

**Center for Health Policy
Columbia University
School of Nursing**

**Guide for
Planning, Designing, Conducting and Evaluating
Local Public Health Emergency Exercises**

(Pre-publication Review Version)

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Planning, Designing, Conducting and Evaluating Local Public Health Emergency Exercises

Preface

This guide has been developed for use within a local public health agency to facilitate the development and evaluation of emergency drills and exercises. It is consistent with Homeland Security Exercise Evaluation Program (HSEEP) and can also be used to facilitate the public health portion of a larger multi-agency event. It is based upon the research funded by Cooperative Agreement TS-1245 Evaluation of Local Public Health Exercises ATPM/CDC, K. Gebbie, DrPH, Principle Investigator.

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I. Introduction

An exercise program is progressive, meaning that it is built on each successive exercise moving your agency toward the improvement of your emergency preparedness plan. Such a program has in place its own identified goals, and careful planning around those goals is required. It is a process that works through the identification of exercise objectives, design and development, conduct and analysis of the exercise, all of which tells you what works and what does not work for you and your agency. An exercise program involves the participation and efforts of the various participants both internally (your department) and externally (other response sectors) depending on the scope and scale of the exercise your department is participating in. An exercise program allows your agency to test the implementation of emergency management procedures and protocols of your plan as well as the coordination with each other and with other external response sectors.

II. Types of Exercises –

Exercise is the generic term for the range of activities to test readiness to respond to emergencies or to evaluate a response plan or the success of training and development programs. There are five basic categories of exercise: Orientation, Drill, Tabletop Exercise, Functional Exercise and Full Scale Exercise. The first two are primarily discussion and the latter three are more active.

Discussion-based Exercises – Orientation Seminars or Tabletops

Orientation:

The purpose of an Orientation exercise is to familiarize new staff to the agency's emergency response plan or experienced staff to new or changing information or procedures. An Orientation exercise is carried out when there is a new plan, procedure, mutual aid agreement or for new staff, leadership, facility or risk. Focus is on a single function, with identification of roles and responsibilities. Activity level usually involves a scheduled meeting of pertinent agency staff. No previous experience is needed and minimal staff preparation and lead time are required. Orientation may utilize a variety of such techniques as lecture, films, slides, videotapes or panel discussion.

Tabletop Exercise (TXX):

The tabletop exercise is a low stress event with an emphasis on training, not testing. It is designed to be one step along the way to functional and full-scale exercises. Constructive problem solving is the goal. A copy of the appropriate emergency plan and other pertinent materials are available for reference and a recorder is assigned to document actions taken during the exercise. These notations will serve as a reference for evaluating the exercise.

The tabletop exercise usually begins with an exercise briefing by the controller that orients participants and simulators to objectives, ground rules and communication and simulation procedures. The scenario narrative is presented in an intelligence briefing. The scenario is generally invented, describes an event or emergency incident and brings participants up to a simulated present time. Materials may be distributed to provide details about an imaginary jurisdiction or participants may be instructed to use their knowledge of actual local resources. The controller announces the beginning and end of the exercise and introduces the first problem, as well as subsequent pacing messages to the participants.

Operation-based Exercises – Drills, Functional Exercises (FE) or Full-scale Exercises (FSE)

Drill:

The purpose of a drill is to instruct thoroughly by repetition. Drills can be used to test personnel training, response time, interagency cooperation and resources, manpower and equipment capabilities. Orientation should have already been completed; staff should have an understanding of the agency function being tested and be given an opportunity to ask questions.

Beginning a drill depends on the type of drill (i.e. notification, communication, command post, evacuation) being conducted. A general briefing by the drill designer sets the scene and reviews the purpose and objectives of the drill. Operational procedures to be tested and safety precautions are reviewed before the drill begins. Personnel are required to report (either in person or by phone, e-mail, etc.) to a designated drill site or number. Planned and spontaneous messages sustain the action.

Functional Exercise:

The purpose of a functional exercise is to test and evaluate the capabilities of the emergency response system. Events and situations that would actually occur over an extended period of time are depicted or described. Time transitions advance the activity while staying within the time allotted for the exercise. The objectives of a functional exercise determine how it is to be organized. For example, a “No-Notice” exercise will not announce a beginning time and the objectives will include a test of ability to move into emergency response roles and activities. Other exercises may be announced.

