

Spectrum Health RITN Full-Scale Exercise Controller/Evaluator Handbook

Final • May 7, 2017

The Controller/Evaluator (C/E) Handbook describes the roles and responsibilities of exercise controllers and evaluators, and the procedures they should follow. Because the C/E Handbook contains information about the scenario and about exercise administration, it is distributed to only those individuals specifically designated as controllers or evaluators; it should not be provided to exercise players. The C/E Handbook may supplement the Exercise Plan (ExPlan) or be a standalone document.

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Exercise Overview

Exercise Name	Spectrum Health RITN Full-scale Exercise				
Exercise Date	May 24, 2017				
Scope	This is a full-scale exercise, planned for approximately a half day at multiple locations in the Grand Rapids, Michigan area. Exercise play is limited to simulation of emergency operations among representatives of hospitals, the RITN, and partners in emergency management and public safety in response to receipt of victims with radiological exposures.				
Mission Area(s)	Response				
Capabilities	(Core Capability)Planning(Core/HP Capability)Medical Surge(Target Capability)EOC (Command Center) Management(Core Capability)Operational Communications(Core/HP Capability)Emergency Operations Coordination				
Objectives	1. Determine if new strategies developed with the Federal Coordinating Center will be effective in the transportation of patients to the Gerald R. Ford International Airport, triaging patients at the airport, and transport to the treatment facility. <i>Aligned Capabilities:</i> Planning; Medical Surge.				
	 Determine the hospitals' ability to effectively work with local partners in the collaboration of housing, transportation, and assisting patients, visitors, and well- wishers in the community. <i>Aligned Capabilities:</i> Emergency Operations Coordination; Operational Communications. 				
	 Evaluate the effectiveness of opening the Hospital Command Center and managing a surge of inpatients, outpatients, and visitors to the Spectrum Health Medical Center. <i>Aligned Capabilities:</i> EOC (Command Center) Management; Medical Surge. 				
	 Identify the responsibilities and resources needed at Spectrum Health Helen DeVos Children's Hospital who may be receiving pediatric patients that are now experiencing ARS symptoms. <i>Aligned Capabilities:</i> Planning; Medical Surge. 				
	 Determine the hospitals' ability to deal with public concerns and fear related to bringing ARS patients into the community. <i>Aligned Capabilities:</i> Operational Communications. 				
	 Determine if current strategies for Joint Information Centers with the health department, government agencies, and the hospital are sufficient for a RITN incident. <i>Aligned Capabilities:</i> Operational Communications. 				
Threat or Hazard	Human-caused Threat				



Scenario	An Improvised Nuclear Device (IND) was detonated in the southwest of downtown Atlanta, Georgia (city population: >500,000) with an 8k-to-10k yield. Severe damage zone: 0.75 miles; moderate damage zone: 2.0 miles; light damage zone: 4.0 miles. The following numbers of patients will be received by Spectrum Health facilities through the RITN:					
	 Butterworth Hospital: 85 Helen DeVos Children's Hospital: 40 Blodgett Hospital: 40 					
	At the time these patients arrive in Grand Rapids through the RITN, there are 100 known outpatients being treated at the listed Spectrum Health facilities.					
Sponsors	Spectrum Health has sponsored this exercise using National Marrow Donor Program funds provided by the Office of Naval Research.					
Participating Organizations	A variety of organizations and departments have been invited to participate in this exercise. A detailed list of planned participants is provided in Appendix B.					
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General Information

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to Target, Core, and Healthcare Preparedness (HP) Capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are selected by the Exercise Planning Team.

