



Rad Response 2013 Exercise Plan

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PART I – GENERAL INFORMATION

A. Exercise Plan Purpose

The Exercise Plan (EXPLAN) gives planners the information necessary to plan, design, and conduct an exercise and for players to participate in the exercise program. The EXPLAN provides planning guidance for the RITN Rad Response 2013 exercise program. The EXPLAN is based on planning factors and estimates available at the time of preparation and is subject to modification during the final exercise planning and preparation.

The Controller and Evaluator (C/E) Handbook complements this EXPLAN and provides detailed guidance for conduct of the exercise. The C/E Handbook will be distributed to Controllers and Evaluators only.

The EXPLAN is provided to familiarize internal and external participants with Mayo Clinic’s intent to conduct a series of exercises and their roles and responsibilities in planning and execution. The EXPLAN also enables participants to understand their roles and responsibilities in exercise planning, execution, and evaluation.

B. Background

Mayo Clinic participates in the [Radiation Injury Treatment Network](#). As such, Mayo Clinic recognizes the need to prepare for disasters that would result in a surge of patients with marrow-toxic injuries arriving at Mayo Clinic. With this responsibility in mind, Mayo Clinic developed policies and procedures to respond to disasters, specifically in this case for a surge of patients with marrow-toxic injuries.

Additionally, Mayo Clinic supports a Hospital Disaster Preparedness & Response Compact, which involves Mayo Clinic Health System hospitals and non-Mayo Clinic hospitals in SE Minnesota and participates in a multi-disciplinary Healthcare Coalition. Leveraging the area’s “healthcare system” and Coalition could support greater capacity to care for patients with marrow-toxic injuries.

C. Exercise Purpose

The primary purpose of the series of exercises is to provide an opportunity for Mayo Clinic and its local, regional, and federal emergency response partners to assess their capability to respond to a national level event (e.g., improvised

nuclear device explosion) resulting in marrow-toxic patients arriving to Mayo Clinic for care. Specifically, the exercises will provide an opportunity to assess current capabilities against current procedures and plans through discussion-based and operational exercises to identify gaps and define an action plan for improvement.

Secondary purposes of the exercise include:

- Provide participants an opportunity to improve awareness about and to evaluate current response concepts, plans, and capabilities for an incident involving a nuclear radiation incident.
- Increase Mayo Clinic's, the community and the region's ability to respond effectively to incidents that result in a surge of patients arriving to hospitals in southeast Minnesota.
- Identify areas that require additional planning, training, and/or exercising to improve organizational and community readiness and resilience.

D. Target Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy.

The Department of Homeland Security (DHS) capabilities, which have been cross-referenced with Public Health Emergency Preparedness (PHEP) capabilities and Hospital Preparedness Program (HPP) capabilities, will be used as the framework for assessing exercise activities.

Specific activities and tasks for evaluation will be determined by the exercise planning team based on overall goals and objectives. Since the series of exercises will occur in distinct phase, the phase(s) for which evaluation is expected to occur for a given capability is noted by each capability.

- DHS: Planning (Phase I, II, III)

Capability Description: Planning is the mechanism through which the organization develops, validates, and maintains plans, policies, and procedures describing how we will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent,

protect and mitigate against, respond to, and recover from emergencies/disasters.

- DHS: Communications (PHEP/HPP: Information Sharing) (Phase I, II, III)
Capability Description: Communications is the fundamental capability within an organization and the community that employees need to perform in the most routine and basic elements of their job functions. The Hospital Emergency Operations Center/Coordination Center and departments must be operable, meaning they possess sufficient communications capabilities to meet their daily internal and emergency communication requirements, including interoperability with external entities.
- DHS/PHEP: Emergency Public Information & Warning (Phase II, III)
Capability Definition: The Emergency Public Information and Warning capability includes public (employee, patient, or visitor) information, alert/warning and notification. It involves developing, coordinating, and disseminating information to the public (employee, patient, or visitor) and community response partners effectively under all hazard conditions.
- DHS: Employee [Responder] Safety & Health (Phase II, III)
Capability Description: Ensures adequately trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of employees and, if necessary, their families through the creation and maintenance of an effective safety and health program.
- DHS: Emergency Operations Center Management (PHEP/HPP: Emergency Operations Coordination) (Phase I, II, III)
Capability Description: Hospital Emergency Operations Center (HEOC) Management is the capability to provide multi-departmental coordination for incident management by activating and operating an HEOC for a pre-planned or no-notice event. HEOC management includes: HEOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among community entities, including local Emergency Operations Centers (EOC).
- DHS/PHEP: Mass Care (Sheltering/Lodging, Feeding, And Related Services) (Phase II)
Capability Definition: Mass Care is the capability to provide immediate lodging, food services, dependent care, and psychological support to patient families.
- DHS: Medical Supplies Management & Distribution (PHEP/HPP: Medical Material Management & Distribution) (Phase II)

Capability Description: Medical Supplies Management and Distribution is the capability to obtain and maintain medical supplies and pharmaceuticals prior to an incident and to transport, distribute, and track these materials during an incident.

- DHS/PHEP/HPP: Medical Surge (Phase II, III)
Capability Description: Medical Surge is the capability to rapidly expand the capacity of the organization in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity.
- DHS: Weapons of Mass Destruction (WMD)/Hazardous Materials Response and Decontamination
Capability Description: Weapons of Mass Destruction (WMD)/Hazardous Materials Response and Decontamination is the capability to assess and manage the victim contamination consequences of a hazardous materials release, either accidental or as part of a terrorist attack.

Note: The six core emergency management function areas defined by The Joint Commission were also considered for scenario and evaluation plan development.

E. Exercise Objectives

Exercise design objectives are focused on assessing response capabilities. The exercise will focus on the following design objectives selected by the exercise planning team:

1. *Preparedness.*
 - A. Determine preparedness gaps for incidents involving an incident with mass marrow-toxic injuries.
 - B. Identify critical issues and potential solutions.
2. *Response.*
 - A. Determine capabilities and limitations of Mayo Clinic, local response partners and Healthcare Coalition partners to an incident resulting in mass marrow-toxic injuries arriving to the state/region/community.
 - B. Determine strengths and weaknesses in current processes.
 - C. Identify critical issues and potential solutions.

F. Exercise Concept and Scope

Concept. To create a more realistic timeline for exercise player activities to allow for effective assessment of current capabilities and limitations, the exercise program will involve multiple exercise phases over multiple days.

- Phase I.A:

The initiating event for the exercise program will involve a two to four-hour drill. This drill exercise is expected to focus on initial notification protocols from RITN and NDMS to Mayo Clinic and from Mayo Clinic to emergency response partners (e.g., Community Emergency Notification, MNTrac Alert). The activity is also intended to provide an opportunity for designated emergency management staff to conduct a situation assessment and identify initial response actions.

- Phase I.B:

Additionally, Phase I will include small-scale patient arrival scenarios at Saint Marys Hospital to assess General Services and Emergency Department's response plans.