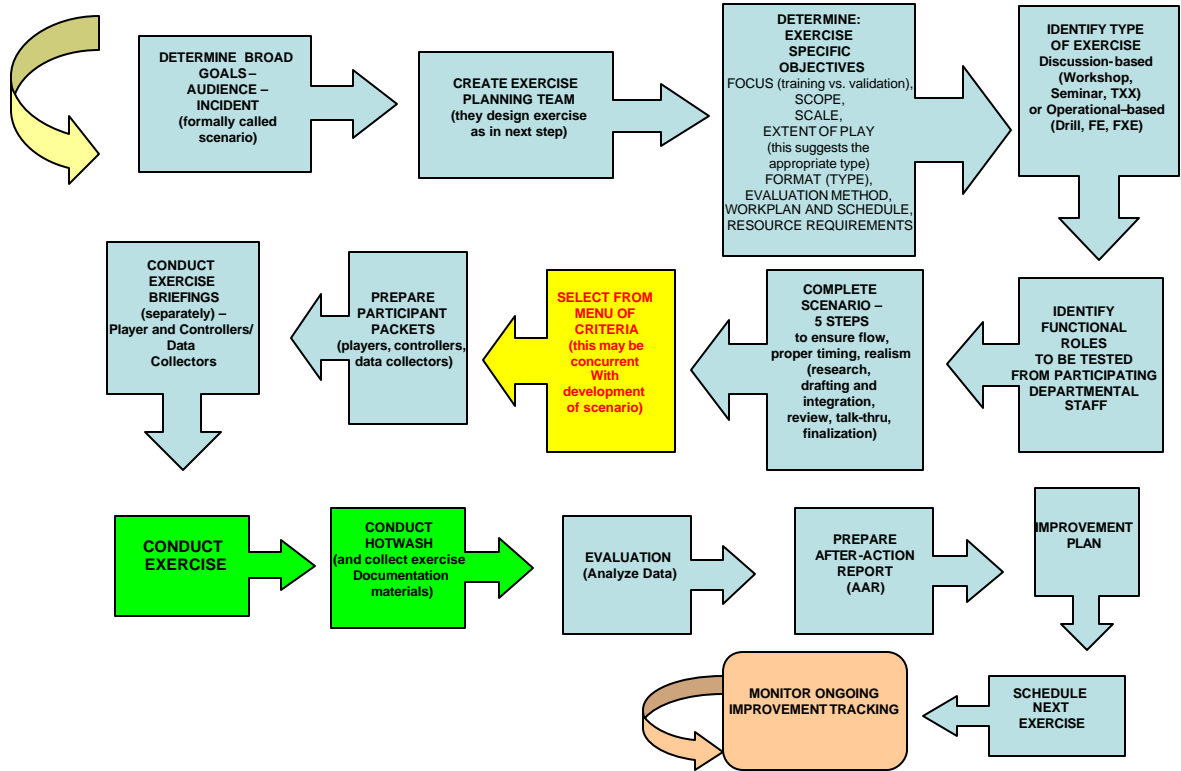
Participants are briefed immediately prior to the start of the exercise as to objectives, procedures, time frame and recording requirements. Functional exercises depend upon delivery and reaction to simulated information delivered by paper, telephone or radio to individuals or agencies that must then coordinate responses with other players. Messages requiring response can be pre-scripted or can be developed by the simulators during the course of the exercise.

Full Scale Exercise:

The purpose of a Full Scale exercise is to test and evaluate a major portion of the emergency operations plan in an interactive manner over an extended period of time and usually involves more than one agency. As with a functional exercise, objectives must be specified, and the actual exercise begins with an event that requires initiation of the plan. It differs from a functional drill in that field personnel of the agencies involved actually proceed to the location of a mock emergency. The full-scale exercise includes all of the activities taking place at the Emergency Operations Center (EOC) as well as on-scene use of simulated victims, equipment and manpower. Activities at the scene serve as input and require coordination with the simulation at the EOC. The full-scale exercise includes the planned and spontaneous messages of the functional exercise with the addition of actions from the field.

III. Exercise Flow Chart

The exercise process begins with selection of the type of exercise to be conducted. The following flow chart illustrates the process.



