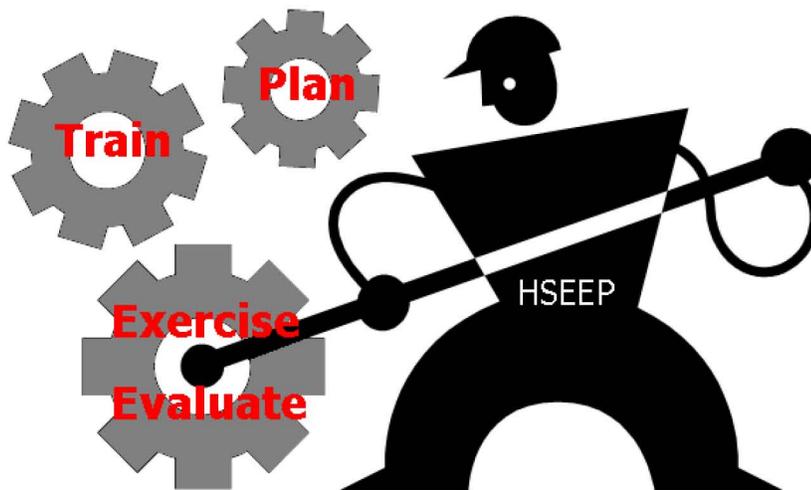




Bureau of Preparedness and Response

Homeland Security Exercise and Evaluation Program

HSEEP



Mechanics Manual

A Handbook for Becoming HSEEP-Compliant

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HSEEP Compliance

The Department of Homeland Security defines HSEEP compliance as follows:

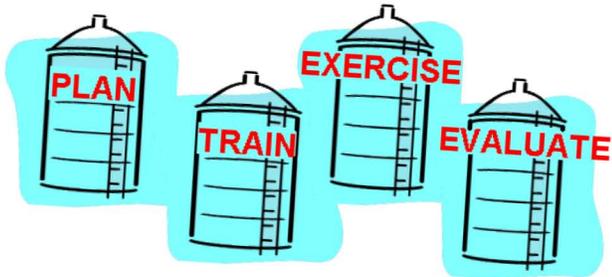
“HSEEP compliance is defined as adherence to specific HSEEP-mandated practices for exercise program management, design, development, conduct, evaluation, and improvement planning.

In order for an entity to be considered ‘HSEEP compliant,’ it must satisfy four distinct performance requirements:

1. **Conducting an annual Training and Exercise Plan Workshop and developing and maintaining a Multi-year Training and Exercise Plan.**
2. **Planning and conducting exercises in accordance with the guidelines set forth in HSEEP Volumes I-III.**
3. **Developing and submitting a properly formatted After-Action Report/Improvement Plan (AAR/IP). The format for the AAR/IP is found in HSEEP Volume III.**
4. **Tracking and implementing corrective actions identified in the AAR/IP.”**

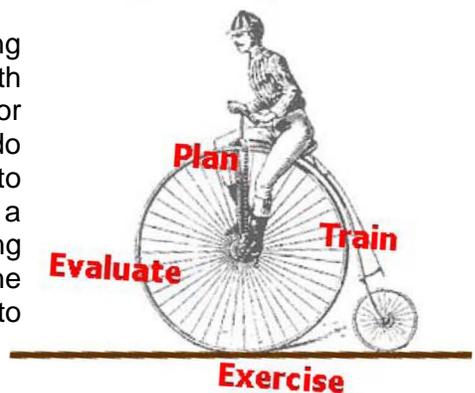
See: <https://hseep.dhs.gov> HSEEP 101.

Traditional Approaches



Traditionally, many people wrote their plans, conducted training, and developed and evaluated exercises in “silos” with little reference or correspondence among these activities

The next evolution was to consider planning, training, exercising and evaluation activities as a cycle. The cycle usually began with writing a plan, but some began the cycle by conducting training or by holding an exercise and evaluation. The thought was, “Let’s do an exercise and from the evaluation, we’ll find out what we need to do to write a plan.” But most people began the cycle by writing a plan, training their staff to the content of the plan and then validating the plan by conducting an exercise and evaluating the results. The exercise evaluation results should inform revisions to the plan to restart the cycle.



However, many times, the exercise after action report did not include an improvement plan designating responsible persons and time to conclude a cited evaluation result or recommendation.

The Systems Approach

It is important to recognize planning, training, and exercising, and evaluating are a **system**. The system requires the *continuous* integration of plans, training programs, exercises, and evaluations. It is a system that functions like parts in a machine.

Turning the plan gear (by writing or revising a plan), sets in motion the training gear creating new or refresher training on the plan. This motion then turns the exercise and evaluation gear which may generate plans or training program revisions.



The basic processes and procedures are the same for exercise planning at county, region, and department levels.

The goal of this handbook is to help you become HSEEP compliant – a “mechanic” who can keep the gears turning and the preparedness machine running smoothly as you design it and maintain it.

Multi-year Training and Exercise Plan

The first requirement in HSEEP compliance is developing and maintaining a Multi-Year Training and Exercise (MYT&E) Plan. The Division of Emergency Management (DEM) is responsible for preparing the State of Florida MYT&E Plan. The State plan is based on regional and state agency plans. Regional MYT&E Plans are based on those developed at the county-level. The Department of Health MYT&E Plan supports training and exercise strategy in the Florida Public Health and Medical Preparedness Strategic Plan..

MYT&E Plans priorities in each agency and jurisdiction should be linked to associated target capabilities and previous improvement plan actions, as applicable.

The MYT&E Plan is a living document. The basic training program and exercise and evaluation strategy should be updated and refined at least annually as gaps, directives, and plans are identified and revised.

Training

Independent Study. Begin training in basic HSEEP concepts and terminology by reviewing “**HSEEP 101**” on the HSEEP Internet site at <https://hseep.dhs.gov/>. Then take **IS 120A, An Introduction to Exercises**. This is a self-paced, online course in HSEEP basics. When you complete the course and pass the test, you will receive a certificate of completion. This is a basic prerequisite to additional training. This course will help in becoming compliant with the second HSEEP requirement. You do not have to be an HSEEP-registered user to take online, independent study courses.

Next, take **IS 130, Exercise Evaluation and Improvement Planning**, for further information and study. Knowledge in these areas is needed for HSEEP compliance requirements 3 and 4. This course is also available online at the HSEEP Internet site.

Resident Study. In Florida, DEM periodically sponsors two to three-day resident HSEEP training courses. Presentations focus on development of training and exercise programs at the county-level.

The course includes videos and small group activities that center on developing an exercise program for a fictitious county. Group activities include creating exercise documentation, conducting planning conferences and briefings, and exercise evaluation.

An IS 120A completion certificate is a course prerequisite.

DOH sponsors four-hour **HSEEP Mechanics Training** workshop based on the use of this manual. This workshop may be taken as a stand-alone training or as a supplement to the two-three day DEM course. IS 120A is a recommended prior to the workshop but is not a formal prerequisite. The workshop offers these learning objectives:

- Understanding the requirements for HSEEP compliance.
- Becoming familiar with the use of tools in the HSEEP Toolkit.
- Understanding the steps needed in assembling an exercise.
- Understanding the need for improvement planning and maintenance.

The workshop consists of HSEEP content training with participants encouraged to share good stories and lessons learned from past exercises, a live on-line walkthrough of the HSEEP Internet site and Toolkit, and a scenario-based, practical exercise in exercise development.

The target audience for the HSEEP Mechanics Training Workshop is county-level planners, trainers, and exercise coordinators, EMS, hospitals, health and medical centers, long-term care facilities, and all other ESF-8 public health and medical partners. Although some of the content is health-centric, we believe that the training is valuable for all response partners as well.

In addition, DOH offers a four-hour, HSEEP taught in conference using “Live Meeting”, as a cost-saving measure for DOH and our share partners. For more information, visit this Internet site: <http://www.doh.state.fl.us/demo/php/links.htm>.