- Phase I.C:

Phase I will also include a workshop exercise (~ Four-Hour Exercise Activity) to provide an opportunity for HICS to conduct action planning in preparation for receipt of patients through the national disaster medical system (NDMS).

- Phase I.D:

Phase I will also include a workshop exercise (~ Four-Hour Exercise Activity) to provide an initial opportunity for area public information officers to connect and develop a risk communication plan for the scenario.

Note: Throughout Phase I, which occurs August 17 – 25, 2013, simulation injects to provide situational context between the initial notification and movement (simulated) of patients from the incident area to the NDMS Federal Coordinating Center. Virtual discussions are likely to occur throughout Phase I to respond to injects.

- Phase II: ~Four-Hour Exercise Activity
This functional exercise is expected to involve simulation of patient movement through NDMS to allow for patient triage and placement decision making. It is anticipated patient family care planning, in collaboration with community partners, would occur during this phase. Additionally, implementation of surge plans, which could involve patient transfer planning/coordination activities between Mayo Clinic and Hospital Disaster Preparedness & Response Compact members would occur during this phase.
- Phase III: ~Four-Hour Exercise Activity
This full-Scale exercise is expected to involve activities similar to those included in the Phase II activity. Additional activities will occur, including movement of role-player/mannequin patients to allow for hands-on activities to be performed, such as triage, radiological surveys, patient decontamination, and patient movement and continued Hospital Emergency Operations Center (HICS Coordination Center) coordination activities with internal departments and external partners.

Scope. The scope of play for the exercise program requires response by multiple Mayo Clinic work areas and emergency partners for multiple exercise activities. Coalition partners are invited to participate.

Assumptions. The following general assumptions apply to all exercise activities:

- Personnel who respond to incident scenarios will operate in accordance with existing plans, procedures, and practices
- Personnel are familiar with support technologies (e.g., MNTrac, ARMER)
- Implementation of disaster response plans, policies, and procedures during the exercise will depict actions that would be expected to occur under actual response conditions and, therefore, will provide a sound basis for evaluation.
- The goals and objectives of the exercise will be consistent with functional area operations and technical plans and procedures, whenever possible, as long as safety, cost effectiveness, and prudence are not compromised.
- **Real-world response actions will take priority over exercise actions.**

Assumptions specific to the operations-based exercise components include:

- Patient decontamination team members are familiar with hospital-based decontamination processes.

- Mayo Clinic has sufficient assets to support decontamination operations.
- Mayo Clinic HICS Coordination Center personnel are familiar with available support technologies (i.e., MNTrac, HICS website, MissionMode, ARMER, etc.)
- Players and Controllers will use real-world data and information support sources. For example, current real-time inpatient census (not artificial numbers) will be obtained by players in accordance with current methods on the day of the exercise as the basis for decisions.

Artificialities and Constraints. The following artificialities and constraints will detract from realism; however, exercise planners and participants accept these artificialities and constraints to facilitate accomplishment of the exercise objectives. The following general artificialities and constraints apply to all exercise activities:

- There will be no national news coverage as would be expected during this type of incident; as such, participating agencies and the community more broadly will only have scenario information as provided through exercise simulation.
- The exercise will be played in near real-time as able; as such there will be a break in play between different exercise activities.
- Some Players filling emergency response roles may be identified prior to the exercise.
- Staff will be made aware of the exercise before it commences.
- Physical “patient” movement will not occur from the Federal Coordinating Center to Mayo Clinic or between Mayo Clinic and Hospital Disaster Preparedness & Response Compact hospitals, which include Mayo Clinic Health System hospitals and non-Mayo Clinic hospitals in southeast Minnesota. Patient movement will be simulated by other means (e.g., fax, local role players)
- Some organizations that would be expected to participate in an actual response, might not participate fully or partially in the exercise program. A Simulation Cell (SIMCELL) will be used to represent any agency needed for response, but is not participating in the exercise program.
- Players will not take actions to negatively impact routine operations, such as modification of services (e.g., cancellation of elective surgery, ration care, etc.); therefore, disaster response activities will not directly reflect a organization’s capabilities and limitations for disaster response in a real-world situation.

Artificialities and constraints specific to the operations-based exercise components include:

- Mayo Clinic Blakely Building, Conference Room 1-79, will be the preparation and staging area for role players during the full-scale exercise component. The Blakely Building will also be the location for the simulation cell (SIMCELL), which will be established to support conduct of the exercise. The SIMCELL will primarily represent community emergency response agencies through realistic simulated activities.
- The Federal Coordinating Center will not be activated to support the exercise program; the Veteran's Administration will simulate Federal Coordinating Center activities through a separate SIMCELL established in Minneapolis, MN.

G. Exercise Scenario

Variables are used for the development of the scenario and the overall structuring of the exercise. The following variables are included in this exercise scenario:

- The potential for a national level event resulting in mass victims with thermal, burn and marrow-toxic injuries (e.g., improvised nuclear device explosion).
- Mayo Clinic participates in both the Radiation Injury Treatment Network and the National Disaster Medical System.
- The need to assess current emergency notification procedures and systems.
- The need to coordinate patient movement and medical surge activities.
- The need to assess medical surge capacity.
- The need to address potentially contaminated patients.
- The need for coordination of risk communication activities.
- The need to plan for patient family care and support.
- The need to plan for behavioral health support.

Scenario Tools. Scenario tools are used to initiate and stimulate the exercise play and inject scenario events. These include a Master Scenario Events List (MSEL) that outlines benchmarks or actions anticipated during the operations-based exercise activities. Part of the MSEL may include scripted messages to be introduced into exercise play by site Controllers. A summary timeline is also available for use by controllers and evaluators. The MSEL has been developed to ensure continuous play during stated exercise hours.

If a sufficient level of exercise intensity cannot be maintained as a result of actual

play or injects, controllers may stimulate additional player responses to achieve exercise objectives in coordination with the Exercise Director/Senior Controller.

Scenario Confidentiality. This exercise may pose sensitive issues and may portray detailed response plans and potential response shortcomings. Planners and participants should treat exercise-related information as sensitive. The control of information is based more on public sensitivity regarding the nature of the exercise than on actual exercise content.

Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, however, players may view other material. The EXPLAN may be viewed by all exercise participants, but **the C/E Handbook is not intended for exercise players.**

H. Exercise Control and Evaluation

General. This section describes the exercise control concept and delineates associated responsibilities for the management and control of the exercise. The C/E Handbook contains more detailed materials, procedures, and guidance designed to aid in the conduct of the exercise.

Concept for Exercise Control. An exercise control organization for each exercise phase (see **Figures 1-4**) will be used to facilitate/control exercise play at key functional areas.