IV. Basis for Exercising Planning and Principles in Public Health (provide web links)

1. Build on the National Response Plan (NRP) and National Incident Management System (NIMS).
2. Be consistent with Homeland Security Exercise Evaluation Program (HSEEP). Provides federal doctrine as the framework for all emergency response sectors. Contains useful guides and formats for exercise development.
3. Coordinate exercise activities at state and federal levels and other partners/response sectors. A Suite of Common Scenarios is available (www.llis.gov).
4. Be specific to needs of Public Health – Include criteria that assess how well public health performs under the specific conditions of a public health emergency or disaster. These criteria and measures provide the basis for planning, training, conducting and evaluating public health response operation. They describe varying levels of response performance and define acceptable level of standard performance.

V. Exercise Cycle and Organization

Federal

The federal program requires that the state be sure that a cycle, mix and range of exercises be defined in a Multi Year Exercise Plan that local public health will participate in with the state. The multi-year plan calls for a strategy to conduct a Full Scale Exercise (FSE) which includes the development of a State SNS plan, Tabletop Exercise (TTX), Functional Exercise (FE) and followed by the Full-Scale Exercise (FSE).

Federal guidelines for state and local field exercises require that safety measures for exercise set-up and operations are in place. This also includes access control, pedestrian and vehicle traffic and other law enforcement, for safety measures. The exercise must have a mechanism to deal with the media. There also needs to be a mechanism to address actual emergency procedures during the exercise and a mechanism for communicating procedures, weather conditions, and medical needs and for calling off an exercise.

State

Each state is expected to develop its own Exercise Program based on federal guidelines. The programs must address all of the tasks laid out by these federal guidelines which include grants/funding, identification of roles and responsibilities for program development, the design-development-conduction-evaluation of exercises, tracking, developing a means for the monitoring of exercises conducted assuring consistency with HSEEP doctrine, designating a state agency/organization as a state clearinghouse for all exercises conducted in the state, conducting an annual exercise Plan Workshop for the purpose of reviewing the state exercise program and ensuring that the state objectives have been met and to revise the Multi Year Exercise Plan and schedule. This planning function involves designing, developing, conducting and evaluating exercises (HSEEP Volume III pg. 6).

Local

On the local level, there are many response sectors with which public health needs to plan and coordinate its exercise activities. Those activities are generic to all response sectors.

Local public health is responsible for:

- a. Coordinating activities with the state health agency
- b. Identifying goals and objectives for exercise that are consistent with local public health risk, vulnerability and needs assessment as well as Homeland Security Strategy
- c. Designing and conducting exercises that conform to HSEEP
- d. Providing the plans, procedures and personnel to support the design, development, support, control and evaluation of public health exercises
- e. Provide an Improvement Plan (IP) based on the recommendations from the exercise After Action Report (AAR)
- f. Tracking to ensure all identified issues are addressed

VI. The Exercise Planning Process¹

1. Planning Team Overall Responsibilities

- Setting timeline for planning process
- Defining the exercise purpose
- Selecting the scenario,² goals and exercise objectives
- Scheduling events, location, date, time and duration of exercise
- Defining the Exercise Control and Preparing all documentation and exercise materials
- Facilitating exercise organization, including communication needs, rules of conduct, security and safety and the logistics of parking, assembly areas, transportation, restrooms, food/water for participants, maps and directions
- Providing exercise team training for:
 - a. Team/staff responsibilities
 - b. Evaluator activities/responsibilities

2. Planning Team Organization

The team's size is reflective of the entire LPHA and modified to fit the scope of an exercise. The roles and responsibilities for the planning team must be clearly defined for delegation of responsibilities of team members as provided below:

- a. Command group –Team Leader who assigns tasks and responsibilities, establishes the timeline, guidance and monitors the development; may be the health director or the BT coordinator. May be assisted by others for large departments or exercises.
- b. Operations group –departmental subject matter experts (SME) and technical experts (e.g., epidemiologist for surveillance activities, environmental health specialist for environmental health sampling or public health nurses for Mass Prophylaxis and Immunization clinic set-up) participate to assure accuracy and applicability of scenario and criteria.
- c. Planning group –responsible for collecting and reviewing all policies and procedures needed for the exercise, and responsible for simulation and inject planning and development needed for exercise flow. In small departments or for small exercises, may be combined with Operations group.
- d. Logistics group – gathers any supplies, materials, equipment, services or facilities needed for the exercise. For small event, may be a single senior administrative support person working closely with the Planning group.
- e. Administration/finance group – keeps an account of the costs entailed for the exercise. For small agency, this may be a single individual, and may be the same administrative/support staff assigned to Logistics.

