PCEPN

Primary Care Emergency Preparedness Network

Community Health Center Child Abduction Exercise Plan (ExPlan)

Health Center Name		Exercise Name Baby in the Middle	Scenario Type Child Abduction
Date	Exercise Type Full Scale		Exercise Date
Contact Name		Contact Number	

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Part 1: Introduction

1.1. Introduction:

Welcome to the PCEPN full scale/functional exercise planning tool. This exercise plan template, devised from the Homeland Security Exercise and Evaluation Program (HSEEP), has been designed to assist exercise planners at community health centers perform live functional and full scale exercises with patient influx or management as recommended by the Joint Commission Emergency Management chapter for ambulatory care centers. This exercise plan has been designed to help planners design an exercise to test their capabilities, plans, and human resources using a scenario that has been repeatedly identified from numerous hazard vulnerability analyses as a hazard to community health centers. Extensive care has been taken to ensure that this exercise includes patient influx or management components to help health centers realize their plans under conditions that would most closely mimic operations during a typical day.

This exercise plan contains a scenario, sample objectives, and health center capabilities based on the HSEEP Target Capabilities List. Health Center exercise planners can use this document to plan for an exercise, understand the logistics needed to perform it, and design an evaluation tool that will best provide the information you need to better design, implement, and train on your plans. This document contains in its appendices HSEEP templates including an HSEEP exercise evaluation guide, an evaluator tool, and an HSEEP After Action Report (AAR) template to assist health center planners plan an exercise, perform the exercise and appropriately evaluate the exercise to better extract data needed to improve preparedness.

1.2. How to use this document:

This Exercise Plan (Explan) has been designed to assist planners through every step of the planning process when planning a functional or full scale exercise. Each section in the guide provides the planner with an explanation of the terminology as well as providing the logistics and targets needed to perform the exercise successfully. The HSEEP program has been designed to use a common language approach so that all entities using this model can collaborate by using the same common language.

Exercises, however, must be planned based on the health center's capabilities and plans. This plan makes no warrants regarding the successful use of this document if not supported by the health center emergency preparedness and management infrastructure. Health Center exercise planners must use their own plans as a foundation and exercise the specific aspects of their health center's plans and capabilities. For this reason, the sample objectives listed within this template are not yet SMART (see section 5: Planning Guidance for more information on SMART objectives) because they have not yet been tailored to the specific emergency plans of the individual health center. The exercise objectives listed in this template should be selected and adjusted by the exercise planning

team to meet HSEEP guidelines while tailoring the objectives to the needs of the health center.

Health center planners must begin by examining their plans and determining their exercise needs by testing those aspects that would affect the performance of the health center during a crisis. Once exercise planners have examined their own plans, they should use this Explan to design and create their exercise.

1.2.1. Advice for Exercise Planners

1.2.1.1. Using the Hazard Vulnerability Analysis (HVA) to select an exercise scenario

Prior to assembling the Exercise Planning Team for the Planning Conference, the health center's Emergency Preparedness Committee should review the health center's Hazard Vulnerability Analysis (HVA). A thorough review of the HVA should identify those hazards that the health center should prepare for and mitigate against. It is these hazards and their respective challenges that the health center can focus on to most efficiently utilize their time and resources. Review of a community health center HVA should occur yearly and can serve as the start of the health center's annual preparedness cycle. Selection of a hazard to conduct an exercise around begins the exercise planning process and, once the hazard is identified, the Emergency Preparedness Committee can select an Exercise Director and Exercise Planning Team.

The selection of a hazard scenario for an exercise should be considered carefully based upon the findings of the HVA <u>and</u> the time and resources available for an exercise. Often, more serious hazards require more planning energy and it would be best for the health center to balance the needs of the emergency preparedness program with the realities of how much time and resources can be dedicated to exercise planning and execution. It takes much longer to plan an exercise for a catastrophic event such as a tsunami than it does to plan for a power outage, for example.