Advanced Study. Opportunities for FEMA advanced-level exercise training are described at <http://www.training.fema.gov/emiweb/cec/CECCourses.asp>

Sharing

We encourage everyone to submit exercise lessons learned to the **Lessons Learned Information Sharing internet site**, www.LLIS.gov. This is a secure site. To request access to LLIS materials and to share information, click the “Register Here” link.

Manuals

HSEEP policy and guidance is contained in Volumes I, II, and III:

- **Volume I**, *HSEEP Overview and Exercise Program Management*, provides guidance for building and maintaining an effective exercise program and summarizes the planning and evaluation processes described in further detail in Volumes II through IV.
- **Volume II**, *Exercise Planning and Conduct*, helps planners outline a standardized foundation, design, development, and conduct process adaptable to any type of exercise.

- **Volume III**, *Exercise Evaluation and Improvement Planning*, offers proven methodology for evaluating and documenting exercises and implementing an Improvement Plan (IP).

Knowledge of Volumes I, II, and III is needed to meet HSEEP Compliance requirement 2.

Volume IV, *Sample Exercise Documents and Formats*, provides sample exercise materials referenced in HSEEP Volumes I, II, and III.

These volumes are accessible on the HSEEP Internet site and do not require user registration to utilize the material. This HSEEP Mechanics Manual condenses four HSEEP volumes into one providing HSEEP highlights in one volume.

Volume V, *Prevention Exercises*, provides an overview of prevention exercises, information on the Terrorism Prevention Exercise Program (TPEP), and guidance and instruction on how to plan, conduct, and evaluate a prevention-focused exercise using standard HSEEP methodology. Volume V focuses on law enforcement-related information and it is on the secure LLIS site through a link on the HSEEP site. You must be a registered LLIS user to view this document.

Toolkit

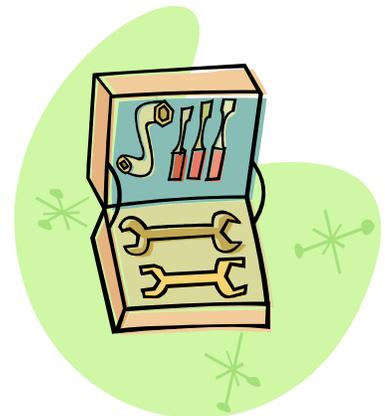
The HSEEP Toolkit, explained below, contains several easy to use tools and templates. There are deeper levels of complexity, as well, depending on the specific user details built into an exercise program. The HSEEP **Help Desk** is a user-friendly way to obtain information on Toolkit use. The Help Desk is available via phone or email. Click on “Contact Us” on the main menu bar on the HSEEP Internet site.

Learning to use the Toolkit is essential to becoming compliant with HSEEP requirements 2, 3, and 5.

The HSEEP Toolkit contains three heavy-duty tools that can be used to build and schedule exercises and maintain improvement plans:

- The Design and Development System
- The National Exercise Schedule System
- The Corrective Action Program System

A Toolkit capability demonstration can be viewed at:
<https://hseep.dhs.gov/support/HSEPTKTraining.htm>





However, you must **register** as a HSEEP User to gain access to and use the Toolkit.

If you are not registered on the HSEEP Internet site, click on the “HSEEP Toolkit Logon” link under the “Technology” Section. This will take you to the **User Login** screen. At the bottom of the User Login “Password” there is a link that invites you to “Contact Us/Register of Account.” Provide the requested information and submit it. You should get authorization in 24 – 48 hours.

Design and Development System (DDS)

DDS is a project management tool that provides users with templates and HSEEP guidance for developing timelines, planning teams, and exercise documentation (e.g., Situation Manuals, Exercise Plans, exercise planning conference materials). DDS starts the planning process described in *HSEEP Volume II: Exercise Planning and Conduct*. Filling in the DDS Worksheet at Attachment 1 will make it easier and quicker to complete DDS online at the HSEEP Internet site. Inputting exercise planning information into DDS on-line enables the user to upload this information into the National Exercise Schedule System via an online link.

National Exercise Schedule (NEXS) System

NEXS is an online tool for posting exercise schedules. It allows NEXS users to synchronize exercises from local, through state, to the federal levels. Entering exercises into NEXS enables others to view exercises occurring throughout the state and nation. It provides opportunities to learn about exercises in other jurisdictions that may be useful in design of local exercises and opportunities for cross jurisdiction exercise planning.

Corrective Action Program (CAP) System

The CAP System is a web-based application that enables users to prioritize, track, and analyze improvement plans developed from exercises and *real-world* events. Features of the CAP System include Improvement Plan creation and maintenance, corrective action assignment and tracking, and reporting and analysis. The CAP System is based on the process described in HSEEP Volume III: Exercise Evaluation and Improvement Planning. The CAP System supports the process by which exercise and *real-world* events can inform and improve exercise programs and other preparedness components. *Tracking improvement plans and ensuring task completion is traditionally the weakest link in exercise planning.*

In addition to these three heavy-duty tools, there are others in the Toolkit for fine-tuning exercise development e.g., the Master Scenario Event List (MSEL) Builder and the Exercise Evaluation Guidelines (EEG) Builder

MSEL Builder

A MSEL is a sequential list of events or actions, often called “injects” that keep the momentum of the exercise moving to meet the evaluation requirements and exercise objectives.

In a discussion-based exercise, they may be verbal or written instructions, or computer-based emails, videos, or sound recordings. In operations-based exercises injects may be radio or telephone calls from a simulation center (SimCell) or an exercise controller, person to person contact, or the flash-bang of an explosion simulator.

See pages 11-12 for description of exercise types. See page 21 for more information on MSEL use.

The HSEEP MSEL Builder allows exercise planners and developers to create customized MSEL formats from a list of data fields. After the MSEL is created, it can be tailored to include exercise-specific information. This allows users to select from predefined exercise information to create individual injects for a MSEL.

Exercise and Evaluation Guidelines (EEG) Builder

EEGs are tools to evaluate exercise objectives. The exercise objectives are based on Target Capabilities found in the TCL. The EEG Builder allows users to create customized EEGs by choosing activities from a selected Target Capability objective that will be evaluated during an exercise. Users will also be able to create customized tasks and measures to further focus the evaluation process. See page 22 for more information on EEG use.

Planning an Exercise

Here is a recommended step-by-step exercise planning and assembly checklist:

Step 1 - Synchronize the exercise with plans and training program gaps.

In designing an exercise, determine the plan, capability, training competency, and gaps that you want to exercise and evaluate.

For exercise participants, knowledge of the plan to be exercised is most important. Ask these questions:

- Do exercise participants know that the plan exists and where it is located for their review?
- Are all exercise participants knowledgeable of the plan? Do they know their roles and responsibilities as stated in the plan? Are there job action sheets for quick refreshers on roles and responsibilities? If not, then you must distribute the plan and ensure that it is read and understood *before* considering the type of exercise that you want to conduct. See pages 11-12 for exercise descriptions.
- Does the plan or parts of the plan that will be exercised and evaluated require first-time or refresher training? If so, ensure that you conduct training to an established standard of proficiency *before* conducting an exercise. Drills are very useful as intermediate exercises to validate specific training proficiency standards.

- What if there is no existing plan? You can effectively use seminars and workshops to review issues requiring writing of new plans and assist planners in determining what needs to be included in the plans they are developing.

☐ Step 2 - Determine Target Capabilities to use in developing exercise objectives.

