

Inject #	Time	Key	From	To	Method	Venue	Message/Task	Expected Action	Controller Notes/Remarks	Designer	Objective	Time Initiated ?
PRE-EXERCISE INCIDENT OCCURRENCE (ARTIFICIALITY - NO PLAY INVOLVED)												
1	9/4/2016 18:30					Denver/Colorado	Explosion (Thermo-Nuclear Device at a Baseball Game)		Simulated activities (Exercise Ground Truth)	Ashley Slight		
2	9/4/2016 19:10					Denver/Colorado	Initial Reports (Area Hospitals Notified)		Simulated activities (Exercise Ground Truth)	Ashley Slight		
3	9/4/2016 20:00					Denver/Colorado	RITN Activated		Simulated activities (Exercise Ground Truth)	Ashley Slight		
4	9/9/2016 8:00					COH	RITN activates City of Hope National Medical Center and requests a Capabilities Report to be submitted with in 14 hours		Simulated activities (Exercise Ground Truth)	Ashley Slight		
PRE-EXERCISE SIMULATED PLAY (Day 1 - Aug 9)												
5	11:45:00 AM					Flash Building	C&A Controllers & Support Staff Arrive for Exercise Set Up			Ashley Slight	NA	
6	12:15:00 PM					Helford Command Center	Controller Check-In to the exercise and receive any new or updated material.	Controllers will sign-In to the C/E sign-in sheet and confirm they have all necessary materials (which should have been distributed at the C/E Briefing the week prior). They will be advised to wait for the Comms Check to start.		Ashley Slight	NA	
7	1:00:00 PM					Helford Command Center	Controller Huddle and Comms Check - The Senior Controller will meet with present staff to confirm the schedule for the day, perform a communications check, and walkthrough the day's activities.	All Controllers should be able to communicate readily and have the appropriate contact information.		Ashley Slight	NA	
8	1:15:00 PM					Helford Command Center	Player Briefing - the Senior Controller will deliver a briefing to all players describing exercise parameters, rules, safety guidelines, and schedule.			Ashley Slight	N/A	
9	1:45:00 PM					Helford Command Center	Controllers will be in place, ready to evaluate/control.	Some Controllers will be assigned a starting position at this point. Please refer to your C/E Handbook for your location		Ashley Slight	NA	
10	1:45:00 PM					Helford Command Center	Players ready to begin play.	Players will be ready to receive notification of the event and RITN request, which will serve as the start of the exercise.		Ashley Slight	NA	
EXERCISE PLAY (DAY 1)												
11	2:00 PM	X	SIMCELL/RITN Coordinator	COH MUD/RITN Coordinator	Email	Helford Command Center	Exercise StartEx - RITN notifies City of Hope National Medical Center of thermo-nuclear device explosion, and requests a Capabilities Report by end of day.	RITN Control Cell will notify COH of the possibility of patients being distributed to their hospital through the NDMS. RITN expects a Capability Report within 12 hours of notification summarizing "current" and "next 24 hour" status of their staff and available resources. (Source: RITN Concept of Operations) COH will need to do the following throughout the exercise today: * Review staff availability * Review current and pending patient activity * Review available resources (equipment, medical consumables, and medications) * Activate the HCC * Begin just in time training and pre-deployment of resources * Submit the Capabilities Report. The COH MUD/RITN Coordinator will need to notify PBX and Initiate the Hospital Incident Command System.	Email will have "THIS IS AN EXERCISE" Script to be developed later on.	Ashley Slight		
12	2:10 PM	X	SIMCELL / RITN Coordinator	COH MUD/RITN Coordinator	Email	COH-All	"This is an exercise message. The [local NDMS Federal Coordination Center (FCC)] has been placed on alert. It is anticipated that hospitals in the Denver, CO area may be evacuating patients to FCCs as soon as 24-48 hours. Request NDMS hospitals submit a bed availability report by [time] today. Please ensure your NDMS bed numbers are kept updated in [Alert/Bed Availability tool]. This is an exercise message."	The COH MUD/RITN Coordinator will alert the necessary staff. The Nursing House Supervisor and/or Administrative Nursing Supervisor will work with the HCC (if activated) to determine if a Bed meeting of the Bed Management Team is necessary to determine bed availability. These numbers will be updated in HavBed and/or ReddiNet.		Ashley Slight		