1.2.1.2. Types of Drill/Exercise

The term exercise is a generic term that describes a wide range of testing activities. These activities can test preparedness and readiness, response, and recovery activities. Exercises are used to evaluate an emergency management plan, its policies, and/or assess the efficacy of training and development programs. There are two types of exercise that can be used. The first, discussion based exercise are low stress, low impact exercises that examine plans using formal or informal discussion based activities without actually acting out a plan or response. The following is a list of discussion based exercises that can be used in preparation for a functional or full scale exercise:

1. Seminar - A seminar is an informal discussion that is used to orient participants to plans, policies, or procedures that are new or updated. Seminars are used to train participants to new plans or changes to the old ones. Seminars are specific and

follow various training techniques including lecturing, open discussions, and media.

2. Workshop – Workshops are similar to seminars but it's done to produce a particular end. Workshops are used by the emergency management committee to draft new plans or develop an exercise schedule.

3. Tabletop Exercise – The most commonly known of the discussion exercises, tabletop exercise are low impact exercises that is used to discuss and actuate verbally an event and the response to that event without actually performing the actual tasks related to the response. Participants discuss issues in depth and use current plans to resolve issues related to a response. Tabletop exercises are excellent to verbalize plans and ensure that the procedures fit what the exercise is trying to accomplish. The tabletop exercise goal is constructive problem solving within the parameter of a scenario.

4. Games – The game is a simulation of operations that uses rules, data, and procedures designed to depict an actual or potential real life situation. Games are used to examine the decision making process based on a response scenario. Participants make and review those decisions and examine the consequences of those decisions as well as how the scenario and list of events impacted those decisions.

The second type of exercise used is the operations based exercise. These exercises require the movement of personnel and materials to achieve the goals of the exercise. The following are the basic operations bases exercise and their definitions:

1. **Drill** – A drill is an exercise that can be used to test personnel training, response time, or any specific area of a plan. The purpose of a drill is to use repetition to instruct on a plan or procedure. Fire drills are a typical example of this where the inhabitants of a building are trained that when an alarm sounds, they evacuate the building. Drills can be used for testing communications, specific procedures, and notification among other areas.

2. **Functional Exercises** – Functional exercises test and evaluate the specific capabilities of an emergency response system within a particular function within the general system. Functional exercise can abbreviate long aspects of time by using controllers to describe the passage of time or the depiction of events that are not related to the primary objectives. Functional exercises may move some personnel and equipment but mostly players can inject while off site and verbalize certain tasks.

3. **Full Scale Exercises (FSE)** – Full Scale Exercises are exercises where equipment and personnel are moved and actuated in response to injects provided by either the scenario and allow for events to evolve based on real time. In full scale

exercises, the players actually do what they do when they are reacting to a particular prompt. There is no verbalization of events and every attempt is made to simulate an event as realistically as possible and evaluate the actual response.

1.3. Joint Commission and Health Resources and Services Administration Regulatory Requirements

The ability to maintain access to utilities is necessary to ensuring the ability of CHCs to perform and provide crucial services to the public and to participate and communicate with the Emergency Support Function 8 as described by the National Incident Management System (NIMS). This capability was ordered by Homeland Security Presidential Directive – 5 (HSPD-5) which states that all federally funded entities will participate in NIMS.

Health Resources and Services Administration (HRSA), overseeing the Community Health Center program, requires community health centers to submit an Annual Emergency Preparedness Report (Form 10). In this report community health centers are asked about the frequency of their planned drills, with an emphasis on an annual drill.

Current Joint Commission regulations require the use of an exercise that tests the health center's ability to activate part/all of their emergency plan, making a tabletop exercise unacceptable for compliance. This drill template will comply with existing requirements from Joint Commission and from the US Health Resources and Services Administration and will count toward completion of annual compliance requirements[1].

[1] Requirements from HRSA and Joint Commission as of June, 2011.

2. Part 2: General Information

2.1. Introduction to a Child Abduction Exercise

2.1.1. Child Abduction Scenario Summary

The [_____] Health Center is performing a [_____] exercise that has been developed to examine the preparedness of the center by simulating a child abduction scenario and testing those capabilities that are related to the management of these threats. This exercise is designed to examine the emergency management plans related to this scenario and will be utilized to gain information regarding the functionality of the plans and the required knowledge of staff.

This Exercise Plan is modeled after the Homeland Security Exercise and Evaluation Program's ExPlan and has been modified to better suit community health centers.