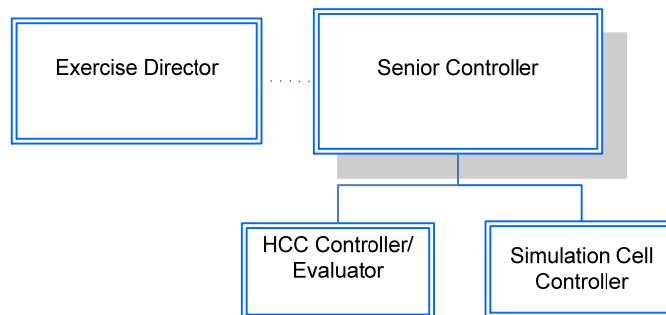


Figure 1. Phase IA. Drill Exercise Control Organization Chart

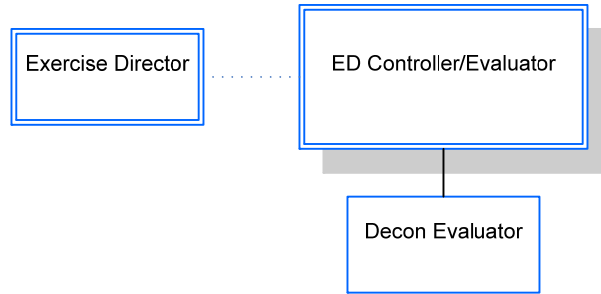


Figure 2. Phase IB. Patient Drill Exercise Control Organization Chart
 (Note: For Drills that do not include patients that should prompt decontamination, only the ED Controller/Evaluator will be present)

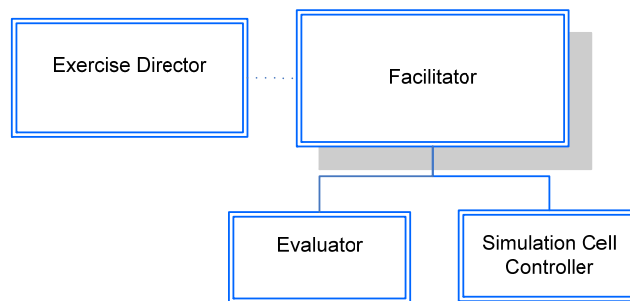


Figure 3. Phase IC. HICS Workshop Exercise Control Organization Chart

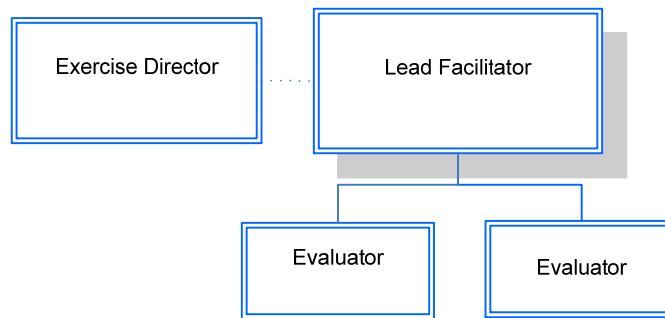


Figure 4. Phase ID. Public Information Workshop Exercise Control Organization Chart

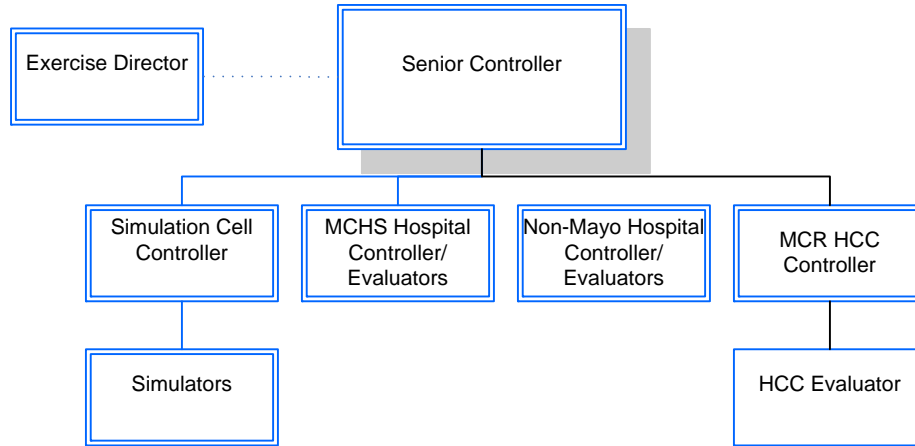


Figure 5. Phase II. Exercise Control Organization Chart

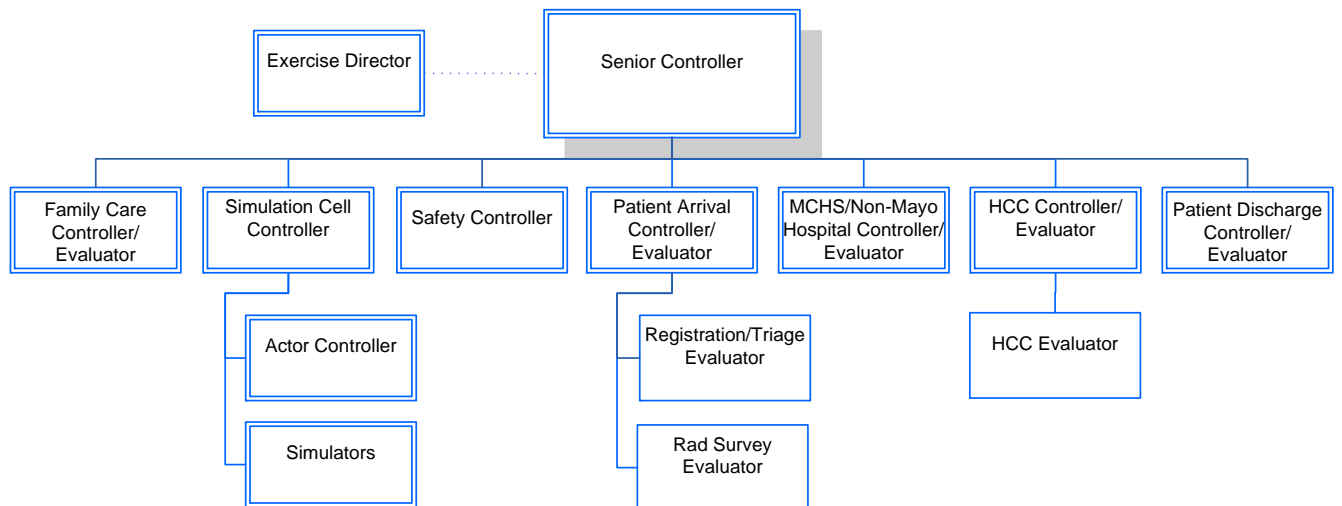


Figure 6. Phase III. Exercise Control Organization Chart

Facilitator. The overall facilitation of the discussion-based exercise (workshop) will be the responsibility of the Senior Controller (Lead Facilitator).

Controllers. The overall control of the operations-based exercises (drill, functional, full-scale) will be the responsibility of the Senior Controller, who will manage a group of supporting controllers at the exercise sites. The Senior Controller will be responsible for the following:

- Monitoring exercise progress and coordinating decisions regarding any deviations or significant changes to the scenario caused by unexpected developments during play.

