

# Mid-South Emergency Planning Coalition Surge Full Scale Exercise

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## Exercise Plan

September 28, 2022

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

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## EXERCISE OVERVIEW

<b>Exercise Name</b>	Mid-South Emergency Planning Coalition Surge Full Scale Exercise
<b>Exercise Dates</b>	September 28, 2022
<b>Scope</b>	This exercise is a Full-Scale Exercise, planned for multiple locations within the jurisdiction of the Mid-South Emergency Planning Coalition Region.
<b>Mission Area(s)</b>	Response and Recovery

Core Capabilities,  
Objectives, and  
Activities

**Hospital Preparedness Program (HPP)**

*Capability 1: Foundation for Health Care and Medical Readiness*

**Objective 2: Identify Risk and Needs**

Activity 2: Assess Regional Health Care Resources

Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs

**Objective 4: Train and Prepare the Health Care and Medical Workforce**

Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

Activity 5: Evaluate Exercises and Responses to Emergencies

*Capability 2: Health Care and Medical Coordination*

**Objective 2: Utilize Information Sharing Platforms**

Activity 1: Develop Information Sharing Procedures

Activity 3: Utilize Communications Systems and Platforms.

**Objective 3: Coordinate Response Strategy, Resources, and Communications**

Activity 1: Identify and Coordinate Resource Needs during an Emergency

Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

*Capability 3: Continuity of Health Care Service Delivery*

**Objective 3: Maintain Access to Non-Personnel Resources during an Emergency**

Activity 1: Assess Supply Chain Integrity

**Objective 5: Protect Responders' Safety and Health**

Activity 1: Distribute Resources Required to Protect the Health Care Workforce

Activity 2: Train and Exercise to Promote Responders' Safety and Health

*Capability 4: Medical Surge*

**Objective 2: Respond to a Medical Surge**

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity 4: Provide Pediatric Care during a Medical Response

Activity 7: Provide Trauma Care during a Medical Surge Response

Activity 8: Respond to Behavioral Health needs during a Medical Surge Response

Activity 11: Manage Mass Fatalities

**Exercise  
Objectives**

**Healthcare Coalition (HCC) Objectives**

1. Assess MSEPC's capacity to support a large-scale, community-wide medical surge incident.
2. Evaluate MSEPC preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and all other relevant plans.
3. Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident.

**Healthcare Coalition Member Facility Objectives**

**All Facilities**

1. Evaluate the Incident Command System (ICS) to effectively respond to an active assailant incident by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with the hospital ED's and/or first responder agencies.
2. Evaluate the appropriate management of the incident as it relates to facility operations during the event.
3. Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing HRTS, ReadyOp, internal communication tools, and two-way radios.
4. Demonstrate ability to develop public messaging and provide appropriate staff to activated Joint Information Center (JIC), if requested.

**Emergency Medical Services**

1. Evaluate the ability to appropriately triage patients, provide on-scene treatment, and successfully identify transport destination options.
2. Demonstrate the ability to manage a mass casualty event by appropriate utilization of patient tracking tools by providing on-scene entry to include triage status and destination location.
3. Demonstrate appropriate notification of additional personnel and appropriate equipment response.

**Facilities receiving injured patients**

1. Demonstrate the facility's ability to manage a mass casualty event by appropriate utilization of patient tracking tools from the time the patient presents until final disposition.
2. Demonstrate the ability to effectively manage patient surge during the event to include communicating with the medical surge management team and Incident Command with status updates and supply needs.
3. Demonstrate the ability to provide appropriate treatment through triage priority status.

**Facilities simulating active assailant inside facility**

1. Evaluate the ability to effectively secure the building and complete proper lockdown procedures.
2. Demonstrate the ability to notify facility of appropriate code and releasing code when cleared.
3. Demonstrate ability to successfully triage any injured parties.
4. Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.

**Facilities receiving decompressed patients from hospital**

1. Properly evaluate the acuity level of incoming patients and staff and supplies required to provide adequate care.
2. Assess available transportation options outside of ambulance services.
3. Demonstrate ability to work with healthcare facilities to ensure all paperwork is received in a timely manner prior to patient arrival.
4. Evaluate need for and process of requesting temporary waiver to increase bed size to accommodate incoming patients.

**Facilities simulating active assailant outside facility**

1. Evaluate the ability to effectively secure the building and complete proper lockdown procedures.
2. Demonstrate ability to provide proper notification of external partners, current clients/patients, partner agencies, and vendors.
3. Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.



**Emergency Management**

1. Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.
2. Demonstrate the successful activation of the Emergency Operations Center (EOC) with appropriate notifications and staffing.
3. Evaluate the ability to gather and share information as appropriate from public safety agencies and response partners.
4. Evaluate role in recovery and family reunification activities.