The full text of the US Department of Homeland Security Target Capabilities List, dated September 2007, is found on the Lessons Learned Information Sharing Internet site, www.LLIS.gov and the Department of Health Internet site: <http://www.doh.state.fl.us/DEMO/php/TargetCapabilities.pdf>

There are 37 Target Capabilities divided among common capabilities and four mission capabilities. Not all Target Capabilities apply to every agency and exercise. Examples of Target Capabilities that may be considered in developing health and medical exercise objectives are:

Common Target Capabilities

- Communications
- Planning
- Community Preparedness and Participation

Prevent Mission Area

- Chemical, Biological, Radiological, Nuclear, Explosives (CBRNE) Detection

Protect Mission Area

- Epidemiology Surveillance and Investigation
- Food and Agriculture Safety and Defense
- Public Health Laboratory Testing

Respond Mission Area

- Onsite Incident Management
- Emergency Operations Center Management
- Responder Safety and Health
- WMD and Hazardous Materials Response and Decontamination
- Isolation and Quarantine
- Environmental Health
- Emergency Public Information and Warning
- Emergency Triage and Pre-hospital Treatment
- Medical Surge
- Medical Supplies Management and Distribution
- Mass Prophylaxis
- Mass Care
- Fatality Management

☐ Step 3 - Determine the type of exercise to evaluate Target Capability objectives

Build exercises to correspond with Target Capabilities objectives, plans, training programs, and identified gaps that need testing. Compare these with the level of current organization capabilities. See Figure 1.

Do not immediately jump into a full scale exercise or even a tabletop exercise unless your plan is mature and your participants have the appropriate level of training.



Figure 1. Building Exercise Capability

Discussion-based exercises (colored light blue in Figure 1) *familiarize* participants with current plans, policies, agreements, and procedures. They may also be used as a forum to develop or revise plans, policies, agreements, and procedures. Discussion-based exercises include: **seminars, workshops, tabletops, and games**. Discussion-based exercises typically require facilitators in lieu of controllers and may require evaluators. See **Step 6**, Exercise Staffing.

- Seminar. A seminar is an informal discussion that *orients* participants to new or updated plans, policies, or procedures (e.g., a seminar to review new Building Evacuation Standard Operating Guidelines).
- Workshop. A workshop resembles a seminar, but it *builds* specific products, such as a draft plan or policy. Workshops can be used effectively to bounce canned scenarios off a new plan to see where it will break.
- Tabletop Exercise (TTX). A tabletop exercise involves key participants discussing simulated scenarios in an informal setting. TTXs can be used to *assess* plans, policies, and procedures.
- Game. A game is a simulation of operations that involves two or more teams in a *competition*, using rules, data, and procedures and scenarios designed to depict an actual situation and test whether plans are valid, training is sufficient, or other objects of evaluation.

Operations-based Exercises (colored dark blue in Figure 1) *validate* plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of Operations-based Exercises include **drills, functional exercises, full-scale**

exercises. Operations-based exercises typically require safety officers, controllers, evaluators, and may also require actors, and simulators. Operations-based exercises require *much* greater logistical support, cost, and planning time than discussion-based exercises. See **Step 6**, Exercise Staffing.

- Drill. A drill is a coordinated, supervised activity used to *test a single, specific operation or function* within a single entity (e.g., a hospital decontamination team drill or a Strike Team assembly drill). The typical venue for a drill is a parking lot.
- Functional Exercise (FE). A functional exercise examines and/or *validates the coordination, command, and control* between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). Another term for a functional exercise is a command post exercise (CPX). A functional exercise does not involve to an incident in real time at an actual location with actor-simulated victims.
- Full-Scale Exercises (FSE). A full-scale exercise is typically a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., responders interacting with simulated victims) in *real-world* scenarios.

Step 4 - Determine exercise cost and funding sources

Seminars, workshops, and drills can usually be executed at low cost. They can be and should be developed in-house without relying on contractors. Seek public agency conference rooms and similar locations to avoid facility rental costs.

Tabletop exercises with multiple objectives and scenarios and functional exercises may require contractor support. But you can avoid major expense by using the HSEEP Toolkit to develop the exercise basis. The more work that can be done in-house, the less contractor support will be needed and less cost will be incurred.

Full scale exercises are the most expensive to execute and have the greatest requirements for external support. But, again, the more work that can be done in-house, the less contractor support will be needed and less cost will be incurred.

If you seek external financial support from through a federal or state grant you should submit your request as a project submission at least one year in advance and include the exercise project must be included in current MYT&E Plan.

Step 5 - Set the Exercise Date

Setting the exercise date drives all of the other planning tasks. Set the exercise date, first. All planning meeting dates are set after establishing the exercise date. See **Step 7** for a list of recommended meetings and conferences. If you must initially choose a *tentative* date, confirm it as soon as possible in your Concepts and Planning Meeting or Initial Planning Conference.

Allow at least three months planning time for a discussion-based exercise or a drill. Allow at least six months planning time for a functional or full-scale exercise. Set an exercise date one year out if you will be requesting funding.

HSEEP recommends that you immediately post your exercise date in NEXS. Use either DDS or NEXS as a starting point. Both will work and will link back to the DDS template. See page 18.

Finally, please notify your Exercise Program Manager or the Training Program Manager to enter the exercise date into the Multi-Year Training and Exercise Plan.

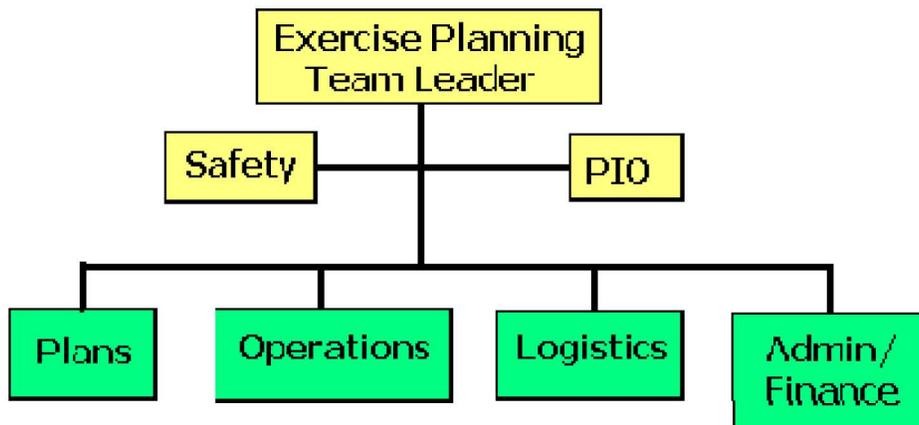
☐ **Step 4 - Assemble the Exercise Planning Team**

The most important factor for a successful exercise is organizing a skilled and experienced exercise planning team. The exercise planning team oversees, and is responsible for, exercise foundation, design, development, conduct, and evaluation. The team determines exercise objectives based on Target Capabilities, tailors scenarios to meet the objectives, and develops documentation used in evaluation, control, and simulation.

Planning team members also help with developing and distributing pre-exercise materials and conducting exercise planning conferences, briefings, and training sessions. Because planning team members are highly involved in the exercise, they are ideal selections for exercise facilitators, controllers, or evaluator positions.

The planning team membership should fit the scope of an exercise, which will vary depending on exercise type. An operations-based exercise generally requires more logistical coordination than a discussion-based exercise, and therefore it will call for more exercise planning team staff.

Regardless of the scale and complexity of an exercise, it is helpful to organize the exercise planning team in accordance with the Incident Command System (ICS) structure.



- The Command Section directs and coordinates all exercise planning activities. The exercise planning team leader assigns exercise activities and responsibilities, provides guidance, establishes timelines, and monitors the development process. This position is equivalent to the incident commander in an ICS-oriented organization.

The safety officer and public information officer report directly to the exercise planning team leader.

The Safety Officer identifies potential issues for safeguarding exercise staff and players at each stage of planning. An exercise that results in an injury is a failed exercise. The safety officer also plays a critical role during the conduct of the exercise (See page 22).

The Public Information Officer (PIO) has multiple roles in exercise planning and execution. Most exercises will have an *Emergency Public Information and Warning* component as a Target Capability objective that will require evaluation. PIOs may assist with coordinating VIPs, observers, and *real-world* media visits on the day of the exercise. PIOs gain goodwill publicity for the exercise and ensure that the public is informed about the exercise in advance to preclude public alarm or public safety issues.