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13	2:15 PM		SIMCELL	HCC	Phone	HCC	Hospital leadership (CEO, Board of Supervisors) have heard that RITN is requesting a Capabilities Report. They are confirming that the HCC has been activated and asking for a briefing on next steps.	COH activates the Hospital Command Center (HCC) at a Level Three and calls in personnel (if not already in motion). The Liaison Officer will begin notifying internal and external contacts/partners/stakeholder of HCC and RITN/NDMS activation. This includes giving hospital leadership an initial briefing. The Logistics Section Chief should begin to setup and determine the appropriate just-in-time training for staff. The Operations Section Chief should begin working with the Nursing House Supervisor and/or Administrative Nursing Supervisor to determine if a bed meeting of the Bed Management Team is necessary. The Finance section should be activated along with the other sections.		Ashley Slight	Objective 1, Task i, ii, iii	
14	2:20 PM	X	SIMCELL as Planning Section Chief	All Players	Email	COH-All	""Today in [location] at [time] all HICS members are invited to an incident briefing to provide situational awareness, establish a common operating picture and identify/define strategies for response.""	All personnel will report to [insert location] to receive a briefing (including a safety briefing), led by the IC and the Planning Section Chief to provide an overview of the incident. The briefing should be quick and last no more than 10 minutes.	BACKUP INJECT ONLY	Ashley Slight		
15	2:30 PM	X	SIMCELL as RITN	MUD/RITN Coordinator	Email	HCC	Condition/Situation: Patients would be transferred to COH from Colorado through the NDMS. RITN has submitted a summary for 27 of the patients they have for transport. Of these patients, [insert number] will require a blood transfusion and bone marrow transplant; 3 of these are unaccompanied minors.	The MUD/RITN Coordinator will work with the HCC to determine COH's capabilities to support those indicated in the summary. Logistics will evaluate the availability of appropriate equipment and resources. A family support center will likely need to be incorporated into planning. The Nursing House Supervisor, or, if activated, the Bed Management Team, will evaluate the availability of appropriately qualified staff to meet patient care requirements based on the information given by RITN.		Ashley Slight		
16	2:30 PM		SIMCELL as Incident Commander	HCC Controller to Logistics	Verbal	HCC	The IC makes a Request for Information regarding existing supplies of specialized pharmaceuticals for response, such as Nuepogen, Prussian Blue, and Fligrastem.	Logistics will lead the completion of an inventory of existing supplies, and evaluate the amount required for anticipated response (potentially over the long-term). This includes identifying existing mutual aid agreements, private vendors, and resources available through resource requests and at other DRC hospitals.	Note - This inject will only be used if the designated areas or lead staff are not frequently reporting up to the HCC, who should then be providing the IC with briefings. This will be used to push play if not already progressing according to plan.	Ashley Slight	Objective 4, Task ii	
17	2:50 PM		SIMCELL as Incident Commander	Operations Section Chief	Verbal	HCC	The IC requests briefing from the Ops Section Chief about the current plans and timelines for decontamination, triage and treatment areas, and Laboratory capability for patient donor matching.	The Operations Section Chief works with Operations (and the Radiological Emergency Response Team if activated) to achieve the objectives outlined in the Incident Action Plan. This should include identifying the areas noted by the IC (triage, decon, etc.). Operations will work with the HLA laboratory to determine capabilities for patient donor matching, and lab capabilities for CHEM and CBC needs	Note - This inject will only be used if the designated areas or lead staff are not frequently reporting up to the HCC, who should then be providing the IC with briefings. This will be used to push play if not already progressing according to plan.	Ashley Slight	Objective 3, task iii, iv, v	
18	2:55 PM		SIMCELL as RITN	MUD/RITN Coordinator	Email	HCC	RITN has advised COH that it should expect a surge of incoming family members of the patients being transported.	COH will activate the Family Support Center and follow the policies and procedures outlined on page 19 of the EOP, related to Family Support Center activation.	Note - actual Family Support Center setup will not occur until Thursday.	Ashley Slight		
19	2:55 PM		HCC Controller	Incident Commander	Verbal	HCC	IC activates PIO/JIC to deal with media and public requests for information (RFIs).	Activate personnel and public information line (or channels) to be able to deal with media and public inquiries. Immediate messaging should be drafted, along with print/social media monitoring activities which should be taking place.	Note - this inject will only be used if the PIO/JIC has not already been activated or begun activities.	Deb Robinson		

Inject #	Time	Key	From	To	Method	Venue	Message/Task	Expected Action	Controller Notes/Remarks	Designer	Objective	Time Initiated ?