**Public Health**

1. Demonstrate internal and external incident management communication processes in accordance with existing plans and procedures
2. Evaluate process for staffing and activation of the Health Department Operations Center (HDOC), support as the Emergency Operations Center (EOC) Emergency Support Function 8 (ESF-8), and JIC facilitation.

**Threat or Hazard**

Active assailant incidents at various locations throughout the region.

**Scenario**

**Hospitals, EMS, EM, and Public Health** – Active assailant in public venue with both firearms and explosive devices. Injuries from firearms, explosions, and evacuation resulting. Large number of injuries and deaths. Injured patients triaged on scene and provided transport to local hospital facilities. Hospital facilities accept patients and coordinate inpatient surge. EM and Public Health respond to event according to processes and plans.

**Psychiatric facilities** – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.

**Inpatient rehab** – Actively receiving patients immediately transferred from ED’s of acute facilities impacted by the surge of patients arriving from active assailant scene.

**Long term care** – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.

OR Actively receiving transfers from acute facilities to help with facility decompression. Interaction with hospital facilities and internal actions by facility will be full scale response. Arrival of decompressed patients will be simulated.

	<p>OR Complete lockdown procedures due to a simulated active assailant event in the vicinity of the facility.</p> <p><b>Ambulatory surgery center</b> – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.</p> <p>OR Actively receive low acuity patients from scene via personal vehicles. Arriving patients will be simulated. Internal facility actions will be full scale.</p> <p><b>Hospice/home health</b> – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.</p> <p>OR Complete lockdown procedures due to a simulated active assailant event in the vicinity of the facility.</p> <p><b>Dialysis</b> – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.</p> <p>OR Complete lockdown procedures due to a simulated active assailant event in the vicinity of the facility.</p>
<p><b>Sponsor</b></p>	<p>Mid-South Emergency Planning Coalition</p>
<p><b>Participating Organizations</b></p>	<p>Participating organizations include all HCC member facilities, local emergency management officials, first responder agencies, public health, and local law enforcement agencies. A complete list of participating agencies is included in Appendix B.</p>
<p><b>Points of Contact</b></p>	<p>Heather Burton Fortner, Executive Director Mid-South Emergency Planning Coalition <a href="mailto:hfortner@midsouthepec.org">hfortner@midsouthepec.org</a></p> <p>Regan Wills, Vulnerable Populations Coordinator Mid-South Emergency Planning Coalition <a href="mailto:rwills@midsouthepec.org">rwills@midsouthepec.org</a></p>



## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

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

Exercise Objective	HPP Capability, Objective, and Activity
Assess MSEPC’s capacity to support a large-scale, community-wide medical surge incident.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 3, Objective 5, Activity 1 Capability 4, Objective 2, Activity 1
Evaluate MSEPC preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and all other relevant plans.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 2, Activity 4 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 3, Objective 5, Activity 1 Capability 3, Objective 5, Activity 2 Capability 4, Objective 2, Activity 1
Evaluate coalition members’ ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 2, Activity 4 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 11
<b>All Facilities</b>	
Evaluate the Incident Command System (ICS) to effectively respond to an active assailant incident by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with the hospital ED’s and/or first responder agencies.	Capability 1, Objective 4, Activity 1 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 2, Activity 1

Exercise Objective	HPP Capability, Objective, and Activity
Evaluate the appropriate management of the incident as it relates to facility operations during the event.	Capability 1, Objective 4, Activity 5 Capability 2, Objective 3, Activity 1 Capability 2, Objective 3, Activity 3 Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8 Capability 4, Objective 2, Activity 11
Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing HRTS, ReadyOp, internal communication tools, and two-way radios.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3
Demonstrate ability to develop public messaging and provide appropriate staff to activate Joint Information Center (JIC), if requested.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3
<b>Emergency Medical Services</b>	
Evaluate the ability to appropriately triage patients, provide on-scene treatment, and successfully identify transport destination options.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 2, Activity 4 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8 Capability 4, Objective 2, Activity 11
Demonstrate the ability to manage a mass casualty event by appropriate utilization of patient tracking tools by providing on-scene entry to include triage status and destination location.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 2 Capability 4, Objective 2, Activity 1
Demonstrate appropriate notification of additional personnel and appropriate equipment response.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 4, Objective 2, Activity 1
<b>Facilities receiving injured patients</b>	
Demonstrate the facility's ability to manage a mass casualty event by appropriate utilization of patient tracking tools from the time the patient presents until final disposition.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 2 Capability 4, Objective 2, Activity 1