¹ The process is the same, whether an exercise is to be entirely conducted within LPHA or as one response sector within a larger exercise.

² May use Suite of Common Scenarios provided by DHS, but must be plausible for the jurisdiction

VII. Objectives

The objectives for any exercise must be achievable yet challenging and should support overall mission and preparedness plan. Objectives are based on:

1. The department's current stage of emergency preparedness capabilities
2. Gaps or weakness/issues department already identified in prior exercises
3. Level of staff knowledge and understanding of the roles and responsibilities
4. Applicability to emerging problems

Examples of drill or exercise objectives might be to:

1. Assess the ability of the department to establish, conduct, and administer effective and efficient prophylaxis dispensing
2. Test the case-contact epidemiological processes and procedures in place

VIII. Selection of Evaluation Criteria

During the development of the exercise, as the specific portions of the LPHA involved are identified and expected or desired responses specified, it will become possible to select not only the areas of performance to be observed, but also the specific criteria that should be met if performance is at a high level. The public health-specific criteria that have been developed are included in their entirety as Appendix C of this document, in a format consistent with their use by an observer familiar with HSEEP observer documentation. The exercise planning team should select the applicable criteria, develop any additional ones appropriate to the local plan or the specifics of the exercise, and prepare observer forms accordingly.

As an example, for an exercise in which the objective is to assess the internal workings and throughput of a mass distribution site, the criteria selected from the menu of criteria might include:

Criteria for Mass Prophylaxis & Immunization and Pharmaceutical Stockpiles

1. Generic mass dispensing strategy adapted to specific event within 60 minutes of notification.
2. Dispensing sites are staffed with adequate and appropriately staffed personnel for mass dispensing (including volunteer surge staff) prior planned to site opening time.
3. Needed 'just in time' training including use of PPE identified and requested at least 2 hours prior to planned- opening of sites.
4. System in place to restock supplies throughout duration of site operation.
5. System in place to rotate or relieve staff during duration of site operation.
6. All needed record keeping supplies prepared and delivered for opening mass dispensing sites prepared and delivered to site coordinator by opening of site(s).

If this were to be an unannounced exercise that expanded the objective to include an assessment of the process by which the agency moved to open a mass distribution site, including logistics, notification of staff and just in time training, the criteria selected would also include:

Criteria for Communication

1. Establish liaison with jurisdiction-wide information center (JIC) within 15 minutes of notification to the Incident Commander that the JIC is operational.
2. Draft and Approve Public information for anticipated phases of response within 2 hours. Draft and Approve Public Information for anticipated phases of response within 2 hours of establishment of agency's Emergency Operations Center (EOC).
3. Identify critical partners (e.g. Other health jurisdictions, law enforcement, hospitals, etc.) and convey initial public health information to them immediately upon approval of information, no later than 1 hour after approval of information by agency IC.
4. Establish a schedule to regularly update partners.
5. Test back up communication procedures.
6. Identify a public health spokesperson appropriate to the emergency (e.g. Health Director, HO, Epidemiologist).
7. Single Overriding Communication Objective (SOCO) developed, conveyed through ICS structure.
8. SOCO updated and distributed (e.g. posted to Situation Boards) as needed but at least every 4 hours (max).

Additionally, once specific functional roles to be activated are identified, the expected duties of each role related to each objective can be inserted into the same observer format. This is illustrated in the sample observer form included in Appendix A.

IX. Primary Components of the Exercise Development Process

1. Scenario Development

The scenario is the foundation of the effective exercise. It will lay the groundwork for your objectives and selection of Public Health Emergency Exercise Criteria. For a tabletop, drill or functional/full scale exercise consider these general steps:

- a. Use agency content experts to contribute to scenario development
- b. Research and gather background information to make scenario realistic³
- c. Draft scenario and review it with exercise planning team
- d. Do a talk-through with entire planning team to identify possible problems
- e. Finalize scenario, including developing simulations and injects needed for scenario flow

2. Develop support materials

This includes preparation of such materials as:

- a. evaluation forms
- b. evaluators handbook
- c. players handbook

3. Develop training or briefing session

All participants, whether the team conducting and evaluating the event or those participating as players (e.g., 'victims,' hotline callers, community members) need to be clearly informed about their roles in the exercise using the above materials.

