

RITN Full Scale 2015

Exercise Plan (EXPlan)

July 29, 2015



**Assistant Secretary for
Preparedness and Response**



EXERCISE OVERVIEW

Exercise Name	RITN Full Scale 2015
Exercise Dates	July 26 thru July 29, 2015
Scope	This event is a Full Scale Exercise (FSE), planned for three days at Wake Forest Baptist Medical Center (WFBMC). Exercise play will include WFBMC staff plus representatives of multiple community and federal partners.
Mission Area(s)	Response
Healthcare Preparedness Capabilities	Healthcare System Preparedness Emergency Operations Coordination Information Sharing Medical Surge
Objectives	<p>Demonstrate the ability to quickly identify the given situation, initiate HICS 2014, and make all notifications necessary for RITN (Radiation Injury Treatment Network) & Internal Emergency Operations Plan activations.</p> <p>Demonstrate the ability to assess current resources, unfilled needs, and manage requests for and allocation of those resources.</p> <p>Assess the ability to identify, establish, and manage necessary communications logistics throughout the Triad Healthcare Coalition Region, (NCMCN, VIPER, WebEOC) and identify critical issues and potential solutions, during an RITN activation.</p> <p>Test the ability of the Salisbury VA Medical Center (Federal Coordinating Center [FCC]), to track patients from the incident epicenter through the Patient Reception Area (PRA) and to the final destination facility, while identifying critical issues and potential solutions, and validate hospital casualty reception/patient tracking data during an RITN activation using Joint Patient Assessment and Tracking System (JPATS).</p> <p>Demonstrate the Triad Healthcare Coalition Region's ability to provide a coordinated multidisciplinary local response to an event</p>

	<p>prompting the activation of the National Radiation Injury Treatment Network.</p> <p>Demonstrate a working understanding of regional, state, and federal ESF-8 plans and the responsibilities Wake Forest Baptist Medical Center and the Triad Healthcare Coalition have toward the successful activation of those plans.</p>
Threat or Hazard	Radiological Release
Scenario	<p>The scenario will represent an incident that has been determined to be a realistic threat through valid and reliable intelligence that could result in injuries that will necessitate the activation the National Disaster Medical System and the Radiation Injury Treatment Network of the National Marrow Donor Program.</p>
Sponsor	<p>Radiation Treatment Network Wake Forest Baptist Medical Center.</p>
Participating Organizations	<p>Wake Forest Baptist Medical Center Davidson Community College Forsyth Technical Community College Novant Health/Forsyth Medical Center Moses Cone Health System Forsyth County EMS Triad Healthcare Coalition American Red Cross W.G. (Bill) Hefner VA Medical Center, Salisbury, NC - Federal Coordinating Center (FCC) for Western North Carolina National Disaster Medical System (NDMS) Winston-Salem, Forsyth County Emergency Management North Carolina Office of EMS Forsyth County Department of Public Health Radiation Injury Treatment Network</p>
Point of Contact	<p>Ken Bishop, Manager for Emergency Management and Response Wake Forest Baptist Medical Center 301 Medical Center Blvd. Winston-Salem, NC 27157 336-716-8667 (O) kbishop@wakehealth.edu</p>

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 Healthcare Preparedness Capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Exercise Objective	Capability
Demonstrate the ability to quickly identify the given situation, initiate HICS 2014, and make all notifications necessary for RITN & Internal Emergency Operations Plan activations.	Health System Preparedness Information Sharing
Demonstrate the ability to assess current resources, unfilled needs, and manage requests for and allocation of those resources.	Health System Preparedness
Assess the ability to identify, establish, and manage necessary communications logistics throughout the Triad Healthcare Coalition Region, (NCMCN, VIPER, WebEOC) and identify critical issues and potential solutions, during an RITN activation.	Emergency Operations Coordination
Test the ability to track patients from the incident epicenter through the Patient Reception Area and to the final destination facility, while identifying critical issues and potential solutions, and validate hospital casualty reception/patient tracking data during an RITN activation using Joint Patient Assessment and Tracking System (JPATS).	Medical Surge
Demonstrate the Triad Healthcare Coalition Region's ability to provide a coordinated multidisciplinary local response to an event prompting the activation of the National Radiation Injury Treatment Network.	Emergency Operations Coordination Medical Surge
Demonstrate a working understanding of regional, state, and federal ESF-8 plans and the responsibilities Wake Forest Baptist Medical Center and the Triad Healthcare Coalition have toward the successful activation of those plans.	Emergency Operations Coordination

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 and Artificialities

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 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. 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.
- 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 Exercise Director as soon as possible if a real emergency occurs.