2.2. Purpose

This exercise will focus on key aspects of the emergency management plan with regards to the response of health center staff to the crisis, responder coordination, critical decisions, and the integration of health center assets to perform based on planning practices. This exercise is not an inspection and will be conducted in a no-fault atmosphere. This exercise should do the following with regards to this exercise:

1. Reveal planning weaknesses in the Emergency Management Plan and it standard operating procedures or to test or validate recently changed procedures.

2. Identify current capabilities to respond to child abduction within the health center.

3. Improve the coordination between and among various response personnel.

4. Identify deficiencies and/or validate training on the critical elements of emergency response in accordance with the National Incident Management System (NIMS).

5. Increase the general awareness and understanding of the potential hazard.

2.3. Confidentiality

Baby in the Middle is an *unclassified exercise*. Control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. This Exercise Plan may be viewed by all exercise participants, *but the Controller and Evaluator (C/E) Handbook is a restricted document intended for controllers and evaluators only.*

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and protect this material in accordance with current Health Center's directives.

2.4. Handling Instructions

1. This document should be safeguarded, handled, transmitted, and stored in accordance with health center directives. It should be released to individuals on a strict need to know basis. The contents of this plan may be provided to exercise players, administrative officials, observers, and evaluators.

2. Reproduction of this document, in whole or in part, without the approval of _____ Health Center is strictly prohibited.

3. For information on this exercise, please contact the health center's point of contact for this exercise:

Name of Contact
Email
Phone

2.5. Target Capabilities

Choosing which target capabilities to test influences what will be closely monitored and measured during the exercise. Exercise planners are encouraged to choose 2-5 capabilities for this exercise. Each capability can be accompanied by one or more activities, which will be used to specifically measure whether More on target capabilities can be found in Part 5: Planner Guidance.

Target Capabilities for a Child Abduction scenario can be selected from the following list:

- Capability 1 - Onsite Incident Management
    - Establish Incident Command Structure (ICS)
    - Direct Incident Management
- Capability 2 – Citizen Protection – Evacuation and Shelter in Place
    - Activate Evacuation and/or shelter in place
    - Implement Evacuation Orders
    - Collect and Evacuate Population

- Operate Evacuation Staging
- Manage Incoming Evacuees
- Implement In Place Protection Procedures
- Assist Re-entry

- Capability 3 – Emergency Public Information and Warning

  - Activate Emergency Public Information
  - Manage Emergency Public Information
  - Issue Public Information Alerts
  - Demobilize Emergency Public Information and Warning

- Capability 4 – Emergency Public Safety and Security Response

  - Activate Public Safety and Security Response
  - Assess Incident Scene and Secure the Area
  - Control Traffic, Crowd, and Scene

- Capability 5 – Search and Rescue

  - Activate Search and Rescue
  - Provide Material Support
  - Search

2.6. Exercise Goals and Objectives

The objectives for any exercise must be challenging yet achievable and should support a community health center's overall mission and preparedness plan. Whether there is a single objective or several, they should be based on the following:

- An agency's current stage of emergency Preparedness;
- Gaps, weaknesses, or areas of concern affecting the agency's performance as identified through prior exercises;
- Level of staff knowledge and understanding of emergency preparedness roles and responsibilities;
- Applicability to emerging problems.

2.7. Selecting Exercise Goals and Objectives

The objective of this exercise is to test and examine the ability of this health center to respond to a Child Abduction that threatens the ability of the health center to operate and threatens the safety of patients and personnel. The threat may require the

evacuation of the health center. Keep in mind that useful objectives are simple, measureable, actionable, realistic, and time-oriented (SMART). The list below contains sample objectives that can be tailored to fit the specifics of a community health center's emergency preparedness plan. More about writing SMART objectives can be found in Part 5: Planner Guidance. The following are objectives that can be readily selected and adapted for this exercise:

a. **Objective:** Activate the emergency management plan and child abduction Protocol;
   - **Evaluation Question**: Did the health center activate the emergency management plan and child abduction protocol in a timely manner (< 1 minute)?
   - **Evaluation Question**: Did the health center respond according to their plan for a Child Abduction Plan?

b. **Objective:** Communicate child abduction to staff internally within 60 seconds. Communicate to police within 60 seconds of verifying a missing or abducted child;
   - **Evaluation Question**: Did the health center quickly relay the abduction information both internally and externally to local partners?