- The Operations Section provides technical or functional expertise (i.e., subject matter experts [SME]), to develop the scenario and potentially serve as evaluators during the conduct of the exercise.
- The Planning Section is responsible for compiling and developing all exercise documentation. The Planning Section collects and reviews policies, plans, and procedures that will be validated in the exercise. This group is responsible for developing EEGs. During the exercise, the Planning Section may be responsible for developing simulated actions by agencies not participating in the exercise and setting up a SimCell for exercises that need one.
- The Logistics Section provides or arranges for the supplies, materials, facilities, and services that enable the exercise to function smoothly without outside interference or disruption. This group consists of two subsections: service and support. The service section provides transportation, barricading, signage, water to prevent dehydration, *real-world* medical capability, and exercise-site perimeter security. The support section provides or arranges for communications, purchasing, general supplies, VIP/observer processing (typically in coordination with the PIO), and exercise actor recruitment/management.
- The Administration/Finance Section provides funding management and administrative support throughout exercise development. This group coordinates schedules for the planning team, the exercise planning team leader, participating agencies, and the host community or communities. On the exercise day, exercise participant registration is coordinated by the Administration/Finance Section.

The exercise planning team size may contract or expand depending on the scope of the exercise and the project management timeline. Small, less complicated, discussion-based exercises can begin with a core group of four or five people.

A small team may require a member or section leader to assume additional roles. However, care should be taken not to overwhelm team members by understaffing the exercise. When a task reaches a level that requires an individual's dedicated attention, that task position should be assigned to another team member in order to avoid any oversight due to multiple task requirements.

Potential Exercise Planning Team Partners. Determine the internal divisions and outside agencies that need to be involved in the exercise. Depending on the objectives and scope of the exercise, here is a list of external partners you should consider when building an exercise team:

“At-Risk” Vulnerable Populations include persons with disabilities, seniors, children, and persons with special medical needs, those with behavioral health issues and anyone who would be at risk for a poor health outcome in an emergency situation. Since Hurricane Katrina, federal agencies have put much needed emphasis on including vulnerable population representatives as exercise participants and planning team members, as well. This is a requirement of federally-funded exercises. Vulnerable population participation is typically exercised through the Target Capability objectives for *Mass Care*, and their participation should be considered in *all* exercises, regardless of funding source.

Municipal police department and county sheriff law enforcement representatives are needed for security advice on exercises evaluating scenarios with security issues (e.g., re-enforcing a hospital security perimeter or securing a quarantine facility), *Fatality Management*, and *Interoperable Communications*. Functional and full scale exercises, sometimes drills and tabletops with large numbers of participants, may require law enforcement support at least for traffic control and public safety.

Emergency Medical Services (EMS) participation is required in discussion or operational-based exercises requiring Target Capability objectives for *Interoperable Communications*, *Emergency Triage and Pre-hospital Treatment*, and transport of simulated casualties. EMS participants may also advise on the use of *moulage*, an artificial application to simulate wounds on exercise actors. (See page 20). *Real-world* EMS units may be requested to support functional and full scale exercises, sometimes drills and tabletops, requiring large participant numbers and potential for physical and climate-related injuries.

Fire and Rescue Units have EMS components, as well as hazardous materials (HAZMAT) containment and gross decontamination capabilities, in addition to their traditional fire-fighting and rescue missions. Fire and Rescue Units may serve to augment law enforcement for on-scene security. Invite Fire and Rescue participation for evaluation of Target Capability objectives for *Interoperable Communications*, *Emergency Triage and Pre-hospital Treatment*, *WMD and Hazardous Materials Response and Decontamination*, and *Responder Safety and Health*.

Hospital participation is required in exercise evaluations with Target Capability objectives for *Medical Surge*, *Fatality Management*, and depending on the scenario, *WMD and Hazardous Materials Response and Decontamination*, *Interoperable Communications* and *Epidemiology Surveillance and Investigation*. Hospitals are required to conduct community-level exercises to maintain Joint Commission on Healthcare Organizations (JCAHO) accreditation.

Because of these requirements, hospitals may have limited ability to participate in other multi-agency, community exercises. But, local hospital representatives should always be invited to participate as a planning team member to provide alternatives to their full exercise involvement (e.g., by establishing a phone point of contact as part of a SimCell).

County Emergency Managers are responsible for staffing and managing county emergency operations centers, county resources, and supporting incident commanders during emergency events. You need to invite county emergency managers to participate on all exercises involving exercise scenario integration of county resources coordination and management. Some large municipalities staff local emergency operations centers.

County Health Departments (CHDs) and DOH-level participation (depending on the exercise plan) for all exercises where Target Capability objectives for *Epidemiology Surveillance and Investigation, Isolation and Quarantine, Environmental Health, Mass Prophylaxis, and Mass Care (Special Needs Shelters)* will be evaluated. Other Target Capability objectives that may include CHD and DOH participation are: *Food and Agriculture Safety and Defense, and Responder Safety and Health.*

School District representatives should be invited to participate on exercise planning committees when Target Capability objectives for *Food and Agriculture Safety and Defense, Epidemiology Surveillance and Investigation, Isolation and Quarantine, and Mass Care* are being evaluated.

Volunteer and Faith-Based Organization representatives should be invited to participate in the planning and execution of exercises involving *Mass Care*. Depending on the type of organization, they may provide medical staff resources to support *Medical Surge* exercises and may be sources of information and recruitment of vulnerable population participants. They may have facilities that can be used at low or no cost in exercises with Target Capability objectives in *Isolation and Quarantine* and *Mass Prophylaxis*. They may be able to provide conference rooms for discussion-based exercises. They may be able to provide exercises actors and “victims.”

Department of Agriculture and Consumer Services (DACS) and the Department of Business and Professional Regulation should participate in the planning and execution of exercises that focus on Target Capability objectives in *Food and Agriculture Safety and Defense* and *Epidemiology Surveillance and Investigation* relating to food-borne disease outbreaks.

Department of Environmental Protection representatives should be involved in *Epidemiology Surveillance and Investigation* involving water-borne disease or drinking water sources contamination.

DACS and Florida Fish and Wildlife Conservation Commission representatives should be part of the planning and execution of *Epidemiology Surveillance and Investigation exercise scenario involving* an animal-borne disease spreading into the human population (e.g., avian influenza).

Regional Planning Councils (RPC) can be very useful in providing local and county contacts and in coordinating multi-county exercises.

The listing of agencies and organizations is not meant to be mandatory or exhaustive. Examine the context of the plan you will be exercising. All agencies that have a part in your plan should have a part in exercise planning even if their particular part will not be included this time. If the purpose of the exercise seminar or workshop is to develop a plan, consider all who will be potentially included when the plan is completed. Be inclusive rather than exclusive.

Invite agencies and organizations to send representatives that have the time, interest, and the authority to make basic decisions to participate in exercise planning. Although the need for intra-organization coordination is recognized, choruses of “I have to ask my boss” responses can stifle and delay planning. Encourage all exercise planning team members to become registered HSEEP users.