Exercise Objective	HPP Capability, Objective, and Activity
Demonstrate the ability to effectively manage patient surge during the event to include communicating with the medical surge management team and Incident Command with status updates and supply needs.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 2 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 1
Demonstrate the ability to provide appropriate treatment through triage priority status.	Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8 Capability 4, Objective 2, Activity 11
<b>Facilities simulating active assailant inside facility</b>	
Evaluate the ability to effectively secure the building and complete proper lockdown procedures.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2
Demonstrate the ability to notify facility of appropriate code and releasing code when cleared.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2
Demonstrate ability to successfully triage any injured parties.	Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8
Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2
<b>Facilities receiving decompressed patients from hospital</b>	
Properly evaluate the acuity level of incoming patients and staff and supplies required to provide adequate care.	Capability 1, Objective 2, Activity 2 Capability 2, Objective 3, Activity 1 Capability 3, Objective 5, Activity 1 Capability 3, Objective 5, Activity 2
Assess available transportation options outside of ambulance services.	Capability 1, Objective 2, Activity 2 Capability 2, Objective 2, Activity 3
Evaluate need for and process of requesting temporary waiver to increase bed size to accommodate incoming patients.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 11

Exercise Objective	HPP Capability, Objective, and Activity
<b>Facilities simulating active assailant outside facility</b>	
Evaluate the ability to effectively secure the building and complete proper lockdown procedures.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2
Demonstrate ability to provide proper notification of external partners, current clients/patients, partner agencies, and vendors.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2
Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2
<b>Emergency Management</b>	
Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.	Capability 1, Objective 2, Activity 2 Capability 2, Objective 3, Activity 1 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3
Demonstrate the successful activation of the Emergency Operations Center (EOC) with appropriate notifications and staffing.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3
Evaluate the ability to gather and share information as appropriate from public safety agencies and response partners.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3
Evaluate role in recovery and family reunification activities.	Capability 1, Objective 4, Activity 1 Capability 2, Objective 2, Activity 1 Capability 2, Objective 3, Activity 3
<b>Public Health</b>	
Demonstrate internal and external incident management communication processes in accordance with existing plans and procedures	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5
Evaluate process for staffing and activation of HDOC, support as the EOC ESF 8, and JIC facilitation.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5

## Surge Numbers

<b>Mid-South Emergency Planning Coalition Full Scale Exercise Surge Numbers</b>	
<b>Facility</b>	<b>Surge Numbers</b>
Baptist Memorial Hospital - Collierville	30
Baptist Memorial Hospital – Crittenden	4
Baptist Memorial Hospital - DeSoto	53
Baptist Memorial Hospital - Memphis	147
Baptist Memorial Hospital - Tipton	45
Baptist Memorial Hospital for Women and Children	19
Lauderdale Community Hospital	8
Le Bonheur Children’s Hospital	95
Methodist Germantown Hospital	59
Methodist Hospital North	44
Methodist Olive Branch Hospital	16
Methodist South Hospital	31
Methodist University Hospital	81
Regional One Health	63
Saint Francis Hospital-Bartlett	32
Saint Francis Hospital-Memphis	45
VA Medical Center-Memphis	27
Various non-acute care facilities	45
Patients simulated for decompression	30
<b>Total</b>	<b>874</b>

## 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.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **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).
- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.
- **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, but they frequently are grouped separately.
- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.
- **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

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

### Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell.
- Healthcare facilities may experience artificially inflated numbers of casualties and fatalities in order to meet 20% surge requirements and vulnerable populations.
- Some facilities may engage in evaluated activities with local agencies that are beyond the required scope of the exercise. These supplemental activities may receive limited or no support outside of the affected jurisdiction.

## EXERCISE LOGISTICS

### Safety

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

- There are two types of exercise officials responsible for safety. The first is the Safety Controller. The second is a “Safety Officer.”
- 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.
- All C/E personnel serve as Safety Officers, and any can halt exercise play in order to correct a safety hazard. Such hazards may be physical hazards, or unsafe practices by participants or others. Any dangerous conditions should be corrected on the spot, and then reported to the Safety Controller.
- For an emergency that requires assistance, use the phrase **“This is a real 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 scope of training, render aid.
  - The 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. The Senior Controller will notify the Exercise Director as soon as possible if a real emergency occurs.
  - Emergency situations that occur at a particular hospital or other exercise venue will be managed according to the facility or jurisdictional protocols. Exercise Control Staff will still need notification as soon as practicable.

### Emergency Medical Services

The venue Controller/Evaluator personnel will coordinate with local emergency medical services as necessary in the event of a real-world emergency.