c. **Objective**: Establish the ICS;
   - **Evaluation Question**: Did the health center establish the ICS (<5 minutes)?
   - **Evaluation Question:** Was ICS command transferred appropriately?

d. **Objective:** Use ICS to direct and manage an incident;
   - **Evaluation Question**: Did the health center establish a command post and manage the incident with ICS? (<5 minutes).

e. **Objective:** Work with local partners to report and establish a safe environment;
   - **Evaluation Question**: Did the staff work with police to establish a safe environment for staff during the incident?

f. **Objective:** Identify any further threats to the facility;
   - **Evaluation Question**: Did the staff act appropriately as the scenario developed?

g. **Objective**: Work with local resources.
   - **Evaluation Question**: Did the staff work with police to establish a transfer of incident command?

h. **Objective:** Order a shelter in place within 2 minutes of establishing the nature of the threat;
   - **Evaluation Question:** Was the shelter in place order appropriate and timely?

i. **Objective:** Order and perform an evacuation of the health center;
   - **Evaluation Question:** Was the evacuation performed in a timely manner (< 10 minutes)?

j. **Objective:** Coordinate with outside organizations to manage the event.
   - **Evaluation Question:** Did the incident commander work with law enforcement in an orderly and timely manner to make critical decisions regarding the center and the surrounding area?

3. Part 3: Exercise Summary

3.1. Exercise Details

Exercise Name: Baby in the Middle

Exercise Date: mm/dd/yyyy

Exercise Begin Time: hh:mm – hh:mm

Duration of Exercise: X hours, Y minutes

Location of Exercise: SITE LOCATION

Sponsor of Exercise: [Insert site leadership name here]

3.2. Scope of Play

3.2.1. Exercise Timeline

Time/Date	Personnel	Activity	Location	Notes
	Exercise Planning Team	Exercise Planning Conference		Prepare/approve notes for controllers/simulators
	All Exercise Personnel	Exercise Briefing		Ensure staff/patients know that an exercise is taking place.
	Exercise Director, Observers, and Evaluators	Observer and Evaluator Training		
	Select Staff	Exercise Setup		
	Select Staff	Check-in		
	All Players	Exercise Start		
	All Players	End Exercise		
	All Players	Hotwash		
	Exercise	Exercise Debrief		

	Planning Team			
	Exercise Planning Team	Draft After Action Report/Improvement Plan (AAR/IP)		
	Exercise Planning Team	After Action Conference		

3.3. Scenario Details

Planners note: Prior to exercise commencement, a controller will brief the actors and explain the control mechanism to escalate the act. There will be one controller assigned to the area where the actors will initially interact with the staff.

Important: To avoid injury, it is important that everyone participating in this exercise be fully briefed before play begins. Ample signage announcing that there is an ongoing exercise should be placed in the exercise area to avoid bystander interference.

On a typical weekday at [HH:MM], a couple comes into the health center with their baby (for exercise purposes, a baby-sized doll) asking to speak to the social worker. Once in the social worker's office, an argument between the parents escalates between the parties. The father of the child assaults the mother, grabs the baby and bolts from the room.

Planner's note: In the initial briefing of the actors, a pre-designated hiding spot will be chosen and used by the actors during this part of the scenario play. The father will retreat to this hiding place with the 'baby'.

Does the social worker follow the father into the hallway?

Does the social worker announce a code grey to the staff? How?

Once a code grey is announced, does the staff react in accordance with the health center's plan to lock down the building?

Is ICS instituted? Is the Incident Commander fully briefed?

The mother of the child informs a health center worker that there is an order of protection against the father. The father is in the building with the child and has not yet left. The father calls the mother on a cell phone threatening the life of the child. The mother immediately informs the social worker or whatever staff is near her that the father is threatening the life of the child.

Does the Incident Commander order a call to the police? How long does this take?

Does the Incident Commander order a code grey announcement? How long does this

take?

Does the Incident Commander order a systematic search of the building to find the missing father and baby?

How is the announcement communicated to the staff?

Is a description of the father and baby adequately and accurately communicated to staff?

Planners Note: At this point in the exercise, the health center employee will make the decision on whether to call for an evacuation or a shelter in place based on the health center's security plan.

