Crime Scene tape across a hospital hallway
2017

STATEWIDE MEDICAL AND HEALTH EXERCISE

CONTROLLER/EVALUATOR HANDBOOK

Active Shooter/Terrorist Incident



FUNCTIONAL EXERCISE

# 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 Controller and Evaluator (C/E) Handbook was produced with input, advice, and assistance from the SWMHE Planning Workgroup comprised of representatives from:

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

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

The C/E Handbook enables C/Es to understand their roles and responsibilities in exercise execution and evaluation. Expert control and evaluation are the cornerstones of a successful exercise. The information in this document is current as of the date of publication, November 16, 2017 and is subject to change, as dictated by the San Luis Obispo County Public Health Department.

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# 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** | * Foundation for Health Care and Medical Readiness * Information Sharing |
| **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] * Logistics Section Chief will send at least one resource request through the MHOAC and communicate resource needs |
| **Objectives** | 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 within30 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 specific mission area(s). 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 exercise. Players discuss or initiate their actions in response to the simulated emergency.
* **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 as 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 are frequently grouped separately.
* **Support Staff.** 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

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

* 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 FE play and when FE play can be resumed.
* For an emergency that requires assistance, use the phrase [“THIS IS NOT A DRILL.”] The following procedures should be used in case of a real-world emergency during the FE:
  + 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-world emergency will initiate the [“THIS IS NOT A DRILL”] broadcast and provide the Safety Controller, Site Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Site Controller will notify the [Control Cell or Simulation Cell (SimCell)] as soon as possible.

# POST-EXERCISE & EVALUATION ACTIVITIES

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

## 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 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.
* Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are 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 exercise communications will begin and end with the statement “This is an exercise.” This precaution is taken so that anyone who overhears the conversation will not mistake 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 incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

# CONTROLLER INFORMATION & GUIDANCE

## EXERCISE CONTROL OVERVIEW

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

## EXERCISE CONTROL DOCUMENTATION

**Controller Package**

The controller package consists of the Controller/Evaluator (C/E) Handbook, activity logs, badges, and other exercise tools (e.g., Master Scenario Events List) as necessary. Controllers must bring their packages and any additional professional materials specific to their assigned FE activities.

**Incident Simulation**

Because the FE is of limited duration and scope, certain details will be simulated. Venue controllers are responsible for providing players with the physical description of what would typically occur at the incident sites and surrounding areas. Simulation Cell (SimCell) controllers will simulate the roles and interactions of nonparticipating organizations or individuals.

**Scenario Tools**

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

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

## EXERCISE CONTROL STRUCTURE

Control of the FE is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with other controllers at other FE venues, the SimCell, or a Control Cell to deliver and track FE information. The control structure for this FE is shown in Figure 1.

## CONTROLLER INSTRUCTIONS

**Before the Exercise**

* Review appropriate emergency plans, procedures, and protocols.
* Review appropriate FE package materials, including the objectives, scenario, injects, safety and security plans and controller instructions.
* Attend required briefings.
* Report to the FE check-in location at the time designated in the FE schedule, meet with FE staff, and present the Player Briefing if assigned to do so.
* Be at the appropriate location at least 15 minutes before the FE starts.
* Obtain, locate and test necessary communications equipment.

**During the Exercise**

* Wear controller identification items (e.g., badge).
* Avoid personal conversations with FE players.
* If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). **Note:** If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
* When your inject is delivered, notify the Site Controller and note both the time that particular inject was delivered and the player actions.
* Receive and record FE information from players that would be directed to nonparticipating organizations.
* Observe and record FE artificialities that interfere with FE realism. If an FE artificiality interferes with FE play, report it to the Exercise Director.
* Begin and end all FE communications with the statement, “This is an exercise.”]
* 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.
* Ensure that all observers and media personnel stay out of the FE activity area. If you need assistance, notify the Exercise Director.
* 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.

**After the Exercise**

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

## CONTROLLER RESPONSIBILITIES

The following table details controller responsibilities. For controller assignment details, see [Appendix F].

Table 3: Controller Responsibilities

|  |
| --- |
| **EXERCISE DIRECTOR** |
| * Oversees all FE functions. * Oversees and remains in contact with controllers and evaluators. * Oversees setup and takedown of FE, and positioning of controllers and evaluators. |
| **SITE CONTROLLER** |
| * Monitors FE progress. * Coordinates decisions regarding deviations or significant changes to the scenario. * Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time. * Debriefs controllers and evaluators after the FE. * Oversees setup and takedown of the FE. |
| **SAFETY CONTROLLER** |
| * Monitors FE safety during FE setup, conduct, and cleanup. * Receives any reports of safety concerns from other controllers or participants. |
| **PUBLIC INFORMATION OFFICER (PIO)** |
| * Provides escort for observers. * Provides narration and explanation during FE events, as needed. * Performs pre-FE and post-FE public affairs duties. * May act as media briefer and escort at the FE site. * Serves as safety officer for his or her site. |
| **VENUE CONTROLLER** |
| * Issues FE materials to players. * Monitors the FE timeline. * Provides input to players (i.e., injects) as described in the MSEL. * Serves as safety officer for his or her site. |
| **SIMCELL CONTROLLER** |
| * Role plays as nonparticipating organizations or individuals. * Monitors the FE timeline. * Provides input to players (i.e., injects) as described in the MSEL. |

# EVALUATOR INFORMATION AND GUIDANCE

## EXERCISE EVALUATION OVERVIEW

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

* Observing the event and collecting supporting data;
* Analyzing collected data to identify strengths and areas for improvement; and
* Reporting exercise outcomes in the After Action Report (AAR).

## Evaluation Documentation

### Evaluator Package

The evaluator package contains this Controller/ Evaluator (C/E) Handbook, Exercise Evaluation Guides (EEG), and other items as necessary. Evaluators should bring the package to the Functional Exercise (FE). They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional technical materials specific to their assigned activities.

### Exercise Evaluation Guides

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

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

### After Action Report / Improvement Plan

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

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

## EVALUATOR INSTRUCTIONS

**General**

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

**Before the Exercise**

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

**During the Exercise**

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

**After the Exercise**

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

**Using Exercise Evaluation Guides**

***Terminology***

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

* **[Capability**. The distinct critical elements necessary to achieve a specific mission area (e.g., prevention). National Core, Public Health Emergency Preparedness (PHEP), or Health Care Preparedness and Response Capabilities should be referenced as appropriate to the requirements of your agency/organization.]
* **[Tasks**. The distinct elements required to perform a capability; they describe *how* the capabilities will be met. Tasks generally include activities, resources and responsibilities required to fulfill capabilities. Tasks are based on operational plans, policies and procedures to be reviewed during the exercise.]
* **[Rating**. A rating should be provided for each objective as well as the overarching capability. Rating definitions are provided on the following page.]
* **[Observation Notes and Explanation of Rating**. This is narrative of the evaluator’s analysis of an action. This response will help form the analysis section of the AAR.]
* **[Recommendations**. This provides the evaluator’s recommendation for resolving identified issues. This response will help form the recommendations section of the AAR.]

#### Documenting Observations

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

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

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

Evaluators should also note if an obvious cause or underlying reason resulted in players not meeting   
a capability or task.

#### Assigning Ratings

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

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

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

**Placement and Monitoring**

Evaluators should be positioned so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular area. See Appendix F for specific evaluator assignments. See Appendix D for FE site maps highlighting key locations.

# 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 | 805-458-9050 | Controller |
| Cherie McKinley | 831-262-4458 | 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: 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**.

1. [↑](#footnote-ref-2)