Fire Safety

Standard fire and safety regulations relevant to the Wake Forest Baptist Medical Center (WFBMC) and the City of Winston-Salem will be followed during the exercise. Smoking is prohibited on all WFBMC properties.

Emergency Medical Services

WFBMC will coordinate with Forsyth County EMS (FCEMS) or the internal WFBMC Code 44 team (as appropriate) in the event of a real-world emergency.

Electrical and Generating Device Hazards

The only electrical generator planned for this exercise is located on the Forsyth County EMS Ambulance Bus. FCEMS maintains and will apply internal generator use and safety policies.

Weapons Policy

The nature and underlying scenario for this exercise does not justify the presence of any form of weapon, firearm or otherwise. Consequently no weapons are authorized with the exception of those carried by sworn law enforcement officers in the performance of their assigned duties. The complete weapons policy for exercises sponsored by WFBMC is found in Appendix F.

Site Access

Security

If entry control is required for the exercise venue(s), WFBMC will be responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites is limited to exercise participants. Players should advise their venue controller or evaluator of any unauthorized persons.

Media/Observer Coordination

Media personnel wishing to cover the exercise will be coordinated by the Senior Manager for Regional Media Relations of the WFBMC Communications, Marketing and Media (CM&M) Department. Media personnel are to be escorted to designated areas and accompanied by a media exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. On camera interviews must be approved and coordinated by the Senior Manager for Regional Media Relations. Exercise participants should be advised of media and/or observer presence and have the right to decline media interviews.

Observers will be coordinated by the Exercise Director and will be assigned to accompany a controller or evaluator. Observers may be asked to wear a green identification vest (see next section).

Exercise Identification

Exercise staff may be identified by badges, hats, and/or vests to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 2 describes these identification items.

Group	Identification
Exercise Director	Green Vest w/Label
Facilitator	Green Vest w/Label
Controllers	Green Vest w/Label
Evaluators	Green Vest w/Label
Actors	Civilian Clothing with SMARTT Triage Tag
Support Staff	WFBMC Name Badge
Observers/VIPs	Green Vest w/Label
Media Personnel	Company issued ID Badge and Escorted by CM&M
Players, Uniformed	Appropriate Agency Uniform
Players, Civilian Clothes	Appropriate HICS Staff Vest

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. The Hot Wash should not exceed 30 minutes. The location will be announced near the end of exercise play.

Controller and Evaluator Debriefing

Controllers and evaluators will conduct a facilitated C/E Debriefing immediately following the Hot Wash. 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 will provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback 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 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, will be used to evaluate the exercise and compile the After-Action Report (AAR).

After-Action Report (AAR)

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 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 is an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP. The AAM will be scheduled for a date five to seven days after the conclusion of the exercise.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. The first draft is created by exercise planning team members representing each organization 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.
- Read your Player Information 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. Understand that the scenario is supported by valid intelligence that indicates a realistic threat. Recognize that the exercise has objectives to satisfy and may require incorporation of seemingly 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 may be utilized to simulate the roles and interactions of nonparticipating organizations or individuals.

APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity	Location
Sunday, July 26, 2015			
1300	Senior Controller	Functional Portion StartEx Initial incident occurs	Off Site Venue in Florida
Tuesday, July 28, 2015			
1300	Controllers, evaluators, and exercise staff	Controller and Evaluator Briefing	WFBMC Incident Command Center
PRN	Controllers and exercise staff	Set up control venues and walkthrough	PRN
1600	Media	Media Briefing (if needed)	Comp Cancer 2C
Wednesday, July 29, 2015			
0700	Controllers and exercise staff	Check-in for final instructions and communications check	WFBMC Incident Command Center
0730	Controllers, exercise staff, role players	Role Player Briefing	Comp Cancer 2A
0800	Victim controllers, role players	Victim Players Deploy to Smith - Reynolds Airport, DMC, LMC	Comp Cancer 2A
0800	VIPs and selected exercise staff	VIP Controller Briefing	WFBMC Incident Command Center
0800	Controllers and evaluators	Controllers and evaluators in starting positions	All Venues
0830	VIPs and selected exercise staff	VIP's Deploy to Smith Reynolds Airport	Comp Cancer 2A
0800	All Controllers	Controllers provide player briefs	All Venues
0815	All	FSE StartEX	All Venues
At the discretion of the Exercise Director	All	EndEX	All Venues
Immediately Following the Exercise	All	Venue Hot Washes/turn in all Participant Feedback Forms	All Venues
July 30, 2015			
TBD	Controllers, evaluators, and elected and appointed officials	Controller and Evaluator After Action Review	TBD