Ex	ercise Objectives	Capabilities
1.	Determine if new strategies developed with the Federal Coordinating Center will be effective in the transportation of patients to the Gerald R. Ford International Airport, triaging patients at the airport, and transport to the treatment facility.	Planning; Medical Surge
2.	Determine the hospitals' ability to effectively work with local partners in the collaboration of housing, transportation, and assisting patients, visitors, and well-wishers in the community.	Emergency Ops Coord; Operational Comms
3.	Evaluate the effectiveness of opening the Hospital Command Center and managing a surge of inpatients, outpatients, and visitors to the Spectrum Health Medical Center.	EOC (Cmmd Ctr) Mgmt; Medical Surge
4.	Identify the responsibilities and resources needed at Spectrum Health Helen DeVos Children's Hospital who may be receiving pediatric patients that are now experiencing ARS symptoms.	Planning; Medical Surge
5.	Determine the hospitals' ability to deal with public concerns and fear related to bringing ARS patients into the community.	Operational Comms
6.	Determine if current strategies for Joint Information Centers with the health department, government agencies, and the hospital are sufficient for a RITN incident.	Operational Comms
	Table 1. Exercise Objectives and Associated 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).
- Actors. Actors simulate specific roles during exercise play, typically victims or other bystanders.
- 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.
- Media Personnel. Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions, Constructs, and Constraints

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

Assumptions

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

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise simulation will be realistic and plausible and will contain sufficient detail from which to respond.
- Exercise players will react to information and situations as they are presented, in the same manner as if the exercise were a real incident.
- At the time of StartEx, players are to assume that detonation of the 8k-10k device occurred seven days beforehand.

Constructs and Constraints

Constructs are exercise devices that are designed to enhance or improve exercise realism. Constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct, or they may pertain to financial and staffing issues. Although there are constructs and constraints (also known as exercise artificialities) in any exercise, the Exercise Planning Team recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to the participating exercise venues and the Simulation Cell (SimCell).
- Only communication methods listed in the Communications Directory will be available for players to use during the exercise.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies will take priority.



Exercise Logistics

Safety

Exercise participant safety takes priority over exercise events. 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 realworld emergency warrants a pause in exercise play and when exercise play can be resumed.
- 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 personnel in the Control Cell and SimCell, if operational, as soon as possible if a real emergency occurs.
- For this exercise, Safety Controller(s) will be assigned at each facility, using Security Department
 personnel to ensure traffic safety and the safety of exercise participants.
- For this exercise, fictitious patients will be duplicated at the airport hangar on Day 1 and receiving hospitals on Day 2, using identical clinical data sets and actors available on these two days. No real-world transports will occur during this exercise.

Fire Safety

Standard fire and safety regulations relevant to the jurisdiction, venue, and organization will be followed during the exercise.

Emergency Medical Services

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency.

Electrical and Generating Device Hazards

All applicable electrical and generating device safety requirements should be documented prior to the start of the exercise.

Weapons Policy

All participants will follow the relevant weapons policy for the exercising organization or exercise venue.

Site Access

Security

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites and the 2017 Spectrum Health RITN FSE ExPlan | May 24, 2017



Control Cell and/or SimCell is limited to exercise participants. Players should advise their venue's controller or evaluator of any unauthorized persons.

Media/Observer Coordination

Organizations with media personnel and/or observers attending the event should coordinate with the sponsor organization for access to the exercise site. Media/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 media and/or observer presence.

Exercise Identification

Participating organizations will determine what forms of identification will be utilized to distinguish roles of onsite personnel during the exercise. Table 2 provides only a suggested color-coded badging system to identify key participants.

Group	Forms of ID	Badge
Exercise Director	Black Card	Director Censo-
Controllers	Green Card	Controller
Evaluators	Red Card	Evaluator cma
Media Personnel & Observers	Blue Card; Agency Credentials	Observer cms-
Players	Brown Card; Agency Credentials	Player cma.+

Table 2. Suggested 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

Following the conclusion of exercise play on each day, 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 onsite, with telephone call-ins enabled for those who are unable to attend in person, on both days of the exercise, and each session is expected to last 30 minutes.

Controller and Evaluator Debriefing

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

Group Feedback Forms

Group Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Group Feedback Forms will be completed collectively by players at each location as part of the hot wash following the exercise.