### Weapons Policy

All participants will follow the relevant weapons policy for the exercising organization or exercise venue. Each venue is responsible for ensuring that weapons policies are known and enforced. Possession of weapons on facility property without proper authorization is generally illegal. Exercise participants who are otherwise authorized to carry weapons may be subject to exercise guidelines that restrict or prohibit them. Those acting in normal security roles are



exempt. (This would normally apply to law enforcement officers who are protecting the site, but not taking part in exercise activities.)

## **Site Access**

### **Security**

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. Players should advise their venue's controller or evaluator of any unauthorized persons. Each facility or agency will govern exercise play in accordance with its own in-house procedures.

### **Media/Observer Coordination**

Organizations with media personnel and/or observers attending the event should coordinate with the sponsor organization for access to the exercise site. Media/Observers are escorted to designated areas and accompanied by an exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

### **Exercise Identification**

Participating organizations are responsible for determining and providing exercise identification if they feel that it is advisable for their venue. At most hospitals, C/E staff will be known to the local facility or venue, and specific identification measures will not be necessary. Exceptions should be noted during safety briefings in advance of exercise play at each location.

## 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 at each location, 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

Due to the large geographical area there is no scheduled C/E Debriefing scheduled. Controllers and evaluators may wish to schedule a facilitated C/E Debriefing following the exercise at a later date. If conducted, this debriefing will allow controllers and evaluators and opportunity to 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 at each exercise venue.

## Evaluation

### Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core 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 After-Action Report (AAR). For additional information, refer to the “Controller/Evaluator Instructions,” which is a separate document for C/E staff.

### After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core 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 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.

### Players 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. Wear the appropriate uniform and/or identification item(s), if provided.
- Sign in when you arrive.

#### During the Exercise

- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement, **“This is an exercise.”**
- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will only give you information that 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.

- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- Maintain a log of your activities; especially when demonstrating the use of a communications method. 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 may 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.

Exercise designers readily admit that it is not possible to realistically portray every aspect of the scenario in an exercise setting. If a participant does not recognize that a particular prop or circumstance is intended to convey a condition to which the participant should react, the Controller/Evaluator should point it out or clarify it. Our purpose is not to trick or embarrass participants by disguising subtle clues within the exercise; it is to meet our Objectives and provide participants with opportunities to improve their capabilities and performance.

## APPENDIX A: EXERCISE SCHEDULE

*\*NOTE: This schedule may be subject to change. If changes are made, an updated version of the schedule will be distributed to venue contacts, and a final schedule will be provided at the Controller/Evaluator Training.*

Time	Personnel	Activity	Location
<b>September 12, 2022</b>			
1000-1130 and 1400-1530	Controllers, Evaluators, and Exercise Staff	Controller and Evaluator Training/Briefing	City of Memphis Office of Emergency Management
<b>September 13, 2022</b>			
1000-1130 and 1400-1530	Controllers, Evaluators, and Exercise Staff	Controller and Evaluator Training/Briefing	City of Memphis Office of Emergency Management
<b>September 14, 2022</b>			
1000-1130 and 1400-1530	Controllers, Evaluators, and Exercise Staff	Controller and Evaluator Training/Briefing	City of Memphis Office of Emergency Management
<b>September 19, 2022</b>			
1000-1130 and 1400-1530	Facility representatives responsible for patient tracking	ReadyOp Patient Tracking Overview/Training	City of Memphis Office of Emergency Management
<b>September 20, 2022</b>			
1000-1130 and 1400-1530	Facility representatives responsible for patient tracking	ReadyOp Patient Tracking Overview/Training	City of Memphis Office of Emergency Management
<b>September 28, 2022</b>			
0730	Exercise Staff and Volunteer Actors	Arrive at Assembly Area for Briefing and Tagging (only for EMS play)	Location to be determined
830-930	All	STARTEX as EMS begins triage (HRTS alert issued)	All
930	Hospital facility representative	Arrive at assembly area for triage tag pick up	Location to be determined
1000	Volunteer actors and hospital representatives	Leave scene for hospital	All
Upon arrival	Hospitals	Process patients (live or cards) as they arrive	All
1300	All	*ENDEX as Sites Meet Objectives	All
Immediately Following the Exercise	All	Venue Hot Washes/turn in all Participant Feedback Forms to C/E Staff	All
<b>September 30, 2022</b>			
100	Controller/ Evaluators, HCC Members, Others as Appropriate	After Action and Improvement Planning	City of Memphis Office of Emergency Management