20	3:00 PM		SIMCELL as Incident Commander	Logistics	Verbal	HCC	The IC requests a briefing about equipment, supplies and resources including equipment capable of detecting contamination (i.e. gieger counters, portal monitors, etc).	Logistics will inventory existing supplies, and evaluate the the amount required to support the mission as currently identified. Once the briefing is provided, the IC and Logistics Chief will determine that additional supplies of the following are needed: Portal Monitors (will eventually be provided by LA County Rad Health) and 15 additional PAPRs (will eventually be provided by Pomona through the DRC).	Partly an artificiality - we will have Logs send a resource request for equipment, because the DRC will likely bring a lot of this equipment on Thursday, August 11 for inclusion into play. Note - This inject will only be used if the designated areas or lead staff are not frequently reporting up to the HCC, who should then be providing the IC with briefings. This will be used to push play if not already progressing according to plan.	Ashley Slight	Objective 4, Task iii	
21	3:15 PM		SIMCELL	Nursing House Supervisor	Phone	PBX	The front desk is receiving multiple phone calls from upset patients that their elective surgeries are being cancelled for the next two days. "This is an exercise. Hello, my name is _____. I was left a message that my [Insert elective surgery name] has been cancelled. I need this procedure, and I've waited weeks and weeks for this appointment. You can't just change this last minute. I want to speak with someone. This is an exercise. "	Patients are evaluated on a case-by-case basis. Front desk personnel have been advised/briefed of tactics and messaging they can utilize with distraught patients by requesting the need for support and understanding from patients during this time. They should reach out to the HCC to alert them of the calls they are getting, especially if they have not yet received more specific direction.	*Ensure first that the front desk has been properly notified of the day's events. May not happen right at 3:15 - will depend on how quickly Bed Management Team works earlier in the day. Phone number for front desk: 800-826-HOPE	Ashley Slight		
22	3:20 PM		SIMCELL	HCC Medical OperationsChief or HCC Logistics Chief	Phone	HCC	A local long term care facility (Kindred Hospital in Baldwin Park) calls and states that they can receive some of the hospital patients that can be discharged.	Operations will work with the Patient Discharge team to determine if patients can be sent to the long term care site, and if so, which patients. Proper utilization of patient tracking system/processes should be observed.		Ashley Slight	Objective 2, task iv	
23	4:00 PM						RITN Capabilities Report Submission	The MUD/RITN Coordinator and/or RITN Task Force will complete the Capabilities Report once capabilities have been identified via the HICS Response Team. The Report will be sent for review to the Operations Section Chief, and then to the Incident Commander, for approval. Then the MUD/RITN Coordinator will submit to RITN through the HealthCare Standard (HCS). Access to HCS is found at www.ritn.net.	Not an inject - timeline info only. NOTE to Helford Command Center Controllers: The RITN Capabilities Report will artificially be delivered to ashley@constantassociates.com. Then, once submitted - an error message will read that the message was not sent - internet not connected, until they resort to fax. The fax number will be: 424-320-2581	Ashley Slight	Objective 2, task v	
24	4:00 PM		SIMCELL	MUD/RITN Coordinator	Email	HCC	Internet is down, and the email containing the Capabilities Report was not submitted. Staff must determine an alternate way of submitting the report.	A manual capabilities report can be faxed to (612) 294-4441 according to COH's Radiation Incident Response Plan (Appendix 21) of their EOP.		Ashley Slight		
POST-EXERCISE DAY ONE PLAY												
25	4:15 PM		Senior Controller	All Participants	Group Discussion	TBD	Player Hot Wash: a mini "Hot Wash" for the Day's activities, and brief for the following day (if necessary).	Participants will be asked to discuss strengths and weaknesses identified during the day's play, as well as relevant implications for next two days. They will be asked to hand-in their Day One Participant Feedback Forms		Ashley Slight		
26	4:45 PM		Senior Controller	All C/Es	Group Discussion	TBD	C/E Huddle: C/Es will discuss outcomes for Day One, initial impressions, and relevant implications for the following days	C/Es will be asked to hand in their EEGs, to be handed out again on August 11.		Ashley Slight		

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PRE-EXERCISE ACTIVITY												
1	7:30:00 AM					Los Alamitos Air Base	Select COH staff members will be pre-deployed to Los Alamitos Air Base to observe or provide technical assistance and advice regarding the triage and assignment of patients		Artificiality	Ashley Slight	N/A	