4. Logistics

The facility to be used and set-up, the supplies, food, etc., must all be organized well in advance.

5. The Final Product

All materials and supplies to conduct the exercise are assembled and ready to go at the appointed time.

³ This is needed even if the exercise uses one of the DHS Suite of 15 Common Scenarios

X. Exercise Conduct Terminology

1. **Players** – Are the LPHA personnel who perform their everyday duties during the exercise under an ICS/NIMS model.
2. **Controllers** – Are participants in the exercise who plan and manage the exercise; many may be the members of the Exercise Planning Team as above. There may be specialized briefings for this group’ see below.
3. **Evaluators** – These may or may not be from within the LPHA, depending on the size and scale of the exercise. They usually evaluate an area consistent with their expertise and will record and note the actions of the players. There may be specialized briefings for this group.
4. **Actors** – These may be volunteers or other members of the LPHA who act as patients or victims. There may be specialized briefings for this group.
5. **Observers** – These serve to observe the overall activities for general process of the exercise itself, and of overall performance by the agency.
6. **Briefings** – Meetings held before the exercise to inform all participants about their roles and responsibilities.
7. **Player Hot Wash** – This will take place immediately after the exercise. Evaluators and Controllers can clarify the information about the events of the exercise with everyone involved while it is still fresh in their memories. It also provides a forum for all those involved to air concerns and identify issues for consideration in the Improvement Plan.
8. **Debriefings** – May be conducted with some or all participants within a short time after the event, to provide additional observations once the exercise is completed.
9. **After Action Report** – Compiled information with multiple inputs in order to decrease the reliance on any single observer/evaluator.

XI. Exercise Evaluation –

Evaluation is a well known process for Public Health. The steps should be familiar. In this case, it follows the 8 steps recommended in HSEEP.

1. Plan and organize the evaluation in advance. All evaluators/data collectors and controllers need complete briefing on exercise and evaluation materials.
2. Observe exercise and collect data using materials provided (data collector/evaluator handbook).
3. Analyze data. Depending on the size of the event and number of evaluators involved, this may require formal tabulation of findings, or more informal assembling of notes and checklists.
4. Develop the draft After Action Report (see next section for details).
5. Conduct exercise Debrief. Depending on the size and complexity of the event, this may be a single debriefing, or may be done separately with various groups of participants.
6. Identify needed improvements. These are then developed into a clear Improvement Plan.
7. Finalize the After Action Report, which includes both assessment of strengths and weaknesses, and the Improvement Plan.
8. Track implementation of the Improvement Plan.

XII. After Action Report (AAR)

The format suggested by HSEEP includes the following parts:

1. Executive Summary
2. Exercise Overview – who participated, departments, agencies, jurisdictions, dates of play, location, etc.
3. Exercise Goals and Objectives
4. Synopsis of the Events
5. Analysis of Outcomes
6. Analysis of Critical Task Performance
7. Conclusion (including Improvement Plan)

XIII. Appendices

Appendix A: Exercise Participant Materials

A.1. Evaluation/Data Collection and Documentation Samples

- a. Public Health Exercise Evaluation Guides with Criteria**
- b. Station-Specific Thru-Put Timesheet (if applicable)**
- c. Incident Sample Vaccinee Thru-Put Timesheet (if applicable)**

A.2. Exercise Briefing Materials

Appendix A.1.a

**SAMPLE EVALUATION CHECKLIST FOR ROLE OF CLINIC MANAGER
(FLU)**

Incident: [mass prophylaxis POD]	
Outcome: Protection	Location: [place]
Response Element: PH STAFF AND VOLUNTEERS	Jurisdiction: [LPHA name]
Evaluator:	Contact: [LPHA contact]
Date: [exercise]	
Start time: End time:	

Please place checkmark in appropriate column

AGENCY CRITERIA	MET	NOT MET	N/O	N/A	Comments or Recommendations
1. Generic mass dispensing strategy adapted to specific event within 60 minutes of notification.					
2. Dispensing sites are staffed with adequate and appropriately staffed personnel for mass dispensing (including volunteer surge staff) prior planned to site opening time.					
3. Needed 'just in time' training including use of PPE identified and requested at least 2 hours prior to planned- opening of sites.					
4. System in place to restock supplies throughout duration of site operation.					
5. System in place to rotate or relieve staff during of site operation.					
6. All needed record keeping supplies prepared and delivered for opening mass dispensing sites prepared and delivered to site coordinator by opening of site(s).					