- Monitoring actions by functional area controllers and individual controllers to ensure all appropriate actions are taken to manage an effective exercise.
- Coordinating any required modifications to the timeline and individual event implementers with the appropriate functional area controller.

Controllers at the exercise sites will be responsible for monitoring play at specific locations and injecting designated events to specified players and player organizations. Controllers will act as moderators to explain or clarify the physical surroundings during play. To ensure positive exercise control, controllers will be positioned at each key functional area. A comprehensive exercise orientation will be provided to controllers during the Controller/Evaluator Brief.

Exercise Simulation Cell. Simulation Cells (SIMCELL) will be established to create additional realism to support operations-based exercise activities.

Mayo Clinic Simulation Center, or alternative site, is the location for the Simulation Cell (SIMCELL). It will function to simulate activity for non-playing entities. The SIMCELL will primarily represent public safety agencies, citizens and family members not participating in the exercise. The SIMCELL is also responsible for coordinating a variety of essential exercise support activities related to role player management.

The Minneapolis Veteran's Health Administration Hospital will function as a Simulation Cell (SIMCELL). It will function primarily to represent National Disaster Medical System notifications and Federal Coordinating Center activities.

Control Information Transfer. A principal method of information transfer for controllers during the operations-based exercises will be via a designated radio frequency on a shared radio system. Exercise controllers will have access to a radio that will enable them to transmit control information to other exercise controllers. The controller network will also allow the exercise control team to make and announce universal changes in exercise documentation, such as changes to the MSEL and event implementers. See Part 4 (Logistics) for additional information.

Exercise Implementation and Rules.

- **Real emergency actions take priority over exercise actions.**

- **“This is a Real Emergency”** will be the designated phrase that indicates there is an emergency in the exercise area requiring immediate attention that may or may not stop exercise play.
- **“Time Out”** is the word that will be used by role players (full-scale exercise) to exit the play mode, which means they are not acting any more; they are done with participation in the scenario.
- Modification or intentional disruption of communication circuits is prohibited.
- Exercise players will comply with real-world response procedures unless otherwise directed by controllers. Responder rules of conduct are outlined in Part 2 (Exercise Participation).
- All Player radio communications and telephone conversations made during the exercise will begin with the words, **“This is an exercise.”**

Concept of Exercise Evaluation. The focus of the exercise is to enable participants to assess current response capabilities to an incident involving a surge of patient with marrow-toxic, burn and trauma injuries secondary to a nuclear explosion, identify strengths and weaknesses, and identify future training needs. Evaluators will be positioned at functional locations to assist in the overall identification of issues.

Evaluators. Evaluators work as a team with controllers. They do not interact with players. Evaluators will record events and ensure documentation is submitted for review and inclusion in the After-Action Report (AAR)/Improvement Plan (IP). Evaluators will not interfere with the integrity of the exercise or players. A Controller will address all questions raised during the exercise.

Handbooks and Evaluation Forms. The Controller/Evaluator (C/E) Handbook will be used to guide the conduct and evaluation of the exercise. Evaluation forms will be provided to the evaluators to assist in capturing the highlights of this exercise.

Feedback forms (typically via electronic survey) will be provided to Players to provide information for analysis and inclusion in the After Action Report.

Following the full-scale exercise component, role Players (Actors) will be provided evaluation forms to collect data that will be included in the After Action Report.

I. Exercise Planning

Organization. To successfully manage exercise design and development, the exercise planning team will organize using a Homeland Security Exercise & Evaluation Program incident management system model reflected in Figure 5.

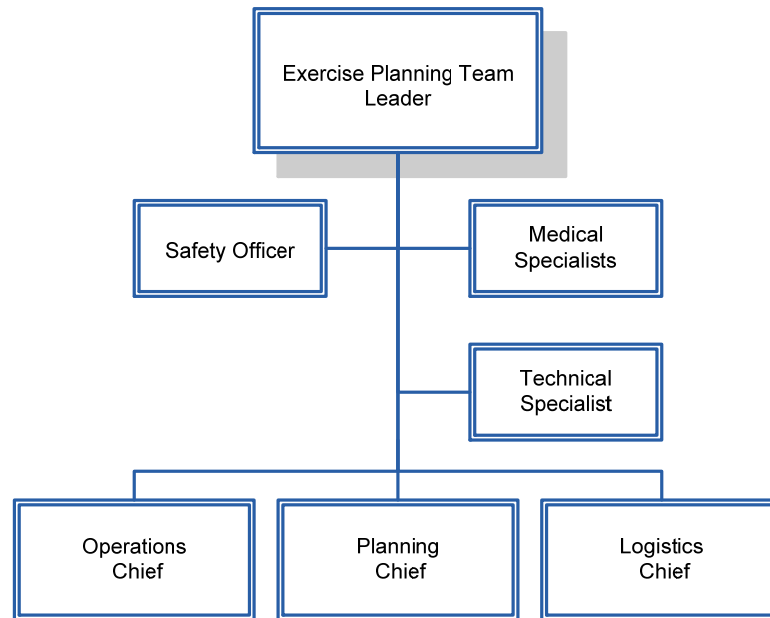


Figure 5. Exercise Planning Team Management Structure.

Exercise Planning Team Leader Mission: Organize and direct activities associated with exercise development and conduct. Ensure all exercise documentation is coordinated thoroughly with all participating departments/units/organizations. Perform duties as Senior Controller during exercise conduct.

Safety Officer Mission: Provide input to ensure appropriate safety considerations during the planning process. Perform duties as Safety Controller during full-scale activities.

Medical Specialist Mission: Provide input to ensure appropriate medical considerations during the planning process and provide input to ensure realistic patient/injury simulation activities in support of exercise conduct.

Technical Specialist Mission: Provide input to ensure appropriate radiological considerations during the planning process.

Operations Section Chief Mission: Organize and direct activities associated with scenario/ MSEL development, exercise site preparation, and coordinate available resources to ensure exercise conduct is performed effectively.

Planning Section Chief Mission: Organize and direct activities associated with exercise planning document development; facilitate development of the exercise evaluation plan and supporting documents. Package exercise materials for submission to RITN to meet identified deliverables.

Logistics Section Chief Mission: Organize and direct activities associated with staff support, equipment support, facility support, and services support to achieve exercise design objectives. Coordinates exercise enhancements, including actors and injury simulation.

Responsibilities To successfully fulfill exercise objectives, the Exercise Planning Team will implement an exercise design and development methodology consistent with Homeland Security Exercise & Evaluation Program guidelines to accomplish the following:

- Coordinate the exercise, administrative, and technical planning input, including planning conferences conducted to ensure planning milestones are met.
- Act as the central point of coordination for the participating entities.
- Develop the necessary documentation for the conduct of the exercise.
 - Finalize and distribute the EXPLAN.
 - Develop and coordinate a MSEL for all phases of the exercise program.
 - Develop a Controller/Evaluator Handbook
 - Develop Exercise Evaluation Guides.
 - Develop a Player Information Handout.
- Communicate exercise design and development activities to keep participating agencies informed of the exercise status.
- Develop an Exercise Transportation System to support movement of Role-Players during the full-scale exercise component.
- Conduct training/brief for exercise controllers and evaluators.
- Ensure all exercise players have attended player orientation training or receive a Player Information Handout.
- Provide photograph/videotape documentation of the exercise if desired.
- Schedule, coordinate, and conduct the Player Hotwash/Debrief immediately following Phase III of the exercise program.