2	7:50:00 AM					Los Alamitos Air Base	Players ready to begin play.	Players will be ready to receive notification of the event and RITN request, which will serve as the start of the exercise.		Ashley Slight	NA	
3	8:00:00 AM					Los Alamitos Air Base	FCC Alerted of Event	Begins Bed Reporting, FCC Activated		Sherman Patterson		
4	8:15 AM					Los Alamitos Air Base	C-130 from 146th Aeromedical Evacuation Squadron (AES) lands at Los Alamitos			Sherman Patterson		
5	8:45 AM					Los Alamitos Air Base	Assemble Patient Reception Team at Los Alamitos	1 MD, 3 RNs, 2 SW, and 4 Recorders		Sherman Patterson		
EXERCISE PLAY (DAY 2)												
6	9:00 AM	X				All Venues	Exercise StartEx for FCC / NDMS Play	Patient Reception Exercise begins. Command Post at Long Beach VA Operational.		Sherman Patterson		
7	9:10 AM					Los Alamitos Air Base	First set of 10 patients - offloaded from aircraft and triage.			Sherman Patterson		
8	9:40 AM					Los Alamitos Air Base	Begin loading of ambulances for transport to NDMS hospitals			Sherman Patterson		
9	10:00 AM					Los Alamitos Air Base	Begin loading of ambulances for transport to City of Hope RITN hospitals			Sherman Patterson		
10	10:00 AM					Los Alamitos Air Base	First set of 10 patients - arrive in ambulances at the Long Beach VA Emergency Room			Sherman Patterson		
11	10:10 AM					Los Alamitos Air Base	Second set of 10 patients arrive in ambulances at the NDMS hospitals			Sherman Patterson		
12	10:20 AM					Los Alamitos Air Base	Third set of 10 patients arrive in ambulances at the City of Hope National Medical Center (RITN)			Sherman Patterson		
13	10:30 AM					Los Alamitos Air Base	Field Exercise Concludes. PRT Team Leader conducts HotWash			Sherman Patterson		
14	10:45 AM					Los Alamitos Air Base	Field Exercise Hotwash Concludes. Equipment and Personnel Recovery Begins.			Sherman Patterson		
15	1:00 PM	X				COH	Just-in-Time Training with Staff	Just in Time training will include precautions for standard radiological treatment protocols, including time, distance, shielding, required personal protective equipment, and on-site "frisking/monitoring" contamination and exposure evaluation procedures. Based on a REACT/S Call.	Timeline Information Only - not an inject. As mentioned previously, this event will be artificially pre-scheduled to secure the availability of REACT/S and other subject matter experts	Ashley Slight	Objective 3, task i	
POST-EXERCISE DAY TWO PLAY												
16	2:00 PM		Senior Controller	Chuck Pickering	Verbal/Phone	N/A	Senior Controller check-in with CP	Check-in call to go over any outcomes from Los Alamitos Play or the Just in Time Training that may affect the following day's play at COH.		Ashley Slight		

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PRE-EXERCISE ACTIVITY												
1	6:00:00 AM					Flash Building	C&A Controllers & Support Staff Arrive for Exercise Set Up	Note - Decontamination Trainees arrive between 6:30/7:30 AM.		Ashley Slight	NA	
2	7:00:00 AM					Flash Building	City of Hope Controller / Evaluator Arrival and Check-In	Controllers will sign-In to the C/E sign-in sheet and confirm they have all necessary materials (which should have been distributed at the C/E Briefing the week prior). They will be advised of coffee/refreshments available and to wait for the Comms Check to start.		Ashley Slight		
3	7:15:00 AM					COH	Controller Huddle and Comms Check - The Senior Controller will meet with present staff to confirm the schedule for the day, perform a communications check, and walkthrough the day's activities.	All Controllers should be able to communicate readily and have the appropriate contact information.	Ashley Slight will coordinate C/Es.	Ashley Slight	NA	
4	7:30:00 AM					Flash Building	Player Arrival and Check-In	Players will check-in, receive their materials, and be advised of coffee/refreshments available and to wait for the Player Briefing.		Ashley Slight		
5	8:00:00 AM					Flash Building	Player Briefing - the Senior Controller will deliver a briefing to all players describing exercise parameters, rules, safety guidelines, and schedule.	If desired, players will assist with setup and run through the layout of the site after the briefing is completed.	Afua Kwareng will coordinate Players.	Ashley Slight		
6	8:00:00 AM					Flash Building	Actor Arrival and Check-In	Actors will check-in, receive their materials, and be advised of coffee/refreshments available and to wait for the Actor Briefing.		Ashley Slight		
7	8:45:00 AM					COH	Actor Briefing - The Senior Controller will deliver a briefing to all actors describing the schedule for the day's activities, rules, and safety guidelines.		Francisco Soto will coordinate actors/volunteers.	Ashley Slight		
8	8:45:00 AM					COH	Observer, VIP, and Media Check-in to the exercise and receive materials.	An Observer and/or Media Host will be on hand to direct visitors and distribute materials.	Scott MacKay will coordinate all observers/Media with the assistance of David Caouette. Dr. Nadi ideal for physician questions.	Ashley Slight		
