



FY2017 RITN Boston Regional Response Full Scale Exercise

Exercise Plan (ExPlan)

August 2, 2017

Prepared by:



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR
DISASTER MEDICINE

This Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

Rev. 2017 508
HSEEP-DD06

EXERCISE OVERVIEW

Exercise Name	FY2017 RITN Boston Regional Response Full Scale Exercise
Exercise Date	August 2, 2017
Scope	This exercise is a full scale exercise, planned for 4 hours at multiple sites within the Boston Region. Exercise play is limited to actions taken by command-level staff at Regional RITN Treatment Centers, EMS agencies, and local, state, and federal stakeholders involved in activation of the RITN and Boston Patient Reception Area (PRA).
Mission Area(s)	Response
Core Capabilities	Operational Communications Operational Coordination Public Health, Healthcare, and Emergency Medical Services Situational Assessment
Associated Healthcare Prep. & Response Capabilities	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery Capability 4: Medical Surge
Objectives	<p>Objective 1: Evaluate the ability of Incident Command Teams at participating RITN Treatment Centers to prepare and submit a RITN Capabilities Report to the RITN Control Cell within 14 hours of being notified of an incident, as outlined in the RITN Concept of Operations</p> <p>Objective 2: Examine the ability of assigned organizations to coordinate and support the consistent triage and treatment of patients arriving at the patient reception area (PRA) by utilizing local resources as outlined in the Boston FCC Operations Plan and in conjunction with RITN SOPs.</p> <p>Objective 3: Examine the ability of assigned organizations to oversee the distribution and transport of patients arriving at the Patient Reception Area within the Region 1 Federal Coordinating Center as identified in the Boston FCC Operations Plan.</p> <p>Objective 4: Evaluate the ability of Incident Command Teams at RITN Treatment Centers to coordinate the delivery of all definitive care elements for patients arriving from the Federal Coordinating Center as part of an RITN activation as outlined in the RITN Concept of Operations and described in site-specific RITN SOPs.</p>

	<p>Objective 5: Assess the ability of Incident Command Teams at RITN Treatment Centers to report all required information, including bed availability and patient condition update reports as outlined in the Boston FCC Operations Plan, and casualty reports to the NMDP per the RITN Concept of Operations.</p> <p>Objective 6: Examine the ability of the US Department of Health and Human Services (HHS) Service Access Team (SAT) and the US Department of Veterans Affairs (VA) Boston Healthcare System (BHS) to effectively function in liaison roles outlined in the SAT and FCC Concept of Operations documents in the context of an RITN activation scenario.</p>
Threat / Hazard	Patient surge resulting from remote large scale radiation incident
Scenario	Detonation of 1 kiloton improvised nuclear device within Chicago metropolitan area. Local healthcare infrastructure has been overwhelmed with patients seeking specialized care, and the Radiation Injury Treatment Network has been activated. Approximately 96 hours post-incident, the RITN confirms that Boston will receive patients from this event.
Sponsor	<p>Massachusetts General Hospital Center for Disaster Medicine (MGH CDM)</p> <p><i>This exercise was made possible by funding awarded through the FY2017 Radiation Injury Treatment Network (RITN) Functional Exercise Grant, with support from the National Marrow Donor Program (NMDP) and the Department of the Navy, Office of Naval Research for the NMDP (ONR)</i></p>
Participating Organizations	Command-level staff at Regional RITN Treatment Centers, EMS agencies, and local, state, and federal stakeholders involved in activation of the RITN and Boston Patient Reception Area (PRA). For a full list of participants, please see Appendix B.
Points of Contact	<p>Jacquelyn Nally, BSN, MA, RN, CEM Program Manager, Center for Disaster Medicine Massachusetts General Hospital jnally@partners.org</p> <p>Robert Krupa, MS, AEM, MEP Project Manager, Center for Disaster Medicine Massachusetts General Hospital rkrupa@partners.org</p>

GENERAL INFORMATION

Exercise Objectives and Associated Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team. Also included are aligned Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness and Response Capabilities.