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
Salisbury NC Federal Coordinating Center	
Radiation Injury Treatment Network	
State	
North Carolina Office of EMS	
Healthcare Organizations	
Wake Forest Baptist Medical Center	
Novant Health/Forsyth Medical Center	
Moses Cone Health System	
Forsyth County EMS	
Triad Healthcare Coalition	
Forsyth County Department of Public Health	
Other Organizations	
Davidson Community College	
Forsyth Technical Community College	
American Red Cross	
Winston-Salem, Forsyth County Emergency Management	

APPENDIX C: COMMUNICATIONS PLAN

HICS Staff Positions	E-Mail:(PASSWORD TO ALL ACCOUNTS: "Triage1")	Telephone Number	ICC Port #	A-B Port #	Power Failure Number	ICC Port #	A-B Port #
Incident Commander	commander@wakehealth.edu	713-9024	551	576	777-3238	558	583
Public Information Officer	publicinfo@wakehealth.edu	713-9025	556	578	777-3944	559	585
Liaison Officer	liaison@wakehealth.edu	713-9026	555	577	777-3968	560	589
Safety Officer	safetyoff@wakehealth.edu						
Logistics Chief	logistics@wakehealth.edu	713-9027	552	580	777-3969	561	588
Service Branch Director	servicebd@wakehealth.edu						
Support Branch Director	supportbd@wakehealth.edu						
Labor Pool (Personnel Pool)	laborpool@wakehealth.edu	713-3037	554	582	777-3959	562	586
Planning Chief	planning@wakehealth.edu	713-9028	553	579	777-3994	563	587
Resource Unit Leader	resourceul@wakehealth.edu						
Situation Unit Leader	situationul@wakehealth.edu	713-7256	565	590	777-3962	564	584
Operations Chief	operations@wakehealth.edu	713-7257	566	591	777-3028	570	595
Business Continuity Branch Director	businesscontinuitybd@wakehealth.edu						
Hazmat Branch Director		345-6460	Mark's Cell				
Infrastructure Branch Director	infrastructure@wakehealth.edu						
Medical Care Branch Director	medicalcare@wakehealth.edu	713-7258	567	592	777-3040	571	596
Security Branch Director	securityoff@wakehealth.edu	713-7259	568	593	777-3041	572	597
Staging Manager	stagingmanager@wakehealth.edu						
Finance Section Chief	financial@wakehealth.edu	713-7260	569	594	777-3042	573	598
Additional Power Failure Phone					777-3049	John's Office	
Disaster ECC Room		713-9023	557	581	777-3047	574	599
Emergency Operations Center (EOC)							
EOC (Main Contact)	Codetriage@wakehealth.edu	713-9060	Dig (base)	Rolls Over To: 3-3037, 3-7260, 3-7259, 3-7258, 3-7256, and 3-9026 in that order			
Emergency Operations Center (Fax #)		716-8577					
Emergency Communications Center	716-9111 or 716-3305	(Fax Number: 716-6825)		726-7121			
EOC Conference Hallway by Room A: 713-6987	EOC Conference Hallway by Room B 713-6988						
EOC Conference Room C: 713-6965	EOC Conference Room D: 713-6966						
Other Department's Contact Numbers							

Department	Phone Number	Fax Number			
Administrator on Call (AOC)	806-3176				
Admissions	716-3122				
Anesthesia	806-9018 or 806-9019				
Bed Control	716-3111				
Clinical Lab	806-7929				
Central Supply Supervisors	716-4892				
Employees Disaster Information Line (EDIL)	713-3345 (713-EDIL)				
Engineering - NCBH	806-8029				
Engineering & Housekeeping- WFUHS	716-4351				
Food & Nutrition Services	806-8831				
Grounds keeping- NCBH	806-8028				
Hospital Switchboard	716-2011				
Housekeeping – NCBH	716-4901		(after hours – 716-2440, 9813#, call back number #)		
Infection Control	716-3482				
Laundry/Linens (Textiles)	716-3060 or 716-6122				
Medical Records	806-9881				
North Tower Information Desk	716-6444				
Nursing Administrator on Call	806-9647				
Nursing Office	716-3418	716-3427	777-3138		
Operating Room	806-8612				
Operating Room (Control Desk)	713-2440 or 713-2441				
PACU – Nurse’s Station	716-4751 or 716-4747				
Patient Information for Family Members	713-0000				
Personnel Pool	713-3037	713-9046			
Pharmacy (Central)	713-3471	713-3472			
Pharmacy (ED)	713-9100				
Registration	713-9000				
Respiratory Therapy	806-9673				
Safety & Security Conference Room	713-4700				
Storeroom - NCBH	716-3362	716-5274			
Transportation	716-5188				
Triage Area	713-9045				
WFUHS Administration	806-8146				