The staff calls 911 and issues a description of the missing child and the perpetrator. The incident command system is enacted and an EOC is established. A systematic search of the building is conducted. The perpetrator is found in a closet with a firearm to the child's head.

Planners note: It is worth mentioning again that it is **very important** that all actions related to this exercise begins with an announcement that this is an exercise. This is the kind of exercise that could escalate and legitimately turn dangerous (particularly for the actor playing the father) if bystanders are allowed to intervene.

Important: Unless the police are participating in the exercise or have otherwise been notified, make sure to **simulate the call to the police.**

If the father is found before the police arrive, the father threatens the life of the child if he is not allowed to leave but he does not attempt to force his way past anyone impeding his path.

Planner's Note: If an evacuation of the health center is called by health center personnel, then the evaluators should note the following:

How long does a total evacuation of the health center take?

Is the Command Center relocated effectively and without confusion? Are staff members notified of where the relocated Command Center is?

Is the new Command Center appropriate to manage the incident? (Is the Incident Commander able to communicate with his staff, etc?)

Does management of the incident continue during the transition?

The police arrive and command of the incident is transferred. The police recover the child unharmed and the perpetrator is arrested. Once the police are fully briefed and take over command, exercise play is terminated. The hotwash is scheduled to occur after a very brief break and health center returns to normal operations.

Is everyone aware that Incident Command is still in effect until a formal declaration of resumption of normal operations has occurred?

3.4. Scenario Timeline

Suggested Target Time	Event	Anticipated Activity	SimCell Notes
ASAP	Actor playing the father becomes violent and runs away with the "baby".	Health Center employee makes a Code Gray Notification based on health center policy	
Within 10 minutes of the termination of call and notification.	Health center leadership activates EM plan, ICS		
Within 5 minutes of the termination of call and notification.	Incident Commander orders a call to police		Unless the police are playing, this call should be routed to SimCell.
Within 10 minutes of termination of call and notification.	Incident Commander orders a search	Search of building.	
Within 5 minutes of finding a	Incident Commander orders an		

Perpetrator with weapon.	evacuation of the health center		
Within 5 minutes of call to 911. (Simulated)	Police arrive to be briefed by Incident Commander	Police order evacuation of health center if not already performed by health center employee.	Police should be played by an actor unless real police are playing

4. Part 4: Player Guidelines

4.1. Participant Descriptions

4.1.1. Players

Players are agency personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.

4.1.2. Actors

Actors are exercise participants who act or simulate specific roles during exercise play. They are typically volunteers who have been recruited to play the role of victims or other bystanders. In functional exercises (FEs), actors are generally limited to simulating the media since there is no field play associated with a FE. The simulated media role may also be filled by controllers and, if so, there will be no need for actors.

4.1.3. Exercise Director

The exercise director oversees all exercise functions during exercise conduct; oversees and remains in contact with *controllers* and *evaluators*; *debriefs* controllers and evaluators following the exercise; and oversees setup and cleanup of exercise and positioning of controllers and evaluators.

4.1.4. Senior Controller

The senior controller is responsible for the overall organization of the exercise. The senior controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the *scenario* caused by unexpected developments during play. The senior controller monitors actions by individual *controllers* and ensures they implement all designated and modified actions at the appropriate time. The senior controller *debriefs* controllers and *evaluators* after the exercise and oversees the setup and takedown of the exercise.

4.1.5. Controllers

Controllers set up and operate the exercise site and plan and manage exercise play. Controllers direct the pace of exercise play and routinely include members from the exercise planning team controllers also work with the Simulation Cell (SimCell) to control the flow of the exercise and explain or clarify issues arising during the exercise.

Controllers have limited decision-making authority in their respective areas. Any changes that impact the scenario or affect other areas of play must be coordinated through the Senior Controller. Controllers record events and ensure documentation is submitted for review and inclusion in the After-Action Report (AAR). All controllers are accountable to the Senior Controller.

4.1.6. Simulators

Simulators are control staff personnel who role-play as nonparticipating organizations or individuals. They most often operate out of the SimCell, but may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., as media reporters or next of kin) in accordance with instructions. All simulators are ultimately accountable to the Exercise Director and Senior Controller.

