2017

STATEWIDE MEDICAL AND HEALTH EXERCISE

FUNCTIONAL EXERCISE



EXERCISE PLAN

Active Shooter/Terrorist Incident

# PREFACE

The 2017 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 Exercise Plan (ExPlan) was produced with input, advice, and assistance from the SWMHE Planning Workgroup, comprised of representatives from:

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

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 functional exercise (FE). 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.

# 

# TABLE OF CONTENTS[[1]](#footnote-1)

PREFACE 2

TABLE OF CONTENTS 3

EXERCISE OVERVIEW 4

GENERAL INFORMATION 5

EXERCISE OBJECTIVES & CAPABILITIES 6

PARTICIPANT ROLES & RESPONSIBILITIES 8

EXERCISE ASSUMPTIONS & ARTIFICIALITIES 9

EXERCISE LOGISTICS 10

Safety 10

POST-EXERCISE & EVALUATION ACTIVITIES 11

Debriefings 11

Evaluation 11

Improvement Planning 12

PARTICIPANT INFORMATION & GUIDANCE 13

SIMULATION GUIDELINES 14

APPENDIX A: EXERCISE SCHEDULE 15

APPENDIX B: EXERCISE PARTICIPANTS 16

APPENDIX C: COMMUNICATIONS PLAN 17

APPENDIX D: scenario 18

APPENDIX D: acronyms 19

# EXERCISE OVERVIEW

|  |  |
| --- | --- |
| **Exercise Name** | 2017 California Statewide Medical and Health Exercise – Functional Exercise (FE) |
| **Exercise Date** | Thursday, November 16th 2017 |
| **Scope** | This is an FE planned for the County of San Luis Obispo Public Health Department to take place November 16th 2017 in San Luis Obispo County. The 2017 SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. This year’s exercise is a multiphase program culminating in the FE on November 16th, 2017. An After Action Meeting (AAM) will be conducted within 60 days of the FE. |
| **Mission Area(s)** | Response |
| **Capabilities** | * Information Sharing * Foundation for Health Care and Medical Readiness * Health Care and Medical Response and Recovery Coordination |
| **Objectives** | * Provide and receive situational awareness with inter- and intra-jurisdictional stakeholders per local policies and procedures through the Medical and Health Operational Area Coordinator (MHOAC) program. [PH] * Ensure the PIO and/or JIC are considering media for reaching vulnerable populations and those with other access and functional needs (AFN). [PH] * Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning. [PH] * Implement internal communications strategies for information and incident sharing within the hospital [SVRMC and AGCH] * Initiate communication strategies between HCCs and the local operational area / Department Operations Center (DOC) [SVRMC] * The Medical Branch Director will ensure the disposition of MCI patients is documented throughout the continuum of care using appropriate Patient Tracking methods for the entire exercise timeframe [SVRMC] * Assess and report hospital situation status and capability to provide care to MHOAC within 30 min [AGCH] * Activate and implement the hospitals’ Mass Casualty Incident Plan upon notification of a community mass casualty incident occurring and deliver timely and efficient care. [TCCH and AGCH] |
| **Objectives** | * Logistics Section Chief will send at least one resource request through the MHOAC and communicate resource needs with Health Care Coalition partners to identify available assistance. [TCCH] * Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning [TCCH and AGCH] * Activate the Incident Command System (ICS) within 5 minutes of notification of incident and incorporate responding ambulance unites into on-scene ICS structure. [ SLA] * Activate surge response plan within 15 minutes of notification of ICS activation. [SLA] * Maintain components of patient movement from the scene to the receiving facility per established methods and protocols. [SLA] * Maintain communications with jurisdictional partners via radio, telephone, and email per agency protocols to maintain situational awareness and support response. [SLA] * Activate the Incident Command System (ICS) per scenario or hazard-specific plan and/or local policies and procedures within 30 minutes of notification of incident information that may affect normal operations [EMS] * Initiate coordination with the Medical and Health Operational Area Coordinator (MHOAC) Program for medical and health resource ordering within 30 minutes of identification of need. [EMS] * Provide situational awareness update to the MHOAC Program for inclusion in the Public Health & Medical Emergency Operations Manual Situation Report within 30 minutes of activation, and share update horizontally and vertically with Healthcare Coalition partners. [EMS] |
| **Threat or Hazard** | * Multi Casualty Incident (MCI) |
| **Scenario** | * Active Shooter Event/ Terrorist Incident |
| **Sponsor** | The 2017 SWMHE is sponsored by the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) in collaboration with response partners representing local health departments, public safety and healthcare facilities across California. |
| **Participating Organizations** | French Hospital  Twin Cities Community Hospital  Sierra Vista Regional Medical Center  Arroyo Grande Community Hospital  EMSA  San Luis Ambulance  County of SLO Pubic Health  County of SLO Sheriff’s Office |