9	8:45:00 AM					COH	Site Walkthrough for Decontamination Training Participants	Juan Mas will walk the decon training participants through the site, and provide an overview of the exercise.		Ashley Slight	N/A	
10	9:20:00 AM					COH	Controllers and Evaluators will be in place , ready to evaluate/control.	Some Controllers will be assigned a starting position at this point. Please refer to your C/E Handbook for your location		Ashley Slight	NA	
11	9:20:00 AM					COH	Players ready to begin play.	Players will be ready to receive notification of the event and RITN request, which will serve as the start of the exercise.		Ashley Slight	NA	
EXERCISE PLAY (DAY 3)												
12	9:30 AM	X	SIMCELL/RITN Coordinator	COH MUD/RITN Coordinator	Email	COH - All	Exercise StartEx - "This is an exercise. Staff, be advised. The first group of 10 patients are en route to COH. Estimated time of arrival is 9:45 AM. Prepare for receipt of and decontamination of incoming patients."	RITN Coordinator will advise the HCC that patients are enroute. HCC will begin appropriate deployment of staff. Staff will report to their assigned locations, either in the HCC, Decon Area, Triage Area, Treatment Areas, Family Support Center, or Lab. Decon Area Staff will put on the appropriate personal protective equipment. Security staff will prepare to escort or guide incoming vehicles to receiving areas.	Also announce over radio that exercise is officially beginning - each area controller will let evaluators and observers, media, and players know it is starting.	Ashley Slight		

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13	9:30 AM		SIMCELL as Incident Commander	Operations	Verbal	HCC	The IC asks for an update on setup and pre-deployment of supplies to the decontamination, triage, and treatment areas.	These areas should be reporting to the HCC (Operations) once operational. The Operations Section Chief should be briefing the IC on operational status for situational awareness.	Note - This inject will only be used if the designated areas or lead staff are not frequently reporting up to the HCC, who should then be providing the IC with briefings. This will be used to push play if not already progressing according to plan.	Ashley Slight		
14	9:35 AM		IC	Security Team Lead	Phone (assumption)	HCC	IC notifies hospital security of the hospital's preparations to receive patients and instructs them to initiate their plans.	IC calls/talks with Security Team Leader to notify them that the hospital has been activated to prepare to receive patients from the Denver incident. If normal SOPs do not apply, Security should ask for clarification on how it may differ for visitor policies, ingress/egress routes, press, etc.		Deb Robinson	Objective 3, task ii	
15	9:35 AM		HCC Controller	Operations and/or Logistics Section Chief	Verbal	HCC	Operations Chief and/or Logistic Chief (or designated team leads) confirm decontamination, triage and treatment areas are up, staffed and ready to receive patients.	Inspection of each of the stations to ensure they have been set up according to plans, include all equipment, resources and personnel required to operate each station and present and ready to receive patients.	Note - This inject will only be used if the designated areas or lead staff are not frequently reporting up to the HCC, who should then be providing the IC with briefings. This will be used to push play if not already progressing according to plan.	Deb Robinson		
16	9:40 AM		HCC Controller	Incident Commander	Verbal	HCC	Verbal Prompt by Controller if the IC has not yet deployed appropriate staff to each location (decon/triage/treatment)		Backup inject only.	Ashley Slight		
17	9:45 AM	X	Senior Controller	Actor Coordinator	Actors arrive	COH - Decon area	First Patients Arrive via Ambulance	The first load of 10 patients/3 family members will arrive at COH. Security will direct them to the decontamination, triage, and treatment areas. Staff will conduct frisking/monitoring of patients, confirm triage designations, and direct them to the appropriate treatment areas. They will arrive staggered, in twos and threes, according to the usual schedule of ambulance arrival.	One ambulance will arrive (AMR - LA County EMS) carrying one patient, one family member (Patient 4 - Frankie Lidden, and her mother Anna Lidden). The rest of the patients will be arriving by walking on-site on Tree Lane. Francisco Soto (C&A) will be staging actor arrival. Stage behind Graff Library in the shady area.	Ashley Slight	Objective 1, task i, ii, iii	
18	9:50 AM		SIMCELL	Planning Section Chief	ReddiNet, HavBed, JPATS		Request an update that patients are being appropriately updated into ReddiNet/HavBed Patient Tracking software.	Bed Tracking Unit Leader reviews beds for patients and continues to ensure patient tracking software is being kept up to date, including JPATS.		Ashley Slight	Objective 2, task i, ii, iii	