□ **Step 7 - Draft the Exercise Plan**

HSEEP defines and recommends a variety of planning meetings and conferences. The need for each of these meetings and conferences varies depending on the type and scope of the exercise. These include:

- Concepts and Objectives Meeting
- Initial Planning Conference (IPC)
- Mid-Term Planning Conference (MPC)
- Master Scenario Events List (MSEL) Conference
- Final Planning Conference (FPC)

Exercise Planning Conferences	Description	Exercise Type	Timing Prior to Exercise
Concept and Objectives (C&O) Meeting	<ul style="list-style-type: none"> ▪ Identifies the type, scope, objectives, and purpose of the exercise ▪ Is typically attended by the sponsoring agency, lead exercise planner, and senior officials 	Large-scale, high profile or series of exercises	Prior to, or concurrently with, IPC
Initial Planning Conference (IPC)	<ul style="list-style-type: none"> ▪ Lays the foundation for exercise development ▪ Gathers input from exercise planning team on the scope, design, objectives, scenario, exercise location, schedule, duration, and other details required to develop exercise documentation ▪ Assigns responsibility to planning team members 	All	Discussion-based: 3 months Operations-based: 6 months
Mid-Term Planning Conference (MPC)	<ul style="list-style-type: none"> ▪ Resolves logistical and organizational issues that arise during planning such as staffing, scenario and timeline development, scheduling, logistics, administrative requirements, and draft documentation review ▪ May be held separately or in conjunction with a Master Scenario Events List (MSEL) Conference 	Operations-based	3 months
Final Planning Conference (FPC)	<ul style="list-style-type: none"> ▪ Uses a forum to review the process and procedures for exercise conduct, final drafts of exercise material, and logistical requirements ▪ Ensures there are no major changes made to the design or scope of the exercise or to any supporting documentation 	All	Discussion-based: 6 weeks Operations-based: 6 weeks

Design and Development System (DDS) and National Exercise Schedule System (NEXS). At this point, you should be ready to enter information on your exercise into HSEEP DDS or NEXS. Remember that you must be a registered HSEEP user to enter information into DDS and NEXS. You can start with using either tool as a point of entry, both link to the DDS online template. Use the DDS Worksheet, Attachment 1, to record the needed information on paper before entering it on-line. It will make the online DDS process easier and quicker.

When you have accessed the main screen in DDS, click on “**Create Exercise**” on top tool bar to enter a new exercise. Enter the information requested on each screen. Much of the information requested can be entered through drop down menus and check boxes. Use the “Next” button at the bottom of each screen to proceed.

Requested DDS Information listed below. Entries marked with a red asterisk (*) are required by DDS. All other information is optional, but it may be helpful to complete as much as you can. You can return to DDS and update information that you do not have readily available or if the previously entered information changes.

Exercise Name and Series.* If this is a one-time exercise enter “none” for series. Chose a name for your exercise that everyone will remember and allude to after the exercise is past. There is a text box on this screen to enter an **Exercise Overview**. This is a brief summary of the exercise objectives and the scenario. It is useful for others who view your exercise in NEXS to understand the purpose and content of the exercise.

Exercise Sponsor. This can be the agency that is funding the exercise.

Exercise Program. There are 12 choices. Most health and medical exercises will fall into the “Public Health or Public Health Emergency Preparedness” program. You can select more than one program.

Exercise Type.* Choose one from Step 3 on pages 11-12 of this manual.

Scope.* This is the exercise jurisdiction level of the exercise. You should choose either “County” or “State.” Note that in HSEEP DDS, “Regional” means multi-state, not multi-county.

Scenarios.* Choose the scenario type from the following categories: biological, chemical, explosives, natural disaster, nuclear, radiological, or other. You can choose more than one category for your exercise.

Themes. There are only three choices. “Continuity of Operations” will fit as a theme for most Health and Medical exercises.

Location.* List a primary exercise location and as many additional locations that you need if the exercise is spread out geographically – like between a hospital and a WMD scene. Exercise venues must be Americans with Disabilities Act (ADA)-accessible. Having a person with a disability on your planning team can assist in ensuring ADA compliance. On this screen, *be sure to click the Add Location Button before hitting the Next Button.*

Dates.* Enter the exercise start and end time. The exact times do not have to be entered. You may not know these yet. A time frame will work.

Conferences. (See **Step 7** page 17.) Enter the date, POC, and location information for each conference and meeting to plan your exercise. You can add and revise conference information as the planning develops.

Target Capabilities.* First select the major TCL category: Prevention, Protection, Response, or Recovery. This will bring up a Target Capabilities menu for that category (See Step 2, page 10). You can select as many Target Capabilities that the exercise will evaluate.

Exercise POC.* This may be the Planning Team Leader or someone else on the planning team who registered on HSEEP. The POC *must* be registered in HSEEP. The Exercise Point of Contact and Planning Team Leader must be registered in HSEEP. You can choose the *Edit Button* to search for a registered HSEEP name. The POC and Planning Team Leader may be the same person.

Major Participants. List the agencies and organizations that will be participating in the exercise. If you choose, you can add the lead planning organization and participating organizations by searching for those already in the HSEEP data base by clicking *Find* or add one if it is not already listed.

When you have completed all of the screens, HSEEP DDS will ask if you want to export the information you entered into NEXS. Click **Yes**. Now, your exercise dates and exercise meeting/planning dates will be uploaded into NEXS.

Your exercise will be listed as “Pending” until it is approved by Florida Division of Emergency Management. DEM approval typically will occur within 24-48 hours. Current exercises are displayed on the main DDS page until the start date has passed. After that they are posted to “Show Historical.”

You can view the same exercise summary document in NEXS. To filter and narrow the search, select “FEMA Region IV” and select current month from the calendar.

DDS and NEXS are powerful tools enabling you to upload conference minutes and other documents, make team assignments, send emails, and post alerts. Make them work for you!

Planning Security. Except for basic seminars and workshops, all exercises that are scenario-based should contain elements of surprise to challenge both the plan that is being exercised and the players.

To ensure that players gain the greatest benefit from exercises restrict scenario planning information to the designated members of the exercise planning team. Giving the exercise participants a “heads-up” about the scenario or their expected actions is a disservice to them and can defeat the exercise purpose.

All team members must understand that they are regarded as “**Trusted Agents**” who are being charged to not divulge evolving exercise content to members of their own or other agencies or organizations.

Scenario Development. The scenario provides the storyline that drives the exercise. The first step in designing a scenario is determining the type of threat/hazard to be used in an exercise. The Operations Section should gather SMEs appropriate to the hazard(s) and situations selected to develop the scenario. Using a story board that traces key events, times, locations, and expected actions can assist the exercise planning team in developing realistic scenarios.

Determine the degree of difficulty. This will be based on the maturity of the plan(s) and training and experience of the organization being exercised. Scenarios crafted for discussion-based exercises should stress and identify weakness in plans or the need to write or revise a plan. Scenarios crafted for operations-based exercises should realistically stress both plans and resources.

When exercising mature plans and experienced organizations, you should consider scenarios that will stress the resources of the organization(s) nearly to, but not over, the breaking point. In this way, the exercise will mimic pressures of an actual event and allow for maximum evaluation of weaknesses. (No pain, no gain)

Make it look real! Maps, sand tables, miniatures and video recordings can all add a visual impact to discussion-based exercises. Voice recordings of simulated radio or cell phone conversations can also add depth and a feeling of reality. Filming a mass casualty scene can provide a sense of realism to discussion-based exercises when used as “breaking news” injects.



Operational-based exercises should be highly visual to induce responders to react with urgency to the scenario scene. The use of moulage and pyrotechnics can add a sense of realism and urgency to a mass casualty scenario. Moulage is a French word for “plaster.” Modern moulage applications that simulate wounds are made from rubber, plastic, and liquids to simulate blood.

Moulage kits can be purchased commercially. Law enforcement, fire rescue, EMS, hospitals, and some health departments may have moulage kits. To be effective, moulage must be applied by persons who are trained in the art and have medical experience to know how real wounds appear.

The use of pyrotechnics to simulate explosions, smoke, flame, and gunfire add heightened reality to a scene, but there are very serious safety risks with the use of these devices. They must only be used by experts experienced in their use and with the full concurrence of the Safety Officer.

Actors with speaking parts must have scripts, be rehearsed, and strictly enjoined **not to ad lib**. (See page 24) “Unconscious victims” can be pre-tagged with descriptions of their symptoms. Water or sand-filled mannequins are commercially available to simulate the “dead-weight” feel of fatalities.

Consider timing. Consider beginning an exercise for an experienced organization during shift change or in the evening shortly after normal work hours or before normal work hours in the morning. Drills typically begin with a recall and assembly of absent staff. It is generally ok to announce the date of an exercise to the participants, but not the exact time.

Be very careful about holding totally unannounced exercises and scheduling recalls very late in the nighttime or very early morning hours. Unannounced and *off-normal* duty hours exercises can cause accidents due to sleepy drivers, alcohol intake, or drowsiness caused by intake of prescription medications.

