will be used to develop the AAR.

The Schedule of the Events helps the Evaluator to follow along with injects provided by the Controller and record their observations regarding the expected actions.

The EEG is comprised of three sections:

1. Exercise Objectives are aligned with federal capabilities and include both quantitative and qualitative evaluations of tasks.
2. Optional, Internal Objectives are aligned with accreditation standards and/or CMS EP Rule Core Elements and include both quantitative and qualitative evaluations of tasks.
3. Non-Pharmaceutical Intervention (NPI) questions will evaluate the Emerging Infectious Disease mitigation strategies included in site plans, policies and procedures. The Evaluator should work with the Infection Control Personnel and/or the Exercise Lead to complete this section as these questions might not be verbalized by Players during exercise play.

Evaluators should complete the EEG, in full, and submit via email to SWMHE@ventura.org with the subject line “2018 EEG\_[name of your site]” **by 5:00 pm on January 31st**.

### After-Action Report/Improvement Plan (AAR/IP)

The following documents will be used to consolidate findings and feedback into the AAR/IP: Hot Wash notes, Player Feedback, Site Feedback, and the Schedule of Events & EEG.

## EVALUATOR INSTRUCTIONS

**Before the Exercise**

* Watch required Evaluator web-based training.
* Review appropriate organizational plans, procedures, and FSE support documents.
* Review Evaluator Packet.
* Be at the appropriate site at least 30 minutes before the FSE starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* Attend briefing and provide necessary information to players.
* [Insert your organization/facility’s specific tasks here.]

**During the Exercise**

* Wear Evaluator identification items (e.g., badge).
* **Begin and end all FSE communications with the statement, “This is an exercise.”** This precaution is taken so that anyone who overhears the conversation will not mistake FSE play for a real-world emergency.
* Avoid personal conversations with FSE players.
* Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through existing resources.
* Stay in proximity to players that have the authority to make decisions.
* Use the Schedule of Events & EEG to document performance.
* When the Controller delivers an inject, note both the time that the particular inject was delivered and the player actions.
* Parts of the scenario may seem implausible. Recognize that the FSE has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made to balance realism with safety, and to create an effective learning and evaluation environment.
* [Insert your organization/facility’s specific tasks here.]

**After the Exercise**

* Distribute copies of Player Feedback Forms.
* Do not discuss specific issues or problems with participants before the Hot Wash.
* Participate in the Hot Wash and take notes on findings identified by players.
* Collect all Player Feedback Forms immediately following the Hot Wash.
* Collaborate with the Controller and Exercise Lead to compile the Site Feedback Form; Hot Wash notes and Player Feedback Forms should be utilized to assist in completing the Site Feedback Form.
* Evaluators should complete the EEG, in full, and submit via email to SWMHE@ventura.org with the subject line “2018 EEG\_[name of your site]” **by 5:00 pm on January 31st**.
* [Insert your organization/facility’s specific tasks here.]

## Schedule of events & eeg instructions

**Schedule of the Events**

Follow along with injects provided by the Controller. Use the far, right-hand column titled, Observed Outcome/Comments & Evaluation, to record observations regarding the expected actions.

**EEG: Section 1. Exercise Objectives & Section 2. *Optional* Internal Objectives**

Section 1 and 2 of the EEG follow the same format; the only variation existing between the two is alignment with cababilities vs. accreditation standards and CMS EP Rule core elements. The following componets are included for each objective:

#### Associated Tasks

Each objective should be accompanied by tasks. These provide the Evaluator with actions that they should expect to see exhibited by Players during exercise play.

Observation Notes and Explanation of Rating

In order to efficiently complete notes and ratings, the Evaluator should focus their observations on the associated tasks. Evaluators should note if an obvious cause or underlying reason resulted in Players not meeting a capability, standard, element, or task. Observation notes should also include *if* and *how* quantitative or qualitative goals were met. For example:

|  |  |
| --- | --- |
| Example Objective | “*Within four hours of the incident….”*  |
| Example Evaluator Observation Notes | 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
* Any other factors which contributed to the results.
 |

Rating

Based on observations, the Evaluator assigns a rating for each, associated task*.* The rating scale includes:

|  |  |  |
| --- | --- | --- |
| P | Performed without Challenge | Task completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. |
| S | Performed with Some Challenges | Task completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified. |
| M | Performed with Major Challenges | Task completed in a manner that achieved the objective(s), but the demonstrated performance had a negative impact on the performance of other activities and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| U | Unable to Perform | Task not performed in a manner that achieved the objective(s). |

**.**

**EEG: Section 3. Non-Pharmaceutical Interventions (NPI)**

In the event of a widespread outbreak of disease or during a pandemic existing supply chains of vaccine, chemoprophylaxis, antibiotics, antivirals, and other pharmaceuticals may be insufficient, or the drugs may be ineffective against current disease strains. In these instances, Non-Pharmaceutical Interventions (NPIs) prevent and slow down disease spread, limiting both morbidity and mortality.