# GENERAL INFORMATION

## EXERCISE OBJECTIVES & CAPABILITIES

The exercise objectives in Table 1 describe expected outcomes for the functional exercise (FE). The objectives are linked to Public Health Emergency Program (PHEP) / Health Care Preparedness and Response / National Core capabilities, which are elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided and selected by the Exercise Planning Team.

The objectives listed below are those tailored for this FE. A set of example objectives customized for different participating agencies and organizations (Ambulance, Behavioral Health, Community Clinics, Coroner/Medical Examiner, Emergency Medical Services [EMS] Agencies, Fire, Hospital, Law Enforcement, Long Term Care Facilities, Offices of Emergency Management, and Public Health) is available at <http://www.swmhe.com/>

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

| Exercise Objective | Capability |
| --- | --- |
| * Provide and receive situational awareness with inter- and intra-jurisdictional stakeholders per local policies and procedures through the Medical and Health Operational Area Coordinator (MHOAC) program. [PH] | Information Sharing |
| * Ensure the PIO and/or JIC are considering media for reaching vulnerable populations and those with other access and functional needs (AFN). [PH] | Information Sharing |
| * Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning. [PH] | Foundation for Health Care and Medical Readiness |
| * Implement internal communications strategies for information and incident sharing within the hospital [SVRMC and AGCH] | Health Care and Medical Response and Recovery Coordination |
| * Initiate communication strategies between HCCs and the local operational area / Department Operations Center (DOC) [SVRMC] | Health Care and Medical Response and Recovery Coordination |
| * The Medical Branch Director will ensure the disposition of MCI patients is documented throughout the continuum of care using appropriate Patient Tracking methods for the entire exercise timeframe [SVRMC] | Health Care and Medical Response and Recovery Coordination |
| * Assess and report hospital situation status and capability to provide care to MHOAC within 30 min [AGCH] | Health Care and Medical Response and Recovery Coordination |
| * Activate and implement the hospitals’ Mass Casualty Incident Plan upon notification of a community mass casualty incident occurring and deliver timely and efficient care. [TCCH and AGCH] | Medical Surge |
| * Logistics Section Chief will send at least one resource request through the MHOAC and communicate resource needs with Health Care Coalition partners to identify available assistance. [TCCH] | Foundation for Health Care and Medical Readiness |
| * Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning [TCCH and AGCH] | Foundation for Health Care and Medical Readiness |
| * Activate the Incident Command System (ICS) within 5 minutes of notification of incident and incorporate responding ambulance unites into on-scene ICS structure. [ SLA] | Foundation for Health Care and Medical Readiness, Health Care Preparedness and Response |
| * Activate surge response plan within 15 minutes of notification of ICS activation. [SLA] | Foundation for Health Care and Medical Readiness |
| * Maintain components of patient movement from the scene to the receiving facility per established methods and protocols. [SLA] | Health Care and Medical Response and Recovery Coordination |
| * Activate the Incident Command System (ICS) per scenario or hazard-specific plan and/or local policies and procedures within [XX] minutes of notification of incident information that may affect normal operations [EMS] | Health Care and Medical Response and Recovery Coordination |
| * Initiate coordination with the Medical and Health Operational Area Coordinator (MHOAC) Program for medical and health resource ordering within [XX] minutes of identification of need. [EMS] | Health Care and Medical Response and Recovery Coordination |
| * Provide situational awareness update to the MHOAC Program for inclusion in the Public Health & Medical Emergency Operations Manual Situation Report within [XX] minutes of activation, and share update horizontally and vertically [EMS] | Health Care and Medical Response and Recovery Coordination |