Evaluation

Exercise Evaluation Guides

An EEG assists evaluators in collecting relevant exercise observations. EEGs allow evaluators in different functional areas to document their observations as they relate to completion of the intended exercise objectives through demonstration of aligned capabilities, functions, and tasks. The EEGs, coupled with Group Feedback Form data and Hot Wash notes, will be used to evaluate the exercise and compile the After-Action Report (AAR). Evaluators will be asked to transcribe the information from their EEGs and the GFF from their location using an online survey platform.

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core 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 lead controllers, evaluators, 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 should 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.
- Additional rules may apply to the first day of exercise play that will be established and communicated by the RITN Federal Coordinating Center, Air National Guard, and/or Gerald R. Ford Airport administrators.

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.
- Read your Player Handout, which includes information on exercise safety.

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.
- Assist with completion of the Group Feedback Form during the Hot Wash. This form allows you and other players to comment candidly on emergency response activities and exercise effectiveness.
- 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 may be used to simulate the roles and interactions of nonparticipating organizations or individuals. Actors will be used to simulate disaster victims/patients.



Controller Information and Guidance

Exercise Control Overview

Exercise control maintains exercise scope, pace, and integrity during exercise conduct. The control structure in a well-developed exercise ensures that exercise play assesses objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise.

Exercise Control Documentation

Controller Package

The controller package consists of the C/E Handbook, MSEL/SSEL, identification, and other exercise tools (e.g., symptomatology cards) as necessary. Controllers must bring their packages and any additional professional materials specific to their assigned exercise activities.

Incident Simulation

Because the exercise is of limited duration and scope, certain details will be simulated. Venue controllers are responsible for providing players with the physical description of what would fully occur at the incident sites and surrounding areas. Actors will simulate the role of patients in accordance with the exercise scenario.

Scenario Tools

The MSEL/SSEL outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as information expected to emanate from simulated organizations (i.e., nonparticipating organizations or individuals who usually would respond to the situation). The MSEL/SSEL consists of the following two parts:

- **Timeline**. This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- Injects. An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: scenario time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

Exercise Control Structure

Control of the exercise is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with other controllers at other exercise venues to deliver and track exercise information.

For this exercise, evaluators at each location will report to the lead controller at that location. Controllers at each location who are dedicated to ancillary functions (e.g., safety, actors, staging/logistics) at each location also will report to the lead controller at that location. The lead controller at each location will report to the Senior Controller, who in turn will report to the Exercise Director.



Controller Instructions

Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects, controller instructions, and all other controller materials.
- Attend required training and other briefings.
- Be at the appropriate location for event assigned activity according to the Exercise Schedule.
- Controllers at each location are expected to conduct a Player Briefing starting at 8:30am, as outlined by the Player Handout. This includes a discussion of the exercise foundation, roles, expectations/rules, desired outcomes, and initial scenario information.

During the Exercise

- Wear controller identification items, if applicable (e.g., badge).
- Avoid personal conversations with exercise players.
- Deliver the injects to the appropriate players at the time indicated in the MSEL/SSEL (or as directed by the Senior Controller). If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
- When you deliver an inject, observe the resulting player actions to assess if you need to intervene in the event that the intent of the inject was misunderstood.
- As able, simulate information exchanges with nonparticipating organizations.
- Monitor for exercise artificialities that interfere with exercise realism. If exercise artificialities interfere
 with exercise play, coordinate with the Senior Controller.
- Begin and end all exercise communications with the statement, "This is an exercise."
- Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information but do not provide coaching.
- Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify site administrators or, as needed, the Senior Controller.
- Do not give information to players about scenario event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

After the Exercise

Controllers are expected to conduct a Hot Wash at their sites. They will use the Group Feedback Form to drive this discussion and assess player observations, including the rating of several factors. During this time, evaluators will complete their EEGs, and fill out the Group Feedback Form based on the Hot Wash discussion, to reflect the major outcomes identified.

At exercise termination, summarize any notes you took during the exercise and Hot Wash to provide feedback to the evaluator. This may prove helpful to them in their efforts to complete the evaluation materials, ultimately benefitting the AAR/IP.