- Facilitate and provide input during the Controller/Evaluator Debriefing following the exercise.
- Collect, consolidate, and coordinate exercise evaluation comments for inclusion in an AAR/IP that will include observations, lessons learned/best practices, and recommendations for improvement of response policies and procedures.
- Complete an After Action Report/Improvement Plan based on input received from controller, evaluators and players.
- Submit exercise documents to RITN contact.

J. Public Affairs

Pre-Exercise. Mayo Clinic Public Affairs, in collaboration with emergency partners, is responsible for disseminating public information in advance of the exercise if applicable.

During the Exercises. Media personnel will be treated as observers and will follow observer guidelines. Media personnel will only enter the exercise play area with assigned escorts at all times. Mayo Clinic's, and each participating organizations, media policies are in effect for this exercise.

PART 2 – EXERCISE PARTICIPATION

A. Exercise Participants

Players. Players are personnel who have an active role in responding to such an emergency by performing their regular roles and responsibilities during the exercise scenario. Players initiate actions that will address the simulated emergency.

Controllers. Controllers are exercise participants who plan and manage the exercise play, set up and operate the exercise incident site(s), and act in the roles of response individuals and agencies not actually playing in the exercise. Controllers provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity.

Controllers are the only participants who will provide information or direction to the players. Controllers may employ compressed time or space to ensure exercise continuity and completion. All controllers will be accountable to the Senior Controller. A Controller may also serve as an Evaluator.

Evaluators. Evaluators are chosen from various departments/agencies to evaluate and comment on designated functional areas of the exercise. Evaluators are chosen based on their expertise in the functional area(s) they review during the exercise. Evaluators have a passive role in the exercise and only note the actions of players; they do not interfere with the flow of the exercise. Evaluators will include intra and extra-organizational personnel.

Actors/Role Players. Actors are participants who simulate specific roles during the exercise play. An actor may serve as an evaluator during role-play.

Observers. Observers view all or selected portions of exercise play. Observers do not participate in exercise play or in exercise control functions. Specific observers for this exercise may include, but are not limited to observers from the following organizations:

- o Health Resources and Services Administration
- o DHHS, Office of the Assistant Secretary for Preparedness and Response
- o Mayo Clinic Health System
- o Radiation Injury Treatment Network Control Team
- o Radiation Injury Treatment Network VIP/Executive Committee
- o US Navy, Office of Naval Research

Exercise Staff. Exercise staff refers to exercise planning team members or exercise control team members.

Departments/agencies expected to have a response role during the exercise, by phase, include:

Phase I.A (Drill)	
Internal	External
Administration	City of Rochester Emergency Management
Admissions Coordinating Office	Radiation Injury Treatment Network

Bed Management	SEMN Healthcare Coalition/Health-MACC
Emergency Communications Center	Veteran's Administration/National Disaster Medical System
Emergency Department	
HICS	
Phase I.C (Action Planning Workshop)	
HICS	
Phase I.D (Public Affairs Workshop)	
Internal	External
HICS	American Red Cross
Public Affairs	City of Rochester
	Mayo Clinic Health System
	Memorial Blood Center
	Olmsted County
	SEMN Healthcare Coalition Partners

Phases II & III	
Internal	External
Administration	American Red Cross
Admissions Coordinating Office	City of Rochester
Bed Management Office	Mayo Clinic Health System
Behavioral Health	Memorial Blood Center
Blood Center	Olmsted County
Bone Marrow Transplant Unit	SEMN Healthcare Coalition Partners
Discharge Planning	VHA/NDMS (simulating Federal Coordinating Center activities)
Department of Lab Medicine and Pathology (Transfusion Services)	
Emergency Communications Center	
Emergency Department	
Hematology/Oncology Units	
HICS (Mayo Clinic Emergency Operations Center)	
Medical/Surgical Units	
Infectious Diseases	
Nursing	
Post Anesthesia Care Unit	
Pediatrics	
Pharmacy	
Safety – Occupational Safety	
Safety – Radiation Safety	
Telephone Operations	
Transplant Center	

B. Phase II & III Player Rules of Conduct

- **If an actual emergency occurs during the exercise, controllers will immediately suspend exercise play and evaluate the situation.** The Senior Controller will then decide if the exercise can be safely resumed.
- Players will not have prior knowledge of the scenario details.
- Act in a professional manner at all times.
- Understand the scope of the exercise. If you are unsure about a certain organization or agency's participation in the exercise, ask a Controller.
- Assume the scenario and exercise activities are real.

- If parts of the scenario seem implausible, do not complain. Recognize that the exercise has objectives that must be satisfied and may require doing things that may not be as realistic as we would like.
- Speak out loud when you are taking action. Recognize Controllers and Evaluators are not mind readers and you will only get credit for actions of which the evaluator is aware.
- Act on all Controller instructions. With the exception of safety issues, even if you do not agree with what the Controller is telling you, do not argue. Complete the required actions and make a note to discuss your disagreement at the end of the exercise during the critique. **Remember the controller has the final word.**
- Do not engage in casual conversations with the Controllers. If you are asked a question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer at the earliest possible time.
- **Do not engage in conversations with evaluators.** If an evaluator persists in talking to you, ask a Controller for assistance.
- Maintain a log of your activities, when possible. Many times, this log may include documentation of activities missed by a Controller or Evaluator.
- Except for the actions identified in the list of actions to be simulated, or as otherwise directed by exercise controllers, respond to exercise events and information as if the emergency were real.
- Act as if simulated hazardous conditions are real. Adhere to all usual industrial/health protection controls for the simulated hazard(s) presented by the exercise scenario.
- Respond to scenario and exercise activities in accordance with established policies, procedures, and plans.
- Use all available information technology resources to assist with disaster management.
- Use the work unit/organizational emergency plans to assist with disaster management.
- Gather information in accordance with normal procedures/processes and in accordance with emergency management policies, procedures, and plans, unless identified as simulation cell roles. That data should be used to help

make decisions. **Note:** Information provided may be altered by the controller to simulate scenario/exercise information.