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
<b>Federal</b>
US Department of Veterans Affairs/Memphis Veterans Affairs Medical Center
<b>State</b>
Tennessee Department of Health - Emergency Medical Services
Tennessee Emergency Management Agency
Memphis MedCom (Regional Medical Communications Center)
Memphis Mental Health Institute
<b>Local Government</b>
Memphis Fire Department Emergency Medical Services
Shelby County Health Department
Shelby County Government Emergency Management and Homeland Security Office
City of Memphis Office of Emergency Management
<b>Acute, Rehab, and Psychiatric Hospitals</b>
Baptist Memorial Hospital for Women and Children
Baptist Memorial Hospital - Crittenden
Baptist Memorial Hospital - Collierville
Baptist Memorial Hospital - DeSoto
Baptist Memorial Hospital - Memphis
Baptist Memorial Hospital - Tipton
Baptist Rehabilitation Hospital
Crestwyn Behavioral Health Hospital
Delta Medical Center
Encompass Rehabilitation Hospital - Memphis Central
Encompass Rehabilitation Hospital - Memphis North
Lakeside Behavioral Health System
Lauderdale Community Hospital
Le Bonheur Children's Hospital
Methodist Germantown Hospital
Methodist North Hospital
Methodist Olive Branch Hospital
Methodist South Hospital
Methodist University Hospital
Regional One Health
Saint Francis Hospital - Bartlett
Saint Francis Hospital - Memphis
Select Specialty Hospital

<b>Non – Hospital Facilities and Other Healthcare Services</b>
AHC BrightGlade
Amedisys Home Health
Ave Maria Home
Baptist Reynold’s Hospice House
Baptist Trinity Hospice
Campbell Clinic Surgery Center Germantown
Campbell Clinic Surgery Center Midtown
Crossroads Hospice
DaVita Capleville
DaVita Collierville
DaVita Downtown
DaVita Galleria
DaVita Galleria Home Training
DaVita Healthcare
DaVita Memphis South
DaVita Millington
DaVita Midtown
DaVita Ripley
DaVita River Oaks
DaVita Stateline
East Memphis Surgery Center
UroOne Surgery Center
ESRD Network 8, Inc
Eye Care Surgery Center of Southaven
Fresenius Bartlett Home Therapies
Fresenius East Memphis
Fresenius East Memphis Home Therapies
Fresenius Kidney Care
Fresenius Dyersburg
Fresenius North Memphis
Fresenius Ridgeway
Fresenius Whitehaven
Fresenius Central Memphis
Fresenius Millington
Fresenius Midtown
Fresenius Mt. Moriah
Fresenius Tipton
Fresenius Wolf River
Fresenius Raleigh-Bartlett



Gastro One (1310)
Gastro One (8000)
Gastro One DeSoto
Graceland Rehabilitation and Nursing Center
Harbor Chase of Cordova
Kirby Pines
Kirby Pines Manor and Fireside Villa
Memphis Jewish Home & Rehab
Memphis Surgery Center
Meritan
Methodist Affiliated/Alliance Health Services
Methodist Alliance Hospice Residence
Methodist Hospital Based Clinics
No Place Like Home Pediatric Home Health
OrthoSouth Surgery Center
PMR
Radiosurgical Center of Memphis
Ridge Lake Ambulatory Surgery Center
Saint Francis Surgery Center
St. Clare Health and Rehab
The King's Daughters and Sons Home
Trezevant Episcopal Home
The Village at Germantown
West Tennessee Community Homes

## APPENDIX C: ACRONYMS

Acronym	Term
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
C/E	Controller/Evaluator
CDC	Centers for Disease Control and Prevention
CEO	Chief Operating Officer
CMS	Centers for Medicare and Medicaid Service
DHS	U.S. Department of Homeland Security
DMAT	Disaster Medical Assistance Team
EEG	Exercise Evaluation Guide
EEI	Essential Elements of Information
EMR	Electronic Medical Record
EMS-RC	Emergency Medical Services Regional Consultant (TDH)
ENDEX	End Exercise
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function (ESF-8 is Health and Medical)
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
HCC	Health Care Coalition
HHS	Health and Human Services
HPP	Hospital Preparedness Program
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
HVA/TA	Hazard/Vulnerability Analysis/Threat Assessment
ICS	Incident Command System
MOA	Memorandum of Understanding
PHEP	Public Health Emergency Preparedness Program
RHC	Regional Hospital Coordinator
RMCC	Regional Medical Communications Center
SCOP	Shelby County Office of Preparedness
SEOC	State Emergency Operations Center
SimCell	Simulation Cell (acts on behalf of non-participating agencies)
SME	Subject Matter Expert
START	Simple Triage and Rapid Treatment
STARTEX	Start Exercise
TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency
TNHAN	Tennessee Health Alert Network