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19	9:50 AM		Actor Play	Decon Area Lead	Actor Play	COH - Decon Area	A TV Crew and Journalist from a local news affiliate have managed to bypass Security and are trying to gain access to the decontamination area, asking questions.	The Decon Area Lead will radio to the HCC asking for Security and for the PIO to report to the area and handle press inquiries.	Francisco will send Media Actor 2 and a cameraman to try and gain access to the decon area. Ensure special instructions for these actors (media) are given during the actor briefing. Once the actors are rebuffed and handled, they will be sent back to the Actor Staging Area to await re-assignment.	Ashley Slight		
20	9:55 AM		SIMCELL as Incident Commander	HCC Controller to Logistics	Verbal	HCC	The IC makes a Request for Information regarding existing supplies of specialized pharmaceuticals for response, such as Nuepogen, Prussian Blue, and Fligrastem.	Logistics will lead the completion of an inventory of existing supplies, and evaluate the amount required for anticipated response (potentially over the long-term). This includes identifying existing mutual aid agreements, private vendors, and resources available through resource requests and at other DRC hospitals.	Note - This inject will only be used if the designated areas or lead staff are not frequently reporting up to the HCC, who should then be providing the IC with briefings. This will be used to push play if not already progressing according to plan.	Ashley Slight	Objective 4, Task ii	
21	10:00 AM		Actor	Security	Actor Play	Helford Hospital main lobby desk. Decontamination Area.	Family members of the NDMS/RITN patients are arriving at the hospital. Security personnel report that some are attempting to get to the decontamination areas. Some have asked about accommodations for family members of patients.	Family members will be directed to the Family Support Center. The Family Support Center will coordinate with the City of Duarte Public Safety Department to advise those coming into the area of a local family assistance center for the families of patients being treated here.	ARTIFICIALITY - other than the one family member allowed to accompany RITN patients in transport, a surge of family members is unlikely to occur at the same time of the arrival of patients. This would in all likelihood occur days later. However, this artificiality will allow us to test family support center and local family assistance center policies and procedures. *Make sure the actors know to say they are part of a drill, be patient with folks while they figure out what to do with them. Francisco will send F2, F4, F5 to the hospital main lobby (Helford). Soon after, send F7, F8, F9, F11 to decon or triage areas, looking for their family members. A little later, send F12 and F13 to the hospital main lobby (Helford).	Ashley Slight	Objective 2, task iv; Objective 3 task i, ii, iii	
22	10:20 AM		Family Support Center Controller	Family Support Center Staff	Verbal Inject	Family Support Center (Hope Village Office)	"COH is overwhelmed with family members as a result of the RITN influx. COH needs to identify additional options for sheltering and family information"	The Family Support Center staff will reach out to the HCC with the request for outside assistance. The Liaison Officer will reach out to the City of Duarte Public Safety Department to setup a local family assistance center or resource center/hotline for family members who cannot stay at the hospital. City of Duarte Public Safety will rely on technical assistance from Red Cross and LA County EMS to setup a local resource of incoming family members.		Ashley Slight		
23	10:20 AM		Decon Area Controller	Decon Area Lead	Verbal Inject	Decontamination Area	"You are running low on supplies of PPE, since some of yours are damaged. Your staff need to request additional supplies."	Decon Area Lead will work with staff to submit a resource request through the HCC.	Note the following inject below is a simulated one in case the resource request does not reach the HCC	Ashley Slight		
24	10:20 AM		Family Support Center Controller	Actors in the Family Support Center	Verbal Inject	Family Support Center (Hope Village Office)	Some of the family members at the Family Support Center are asking for cash or vouchers to use for food, taxis, and hotel stays.	The Family Support Center Lead will reach out to the HCC Finance Section about cash or reimbursement/voucher availability for some of the family members.	Family Support Center Controller will urge the actors there to make requests for money for taxis, hotel, food, diapers, etc. If the family support center staff defer and do not push the request up to the HCC, the controller or Alex Rose may need to step in and mentor them as to how to handle these requests, and how to utilize COH's finance resources.	Ashley Slight		