NPI questions included in this section will evaluate the Emerging Infectious Disease mitigation strategies included in site plans, policies and procedures. The Evaluator should work with the Infection Control Personnel and/or the Exercise Lead to complete this section as these questions might not be verbalized by Players during exercise play.

The Evaluator will need to reference the following mitigation strategies in order to answer NPI questions included in the EEG:

**Personal NPIs**

1. Appropriate Personal Protective Equipment (PPE)
2. Appropriate respiratory hygiene including hand-washing, alcohol-based hand sanitizers, coughing/sneezing into elbow/tissue, and proper disposal of tissues
3. Frequent hand-washing
4. Proper use of surgical masks and N-95 respirators

**Community NPIs**

1. Isolation
2. Quarantine
3. If sick, stay home until at least 24 hours after treatment ends AND symptom free
4. Staff: Telework or conference call in lieu of face-to-face meetings
5. Family of patients: no visitation
6. Barriers between patients (single rooms, separate ED bays, cloth barriers where walls are not available)
7. School closures
8. Modify, postpone, or cancel mass gatherings
9. Other Social Distancing Measures

**Environmental NPIs**

1. Symptom check at entrances/exits
	1. Survey for symptoms, exposures (animals, foods, geographic, etc.), and travel history
2. Routine cleaning and disinfection of environmental and other frequently touched surfaces
3. Handle, transport, and process used linen in a manner which:
	1. prevents skin and mucous membrane exposures and contamination of clothing
	2. avoids transfer of pathogens to other patients and or the environment
4. Safe waste management
	1. Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations
	2. Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste
	3. Discard single use items properly
5. Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment
6. Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient
7. Place handwash and masking stations throughout your place of business

# APPENDIX H: EXERCISE PARTICIPANTS

|  |
| --- |
| **State** |
| California Department of Public Health |
| California Emergency Medical Services Authority |
| **Local** |
| Ventura County Public Health |
| Ventura County Emergency Medical Services Agency |
| Ventura County Emergency Preparedness Office |
| Ventura County Health Care Coalition |
| VCHCC participating facilities/organizations *(a full listing will be provided in the AAR/IP)* |
| **[Facility/ Organization Site Name]** |
| [Exercise Lead Name] | [Name of facility/organization site] |
| [Controller Name] | [Name of facility/organization site] |
| [Evaluator Name] | [Name of facility/organization site] |
| [Saftey Officer Name] | [Name of facility/organization site] |
| [Player Name] | [Name of facility/organization site] |
| [Player Name] | [Name of facility/organization site] |
| [Player Name] | [Name of facility/organization site] |
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| [Player Name] | [Name of facility/organization site] |
| [Player Name] | [Name of facility/organization site] |

# APPENDIX I: ACRONYMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AAHC | Accreditation Association Ambulatory Health Care |  | IAP | Incident Action Plan |
| AAM | After Action Meeting |  | IC | Infection Control |
| AAR | After Action Report |  | ICS | Incident Command System |
| AAR/IP | After Action Report / Improvement Plan |  | IP | Improvement Plan |
| ASPR | Assistant Secretary for Preparedness & Response |  | JIC | Joint Information Center |
| C/E | Controller/Evaluator |  | LHD | Local Health Department |
| CAHAN | California Health Alert Network |  | MEO  | Medical Examiner Office |
| CalREDIE | California Reportable Disease Information Exchange |  | MSEL | Master Scenario Events List |
| CD | Communicable Disease |  | NPI | Non-Pharmaceutical Intervention |
| CDPH | California Department of Public Health |  | PHEP | Public Health Emergency Preparedness  |
| CHAP | Community Health Accreditation Partner |  | PIO | Public Information Officer |
| CMS | Center for Medicare & Medicaid Emergency Preparedness Rule |  | POC | Point of Contact |
| DOC | Department Operations Center |  | PP | Provider Portal |
| DNV | Det Norske Veritas |  | PPE  | Personal Protective Equipment |
| ED | Emergency Department |  | RDMHS | Regional Disaster Medical Health Specialist |
| EEG | Exercise Evaluation Guide |  | RR | Resource Request |
| EMS | Emergency Medical Services |  | SitMan | Situation Manual |
| EOC | Emergency Operation Center |  | SitRep | Situational Status Report |
| EP | Emergency Preparedness |  | SME | Subject Matter Expert |
| EPO | California Department of Public Health Emergency Preparedness Office |  | SWMHE | Statewide Medical and Health Exercise |
| ETA | Estimated Time of Arrival |  | TJC | The Joint Commission |
| ExPlan | Exercise Plan |  | TTX | Tabletop Exercise |
| FSE | Full-Scale Exercise |  | VCHCA | Ventura County Health Care Agency |
| HPP | Hospital Preparedness Program |  | VCHCC | Ventura County Health Care Coalition |
| HSEEP | Homeland Security Exercise and Evaluation Program |  | VCPH | Ventura County Public Health |

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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-1)