Sample Job Action Sheet Criteria: Clinic Manager (Flu)					
Mission: Oversee all POD functions. Site Administrator	MET	NOT MET	N/O	N/A	Comments or Recommendations
1. Read entire Job Action Sheet					
2. Obtain Briefing from Mass Care Unit Leader					
3. Obtain list of assigned staff and site location					
4. Ensure that all assigned staff are present and at work site					
5. Brief all POD staff on the current situation, communicate the SAP					
6. Assign Job Action Sheets and tasks to the POD staff					
7. Ensure that all necessary paperwork, supplies are in place at work location					
8. Receive, forward all requests for additional personnel, equipment, supplies and transportation					
9. Continually reassess work flow and patient flow					
10. Ensure time and attendance is communicated to Mass Care Unit Leader on appropriate forms					
11. Maintain log of all activities and communications					
12. Brief Assistant Clinic Managers—Clinical Services & Logistics periodically on POD issues					
13. Ensure that issues are related to Mass Care Unit Leader ASAP					
14. Monitor staff for signs of stress and fatigue					
15. Monitor supplies					
16. Prepare end of shift report for Mass Care Director and incoming Clinic Manager					
17. Plan for the possibility of extended deployment					

Appendix A.1.b

Station-Specific Thru-Put Timesheet

Client #:		Date:	
Station	Time In	Time Out	Comments

Appendix A.2. Exercise Briefing Materials

Briefing Materials are useful for the delivery of necessary information and instructions for conducting an exercise. Briefings are conducted with players as well as with those serving as Players, Actors, Controllers, Evaluators or Observers. The following should be included:

- a. Exercise Objectives – Establish the purpose of the exercise and define the specific goals for an exercise.
- b. Scenario – Is an accurate, realistic and comprehensive story that serves as backdrop for the exercise and provides for the conditions and technical details.
- c. Scope of Play - Establishes the parameters within which the exercise will be conducted and includes the duration of the exercise, the players involved and the level and detail of involvement. Exercise activities are set within these to allow exercise participants to perform against the established objectives.
- d. Simulations and Artificialities – Mechanisms used to artificially simulate events, activities or actions within the scenario to allow for further exercise response. These may be referred to as the artificialities of an exercise.
- e. Rules of Conduct and Safety Information – Necessary information to provide for the safe conduct and protection of all those involved in the exercise. Provides for mechanisms to begin and stop and exercise. Also refers to the mechanism to respond to real emergencies or accidents should they occur while conducting an exercise.
- f. Role Specific Materials: (for example)
 1. Players – Job Action Sheets, details of where, when and to whom to report, exercise identification and clothing.
 2. Controllers, Observers and Evaluators – exercise documentation forms, exercise identification and clothing.

Appendix B: Menu of Criteria for Evaluation of Local Public Health Emergency Drills and Exercises

***Select criteria applicable to your exercise**

I. Initial Response Command & Control
1. Health department internal Incident commander is identified immediately on notification that emergency management will be used in response to an incident.
2. All health department internal Incident Command System (ICS) positions (PIO, Liaison, Safety Officer, needed section chiefs) are identified and activated* within 30 minutes regardless of time of day – 24/7/365. *Activated = notified and in communication, not necessarily on site.
3. All initial available relevant information centralized to agency’s ICS Planning Section using a situation board or equivalent within 15 minutes.
4. Establish Public Health Incident Action Plan (IAP) describing primary objectives and overall strategy to be accomplished by the health department in the first 24 hours within 30 minutes after the establishment of department’s Emergency Operations Center (EOC).
5. Activate appropriate ICS General Staff Sections within 60 minutes of initial activation of internal incident commander.
6. Portions of state/local public health law/code relevant to the specific emergency retrieved and available to ICS Command Staff.
7. Activate plan for operating/closing routine health department operations within 30 minutes of initial activation of internal incident commander.