ALL Information, Supplies, Equipment or Special Needs must be requested through the Emergency Operations Center

Command Centers at Other Hospitals					
Hospital	Phone Number	Fax Number			
WFBMC/Lexington Medical Center					
WFBMC/ Davie Medical Center					
Novant Health/Forsyth Medical Center					
Cone Health System					
UNC/ High Point Regional					

APPENDIX D: EXERCISE SITE MAPS

Figure D.1: International Speedway, Ground Zero

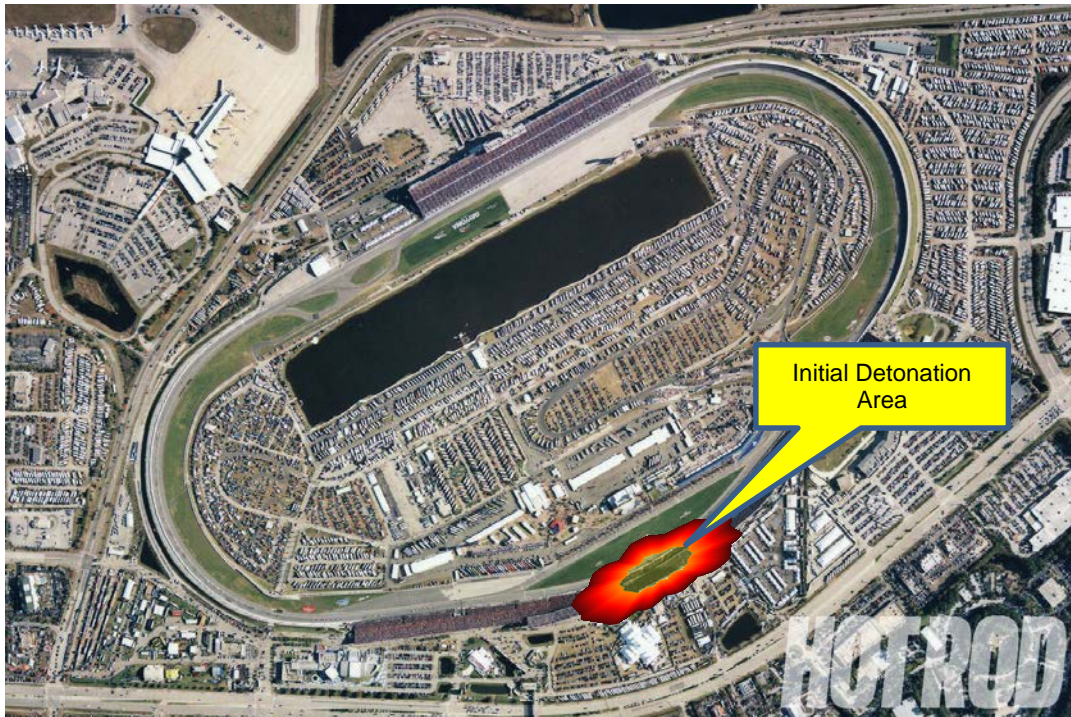
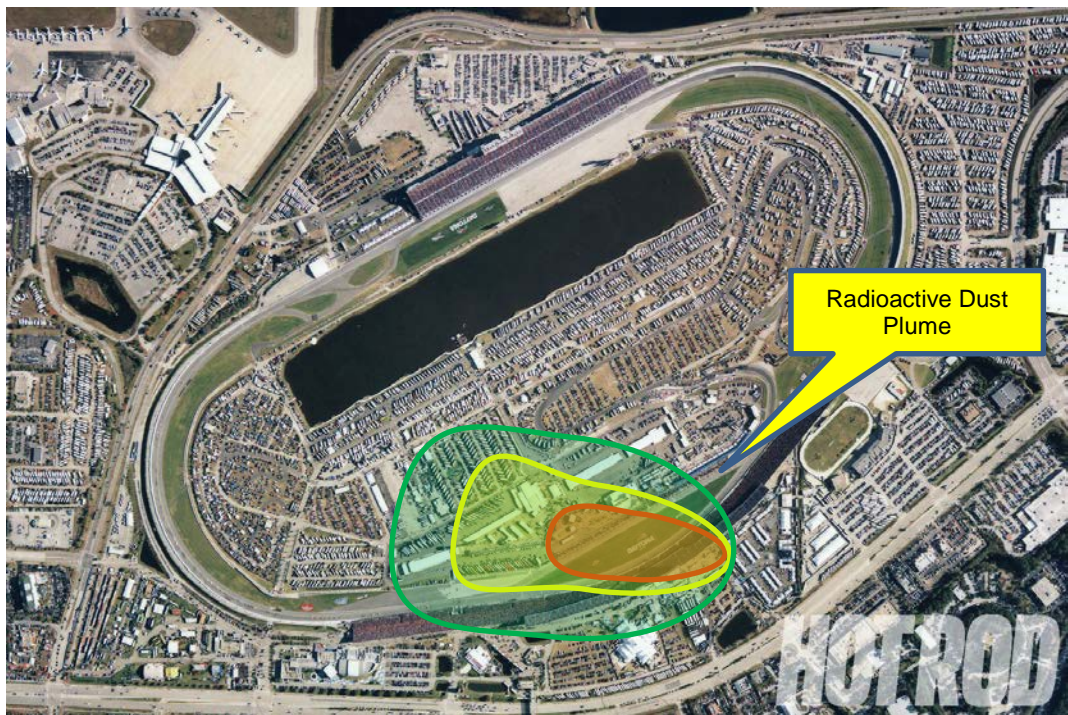