Controller Responsibilities

The following table details controller responsibilities:

Controller Responsibilities

Exercise Director

Oversees all exercise functions

Oversees and remains in contact with controllers and evaluators

Oversees setup and cleanup of exercise, and positioning of controllers and evaluators

Senior Controller

Monitors exercise progress

Coordinates decisions regarding deviations or significant changes to the scenario

Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time

Facilitates the regional hot wash after the exercise

Lead Site Controller

Issues exercise materials to players

Monitors exercise timeline

Provides input to players (i.e., injects) as described in MSEL/SSEL

Serves as Safety Controller for his or her site, unless delegated to another person

Serves as Actor Controller for his or her site, unless delegated to another person

Safety Controller

Monitors exercise safety during exercise setup, conduct, and cleanup

Receives any reports of safety concerns from other controllers or participants

Actor Controller

Briefs and debriefs actors

Positions/deploys actors into play areas at the appropriate times/intervals

Monitors safety of actors

Staging/Logistics Controller

Assists with the staging and preparation of assets prior to their deployment into play

Monitors safe handling of exercise assets

Table 3. Controller Responsibilities



Evaluator Information And Guidance

Exercise Evaluation Overview

Exercise evaluation assesses an organization's capabilities to accomplish a mission, function, or objective. Evaluation provides an opportunity to assess performance of critical tasks to capability target levels. Evaluation is accomplished by the following means:

- Observing the event and collecting supporting data;
- Analyzing collected data to identify strengths and areas for improvement; and
- Reporting exercise outcomes in the AAR.

Evaluation Documentation

Evaluator Package

The evaluator package contains this C/E Handbook, EEG, Group Feedback Form, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Exercise Evaluation Guides

EEGs provide a consistent tool to guide exercise observation and data collection. EEGs are aligned to exercise objectives and capabilities, and list the relevant capability targets and critical tasks. Data collected in EEGs by each evaluator will be used to develop the analysis of capabilities in the AAR.

Each evaluator is provided with an EEG based on the type of location where he/she is assigned to evaluate. Evaluators should complete their assigned EEGs and transcribe the data collected into an online survey platform according to the instructions on the EEG itself. The Exercise Planning Team will compile all evaluator submissions into the first working draft of the AAR.

After Action Report/Improvement Plan

The main focus of the AAR is the analysis of capabilities. For each capability exercised, the AAR includes a rating of how the exercise participants performed, as well as strengths and areas for improvement.

Following completion of the draft AAR, elected and appointed officials confirm observations identified in the AAR, and determine which areas for improvement require further action. As part of the improvement planning process, elected and appointed officials identify corrective actions to bring areas for improvement to resolution and determine the appropriate organization with responsibility for those actions. Corrective actions are consolidated in the IP, which is included as an appendix to the AAR.



Evaluator Instructions

General

- Avoid personal conversations with players.
- Do not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.
- Before the Exercise
- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects, evaluator instructions, and all other evaluator materials.
- Attend required training and other briefings.
- Be at the appropriate location for event assigned activity according to the Exercise Schedule.
- Participate in the Activation Drill component of the exercise, if assigned to do so.
- Review the EEG and other supporting materials for your area of responsibility to ensure that you have a thorough understanding of the capabilities and tasks you are assigned to evaluate.
- Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other evaluators and the site lead controller.

During the Exercise

- Wear evaluator identification items, if applicable (e.g., badge).
- Stay in proximity to player decision-makers.
- Use EEG to document performance relative to exercise objectives, capabilities, capability targets, and critical tasks.
- Focus on critical tasks, as specified in the EEG.
- Your primary duty is to document performance of capabilities. After the exercise, that information will be used to determine whether the exercise capability targets were effectively met and to identify strengths and areas for improvement.

After the Exercise

- Participate in the Hot Wash, and take notes using the Group Feedback Form based on the exercise outcomes as identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants.
- Complete the EEG, and transcribe the information recorded into the online survey format (specific instructions provided on this form).