Determine the Venue. The final step in designing a scenario is to determine the venue (i.e., facility or site) in which exercise play will take place. Venue selection should reflect the hazard selected, allowing for realistic, simulation of the hazard or situation, and ensure the safety of all participants.



Documentation. The Planning Section is responsible for preparing all exercise documentation to include planning committee meeting minutes. The list below briefly describes the important documents associated with most exercises. The types of documentation described here are discussed in more detail in *HSEEP Volume II*. *HSEEP Volume IV* contains some templates and examples of the documents cited below.

A **Safety Directive** may be a stand-alone document or one incorporated into other exercise documents. It lists potential hazards that may be encountered during the exercise, procedures to avoid accidents, and procedures for stopping the exercise if unsafe activities are observed or encountered. It will give directions on how to report injuries and immediate actions to take on the scene.

A **Player Handout** is a 1–2 page document, usually distributed the morning of an operations-based exercise. It provides a quick reference for exercise players on safety procedures, logistical considerations, venue(s) and exercise schedule, and actual and notional exercise play.

A **Situation Manual (SitMan)** is a participant handbook for discussion-based exercises, particularly TTXs. It provides background information on exercise scope, schedule, and objectives. It presents the scenario narrative that will drive participant discussions during the exercise.

An **Exercise Plan (ExPlan)**, typically used for operations-based exercises, provides an exercise synopsis; it is published and distributed to players and observers prior to the start of the exercise. The ExPlan addresses exercise objectives and scope, and assigns roles and responsibilities that must be completed for successful exercise execution. The ExPlan generally does not contain detailed scenario information.

A **Controller and Evaluator (C/E) Handbook** supplements the ExPlan, containing more detailed information about the exercise scenario, describing exercise controllers', evaluators' roles and responsibilities. Because the C/E Handbook contains information on the scenario and exercise administration, its distribution is generally limited to controllers and evaluators.

A **Master Scenario Events List (MSEL)** is a chronological timeline of the scenario, and scripted events (i.e., injects) to be inserted into exercise play by controllers in order to generate or prompt player activity. It ensures necessary events happen so that all exercise objectives are met. Limit MSEL distribution to exercise controller and evaluator staff only. Free-play exercises require fewer MSELs than scripted exercises, but they still need a chronological list of “must happens” to keep the exercise in context and on time. Evaluators may request adjustments in MSEL content or timing to ensure the exercise objectives are being met in good order. The Chief Controller will make MSEL modification decisions in concert with the Chief Evaluator.

Exercise Evaluation Guidelines (EEGs) help evaluators collect and interpret relevant operations-based exercise observations. *EEGs are not report cards.* They are intended to *guide* an evaluator's observations enabling the evaluator to focus on capabilities and tasks relevant to exercise objectives. EEGs provide evaluators with information on tasks they should expect to see accomplished or discussed during an exercise, space to record observations, and questions to address after the exercise; this is the first step in the analysis process and development of the After Action Report / Improvement Plan (AAR/IP).

In order to assist entities in exercise evaluation, "standard" EEGs have been created that reflect capabilities-based planning tools, such as the TCL and UTL. Do not automatically plug the standard EEGs into your exercise without comparing them to your objectives. Not all tasks in the standard EEGs will apply in every exercise. *Be sure your evaluators know which tasks are not applicable (N/A) to exercise objectives.*

A library of standard EEGs can be found behind the EEG link on the HSEEP Internet site under Volume III. The HSEEP EEG Builder is a useful tool that allows users to create customized EEGs.

Logistics. As you have probably guessed, the Logistics Section is responsible for exercise logistics. Logistical details are very important, and they are often overlooked. They can make the difference between a smooth, seamless exercise and one that is confusing, ineffective, and frustrating for both players and exercise staff.

Discussion-based exercises require attention to logistical details, such as the availability of appropriately-sized, comfortable meeting and briefing rooms, refreshments, access to restrooms, audiovisual equipment, facilitation and note-taking supplies, badges and table tents, registration assistance, and direction signs. (In Florida, federal and state exercise funds cannot be used for refreshments. Food and refreshment items may be donated or funded through a participant collection.)

Operations-based exercises require badge/role identification, access to restrooms, water to ensure participants and staff are hydrated, on-site communications, arrangements for videotaping, props and moulage, participant safety, and site security.

Exercise Staffing



Safety Officer. The Safety Officer is *the most important member of the exercise team.* He or she is vested with the power to maintain exercise participant safety at all times during the course of the exercise and must have no other duties. Large and complex exercises and those conducted over more than one venue will require the appointment of several assistant safety officers who will report to a Chief Safety Officer.

Law enforcement players should establish their own safety officer to ensure adherence to gun safety measures. The Law Enforcement Safety Officer reports to the Chief Safety Officer.

Safety Officers must be identified by a distinctive vest or armband. The Chief Controller should introduce Safety officers during all exercise briefings. The Safety Officer has full authority regarding any safety-related aspect of exercise play.

Safety Officer responsibilities include:

- reviewing exercise documentation for potential safety issues and concerns
- *briefing participants on safety concerns before the start of the exercise*
- being vigilant for safety issues during the exercise
- Issuing **STOP EXERCISE** orders when needed
- responding to safety incidents and accident occurrences
- documenting safety incidents and accident occurrences for the after action report

For Safety's Sake: Avoid unplanned confrontations between actors and law enforcement officers.

Facilitators. During a discussion-based exercise, the facilitator is responsible for ensuring that participant discussions remain focused on the exercise objectives and assuring all issues and objectives are explored as thoroughly as possible within the available time.

Controllers are *experienced* exercise staff managing the exercise play, set-up and operate the exercise incident site; additionally, controllers act in the roles of response individuals, agencies and organizations not actually playing in the exercise (SimCells). Controllers must understand the entire context of the exercise. It is helpful to appoint controllers from the exercise planning team. Controllers provide key data to players, and they may prompt or initiate certain player actions to ensure exercise continuity and momentum through planned or on-the spot MSEL injects.

Controllers are the only participants who will provide information or direction to the players. Every exercise will have a Chief Controller. All controllers are accountable to the Chief Controller. The Chief Controller usually declares "**StartEx**" to begin an operations-based exercise and "**EndEx**" to terminate the exercise. Controllers may employ compressed time to ensure exercise continuity and completion. Any change that impacts the scenario or affects other areas of play must be coordinated through the Chief Controller. *Controllers must ensure communication of unscripted decisions that alter the course of the exercise to the evaluation team.*

Evaluators are chosen based on their expertise in the functional areas they evaluate. The Operations Section typically selects a Chief Evaluator and members of the evaluation team. It is advantageous to select the SMEs who assisted in the exercise planning to be on the evaluator team.

Do not assign an evaluator to assess an area or function where he or she has no experience or expertise. Public health staff should evaluate health capabilities; law enforcement officers should evaluate law enforcement response.

Evaluators observe, assess and comment on designated functional areas of the exercise. Evaluators have a passive role in the exercise and should only record the actions/decisions of players. They should not interfere with exercise flow. However, if the evaluators observe things going very wrong during the exercise, they should bring this to the attention of the controller(s). Evaluators use EEGs and notes to record observations. For large and complex operations-based exercises, appoint an experienced Chief Evaluator to lead the evaluation team. He or she should be assigned to pull together the AAR/IP.

It is important to train new evaluators in their roles and responsibilities. During or prior to training, provide evaluators with copies of these materials to review before exercise play:

- Appropriate plans, policies, procedures, and agreements of the exercising organization(s)
- Exercise documents, such as the SitMan for discussion-based exercises or the Exercise Plan (ExPlan), C/E Handbook, and the MSEL for operations-based exercises
- Evaluation materials, EEGs, and/or other evaluation tools; the exercise agenda and schedule; and evaluator assignments

If there are specific plans, policies, procedures, or agreements that are the focus of an exercise, the Chief Evaluator must brief the evaluation team on the content of those documents.