Figure D.2: International Speedway Plume Model





APPENDIX E: ACRONYMS

Acronym	Term
AAM	After Action Meeting
AAR	After Action Report
CAP	Corrective Action Plan
DHS	U.S. Department of Homeland Security
C/E	Controller Evaluator
CM&M	Communications Marketing & Media
EEGs	Exercise Evaluation Guides
ESF-8	Emergency Support Function #8. One of the Emergency Support Annexes to the National Response Framework
EndEX	End of Exercise
ExPlan	Exercise Plan
FCEMS	Forsyth County Emergency Medical Service
FCC	Federal Coordinating Center
FSE	Full Scale Exercise
HSEEP	Homeland Security Exercise and Evaluation Program
HICS 2014	Hospital Incident Command System Version 2014
IP	Improvement Plan
MSEL	Master Scenario Events List
NCMCN	North Carolina Medical Communications Network
NMDP	National Marrow Donor Program
NDMS	National Disaster Medical Center
POC	Point of Contact
RITN	Radiation Injury Treatment Network
SimCell	Simulation Cell
SME	Subject Matter Expert
StartEX	Start of Exercise
TBD	To Be Determined
VIP's	Very Important Persons
VIPER	Voice Interoperability Plan for Emergency Responders
WebEOC	Web Based Emergency Operations Center
WFBMC	Wake Forest Baptist Medical Center

Appendix F: Weapons Policy

It is the policy of the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA)/National Preparedness Directorate to ensure that every effort is made to provide a safe and secure environment during National Preparedness Directorate-sponsored exercises for its participants, observers/VIPs, control and evaluation staff members, volunteers, and the general public.

Weapons

Wake Forest Baptist Medical Center and National Marrow Donor Program exercise planners and controllers plan for and promulgate control measures with regard to weapons, whether introduced as a simulated device during exercise play or used by law enforcement officers in their normal scope of duties. For the purpose of this policy, a weapon includes all firearms; knives; less-than-lethal weapons, tools, and devices; and any other object capable of causing bodily harm.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) and who have an assigned exercise role (e.g., responder, tactical team) with the potential for interaction with other exercise participants (i.e., actor victims) **WILL NOT** carry a loaded weapon within the confines of the exercise play area. They may continue to carry their weapon only after it has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines) and only after being marked or identified in a conspicuous manner (e.g., bright tape visible around the stock or holster). The use of an area clearly marked as “off limits” and with assigned armed personnel to secure weapons in a container, vehicle, or other security area is acceptable and should be consistent with host jurisdiction weapons security policies.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) who are used to provide real-world perimeter security for the exercise and have no assigned or direct interaction with exercise participants may continue to carry loaded weapons as part of their normal scope of duty.

All other personnel with no legal authority to carry weapons will not bring, introduce, or have in their possession any weapon of any type in any area associated with the exercise. All exercise participants will be provided with a safety briefing that specifies provisions and policies regarding weapons before the exercise starts.

Explosives and Pyrotechnics

Simulated explosive devices, such as “flash bangs” pyrotechnics, flares, smoke grenades, and so forth, will be handled and/or detonated only by qualified exercise staff members or bomb technicians. Eye and ear protection should be worn by any persons in the area of explosive devices.

Aggressive Behavior

Aggressive behavior will not be tolerated during exercise conduct, except in matters of self-defense. Examples of aggressive behavior may include excessive speeding; uncontrolled animals (e.g., K-9s, horses); use of defense products (e.g., mace, pepper spray, stun guns, tasers, batons); and forceful use of operational response equipment or tools (e.g., pike poles, hose lines used at full stream on victims).