Exercise Objective	Core Capability	Healthcare Preparedness and Response Capability
Evaluate the ability of Incident Command Teams at participating RITN Treatment Centers to prepare and submit a RITN Capabilities Report to the RITN Control Cell within 14 hours of being notified of an incident, as outlined in the RITN Concept of Operations	Situational Assessment	Health Care and Medical Response Coordination
Examine the ability of assigned organizations to coordinate and support the consistent triage and treatment of patients arriving at the patient reception area (PRA) by utilizing local resources as outlined in the Boston FCC Operations Plan and in conjunction with RITN SOPs.	Public Health, Healthcare, & EMS	Health Care and Medical Response Coordination
Examine the ability of assigned organizations to oversee the distribution and transport of patients arriving at the Patient Reception Area within the Region 1 Federal Coordinating Center as identified in the Boston FCC Operations Plan.	Public Health, Healthcare, & EMS	Continuity of Health Care Service Delivery
Evaluate the ability of Incident Command Teams at RITN Treatment Centers to coordinate the delivery of all definitive care elements for patients arriving from the Federal Coordinating Center as part of an RITN activation as outlined in the RITN Concept of Operations and described in site-specific RITN SOPs.	Public Health, Healthcare, & EMS	Medical Surge
Assess the ability of Incident Command Teams at RITN Treatment Centers to report all required	Operational Communications	Health Care & Medical Response Coordination

Exercise Objective	Core Capability	Healthcare Preparedness and Response Capability
information, including bed availability and patient condition update reports as outlined in the Boston FCC Operations Plan, and casualty reports to the NMDP per the RITN Concept of Operations.		
Examine the ability of the US Department of Health and Human Services (HHS) Service Access Team (SAT) and the US Department of Veterans Affairs (VA) Boston Healthcare System (BHS) to effectively function in liaison roles outlined in the SAT and FCC Concept of Operations documents in the context of an RITN activation scenario.	Operational Coordination	Health Care & Medical Response Coordination

Table 1. Exercise Objectives and Associated Core Capabilities and Healthcare Preparedness and Response Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established

capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).

- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise

EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. Although the participants involved in the exercise come from different facilities, they share the basic responsibility for ensuring a safe environment for all personnel involved. 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:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed. One exercise Controller will serve as the Safety Controller at each site of play.
- All exercise controller/evaluators and staff will serve as safety observers while the exercise activities are underway. Any safety concerns must be immediately reported to the site Safety Controller.
- All facilities will comply with their respective environmental, health, and safety plans and procedures, as well as applicable environmental health and safety regulations.
- For an emergency that requires assistance, use the phrase **“Real World Emergency.”** The following procedures should be used in case of a real emergency during the exercise:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
 - The controller aware of a real emergency will initiate the **“Real World Emergency”** broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the SimCell as soon as possible if a real emergency occurs.

Fire Safety

Standard fire and safety regulations relevant to each site of play will be followed during the exercise.

Emergency Medical Services (EMS)

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency. 911 should be utilized for any real world emergencies requiring EMS.

Site Access

Security

Each organization should follow its internal security procedures, augmented as necessary to comply with exercise requirements. Exercise sites will be active with daily activity (patient flow, traffic, etc.); therefore, extra attention should be given to ensure that exercise play does not interfere with normal operations.

Observer Coordination

Organizations with observers attending the event should coordinate with the sponsor organization for access to the exercise site. Observers are escorted to designated areas and accompanied by an exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of observer presence.

Exercise Identification

Identification aids will be issued to exercise staff. All exercise personnel and observers will be identified by agency uniforms or identification vests distributed by the exercise staff. Table 2 below describes identification aids.

Group	Description
Players	Agency Identification Badges / Uniforms
Controllers	Tan Vests
Evaluators	Black Vests
Observers	Gray Vests

Table 2. Exercise Identification

POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

At the conclusion of exercise play, controllers will facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. Hot Washes will occur at each site of play and should not exceed 30 minutes. In addition, an exercise-wide Hot Wash will be conducted to allow site representatives from each venue to discuss strengths and areas for improvement observed at their respective sites. This exercise-wide Hot Wash will occur following conclusion of the site-specific Hot Washes.