4.1.7. Observers/Evaluators

Evaluators are chosen to evaluate and provide feedback on a designated functional area of the exercise. They are chosen based on their expertise in the functional area(s) they have been assigned to review during the exercise and their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. They are typically chosen from amongst planning committee members or the agencies/organizations that are participating in the exercise.

Observers visit or view selected segments of the exercise. Observers do not play in the exercise, and do not perform any control or evaluation functions. Observers will view the exercise from a designated observation area and will be asked to remain within the observation area during the exercise. VIPs are a type of observer, but are frequently grouped separately. A dedicated group of exercise controllers should be assigned to manage these groups. Due to the space limitations posed by many EOCs, observers may be strictly limited or not permitted to view the exercise so they do not interfere with EOC operations and functions.

4.2. Participant Instructions

4.2.1. Before the Exercise

- Review the appropriate emergency plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the start of the exercise. Wear appropriate uniform/identification badge.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
- Sign in.

4.2.2. During the Exercise

- Respond to the exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.

- Controllers will only give you information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel while the exercise is in progress. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate so, but report back with an answer at the earliest time possible.
- If you do not understand the scope of the exercise or if you are uncertain about an organization's or agency's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require the incorporation of unrealistic aspects. Note that every effort has been made by the trusted agents to balance realism with the creation of an effective learning and evaluation environment.
- All exercise communication will begin and end with the phrase "This is an exercise." This is a precaution taken so anyone overhearing the conversation will not mistake the exercise play for a real-world emergency.
- When communicating with the SimCell, identify the organization, agency, office, and/or individual with which you want to speak.
- Maintain a log of your activities. Many times, this log may include documentation of activities missed by a controller or evaluator.

4.2.3. Following the Exercise

- At the end of the exercise, please participate in the Hotwash with the controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and effectiveness of the exercise. Please provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

4.3. Assumptions and Constraints

The following general assumptions apply to the health center's exercise:

- Exercise players will operate in accordance with existing plans, procedures, and practices.
- The exercise design objectives will be consistent with functional area operations and technical plans and procedures whenever possible, as long as safety, cost effectiveness, and discretion are not compromised.

- Surrogates may be playing in place of some key decision makers. Surrogates, in most instances, will be junior to the principles they represent. Thus the surrogates' action during exercise play may not depict the same actions that might be taken by their respective principles.

- The health center's exercise will be played in real time. Some events, however, may require time jumps or acceleration to meet exercise design objectives.

- Participants may need to balance exercise play with real world emergencies. It is understood that real world emergencies will take priority.

4.4. Implementation and Rules

- The Exercise Director will initiate exercise play by transmitting the START message via the Controller Communications Network.
- The decision to conclude the exercise will be determined by the Exercise Director and the Senior Controller based upon the completion of operations and attainment of the exercise objectives.
- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by control staff.
- All communications (written, radio, telephone, etc.) made during the exercise will begin and end with the phrase, "This is an exercise."
- "Real Emergency" will be the designated phrase that indicates there is an emergency requiring immediate attention that may or may not stop exercise play.
- "Timeout" will be the designated phrase used by controllers to temporarily stop exercise play.
- Exercise players will comply with real-world response procedures unless otherwise directed by controllers. Player rules of conduct are outlined in the Explan.
- Exercise players placing telephone calls or initiating radio communication with the SimCell must identify the organization, agency, office, or individual with whom they wish to speak.

4.5. Exercise Identification

Identification hats and badges should be issued to exercise staff. All exercise personnel and observers will be identified by agency uniforms or identification hats/badges distributed by the exercise staff. The chart below describes identification items.

4.6. Safety Requirements

4.7. Communications

4.7.1. Exercise Start, Suspension, and Termination

Baby in the Middle will be conducted on [Date], beginning at [Time]. Exercise play is scheduled for [Exercise Duration] or until the Exercise Director and Senior Controller determine that the exercise objectives have been met. The Exercise Director will announce the start of the exercise. The Exercise Director will announce any exercise suspension or termination and will instruct participants to stop in place safely.

If an actual emergency occurs, the exercise may be suspended or terminated at the discretion of the Exercise Director, depending on the nature of the incident. The designated emergency phrase in case of a medical emergency is "Real Emergency." The Exercise Director will announce restart of the exercise.