## PARTICIPANT ROLES & RESPONSIBILITIES

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

* **Players.** Players are personnel who have an active role in discussing or performing their response roles and actions during the FE. Players discuss or initiate actions in response to the simulated emergency.
* **Exercise Director.** The Exercise Director oversees all exercise functions during exercise conduct, oversees and remains in contact with controllers and evaluators, debriefs controllers and evaluators following the exercise, and oversees setup and cleanup of the exercise as well as positioning of controllers and evaluators.
* **Safety Controller.** The Safety Controller monitors exercise activities and advises the Exercise Director on all matters relating to incident health and safety of all exercise participants. The Safety Controller has emergency authority to stop and/or prevent unsafe acts during incident operations.
* **Controllers.** Controllers plan and manage FE play, set up and operate the FE site, and act in the roles of organizations or individuals that are not playing in the FE. Controllers direct the pace of the FE, provide key data to players, and may prompt or initiate certain player actions to ensure FE continuity. In addition, they issue FE material to players as required, monitor the FE timeline, and supervise the safety of all FE 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 Site Controller.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the FE. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEG).
* **Actors.** Actors simulate specific roles during FE play, typically victims or other bystanders.
* **Observers.** Observers visit or view selected segments of the FE. Observers do not play in the FE, nor do they perform any control or evaluation functions. Observers view the FE from a designated observation area and must remain within the observation area during the FE. Very Important Persons (VIPs) are also observers, but they are often grouped separately.
* **Support Staff.** The FE support staff includes individuals who perform administrative and logistical support tasks during the FE (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. FE 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 FE and, as such, are assumed to be present before the FE starts. The following assumptions and/or artificialities apply to the FE:

* The FE is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The FE scenario is plausible, and events occur as they are presented.
* FE 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 FE 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 FE 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 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.
* If a player would normally contact an individual or department that is not represented at the FE, they should tell the SimCell what information they need and who they would contact. This action should be noted.
* Include any additional assumptions / artificialities to be used in the FE.

# 

# EXERCISE LOGISTICS

## Safety

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

* The Controller is responsible for participant safety; any safety concerns must be immediately reported to the Controller. The 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 Exercise Director with the location of the emergency and resources needed, if any. The Exercise Director will notify the SimCell as soon as possible if a real emergency occurs.

# POST-EXERCISE & EVALUATION ACTIVITIES

## Debriefings

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

### Hot Wash

At the conclusion of FE 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 & Evaluator Debriefing

Immediately following the FE, controllers and evaluators attend a facilitated Controller/Evaluator (C/E) debriefing where they 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 FE activities and design. These forms should be collected at the conclusion of the Hot Wash.

## Evaluation

### Exercise Evaluation Guides

Exercise Evaluation Guides (EEG) assist evaluators in collecting relevant FE observations. EEGs document FE 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 FE and compile the After-Action Report (AAR).

### After-Action Report

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

### 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 participating organizations, and discussed/validated during the AAM.

# PARTICIPANT INFORMATION & GUIDANCE

## EXERCISE RULES

The following general rules govern functional exercise (FE) play:

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

## PLAYER INSTRUCTIONS

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

### Before the Exercise

* Review appropriate organizational plans, procedures, and FE support documents.
* Be at the appropriate site at least 30 minutes before the FE starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* If you gain knowledge of the scenario before the FE, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

### During the Exercise

* Respond to FE events and information as if the emergency were real, unless otherwise directed by an FE 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 asked an exercise-related question, give a 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 FE or are uncertain about an organization’s participation in an FE, ask a controller.
* Parts of the scenario may seem implausible. Recognize that the FE 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.
* All FE 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 FE play for a real-world emergency.
* When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
* 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 with controllers and evaluators.
* Complete the Participant Feedback Form, which allows you to comment candidly on emergency response activities and FE effectiveness. Provide the completed form to a controller or evaluator.
* Provide any notes/materials generated from the FE to your controller or evaluator for review and inclusion in the AAR.

## SIMULATION GUIDELINES

Because the FE 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.