II. Communication
1. Establish liaison with jurisdiction-wide information center (JIC) within 15 minutes of notification to the Incident Commander that the JIC is operational.
2. Draft and Approve Public information for anticipated phases of response within 2 hours. Draft and Approve Public Information for anticipated phases of response within 2 hours of establishment of agency’s Emergency Operations Center (EOC).
3. Identify critical partners (e.g. Other health jurisdictions, law enforcement, hospitals, etc.) and convey initial public health information to them immediately upon approval of information and no later than 1 hour after approval of information by agency IC.
4. Establish a schedule to regularly update partners.
5. Test back up communication procedures.
6. Identify a public health spokesperson appropriate to the emergency (e.g. Health Director, HO, Epidemiologist).
7. Single Overriding Communication Objective (SOCO) developed, conveyed through ICS structure.
8. SOCO updated and distributed (e.g. posted to Situation Boards) as needed but at least every 4 hours (max).

III. Early Recognition/Surveillance and Epidemiology
1. Event/Incident specific surveillance is established within 60 minutes of establishing the Emergency Operation Center.
2. Establish a preliminary case definition.
3. Adjustments to surveillance communicated as needed to and from the internal health public health IC.
4. Changes/enhancements in surveillance implemented within 1 hour of approval by the internal public health IC.
5. Epidemiology investigation plan including tools and forms completed within 2 hours of establishing the agency's Emergency Operations Center.
6. Field Staff appropriately prepared and protected prior to deployment.
7. Establish time interval for updating epidemiology investigation plan based on reassessment of information.

IV. Sample Testing
1. Laboratory resources and requirements specific to agent/incident selected.
2. Specific protocols and procedures for collection of samples relevant to the specific emergency available within 60 minutes of notification of incident by IC.
3. Ensure case investigators appropriately prepared and protected (PPE) prior to deployment.
4. Field workers deployed to sites within 60 minutes of final IAP.
5. Samples properly packed and shipped/transported consistent with laboratory requirements.

V. Evidence Management
1. Evidentiary requirements confirmed with relevant agencies through jurisdiction-wide National Incident Management System (NIMS) partners, prior to collection of personal or environmental samples.
2. Coordinated arrangements for maintaining chain of evidence in place prior to collection of any samples/specimens.

VI. Mass Prophylaxis & Immunization and Pharmaceutical Stockpiles
1. Generic mass dispensing strategy adapted to specific event within 60 minutes of notification.
2. Dispensing sites are staffed with adequate and appropriately staffed personnel for mass dispensing (including volunteer surge staff) prior planned to site opening time.
3. Needed 'just in time' training including use of PPE identified and requested at least 2 hours prior to planned- opening of sites.
4. System in place to restock supplies throughout duration of site operation.
5. System in place to rotate or relieve staff during of site operation.
6. All needed record keeping supplies prepared and delivered for opening mass dispensing sites prepared and delivered to site coordinator by opening of site(s).

VII. Mass Patient Care
1. Generic mass care strategy adapted to specific event within 60 minutes of notification.
2. Mass care sites are staffed with adequate and appropriately staffed personnel (including volunteer surge staff).prior to opening.
3. Needed 'just in time' training including use of PPE identified and requested at least 2 hours prior to planned-opening of sites.
4. System in place to restock supplies throughout duration of site operation.
5. System in place to rotate or relieve staff during site operation.
6. All needed patient record keeping supplies prepared and delivered for opening mass care sites prepared and delivered to site coordinator by opening of site(s).

VIII. Mass Fatality Management
1. If needed, identify suitable facility prior to dispatch of pick-up vehicles.
2. Develop plan for transport bodies including routes and expected time frames prior to dispatch of pickup vehicles.

IX. Environmental Surety
1. Develop/adapt strategy for control of environment rendered hazardous by this event within 30 minutes of site identification.
2. Identify specific characteristics of affected areas and report to incident commander within 30 minutes of arrival on site.
3. Establish criteria for PPE for staff.

**Appendix C:
Acronym List**

AAR	After Action Report
FE	Functional exercise
FSE	Full-scale exercise
HSEEP	Homeland Security Exercise and Evaluation Program
LPHA	Local Public Health Agency
LLIS	Lessons Learned Information Sharing
NIMS	National Incident Management System
NRP	National Response Plan
TTX	Tabletop exercise

Appendix D: References & Links

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