4.7.2. Player Communications

Players will use [means of communication, i.e. radio (channels), telephone] for responding to all injects. All communications must begin and terminate with the SimCell. No player communications are to be sent to agencies outside of the EOC or SimCell. The only exception will be to obtain technical information and guidance in response to an inject that has been received. A controller must directly oversee any communications of this type to ensure the player clearly explains to the agency/individual they are contacting that this request is for exercise use only and is not an actual incident. *In no instance will exercise communication interfere with real-world communications.*

4.7.3. Controller Communications

The principal method of communications for controllers during the exercise will be [means of communication, i.e. radio (channels), telephone]. A list of key telephone numbers is available below and will be available as a Communication Directory before the start of the exercise. Controller communications will link control personnel and will remain separate from the player communications.

Name of Exercise Official	Exercise Title	Phone	Cell	Email
	Exercise Director			
	Controller			
	Controller			
	Observer			
	Observer			
	Evaluator			
	Evaluator			

	Evaluator			

5. Part 5: Planner Guidance

5.1. Planning Considerations

Exercises should focus on key aspects of the emergency management plan with regards to the response of health center staff to the crisis, responder coordination, critical decisions, and the integration of health center assets to perform based on planning practices. An exercise is not an inspection and should be conducted in a no-fault atmosphere. This exercise should do the following with regards to this exercise:

- Reveal planning/training weaknesses in the Emergency Management Plan and standard operating procedures or to test or validate recently changed procedures.
- Identify current capabilities to respond to Child Abduction Scenario.
- Improve the coordination between and among various response personnel.
- Validate training on the critical elements of emergency response in accordance with the National Incident Management System (NIMS).
- Increase the general awareness and understanding of the potential hazard.

5.2. Prior to the Planning Conference: Select a hazard and build an Exercise Planning Team

Prior to assembling the Exercise Planning Team for the Planning Conference, the health center's Emergency Preparedness Committee should review the health center's Hazard Vulnerability Analysis (HVA). A thorough review of the HVA should identify those hazards that the health center should prepare for and mitigate against. It is these hazards and their respective challenges that the health center can focus on to most efficiently utilize their time and resources. Review of a community health center HVA should occur yearly and can serve as the start of the health center's annual preparedness cycle. Selection of a hazard to conduct an exercise around begins the exercise planning process and, once the hazard is identified, the Emergency Preparedness Committee can select an Exercise Director and Exercise Planning Team.

The selection of a hazard scenario for an exercise should be considered carefully based upon the findings of the HVA <u>and</u> the time and resources available for an exercise. Often, more serious hazards require more planning energy and it would be best for the health center to balance the needs of the emergency preparedness program with the realities of how much time and resources can be dedicated to exercise planning and execution. It takes much longer to plan an exercise for a catastrophic event such as a tsunami than it does to plan for a power outage, for example.

This template drill exercise plan is designed to assist a health center in their preparation for a Child Abduction scenario and some of the challenges that come along with such a situation. For sites that don't identify this hazard as a top planning priority, this ExPlan template can be altered to coincide with another hazard that would require the testing of similar target capabilities and objectives such as: communicating sensitive information internally; effectively communicating with the media; evacuation; sheltering in place; incident management; or search.

5.3. Planning Conference

The Planning Conference, taking place well before the date of the drill, can be thought of as the official beginning of drill activities. At this meeting the Exercise Director, together with the Exercise Planning Team, will review the hazard selected by the Emergency Preparedness Committee for an exercise and will select the target capabilities and objectives that the exercise will seek to test. A manageable exercise conducted by a community health center can have a modest number of objectives, each accompanied by 2-5 activities that-when completed-demonstrate the ability to carry out a target capability.

5.4. Target Capabilities and the Target Capability List (TCL)

The National Planning Scenarios (NPS) 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. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. States and Urban Areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction.

To put it simply, target capabilities are those things that an organization would like to show that it is capable of accomplishing in an emergency. Target capabilities are broad in definition and scope, e.g. "communication", or "onsite incident management". To review target capabilities identified by the Department of Homeland Security, reference the TCL on the Responder Knowledge Base at https://www.rkb.us/hspd8.cfm.