Using Exercise Evaluation Guides

Task Performance Ratings

The EEGs are structured to capture information specifically related to the evaluation requirements developed by the Exercise Planning Team. The following evaluation requirements are documented in performance rating potion of each EEG:

 Tasks: Each task describe the steps that need to occur to demonstrate a key element of an emergency response capability. Each of the tasks is aligned with one or more of the exercise objectives.



- Rating: Each task is to be rated based on the performance of players at a location. The following
 ratings are to be used for this, and are defined in more detail on the EEG:
 - Performed without Challenges
 - Performed with Some Challenges
 - Performed with Major Challenges
 - Unable to be Performed

Narrative Major Observations

After each task performance has been rated, evaluators are asked to qualify why they rated the performance of that task as they did by providing a narrative accounting of their personal observations. This narrative portion is intended to enable evaluators to document observations that they consider to be the most significant strengths and areas for improvement related to each task, as well as other key emergency response capabilities and tasks as demonstrated by players at the location.

As part of the after-action and improvement planning processes, exercise planners and key administrators will review and confirm observations documented in the AAR to further determine areas for improvement requiring further action and related recommendations.

Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area.



Appendix A: Exercise Schedule

Time	Personnel	Activity	Location		
C/E Training #	1 (date to be announced)				
(time to be Controllers and announced) Evaluators		C/E Training Session #1	(to be provided through direct invitation)		
C/E Training #	2 (date to be announced)				
(time to be announced)	Controllers and Evaluators	C/E Training Session #2	(to be provided through direct invitation)		
Spectrum Hea	Ith RITN FSE: May 24, 2017				
7:00am	All	Safety Briefing	Butterworth Hospital (tentatively planned; more information to come)		
7:30am	Controllers and Evaluators	C/E Check-in, Issuance of Radios, Comm Check, and Briefing	Butterworth Hospital: East Auditorium		
			Blodgett Hospital: Community Room		
8:00am	Media, Observers, and M/O Controller	Media & Observers Briefing	(to be announced)		
8:30am	Players	Player Check-in and Briefing	All exercise locations		
8:45am	All	Start of Exercise (StartEx)	All exercise locations		
10:30am	All	End of Exercise (EndEx);	Blodgett Hospital and		
		Conduct Player Debriefing (Hot Wash)	Helen DeVos Children's Hospital		
10:30am	30am All Transition from Providing Inpatient Services (ER, 4N) to Outpatient Services (MARC; Auditorium)		Butterworth Hospital		
12:00pm All		End of Exercise (EndEx); Conduct Player Debriefing (Hot Wash)	Butterworth Hospital		
C/E Debriefing	g: May 25, 2017				
(time to be announced)	Controllers and Evaluators	C/E Debriefing	(to be provided through direct invitation)		



Appendix B: Exercise Participants

Federal					
National Disaster Medical System; Federal Coordinating Center; John D. Dingell VA Medical Center	Radiological Injury Treatment Network				
State					
MDHHS – CHECC	Michigan State Police				
Regional					
Michigan Region 6 Healthcare Coalition					
Local					
City of Grand Rapids Fire Department	Kent County Emergency Management				
City of Grand Rapids Police Department	Kent County Health Department				
Kent County Administrator's Office	Kent County RACES				
NGO					
American Red Cross of West Michigan	Kent County Medical Reserve Corps				
Private					
AMR (observation)	Spectrum Health Blodgett Hospital				
Gerald R. Ford International Airport (observation)	Spectrum Health Butterworth Hospital				
	Spectrum Health Helen DeVos Children's Hospital				
Support					

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Appendix C: Communications Plan

Note: 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.

Players are asked to communicate according to existing policies and procedures, excepting where such communications interfere significantly with critical site operations. Some or all of the following redundant communications systems will play a role in internal and external communications for this exercise:

- EverBridge
- Intermedix elCS
- Intermedix EMResource
- Intermedix EMTrack

- radio
- telephone
- email
- PA system

Controller Communications

The principal methods for controllers to communicate with each other during the exercise are radio (primary) and cell phone (secondary). Below is the Communications Plan (ICS 205) detailing the controller MPSCS talkgroups that will be used for this exercise (note: this is for use by controllers only).