Evaluator training should also include guidance on observing the exercise discussion or operations, what to look for, what to record, and how to use the EEGs. Evaluators for full-scale exercises must be appropriately dressed for field duty in accordance with safety directives and the Controller - Evaluator Handbook. To promote effective observation, evaluators must be instructed to:

- Be at their designated position when players arrive.
- Get a good view of player actions and listen to player discussion; but avoid getting in the way.
- Focus on observing the activities and tasks in relevant EEGs to ensure exercise objectives are accomplished.
- Take *legible*, detailed notes, including times and sequence of events.
- Remain at their assigned post at key times.
- Avoid prompting players or answering player questions.

Actors simulate specific roles, such as disaster casualty victims, in order to add realism to an exercise. Controllers must closely monitor actors to assure they do not *ad lib* and create unplanned and spurious injects. The Logistics Section recruits and briefs Actors.

Simulators, generally controllers, perform the roles of individuals, agencies, or organizations that are not actually participating in the exercise in order to drive realistic exercise play. Simulators may be located outside the primary exercise venue in a SimCell and communicate with players via radio, phone, or email.

Players are members of the organization(s) being evaluated and they have an active role in responding to an incident by either discussing (in a discussion-based exercise) or performing (in an operations-based exercise) their regular roles and responsibilities.

Observers may request to view all or selected portions of exercise play. Observers may include media representatives and VIPs. Observers are controlled by the Logistics Section sometimes with assistance from the PIO. Observers must not participate in exercise play or in exercise evaluation and control functions. However, they may be solicited for comments on their observations.

Conduct the Exercise



So, after months of planning and hard work, it's time to conduct the exercise, see how it works, collect performance data, and improve operations. Don't relax yet. Conditions often arise during the exercise execution that were not anticipated during the planning process.

Always have a back-up plan for each exercise component.

On the day of the exercise, Murphy rules!

Safety is the most important activity of every exercise. No matter what the other achievements of the exercise are, if one person is injured, the exercise is a failure. While every exercise team has one or more appointed Safety Officers, it is the responsibility of *all* exercise participants to be constantly aware of safety issues and to stop the exercise if they see a violation or potential violation.

Set-up. The exercise planning team should visit the exercise venue(s) at least 24 hours prior to the event to prepare the site. Conditions on site may have changed between the initial site reconnaissance and the day before the exercise. On the exercise day, the planning team should arrive on-site in sufficient time before the scheduled start to handle any remaining logistical or administrative items pertaining to set-up, arrange for registration, and assure that the exercise staff are briefed and in place.

For a discussion-based exercise, review room lay-out, accessibility, and audio-visual equipment and web-based application. Rearrange the room as needed.

When preparing an operations-based exercise, planners must consider the assembly area, response route, response operations area, parking, registration, observer/media accommodations, and a possible SimCell facility, if used. Restrooms and water must be available to all who will be on or around the exercise site(s). All exercise staff must wear some form of identification while at the exercise site. Perimeter security and site safety, to include weapons check policy, during set-up and exercise conduct are essential.

Exercise briefings are important tools for delivering necessary exercise-related information to participants. All briefings should begin with on-site safety. A discussion-based exercise generally includes a briefing on methods to be used to present the scenario and the SitMan. An operations-based exercise should include briefings for controllers/evaluators, actors, players, and observers/media. Briefings are opportune times to distribute exercise documentation not previously provided, including administrative information such as location of restrooms and first aid stations, and answer any outstanding questions.

Collect Performance Data



Evaluation is the cornerstone of exercises; it documents strengths and areas for improvement in an organization's preparedness. Evaluation takes place using pre-developed EEGs, such as those provided in HSEEP Volume III. The EEG observations and comments feed improvement planning activities. The evaluation process for all exercises includes a formal exercise evaluation, integrated analysis, and drafting of an AAR/IP.

Photography, sound recordings, and videography are important tools to document and supplement written evaluations and comments.

Be aware that permissions may be needed to publish sound and visual recordings as well as photographs of participants see HSEEP Manual Attachment 2.

Hot Washes are *always* held immediately following the end of operations-based exercises. *Hot Washes* may also be held with discussion-based exercises at the discretion of the exercise planning team leader.

A *Hot Wash* is conducted in each functional area by that functional area's controller or evaluator. A *Hot Wash* enables evaluators to identify system successes and failures as well as issues, concerns, or proposed improvements and ascertain players' level of satisfaction with the exercise while the events remain fresh in players' minds. Include information gathered during a *Hot Wash* when writing the AAR/IP.

The *Hot Wash* allows players the opportunity to provide immediate feedback both verbally and through the distribution of Participant Feedback Forms, which solicit suggestions and constructive criticism geared toward enhancing future exercises.

Actors often have valuable information about how they were treated during an exercise and can offer unique role-player perspectives. But hold an actor *Hot Wash* in another location from the player *Hot Wash*.

You can download a template for a Participant Feedback Form from *Volume IV* on the HSEEP Internet site. Look under the categories "Exercise Planning" and "Conduct."

Debriefs are a more formal forum for exercise planners, facilitators, controllers, and evaluators to review observations and discuss the exercise. Actors often have valuable information about how they were treated during an exercise and can offer unique role-player perspectives. Debriefs may be held following the *Hot Wash* or within a few days following the exercise. The exercise planning team leader facilitates discussion and allows each person an opportunity to provide an overview of the functional area observed. Discussions are recorded and identified strengths and areas for improvement are analyzed for inclusion in the AAR/IP and Lessons Learned.

Following the debrief, evaluators should review their discussion notes and begin to develop preliminary written analyses of the exercise. Preliminary analyses involve developing a chronological narrative of relevant discussion for each capability and its associated activities.

The Chief Evaluator may assign the preliminary analysis for each activity to an individual or group of evaluators with relevant functional expertise, or the evaluation team can jointly develop all required preliminary analyses. These narratives should highlight strengths and areas for improvement, identify discussion points relevant to the organization's ability to complete the activities, and demonstrate the capabilities being exercised.

When writing preliminary analyses for the AAR/IP, evaluators should consider the following questions:

- Were the exercise objectives met?
- What are the key decisions associated with each activity?
- Were players knowledgeable of current plans, policies, and procedures? Did plans, policies, and procedures support performance tasks?
- Did the observations suggest that all personnel were adequately trained to complete the activities/tasks needed to demonstrate a capability?
- Did the observations identify any resource shortcomings that could inhibit the ability to execute an activity?
- Did personnel from multiple agencies or jurisdictions work together to perform tasks, activities or capabilities? If so, are there agreements or relationships in place to support the coordination required? Is any cross-training needed to enhance task performances?
- What should be learned from this exercise?
- What strengths were identified for each activity?
- What areas for improvement are recommended for each activity?

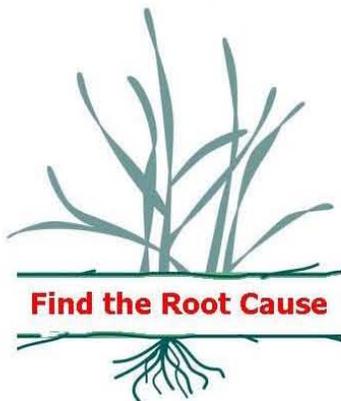
Improve the Process

AAR/IPs are used to provide feedback to participating organizations on their performance during the exercise. An AAR/IP summarizes exercise events and analyzes performance of the Target Capabilities objective tasks. It validates the demonstration of the overall capabilities being tested. The IP portion of the AAR/IP includes corrective actions for improvement, along with timelines for their implementation and assignment to responsible parties.

To prepare the AAR/IP, exercise evaluators analyze data collected from the *Hot Wash*, the debrief, Participant Feedback Forms, EEGs, and other sources (e.g., plans, procedures) and compare actual results with outcomes.

In order for the exercise evaluation process to produce an AAR/IP that makes useful recommendations for improving preparedness capabilities, it is critical for evaluators to discover not only *what* happened, but *why* events happened – or didn't happen.