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25	10:30 AM		SIMCELL	Logistics Section Chief	Phone	COH - HCC	The Decon Area is requesting additional supplies of PPE. Some of their supplies are ripped or damaged.	The Logistics Section will process the Department Resource Request form submitted (or fill it out themselves if the request came in via radio) and process the requests.	Note - we can change this to any resource or supply - we just want to test the resource request process	Ashley Slight		
26	10:30 AM	X	Senior Controller	Actor Coordinator	Actors arrive	COH - Decon area	Second Wave of Patients Arrive via Ambulance	The second load of 10 patients will arrive at COH. Security will direct them to the decontamination, triage, and treatment areas. Staff will conduct frisking/monitoring of patients, confirm triage designations, and direct them to the appropriate treatment areas. The patients will arrive in twos and threes (more accurate according to ambulance availability).	Francisco will first send patients 11-16 all at once, as if multiple ambulances arrived simultaneously. Then, patients 16-20 simultaneously.	Ashley Slight	Objective 1, task i, ii, iii	
27	10:30 AM		SIMCELL	City of Duarte Public Safety	Phone	City of Duarte Public Safety SimCell	Family members will contact the City of Duarte Public Safety Department's Family Assistance Center via the contact information provided at the COH Family Support Center. They are asking about accommodations.	City of Duarte Public Safety will refer family members to a local family assistance center. They will reach out to Red Cross and LA County EMS for technical assistance (but not necessarily provision of supplies or accommodations).	Note - this will be entirely Simcell play on the part of the City of Duarte Public Safety Department. Need phone number once established by City of Duarte.	Ashley Slight	Objective 2, task iv; Objective 3 task i, ii, iii	
28	10:40 AM		SIMCELL	HCC Incident Commander	Verbal Inject	COH - HCC	There is a bottleneck at the decontamination area. Additional staff are being requested to assist with frisking/monitoring and triage status confirmation to improve patient flow.	The HCC will work to secure additional staff for the decon area, ensuring that they are appropriately briefed on PPE usage, donning, doffing, and decontamination area procedures by the area lead.		Ashley Slight		
29	10:40 AM		HCC Controller	Finance Section Chief	Verbal Inject	COH - HCC	Push requests for tracking all materials used at the Decontamination, Triage, Treatment, and Family Support Center areas.	Finance will send requests down to each of the four areas to make sure they are tracking all materials distributed and used, down to every last band-aid. This is required for RITN reimbursement. Finance will ask each section for a report.	The HCC Controller will have to push the Finance Section to request this. If they are resisting, alert Chuck Pickering and have him help you push this.	Ashley Slight		
30	10:45 AM		SIMCELL / DRC Hospital	Liaison Officer	Phone	HCC	"This is an exercise message. This is Monrovia Memorial Hospital. We heard that you are being asked to take more patients through NDMS/RITN. We have some bed availability. Can we help by taking some of your stable patients? This is an exercise message."	Liaison Officer reports to Bed Management and evaluates the need for any potential transfers to open bed space. If yes, the Liaison Officer or designated official should then contact the DRC hospital (SimCell) and begin coordinating patient movement.	This is a simulated set of injects. It will be coordinated only up to the point of communications between the HCC and the SimCell - patients will not be moved.	Ashley Slight		
31	11:00 AM		SIMCELL	Front Desk / PBX	Phone	COH	A local woman is calling and asking if her relatives in Denver can come to City of Hope for treatment and decontamination. They were not at the stadium or injured in the blast, but live within a mile of the stadium and heard on the news that City of Hope is receiving patients and checking them for contamination.	Front desk staff will utilize canned messaging or messaging already developed by the PIO to address those who want to self-refer to City of Hope. If such messaging does not exist or needs to be tailored, the front desk will work with the HCC to create appropriate messaging.		Ashley Slight		
32	11:05 AM		SIMCELL	Logistics Section Chief	Departmental Resource Request Form	COH-HCC	There is a request for additional supplies of blood and platelets for patient treatment.	In accordance with the Emergency Operations Plan, page 23 on Resource and Asset Management, direct requests to the appropriate supply departments may be augmented through the HCC. This can be done through CommandAware or via phone. If phones and computers are out, send a Resource Request Form (EOP Appendix D) to the HCC for Logistics to process (EOP page 76). Logistics should document all resource requests. Resource requests would go through the MAC and/or the county Emergency Operations Center, tracked through Reddinet by LA County.		Ashley Slight	Objective 1, task v	

Inject #	Time	Key	From	To	Method	Venue	Message/Task	Expected Action	Controller Notes/Remarks	Designer	Objective	Time Initiated?