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INCIDENT RADIO COMMUNICATIONS LAN			Incident Name Spectrum Health RITN Exercise		Date/Time Prepared 4/6/17		Operational Period Date/Time First –May 24, 2017 08:00		
									Assignment #
1	Command	G Event 12	Command			MPSCS		D	Spectrum Butterworth Exercise Primary
2	Tactical	G Event 13	Operations			MPSCS		D	Spectrum Butterworth Exercise Secondary
3	Command	G Event 14	Command			MPSCS		D	Spectrum Blodgett Exercise Primary
4	Tactical	G Event 15	Operations			MPSCS		D	Spectrum Blodgett Exercise Secondary
Incident Location – Spectrum Butterworth Hospital - Grand Rapids, MI									
County	Kent	State	MI	Latitu	de 42.970	149 N Lo	ongitude	-85.6650	081 W



Communications Check

At 7:30am on the day of the exercise, controllers and evaluators will check in for a final briefing opportunity (see Appendix A). After MPSCS radios have been issued to each controller, a brief communications check will be performed to ensure adequate connectivity, battery life, proper talkgroup navigation, etc.

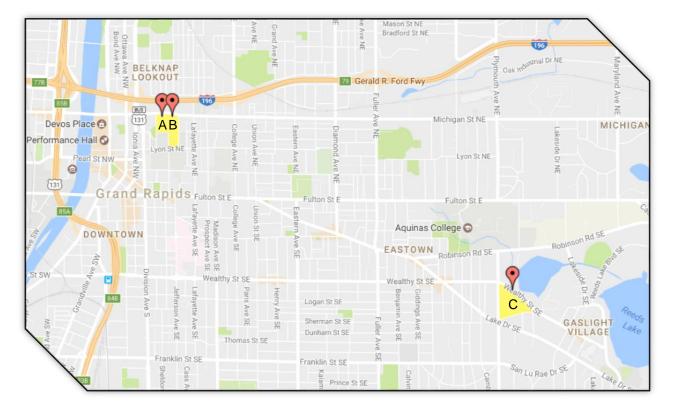
Player Briefing

Starting at 8:30am on the day of the exercise, controllers at each exercise site will distribute copies of the Player Handout to players as they check in. This handout should be used to assist the controllers as they provide a verbal briefing to all participants onsite prior to the 8:45am start of the exercise (StartEx).

Public Affairs

Participating organizations are responsible for coordinating and disseminating public information before, during, and after the exercise. Each organization should follow internal procedures.





Appendix D: Exercise Site Maps

- A. Spectrum Health Helen DeVos Children's Hospital 100 Michigan St NE Grand Rapids, MI 49503
- B. Spectrum Health Butterworth Hospital 100 Michigan St NE Grand Rapids, MI 49503
- C. Spectrum Health Blodgett Hospital 1840 Wealthy St SE Grand Rapids, MI 49503



Appendix E: Acronyms

Acronym	Term
AAM	After Action Meeting
AAR	After Action Report
AMR	American Medical Response
ARS	Acute Radiation Syndrome
CEMA	Comprehensive Emergency Management Associates
CHECC	Community Health Emergency Coordination Center
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
FSE	Full-Scale Exercise
HP	Healthcare Preparedness
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IND	Improvised Nuclear Device
IP	Improvement Plan
MARC	Multi-Agency Resource Center
MDHHS	Michigan Department of Health and Human Services
MPSCS	Michigan Public Safety Communication System
MSEL	Master Scenario Events List
NGO	Non-Governmental Organization
PA	Public Address
POC	Point Of Contact
RACES	Radio Amateur Civil Emergency Service
RITN	Radiation Injury Treatment Network
TBD	To Be Determined
VA	Veterans Affairs