Each task, not completed as expected, offers evaluators the opportunity to search for a **root cause**. A root cause is the source of or an underlying reason behind an identified issue that needs improvement.



To arrive at a root cause, an evaluator should attempt to trace the origin of each event back to earlier events and their respective causes. Root cause analysis may require the review and evaluation of an organization's emergency plans, training programs, and other plans, policies, and procedures.

Uncovering *root causes* enables the evaluation team to develop *actionable* solutions to improvement areas that will be identified in the AAR. These recommendations are based on the evaluation team's experience and best judgment, although the responsibility for implementing recommendations ultimately lays with the leaders and managers of the participating exercise agencies.

It is important to remember that the root cause of an activity failure in an exercise should never be identified as a person as in, "Johnny or Jeannie Jones screwed this up." If Johnny or Jeannie did not perform well in a given position, the root cause(s) may well be attributable to insufficient training, or experience or communications, or a procedure or plan. Improvement recommendations for these root causes will be identified in the IP.

AAR/IP templates for discussion-based and operations based exercises are on the HSEEP Internet site. Click on *HSEEP Volume IV*, and then follow the links to Exercise Planning and Evaluation or Click on the "HSEEP AAR-IP Template 2007" link under the Exercise Resources Column on the main page.

Note that the HSEEP AAR template includes a default classification of "For Official Use Only" (FOUO). This is a federal classification term. Delete this classification. There is no equivalent State of Florida classification. It is important to share AAR information and lessons learned. Public Health AAR's should rarely include security sensitive information. When they do, Section 119.071(3)(a), F.S., exempts security sensitive information from public record requests. If needed, include a footer on the AAR that invokes this statute.

Following completion of the draft AAR, the exercise planning team, evaluation team, and exercise player stakeholders meet for an After Action Conference to review and refine the draft AAR. For large, complex operations-based exercises, a face to face conference may be best. For smaller scale and discussion based exercises, a conference phone call may be sufficient.

As part of the After Action Conference, attendees develop an IP that pinpoints corrective actions by addressing issues identified in the AAR. It provides dates by which the corrective action should be completed, and each corrective action is assigned to a responsible person or agency(s). The refined AAR and IP are finalized as a combined AAR/IP, and IP corrective action items are tracked to completion through the CAP System.

The IP portion of an AAR/IP converts exercise observations and evaluations into concrete and measurable steps that will result in improved response capabilities. It specifically details the actions that the participating organization will take to address each recommendation presented in the AAR/IP, who or what agency will be responsible for taking the action, and the timeline for completion. *IP finalization is a negotiated process.* Exercise stakeholders must agree that IP recommendations are actionable, and they must agree to assume responsibility for their accomplishment.

Track the Progress

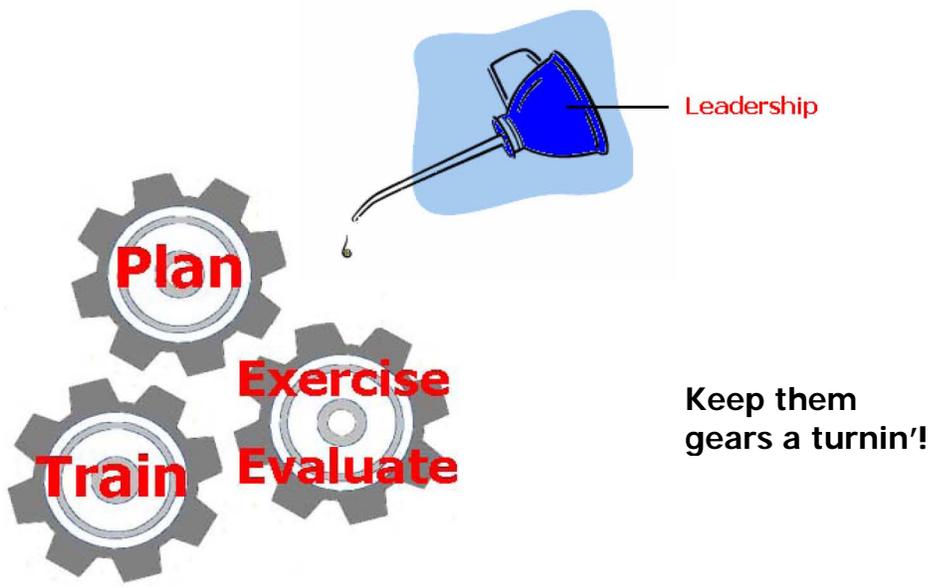
Once recommendations, corrective actions, responsibilities, and due dates are clearly identified in the IP, and agreed upon, the organization that was exercised ensures that each corrective action is tracked to completion.

Maintaining the discipline to keep the IP on track is the most difficult part of the process. Maintaining the discipline to keep the IP on track is the most difficult part of the process. Failure to follow improvement plan corrective actions to completion often result in repeated unlearned lessons and the lack of preparedness improvement.

The HSEEP Corrective Action Program (CAP) System is an excellent tool for tracking IP recommendations. It assigns IP activities with responsible organizations, action officers, and completion dates. The HSEEP system will send an email to IP action officers, who are not entered into The CAP System, inviting them to sign-on. The CAP System allows action officers to update their tasks as they are completed. It has an alert system reminder for tasks that are overdue for completion.

Keeping up the Maintenance

Planning, training, exercising and evaluating are a system – a perpetual motion machine. The lubrication that keeps the gears turning is **leadership**. The boss's interest in maintaining the system is critical to keeping it working. And, everyone has a stake in keeping him or her interested and involved.



ATTACHMENT 1
DDS WORKSHEET

HSEEP Exercise Design and Development System (DDS) Worksheet

Worksheet headings marked with * are required entries in DDS

Exercise Name and Series* (Be Memorable)

Exercise Overview (A brief summary of the exercise objectives and scenario.)

Exercise Sponsor (This can be the agency funding the exercise.)

Exercise Program (Most health and medical exercises will fall into the “Public Health or Public Health Emergency Preparedness”.)

Exercise Type* (Discussion or Operations-based choices.)

Scope* (This is the exercise jurisdiction level. “Regional” is multi-state, not multi-county.)

Scenario* (Select from the list.)

Theme (“Continuity of Operations” will fit for many Health and Medical exercises.)

Exercise Location(s)*

Exercise Date(s) *

Conferences (Date, POC, Location)

IPC _____
MPC _____
FPC _____
AAR _____

Target Capabilities* (Select major TCL category: Prevention, Protection, Response, or Recovery then specific TC. Select as many Target Capabilities that the exercise will evaluate.)

Exercise POC* (The POC *must* be registered in HSEEP.)

Major Participants

ATTACHMENT 2

Permission and Release Form

(Note: this form has been developed for Florida Department of Health Use. It should be modified for use by other organizations)



PERMISSION AND RELEASE

I give permission to the Florida Department of Health (DOH) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, and/or take photographs of the appearance of (please print name of subject) _____ Age (if minor child) _____, and to release these images to the news media, use for posting on the DOH's Intranet or Internet, use in internal or external publications, or use in any other manner deemed appropriate by DOH employees to publicize the DOH, its programs and activities, its employees, or to otherwise fulfill the mission of the DOH.

I acknowledge that the DOH is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. The video and/or photographs may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, intranet, or in other media once released.

The DOH has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the DOH, its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

Signature of subject, parent _____ age _____ Witness (print name)
or legal guardian (if a minor)

Relation to above named _____ age _____ Witness Signature

Address of subject, parent, or legal guardian

City, State, Postal Code _____ Date _____

Telephone Number _____

I am revoking this consent for use on the Internet or intranet Date: _____

I understand that every effort will be made to remove the item from the site within a reasonable timeframe. I also understand that this file may have been copied without permission, and I agree not to hold the Department of Health responsible for instances of these violations. The Department of Health agrees to remove from the site as many copies of the item as possible; however, if a copy is located within the site after the fact, I may provide the written URL, address, location, or other appropriate information to have it removed.

Signature: _____
(Signature of Parent or Legal Guardian required, if subject is younger than 18 years old.)