Controller and Evaluator Debriefing

Controllers and evaluators will attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Controllers will distribute these forms at the conclusion of exercise play, and forms will be collected at the conclusion of the Hot Wash.

Evaluation

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core and healthcare preparedness and response capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM will be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement “**This is an exercise.**”
- Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- 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.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only 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. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization’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 incorporation of unrealistic aspects. Every effort has been made

by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

- All exercise communications will begin and end with the statement **“This is an exercise.”** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. 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.

Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity
July 31, 2017		
0700 - 1900	Players	Activation message received, hospitals complete capabilities reports
0900 - 1000	Controllers and Evaluators	Controller and Evaluator Briefing (webinar)
August 1, 2017		
1530 - 1630	Players	ASPR Regional Planning Call
August 2, 2017		
0730 - 0745	Controllers and Evaluators	Check In
0730 - 0800	Players	Arrive and register
0745 - 0800	Controllers and Evaluators	Communications Check
0800 - 0815	Players	Exercise Briefing (conference call)
0815	All	Exercise Play Start (STARTEX)
1100 - 1130	Players	Medical Intelligence Center Coordination Call
1200	All	Exercise Play End (ENDEX)
1200 - 1230	Participants, Controllers, Evaluators	Site Specific Hot Wash
1330 - 1430	Select Players, Controllers and Evaluators	Exercise-wide Hot Wash (conference call)
1430 - 1500	Controllers and Evaluators	Controller and Evaluator Debriefing (conference call)

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Boston Children's Hospital
Boston Emergency Medical Services
Boston Public Health Commission, Office of Public Health Preparedness
Brigham and Women's Hospital
Conference of Boston Teaching Hospitals
Dana Farber Cancer Institute
Fallon Ambulance Service
HHS Assistant Secretary for Preparedness and Response Region 1
Massachusetts Department of Public Health, Office of Preparedness and Emergency Management
Massachusetts General Hospital
Radiation Injury Treatment Network
US Department of Health and Human Services
US Department of Veterans Affairs

APPENDIX C: COMMUNICATIONS PLAN

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

Player Communications

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

Controller Communications

The principal methods of information transfer for controllers during the exercise is cellular telephone. The controller communications network allows the Exercise Director or Senior Controller to make and announce universal changes in exercise documentation, such as changes to the Master Scenario Events List (MSEL). Routine communications will be conducted through the use of cell phones. Any urgent communications should be conducted through voice calling, utilizing the communications directory.

The primary means of communication among the SimCell, controllers, and Players is telephone. A list of key telephone numbers will be available before the exercise starts.

Communications Check

Before the exercise, the Simulation Cell conducts a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

Player Briefing

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

Public Affairs

The sponsor organization and participating organizations are responsible for coordinating and disseminating public information before the exercise. Each venue should follow internal procedures, and questions should be directed to the Exercise Director.

APPENDIX D: ACRONYMS

Acronym	Term
AAM	After Action Meeting
AAR	After Action Report
ARS	Acute Radiation Syndrome
ASPR	Assistant Secretary for Preparedness and Response
BCH	Boston Children's Hospital
BEMS	Boston Emergency Medical Services
BHS	Boston Healthcare System
BMT	Bone Marrow Transplant
BPHC	Boston Public Health Commission
BWH	Brigham and Women's Hospital
COBTH	Conference of Boston Teaching Hospitals
C/E	Controller/Evaluator
DFCI	Dana Farber Cancer Institute
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
FAS	Fallon Ambulance Service
FCC	Federal Coordinating Center
FSE	Full Scale Exercise
HHS	US Department of Health and Human Services
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
JPATS	Joint Patient Assessment and Tracking System
MGH	Massachusetts General Hospital
MA DPH	Massachusetts Department of Public Health
MSEL	Master Scenario Events List
NMDP	National Marrow Donor Program
OPEM	Office of Preparedness and Emergency Management
OPHP	Office of Public Health Preparedness
POC	Point of Contact
PRA	Patient Reception Area
RITN	Radiation Injury Treatment Network
SAT	Service Access Team
SOP	Standard Operating Procedure
VIP	Very Important Person
VA	US Department of Veteran's Affairs
VHA	Veteran's Health Administration