33	11:05 AM	X	Senior Controller	Actor Coordinator	Actors arrive	COH - Decon area	Third Wave of Patients Arrive via Ambulance	The third load of 10 patients will arrive at COH. Security will direct them to the decontamination, triage, and treatment areas. Staff will conduct frisking/monitoring of patients, confirm triage designations, and direct them to the appropriate treatment areas. The patients will arrive in twos and threes (more accurate according to ambulance availability).	Francisco to send Patients 21-30, if not already deployed. Send staggered, in twos and threes.	Ashley Slight	Objective 1, task i, ii, iii	
34	11:10 AM		SIMCELL	HCC	Phone	HCC	MUD is asking whether or not patient 6 (Parker Steven's) family members are in the Family Support Center. They need donor matching possibilities. Some family members are at COH's Family Support Center and others are at the City of Duarte Public Safety Dept's Family Assistance Center.	The Family Reunification/Support branch will assist MUD in the coordination of tracking family members across COH, the local City Family Assistance Center, and those that can be identified back in Denver or at other hospitals through RITN/NDMS.		Ashley Slight	Objective 1, task iii	
35	11:15 AM		SIMCELL	PIO	Social Media Post / Email	HCC	Locals on social media are asking "How often do we check Duarte for radiation brought here with the patients from Denver? Are we in any danger? Where do we go to see if we are contaminated?"	PIO confirms if pre-canned messages adequately address local radiation concerns. In alignment with canned messaging, PIO coordinates public messaging to correct incorrect statements and reassure the public about radiation.		Ashley Slight		
36	11:20 AM		Actor Coordinator	Additional Actors	Actor Play	Family Support Center (Hope Village Office)	There are two family members of a patient who have arrived at COH and only speak Hmong.	The Family Support Center will work with the HCC to secure available translation services or equipment.	Optional. If we have extra actors who are available we can utilize this inject. Have them appear at the Family Support Center asking for a "Pheej Thao." He is not one of the patients currently at COH.	Ashley Slight		
37	11:30 AM		SIMCELL as Local EM	Liaison Officer	Phone	HCC	County emergency management reports that the public health department is also being overwhelmed with people asking about radiation monitoring and fallout	Liaison Officer reports situational updates to Planning and the IC for awareness. PIO coordinates with the Joint Information Center (or inquires about one if not already activated) to coordinate consistent messaging to go out to all local residents regarding their safety.		Ashley Slight		
38	11:30 AM		Family Support Center Controller	Actors in the Family Support Center	Verbal Inject	Family Support Center (Hope Village Office)	Some of the family members at the Family Support Center are asking about insurance. Two are claiming they have no insurance and want to take their family member home since they can't pay for the treatment or travel here, they are very worried.	Family Support Center staff should reach out to the HCC for talking points related to the RITN funded treatment, and reassure family members. Reach out to HCC Finance for specific reimbursement questions.	FSC Controller will have a few of the actors ask very specific questions about what procedures are paid for and reimbursed, and what isn't.	Ashley Slight		
39	11:30 AM		SIMCELL	Treatment Area Lead	Actor Play	Treatment Areas	One of the RITN patients has just expired (P22 - Angelica Neidbalski). Staff are asking if there is anything special they need to do? There is no information on next of kin. What special considerations are there if radiation contamination is suspected? Where should the body be placed?	The Treatment Area Lead will reach up to the HCC to determine the process and contact RITN/NDMS, as well as to identify next of kin.		Ashley Slight		
40	11:45 AM		SIMCELL as IC	Planning Section Chief	Verbal Inject	HCC	According to the IAP development schedule, the latest draft of the Incident Action Plan for the next operational period should be available. The Incident Commander coordinates with Planning to approve the latest draft for the next operational period.	Planning submits the latest version of the IAP to the IC for review and approval.	Note - This inject will only be used if the IAP development schedule is not running according to plan. This will be used to push play if not already progressing according to plan.	Ashley Slight	Objective 1, task iv	
41	11:50 AM	x	HCC Controller	Incident Commander	Verbal inject	HCC	The IC will initiate the recovery phase by announcing an "All Clear" to the situation.	In accordance with the Recovery Procedures in the EOP on page 29, the staff will be notified of the all-clear, will file and record all necessary emergency information, will provide Finance with necessary documentation and timesheets, will replace or repackage materials in the HCC, and will debrief.		Ashley Slight		
42	12:00 PM	x	Exercise Director	All Participants	Announcement	COH	ENDEX Day 3: THIS IS AN EXERCISE MESSAGE. Exercise activities for the COH RITN Full Scale Exercise have concluded. The Exercise is terminated. This is an exercise message. End of Day Three Exercise Play	Exercise Director announces the conclusion of Day Three Play		Ashley Slight		
POST-EXERCISE DAY THREE PLAY												
43	12:15 PM		Senior Controller	All Participants	Group Discussion	TBD	Player Hot Wash: Players will discuss the outcomes of the entire exercise.	Participants will be asked to discuss strengths and weaknesses identified during the day's play. They will be asked to hand-in their Day Three Participant Feedback Forms		Ashley Slight		
44	12:15 PM			All Participants		COH	Lunch		This could potentially take place during the Hot Wash and C/E Debriefing too.	Ashley Slight		
45	12:45 PM		Senior Controller	All C/Es	Group Discussion	TBD	C/E Debriefing: C/Es will discuss outcomes of the entire exercise.	C/Es will be asked to hand in their EEGs to the Lead Evaluator.		Ashley Slight		