# APPENDIX A: EXERCISE SCHEDULE

| **TIME** | **PERSONNEL** | **ACTIVITY** | **LOCATION** |
| --- | --- | --- | --- |
| **Thursday, Nov. 16th 2017** | | | |
| 745 | Assigned Personnel | * Report to assigned site for exercise set up | Assigned Site |
| 800 | All Players | * Player, Controller, Evaluator Check In | Assigned Site |
| 815 | All Controllers/Evaluators | * C/E Briefing and Communications Check | Assigned Site |
| 820 | All Players | * Initial Conditions Briefing | Assigned Site |
| 825 | All Players | * C/Es and Players in position and ready to play | Assigned location |
| 830 | All | * Start EX | Assigned Location |
| 1230 | All | * End EX | Assigned Location |
| Immediately Following Exercise | All | * Facility Hot Washes * Participant Feedback Forms | Assigned Location |

# APPENDIX B: EXERCISE PARTICIPANTS

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Role |
|  | | |
| Denise Yi | 805-266-0987 | Exercise Director |
| **County Health Agency Department Operations Center (CHADOC)** | | |
| RJ Hansen | 805-619-7324 | Evaluator |
| Scott Milner | 805-260-0491 | Evaluator |
| Claire Grantham | 805-215-2812 | Controller |
| **Arroyo Grande Community Hospital** | | |
| Teri Reeder | 805-901-3763 | Facility POC |
| Colleen Avery | 805-610-6320 | Controller |
| Beth Haberkern | 805 550-1110 | Controller |
| Steve Reeder | 805-903-3684 | Evaluator |
| Fred Haberkern | 805-440-3808 | Evaluator |
| **French Hospital Medical Center** | | |
| Reanna Clayton | 805-748-8445 | Facility POC |
| Dave Majors | 805-503-0872 | Controller |
| Cherie McKinley | 805-542-6267 | Evaluator |
| **Sierra Vista Regional Medical Center** | | |
| Emma Lauriston | 805-801-7421 | Facility POC |
| Diane Stalker-Hood | 805-546-5110 | Controller |
| Jorge Rodriguez | 805-704-0405 | Evaluator |
| **Twin Cities Community Hospital** | | |
| Carrie Vucasovich | 805-434-4522 | Facility POC |
| Eleze Armstrong | 805-835-1053 | Controller |
| Cindy Kellerman | 805-434-4369 | Evaluator |
| Marlene Aten | 805-434-4363 | Evaluator |
| Jan Tiffin | 805-434-4303 | Evaluator |

# APPENDIX C: COMMUNICATIONS PLAN

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 primary means of communication between the SimCell, controllers, and Players is cell phone and 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.

## PUBLIC AFFAIRS

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

# APPENDIX D: EXERCISE SCENARIO

**Pre Exercise:**

**First Incident:** A fitness boot camp is being held at Atascadero Lake Park. At approximately 6:45qam, a white van drives up to the area, lurches forward, fatally wounding a security guard and launching into the crowd of bystanders. The driver escapes. Local law enforcement arrive on-scene within six minutes and immediately begin cordoning off the area, setting up a perimeter, interviewing witnesses, and conducting a search for the driver.

**During Exercise:**

**Second Incident**: At approximately 8:30am, a male and a female in their 20's enter Paulding Middle School posing as concerned parents looking for a lost child. The shooters are able to get into multiple classrooms, fatally wounding students and staff with automatic weapons. Local law enforcement appear on scene within seven minutes and establish Incident Command. They are unable to find the shooters on campus. After review of security camera footage, it is believed that they have escaped somewhere into the residential neighborhood behind the school. Hillside Villa Retirement Home is located directly behind the school and is put on lockdown by local law enforcement. The school falls near the county line, and neighboring jurisdictional authorities are involved in the search. **Third Incident**: At Approximately 9:15 am, a staff member is listening to a police scanner app and hears radio traffic that there has been an explosion at **Bella Vista Transitional Care Center**.

# APPENDIX E: ACRONYMS

|  |  |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report/Improvement Plan |
| C/E | Controller / 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 |
| 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 |
| EMSC | Emergency Medical Services for Children |
| EOC | Emergency Operation Center |
| EOM | California Public Health and Medical Emergency Operations Manual |
| ExPlan | Exercise Plan |
| FEMA | Federal Emergency Management Agency |
| FOUO | For Official Use Only |
| 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 |
| OES | Office of Emergency Services |
| PHEP | Public Health Emergency Preparedness |
| POC | Point of Contact |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RDMHS | Regional Disaster Medical Health Specialist |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SimCell | Simulation Cell |
| SitMan | Situation Manual |
| SitRep | Situation Report |
| SME | Subject Matter Expert |
| SOC | State Operations Center |
| SWMHE | Statewide Medical and Health Exercise |
| TTX | Tabletop Exercise |
| VIP | Very Important Person |

1. [↑](#footnote-ref-1)