- Adhere to industrial/health protection controls. Only exercise controllers and evaluators are exempt from simulated security and industrial/health protection controls required by exercise conditions.
- Adhere to public laws, including traffic regulations, and follow any orders given by law enforcement personnel.
- Controllers will only give you information they are specifically designated to disseminate from their assigned functional area. You are expected to obtain other necessary information through existing emergency information channels, which in this case will be represented through a Simulation Cell (SIMCELL).
- Except for “Real Emergency” notifications, participating personnel will simulate radio contact with off-site agencies that are not participating in the exercise by contacting the SIMCELL
- Precede all exercise messages and communications with the phrase, “This is an Exercise.”
- **Do NOT make up information.** Use real information that you collect from other participating organizations/SIMCELL and from non-participating organizations that you contact.
- **Do NOT make up simulated incidents (i.e., bomb threat, tornado, chemical spill, etc.).** Doing so will negatively impact exercise flow.
- In some cases, it may be necessary to exercise “controller prerogative” of countermanding player actions to preserve the continuity and objectives of the exercise. You must accept the Controller’s word as final and proceed with play.
- Exercise play will not be halted for player breaks or, where occurring, shift changes.
- Full-Scale Exercise/Mayo Clinic Saint Marys Hospital – “Blue man” within the Emergency Department YES Board will be used to simulate patients in ED rooms. Note: Role Player participation will end following the decon process; however, patient information should “flow” through the ED as if the patient is being treated/moved to allow for simulation that other players (i.e., HCC staff) will need to respond to exercise events.

PART 3 - OPERATIONS

A. General

The exercise is a limited duration exercise as describe in the Concept & Scope section of this EXPLAN.

For operations-based exercise activities, the actions of participants will be in response to events outlined in the Master Sequence Events List (MSEL) and decisions and activities conducted by participants. The basis for actions at exercise sites will be a combination of existing organizational procedures and directives and additional tasks and skills acquired during training. Therefore, the MSEL is limited in scope, serving as a catalyst for initial actions, and as a list of projected operational milestones. The MSEL allows the exercise control staff to ensure the exercise stays on track and objectives are met. The Exercise Director/Senior Controller may identify additional actions or adjustments required during the exercise to guide play to ensure these objectives are met.

B. Briefings and Events

The exercise schedule is detailed in Appendix A. Descriptions of the significant exercise activities follow.

Controller and Evaluator Orientation Brief. A comprehensive Controller/Evaluator (C/E) Brief will be conducted on a date determined by the Exercise Planning Team. Each controller and evaluator is required to attend this session, plus any specialized training required, to learn his or her assigned responsibilities. This is also the time for the C/E teams to get acquainted and address in advance any issues that might arise during the exercise.

Role Player (Actor) Briefing. A Role Player Brief will be conducted on the morning of the exercise date at the Assembly Area. The role and importance of the actors will be reviewed as well as the details of signs/symptoms, safety, and any other information pertinent to their participation.

Exercise Play. Refer to Appendix A for exercise timelines. Exercise activities/phases will conclude at the direction of the Exercise Director and on the substantial completion of operations and attainment of the exercise objectives.

Player Debrief (Hot Wash). This block of time is provided to gather the first impressions of players about exercise conduct and play. Observers are not encouraged to attend, unless by specific invitation of exercise officials. The Site Controller will facilitate the debrief. Evaluators are encouraged to attend because they may find the information useful for the completion of evaluation forms. During this time, participants will complete a feedback form (or feedback will be collected via an electronic survey).

Role Player (Actor) Debrief. This block of time is provided to gather the first impressions of role players about the full-scale exercise. During this time, role players will complete a feedback form. The debrief will be conducted at the Simulation Center.

Controller/Evaluator Debrief. This debrief is a forum for representatives to review the exercise. It will be a facilitated discussion covering each functional area and the exercise process. During the debrief, controllers and evaluators will have the opportunity to complete and hand in their exercise materials. Refer to Appendix A for debrief date/time and location.

C. Exercise Safety (Full-Scale Activity)

All participants recognize the importance of conducting an exercise of this magnitude as safely as possible.

Exercise Safety Requirements (General). Participant safety takes priority over exercise events. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- All exercise controllers and evaluators will serve as safety observers while exercise activities are under way.

- Participants will be responsible to look out for their own and each other's safety during the exercise. **It is the responsibility of every person associated with the exercise to stop play if, in his or her opinion, a real safety problem exists.** Once the problem is corrected, exercise play can then be restarted.
- All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as all appropriate Federal, State, and local environmental health and safety regulations.

Medical Support. Medical support for real-life incidents will be provided in accordance with each hospital's protocol or community EMS protocol, as applicable.

Accident Reporting. All injuries, incidents, and accidents, regardless of severity, will be reported immediately to a Controller, and in accordance with each organization's incident reporting policies and procedures. Anyone observing a participant who is seriously ill or injured will activate emergency protocols and advise the nearest Controller.

Personal Protective Equipment. Personal protective equipment (PPE) may be needed for various operations during the exercise. Use of respiratory protection, if needed, will be allowed only for participants who have been medically qualified, trained, and fit-tested, if appropriate.

Exercise Setup. The scenario does not require field scene setup. All exercise site setup activities will occur as part of emergency response procedures implemented during the exercise.

Full-Scale Activity-Specific Safety Requirements

Safety Controller. The Exercise Planning Team will designate an exercise Safety Controller for the full-scale exercise component to provide objective oversight of exercise operations to help ensure the safety of all participants.

The Safety Controller looks out for the safety of all exercise participants. This person is not responsible for providing controller injects to play activities. Any real

safety concerns should be reported to a Safety Controller (Yellow Shirt/Badge) or a Controller (Green Shirt/Green Badge). The Safety Controller has full authority regarding any safety-related aspect of exercise play. **All participants will follow the Safety Controller's directions.**

Weather Considerations. Actual weather conditions will be used during the exercise.

Heat Stress. Heat stress is defined by the following conditions presented in order of increasing severity: heat rash, heat cramps, heat exhaustion, and heat stroke (hot, dry skin). Ambient temperature, ambient humidity, work activity, type/level of PPE, and physical fitness/acclimatization of exercise participants mainly influence heat stress. Generally, exercise participants who will be at the highest risk are personnel required to wear PPE and perform heavy work activity during the warmest times of day.

Heat stress can be controlled by drinking plenty of water (available at the site), avoiding alcohol (before and during exercise), complying with proper work/rest regimens, and maintaining the core body temperature below 100.4 °F.

All Controllers are responsible for assessing the exercise participants for heat stress potential and taking prompt corrective action to mitigate dangerous heat stress conditions.

Exercise participants that experience a significant heat stress condition (e.g., heat exhaustion and heat stroke) should immediately stop working, inform a safety controller, and report to the on-site medical responders. Basic response actions for a victim of severe heat stress include moving to a shaded location (preferably air conditioned), removing PPE/ clothing, and administering water.

Real Emergency Procedures. For an emergency that requires medical assistance, the phrase will be **“This is a Real Emergency.”** The following procedures will be used in case of an **actual emergency** during the exercise:

- The first exercise player, controller, evaluator, or observer who becomes aware of an **actual emergency** will initiate the broadcast of “This is a Real Emergency” over all frequencies being used at the exercise.
- All radio transmissions will cease, except the unit that first transmitted “This is a Real Emergency” will specify the following information:
 - Location
 - Condition
 - Requirements (if possible)
- If requirements at the scene are specified, only those units requested will respond.
- In an actual medical emergency that occurs at hospital exercise sites, hospitals will activate normal emergency response procedures (e.g., Code Blue).
- If the nature of the emergency is such that a suspension of the exercise is needed, all exercise activities will **immediately cease**. **Note:** An emergency in one area may or may not result in suspension of exercise play in other areas of the district. The Exercise Director, have final authority for exercise suspension.