5.5. SMART Objectives

Where target capabilities are broad and vague, objectives are more narrowly focused. The completion of objectives by measureable outcomes is what demonstrates an organization's capabilities. Identifying 3-5 SMART objectives can go a long way in ensuring that the time spent by the community health center on emergency preparedness exercises is not wasted. Good objectives should be:

(S) imple
(M) easurable
(A) chievable
(R) ealistic
(T) ime-oriented

Bad objectives can lead to confusion over whether the objective was met, which distorts the results of the exercise. "Communicate the existence of a bomb threat" may seem like a good objective at first glance, but *to whom* are we communicating the existence bomb threat? The police? The insurance company? A more (M)easurable and (T)ime-oriented objective might read as follows: "Communicate the existence of a bomb threat to building security within 2 minutes of receipt and to the police within 5 minutes." This is something that can be measured and leaves little room for interpretation on whether or not it was achieved.

5.6. Tasks and Activities

Actions and tasks, when added together, accomplish what is required to meet the objectives identified in the ExPlan. While objectives are more narrowly focused than target capabilities, tasks and activities are even more specific. For the objective mentioned above, two associated tasks could be, "use the phrase '*code orange, extension 227*' over the PA system", and "report the bomb threat to the police by dialing 911." The first of these activities would notify building security that there has been a bomb threat and that they can call extension 227 to speak with someone who can provide more details. The second would notify the police.

Together, if carried out on time, these two activities would accomplish the objective, "Communicate the existence of a bomb threat to building security within 2 minutes of receipt and to the police within 5 minutes." If this happens successfully, than we can say that we have demonstrated the ability to carry out a communications target capability. If instead, the receptionist who answers the phone goes looking for the emergency management manual to find out what to do; we have found an opportunity for training.

5.7. Using SimCell for Injects

Simulation Cell, or SimCell, is a place where exercise controllers generate, coordinate, and deliver injects to the players of an exercise. These controllers also receive player responses to non-participating organizations or individuals. Controllers in SimCell are not actively *playing* in the exercise, but their participation can help move the action along in the exercise scenario and the responses they receive can be used to evaluate objective completion by the players.

If using a SimCell for an exercise, planners should make sure that controllers are fully briefed on how to play their part in the exercise.

5.8. Exercise Briefing

Taking place shortly-often a day or so-before an exercise, the exercise briefing is the exercise planning team's last chance to review exercise specifics or safety instructions. It is ALWAYS a good idea to remind exercise participants of any necessary safety precautions prior to an exercise.

5.9. Hotwash

Immediately following the completion of exercise play, the Senior Controller will facilitate a hotwash with players in the EOC. This meeting is primarily geared toward participants and their supervisors. The hotwash is an opportunity for players to voice their opinions on the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can also seek clarification on certain actions and what prompted players to take them. All participants may attend, however observers are not encouraged to attend this meeting. The hotwash should not last more that 30 minutes. Evaluators should take notes during the hotwash and include these observations in their analysis.

5.10. Exercise Debrief

This is a forum for planners, facilitators, controllers, and evaluators to review and provide feedback after the exercise is held. It should be a facilitated discussion that allows each person an opportunity to provide an overview of the functional area they observed and document both strengths and areas for improvement. Debriefs should be facilitated by the exercise planning team leader or the exercise program manager; results should be captured for inclusion in the After Action Report/Improvement Plan (AAR/IP).

The Exercise Debrief is a great time to establish which objectives was met and which were not (and for what reasons). Identifying strengths and weaknesses at the Exercise Debrief will directly inform the AAR/IP and will make the drafting of that document easier.

5.11. Drafting the After Action Report/Improvement Plan

It is no exaggeration to say that the AAR/IP is sought-after product of an emergency exercise. The AAR/IP has two components: an AAR, which captures observations of an exercise and makes recommendations for post-exercise improvements; and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

5.12. After Action Conference

As soon as possible after completion of the draft (AAR), the exercise director and other members of the exercise planning team should conduct an After Action Conference to present, discuss, and refine the draft AAR, and to develop an Improvement Plan (IP). This conference is a chance to present the AAR to participating organizations in order to hear suggestions and make changes. The final AAR/IP is an outcome of the After Action Conference and should be disseminated to participants within 60 days of exercise completion.