Fire Safety. 911 will be notified and should provide support in case a fire or other emergency occurs during the exercise that is not part of exercise play.

D. Full-Scale Exercise Assembly Area

Refer to Attachment B for detailed Assembly Area location information.

Pre-Exercise. All actors and exercise transportation system resources will report to the Assembly Area and report their arrival to the Assembly Area Controller.

Exercise Transportation System assets, which will include buses and ambulances, will be positioned in the order of their release from the Assembly Area.

Exercise. Ambulance units and buses will be released from the Assembly Area as directed by the Assembly Area Controller using a deployment timetable (C/E Handbook) that will be distributed before the start of the exercise. No participating

personnel or units will depart the Assembly Area unless released by an Assembly Area Controller or in response to a real emergency.

PART 4 - LOGISTICS

A. General

This section specifies tasks to accomplish specific support exercise preparation, conduct, and/or evaluation. Participating organizations are responsible for any logistical planning to support their exercise needs.

This plan addresses logistics for the primary exercise venue and includes notification of controllers, obtaining briefing rooms and classrooms, communications requirements, meals, transportation, facility security badging/access, and acquiring/assembling props (e.g., moulage, mannequins, generators, lighting, simulated material). Planning generally includes the following:

- Scheduling, including preparatory activities, conduct of the exercise, the critique process, and the evaluation report.
- Identifying exercise participants and, if necessary, various non-participants.
- Identifying victims and the signs and symptoms they are to display.
- Identifying a critical events timeline to guide controllers during the exercise.

Mayo Clinic On-Site Logistics

Parking. There will be designated parking for Mayo Clinic and non-Mayo Clinic participants. Refer to Attachment B for parking details.

Assembly of Actors and Exercise Support Transportation. For safety and control reasons, all actors and exercise support transportation involved in the exercise will be pre-positioned in the Assembly Area before the start of the exercise.

Transportation Offsite. Actors/victims will be transported by bus/van or ambulance to the exercise site(s) for exercise initiation and implementation during exercise play. When finished with their role play activities, role players will be transported back to the Simulation Center for “recycle” or to await debrief.

Canteen/Food. Food and refreshments will be available for the convenience of all actors and exercise management staff. Players are responsible for coordinating and food and refreshments, if needed, as part of exercise play.

Restroom Facilities. Restroom facilities are located onsite and are available for use during the exercise.

Refreshments. Food Services Department will provide refreshments for actors and exercise control team members. The Exercise Planning Team Logistics Chief will coordinate this activity.

Cleanup and Restoration. Following the exercise, employees will begin equipment removal and cleanup operations to restore the area to pre-exercise conditions, in accordance with established recovery procedures.

Recording and Documenting Activities. Media camera crews and still photographers may be operating throughout the exercise. Safety – Ergonomics will be recording decontamination processes to aid in process assessment following the exercise. Other internal Videographer/Photographers will attempt to capture footage at all function areas. All participants should be advised of their presence and instructed to cooperate fully.

Identification. All exercise personnel and observers will be identified either by hats, agency uniforms, or identification tags/badges. The following chart describes the identification items.

Group	Shirt	Badge
Senior Controller	Black	Black
Controllers	Green	Green
Safety Controller	Yellow	Yellow

Group	Shirt	Badge
Evaluators	Red	Red
Role Players/Actors	None	Orange
Observers	None	Light Blue
Venue/Facility Support Staff	None	Navy Blue
Media Personnel	None	Fuscia

2. Exercise Communications

All spoken and written communications by Players will start with the statement, “This is an exercise.”

Player Communications. *Player elements will use routine, in-place agency communications systems.* The need to maintain a response capability for real world response may preclude the use of all communications channels or systems that would usually be available for an actual incident. **In no instance will exercise communications interfere with real-world emergency communications.**

Controller Communications. A special Controller Communications Radio Network, using the ARMER system or Mayo Clinic’s 800 MHz radio system, will be used to support exercise control needs during the functional and full-scale exercise components. The controller network will link control personnel at all play areas and will remain separate from the player network. In no case will controller communications interfere with, or override, player communications circuits. A Cellular Communications Network will be established as a backup communication platform. A communication plan will be included in the Controller/Evaluator Handbook.

Exercise Activation. The initiating drill will be initiated with scenario injects to specified Players. The full-scale exercise emergency response operations will be initiated by actor-patients presenting to the Emergency Department. Other exercises components will be initiated per Appendix A.

Appendix A Schedule of Events

The schedule of event locations reflects the primary exercise sites; participating organizations conducting exercise activities in other locations concurrently should develop a schedule of events to meet their needs.

Time	Participants	Activity	Location
August 9, 2013			
1300-1500	Controllers/ Evaluators/ Simulators	Phase I Controller/Evaluator/ Simulator Training	Mayo Clinic Blakely Building, Conference Room 1-79/Webinar
August 15, 2013			
0700 - 0900	Controller/ Evaluators/ Simulators/Players	Phase IA – Drill Exercise	Mayo Clinic Admissions Coordinating Office/Generose HICS Coordination Center
August 16-25, 2013			
Various	Role Players/Players Controller/Evaluator	Phase 1B – Periodic Arrival of Patients Self-Presenting from Disaster Zone	Mayo Clinic Saint Marys Hospital Emergency Department
August 19, 2013			
1300-1500	Controllers/ Evaluators/ Simulators	Phase II/III Controller/Evaluator/ Simulator Training	Mayo Clinic Gonda Building, 12 th Floor, 12-160
August 22, 2013			
1300-1530	Players (Mayo Clinic HICS)/Controller	Phase IC – Mayo Clinic HICS Planning Session (Action Planning Workshop)	Mayo Clinic Siebens Building 4 th Floor, 4-05
August 23, 2013			
0800-1130	Mayo Clinic and Community Partner Public Affairs Representatives/ Facilitators/ Evaluators/Observers	Phase ID – Public Affairs Workshop Exercise	Assisi Heights Auditorium (1-50A), 1001 14th St NW, Rochester, MN 55901

Time	Participants	Activity	Location
August, 26, 2013			
0700-1200	Controllers/ Evaluators/ Simulators/ Players /Observers	Phase II – Functional Exercise	Generose HICS Coordination Center/ City of Rochester Emergency Operations Center / SE MN Healthcare Coalition and Mayo Clinic Health System Hospitals / Mayo Clinic Simulation Center/Minneapolis NDMS FCC Simulation Center
~1700- 1730	Controllers/ Evaluators/ Simulators/Players /Observers	Phase II Player Debrief/ Hotwash	At each exercise site. Mayo Clinic Generose HICS Coordination Center (M-101 A/B)
August 27, 2013			
0700-1100	Controllers/ Evaluators/ Simulators/Players /Observers/Role Players	Phase III – Full-Scale Exercise	Saint Marys Hospital Emergency Department, BMT Unit, Hem/Onc Unit, and other General Medical Units / Generose HICS Coordination Center / SE MN Healthcare Coalition and Mayo Clinic Health System Hospitals / Mayo Clinic Simulation Center/ Minneapolis NDMS FCC Simulation Center
1300-1500	Controllers/ Evaluators/ Simulators/ Players / Observers	Phase III Player Debrief/ Hotwash	At each exercise site. Mayo Clinic - Alfred Building, 8 th Floor, Room 459 (Walters Hall)
August 30, 2013			
0800-1000	Controllers/ Evaluators	Controller/Evaluator Debrief	Assisi Heights Sun Room

Appendix B Full-Scale Exercise Site Information

Mayo Clinic Rochester Saint Marys Hospital & Simulation Center

Observer/Media Staging Area

- Per Public Affairs protocols.

Exercise Play Area

- Ambulance Bay Area, Mary Brigh Main Entrance, or TBD by Players (Receiving & Triage)
- Emergency Department
 - Decon Room
- Nursing Units

Briefing Rooms

- Player Brief: Teleconference/Webinar
- Player Debrief: Alfred 8-459 (Walters Hall)
- Controller/Evaluator Brief: SMH ED Conference Room 2
- Controller/Evaluator Debrief: Alfred 8-459

Restrooms

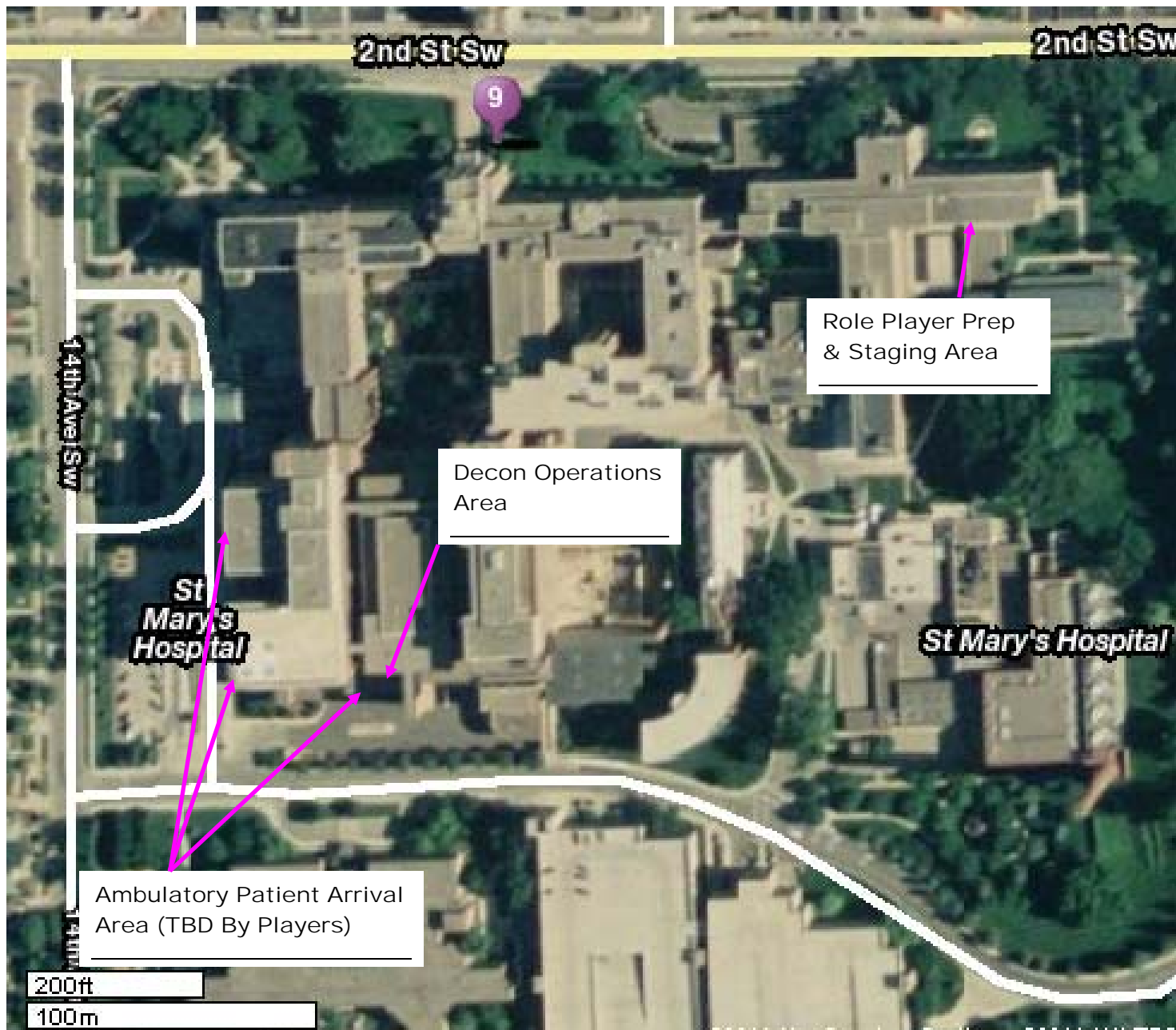
- All hospital restrooms are available for use.
- Restrooms are available in the Simulation Center for Assembly Area personnel/actors.

Registration

- Staff supporting the exercise will be pre-identified for the exercise.
- Controllers and Evaluators will check in at the SMH Emergency Department Conference Room 2.
- Actors will check in at the designated location in Domitilla Building.
- Other Players will sign-in in accordance with Mayo Clinic policy.

Parking

- Mayo Clinic employee participants will park in accordance with established policy.
- Non-Mayo Clinic exercise staff and role players will park in Saint Marys Hospital Visitor Parking Garage. Staff will be provided a validation ticket for parking.



Appendix C
Terms of Reference

AAR/IP	After Action Report/Improvement Plan
C/E	Controller and Evaluator
EEG	Exercise Evaluation Guide
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPT	Exercise Planning Team
ER	Emergency Room
EXPLAN	Exercise Plan
FSE	Full-Scale Exercise
HazMat	Hazardous Materials
HCC	HICS Coordination Center (formerly Hospital Command Center)
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
JIC	Joint Information Center
MSDS	Material Safety Data Sheet
MSEL	Master Scenario Events List
NDMS	National Disaster Medical System
PAPR	Powered Air Purifying Respirator
PIO	Public Information Officer
POC	Point of Contact
PPE	Personal Protective Equipment
RITN	Radiation Injury Treatment Network
SIMCELL	Simulation Cell
SMH	Saint Marys Hospital
SOP	Standard Operating Procedure
VA	Veteran's Administration